

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Judi Mitten
Mayor and Clerk of Council
City of Wooster
538 North Market Street
Wooster, OH 44691

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

[Signature]

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

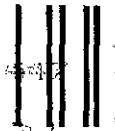
(Transfer from service)

7001 2510 0004 9177 0769

UNITED STATES POSTAL SERVICE

CANTON OH 44702

27 MAY 2005 PM 2 L



First-Class Mail
Postage & Fees Paid
USPS
Permit No. 940

• Sender: Please print your name, address, and ZIP+4 in this box •

PUBLIC UTILITIES COMMISSION OF OHIO
180 E BROAD STREET
COLUMBUS, OHIO
43215-3793
DOCKETING DIVISION

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27 MAY 28 AM 11:44

RECEIVED-DOCKETING DIV

07-829
830
831

