

**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:

Hon Vera Wilson  
Mayor and Clerk of Council  
City of Midvale  
3111 Barnhill Rd.  
Midvale, OH 44653

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Clara Foster*☐ Agent☐ Addressee

B. Received by (Printed Name)

*Clara Foster*

C. Date of Delivery

*6/1/04*

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)

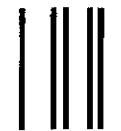
☐ Yes

2. Article Number

7007 2680 0001 0490 9922

(Transfer from service label)

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

PUBLIC UTILITIES COMMISSION OF OHIO  
190 E. BROAD STREET  
COLUMBUS, OHIO  
6011-8793  
DOCKETING DIVISION

RECEIVED-DOCKETING DIV  
2009 MAY 28 AM 11:44  
UCO

04-897-83-231

