

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:

This is to certify that the image appearing above is an accurate and complete reproduction of a case file document delivered in the regular course of business.

Technician 5 Date 6/7/02
 MAYOR BERNARD HOHMAN
 CITY HALL

51 EAST MARKET ST
 TIFFIN, OH 44883

67-1112

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

- ☐ No

If yes, enter delivery address below:

Processed 6/7/02

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Electronic Mail
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

7007 2680 0001 0491 3608