

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. ~~This is to certify that the images appearing on this document are accurate and complete reproductions of a case file document delivered in the regular course of business.~~

Technician _____ Date Processed _____

MAYOR JIMMIE LEE JUSTICE
 VILLAGE OF CHESAPEAKE
 106 KELTON LANE
 CHESAPEAKE, OH 45619
 67-1112

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

Received by (Printed Name) *[Name]* C. Date of Delivery *4/4/15*

2. Is the delivery address different from item 1? Yes No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.C.D.

4. Restricted Delivery? (Extra Fee) Yes

7007 2680 0001 0491 3615