

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Staff Report

VILLAGE OF STRATTON
136 2ND AVENUE
STRATTON, OHIO 43961

08-74-GA-AIR + 08-72-GA-AIR

7001 2510 0004 9176 9169

(POSTNET BAR CODE)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Katherine Scheel

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Katherine Scheel

C. Date of Delivery

9-10-08

D. Is delivery address different from item 1?

☒ Yes

If YES, enter delivery address below:

☐ No

P.O. Box 145

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

10 SEP 2008 PM 7:11

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
180 E. BROAD STREET
COLUMBUS, OHIO 43215-3793

PHCO

2008 SEP 12 PM 12:46

RECEIVED-DOCKETING DIV

