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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to: <u>17-32</u></p> <p>FISCAL OFFICER VILLAGE OF CHILO P.O. BOX 117 CHILO, OHIO 45112</p>		<p>A. Signature <u>X Michelle Beckman</u> <input checked="" type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <u>Michelle Beckman</u> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <u>7007 2680 0001 0486 5112</u></p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>SENDER: COMPLETE THIS SECTION</p> <p>1. Article Addressed to: <u>17-32</u></p> <p>MAYOR - VILLAGE OF CHILO P.O. BOX 117 CHILO, OHIO 45112</p>		<p>A. Signature <u>X Michelle Beckman</u> <input checked="" type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <u>Michelle Beckman</u> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
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