

Strengthening a Remarkable City,  
Building a Community for Life

**PORTLAND  
MAINE**

Inspection Services Division  
389 Congress Street, RM 315  
Portland, Maine 04101-3508

**CERTIFIED MAIL™**



7013 1090 0002 1737 6472



1000



04101

U.S. POSTAGE  
PAID  
PORTLAND, ME  
04101  
NOV 20 2013  
AMOUNT

**\$6.11**  
00053806-08

*Handwritten:*  
JLB  
11/21/13  
11/21  
12/6

*Postmark:* PORTLAND, ME

*Postmark:* PORTLAND, ME

*Vertical text:* MAILING SERVICE

*Vertical text:* ORIGINAL COPY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT BOTTOM LINE

**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:

**JEFFREY MORGAN  
19 CEDAR ST #1  
PORTLAND ME 04101**

**RE: 026 C014**

2. Article Number  
(Transfer from service label)

**7013 1090 0002 1737 6472**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (*Printed Name*) C. Date of Delivery

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