

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Mathew's Apts Inc  
10 Grand St.  
Portland, ME 04101



9590 9402 2591 6336 1930 40

2. Article Number (Transfer from service label)

7013 2250 0001 6995 1762

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Matthew*

B. Received by (Printed Name)

C. Date of Delivery  
2-3-18

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

SCANNED  
02/03/18

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery
  - Priority Mail Express®

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 2591 6336 1930 40



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

City of Portland  
Permitting and Inspections Department  
389 Congress Street  
Portland, Maine 04101

036-15008001

