

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:

Brian Chick
169 BEAUKETT ST
PORTLAND ME



9590 9402 3028 7124 4568 24

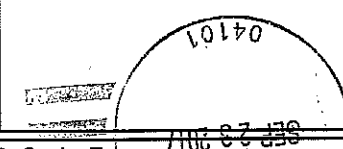
2. Article Number (Transfer from carrier label)
7015 3010 0000 0201 1225

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Brian Chick* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
9-23-17

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



3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

CBL # 045-E035001

USPS TRACKING#



9590 9402 3028 7124 4568 24



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

CBL 045 E035001