

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:

Michael D. Barber
 103 Gray St.
 Portland, ME 04102



9590 9402 3028 7124 4572 72

2. Article Number (Transfer from service label)

7014 1820 0001 4047 1888

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

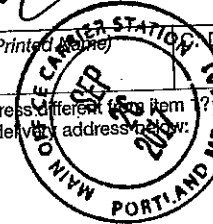
B. Received by (Printed Name)

- Agent
- Addressee

Date of Delivery

D. Is delivery address different from item address?
 If YES, enter delivery address below:

- Yes
- 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 # 052-11004001

USPS TRACKING #



9590 9402 3028 7124 4572 72



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

052-11004001