

Strengthening a Remarkable City,
Building a Community for Life

**PORTLAND
MAINE**

Inspections Division
389 Congress Street, RM 315
Portland, Maine 04107-3509

CERTIFIED MAIL™



7013 1090 0002 1237 6595

UNC

Lucie B. Morabito
54 Seashore Ave
Peaks Island ME 04109

12/20/20
and
Return U6



1000



04108

U.S. POSTAGE
PAID
PORTLAND, ME
04101
DEC 19, 13
AMOUNT
\$6.11
00053806-08

015 SE 1009 7201/10/14

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 04101357190 *3084-01745-19-45

0410804403 02525

PLACE STICKER TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD DOTTED 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:

Lucie B. Morabito
54 Seashore Ave
Peaks Island, ME 04108

085 F011001

2. Article Number
(Transfer from service)

7013 1090 0002 1737 6595

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X 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