

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.



1. Article Addressed to:

Barbara A. Esposto  
153 Caleb St  
Portland, ME 04102

2. Article Number  
(transfer from service label)

7015 3010 0000 0200 9277

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Barbara Esposto

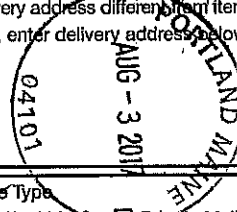
Agent  
 Addressee

B. Received by (Printed Name)

BARBARA ESPOSTO

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  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

CBL # 169-CO51001

UNITED STATES POSTAL SERVICE



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

• 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

169-CO51001