COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Agent ■ Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery BAReceived by (Printed Name) Attach this card to the back of the mailpiece, 4000 Kevin or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes ☐ Yes ☐ Yes ☐ No 1. Article Addressed to: 710S 8 I SUA ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise 3. Service Type □ Adult Signature Service Type ☐ Adult Signature Restricted Delivery ☐ Certified Mall® 9590 9402 2075 6132 1708 39 Certified Mall Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ 2. Article Number (Transfer from service label) Signature Confirmation Restricted Delivery Mail Mail Restricted Delivery 500) 7015 3010 0000 0201 0015 Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053 ISY - A O39CCI USPS TRACKING# First-Class Mail Postage & Fees Paid USPS Permit No. G-10 9590 9402 2075 6132 1708 39 Sender: Please print your name, address, and ZIP+4^o in this box **United States Postal Service** City of Portland Permitting and Inspections Department 389 Congress Street Portland, Maine 04101 P-8-A078001

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