

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:
 Barbara J. Wilson
 4435 Summerwood Drive
 Cumming, GA 30041



2. Article Number (transfer from service label)
 7013 2250 0001 6995 2219

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery
 C. STINEON 2-7-18

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

SCANNED
 02/05/18

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402 2591 6336 1931 94

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

212 A023001