

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: 12/20/18 B.M.
PCB 2016-014
Sonni Choi Williams, City Atty.
City of Lockport
222 East 9th Street
Lockport, IL 60441

2. Article Number (Transfer from service label) 7014 0510 0001 5481 3772
Domestic Return Receipt

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Donna Taler Addressee

B. Received by (Printed Name)
Donna Taler

C. Date of Delivery
12-24-18

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

RECEIVED
CLERK'S OFFICE
DEC 27 2018

3. Service Type
 Certified Mail Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes