

**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: 10/18/12 B.M.  
 DeKalb Sanitary District  
 303 Hollister Avenue  
 P.O. Box 624  
 DeKalb, IL 60115

*PCB 12-231*

2. Article Number

*(Transfer from service label)*

7011 0110 0001 8270 2144

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Jennie Thompson*

Agent

Addressee

B. Received by (Printed Name)

*Jennie Thompson*

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