	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. A PO Ri	<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to: 4/12/17 B.M.</li> <li>PCB 2016-033</li> <li>Richard Rinchich,</li> <li>Dir. of Public Works</li> </ul>	A. Signatur  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
	City of Oak Forest 15440 S. Central Avenue Oak Forest, IL 60452	3. Service Type  Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes
	2. Article Number (Transfer from service label) 7014 0510 0001 5481 1211  PS Form 3811, July 2013 Domestic Return Receipt	