

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:

Gary Kato
Assistant Division Manager
Public Works Department, Solid Waste Division
City of Tacoma
3510 South Mullen Street
Tacoma, WA 98409

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

SUBHERATA

C. Date of Delivery

9-24-13

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

2. Article Number

(Transfer from service label)

7012 3460 0001 6397 0984