

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Troy Egg</i>
1. Article Addressed to: <i>CAA-07-2007-0046</i> Mr. Steve Svec General Manager City of Chillicothe P.O. Box 140 Chillicothe, Missouri 64601	B. Received by (Printed Name) <input type="checkbox"/> Yes <i>Troy Egg</i> <input type="checkbox"/> No C. Date of Delivery <i>8-31-07</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7004 2510 0006 9720 9923	
102595-02-M-1540	

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery (Endorsement Rec)	

Postmark Here

Total Postage & Restricted Delivery: **Mr. Steve Svec**
General Manager
City of Chillicothe
P.O. Box 140
Chillicothe, Missouri 64601

Sent To: _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0006 9720 9923