

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

7004 2510 0006 9726 3710

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement)	

Postmark

Restricted D.  
(Endorsement)

Mr. John Kaufman  
Leavenworth Water Department  
601 Cherokee Street  
Leavenworth, Kansas 66048

Total Postage

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions