

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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>x Cathy Hagerman</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Cathy Hagerman 12.22</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.2em;"><i>SDWA-07-2011-0023</i></p> <p>Mr. David Gehrke City of Herington 17 North Broadway P.O. Box 31 Herington, Kansas 67449</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <hr/> <p>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article # (Transit) 7006 2760 0000 8645 2450</p>	