SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Town of Lodge Grass P.O. Box 255 Lodge Grass, MT 59050	D. Is delivery address different from item 17 Tes If YES, enter delivery address below: No
# CWA-08-2019-0004 .	USPS
9590 9402 3226 7196 2893 99	3. Service Type ☐ Priority Mail Express®☐ Adult Signature ☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Certified Mail®☐ ☐ Registered Mail Restricted Delivery☐ Cellvery☐ Collect on Delivery☐ ☐ Cellvery☐ ☐ Signature Confirmation™☐ ☐ Signature Confirmation™☐
7005 0390 0000 4848 44	Delivery Restricted Delivery Signature Confirmation Signature Confirmation Signature Confirmation Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt