SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
John A. Christopher City Solicitor City of Peabody 199 Rosewood Drive, Suite 35 Danvers, MA 01923	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2.	830 0002 8345 4782
PS	turn Receipt (WA-01-2609 - 0076 102595-02-M-1540

