SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3.</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> </ul>	A. Signature  X AAA
# SDWA-08-2018 - DDD9 Honorable W. Kennis Lutz, Mayor	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Town of Alpine P.O. Box 3070 Alpine, WY 83128  APR 0 4 2018	
9590 9402 3271 7196 1736 12	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail © □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery
7012 2210 0000 5369 865	☐ Collect on Delivery Restricted Delivery  all all Restricted Delivery  ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt