Print your name and address of 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. Article Addressed to: FSWAR-08-2017-0024 AUS 1 0 2017 The Honorable Debra McColley-Piana Mayor, City of Newcastle 10 West Warwick Newcastle, WY 82701 Article Number (Transfer from service label) S Form 3811, February 2004 ENDER: COMPLETE THIS SECTION 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. Article Addressed to: ### SpwAr-08-2017-0024 Aug 1 0 2017 Weston County Commissioners c/o Bill Lambert, Chair 1 West Main Newcastle, WY 82701 B. Received by (Printed Name) C. Date of Delivery 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. Article Addressed to: SpwAr-08-2017-0024		
A signature item 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. Article Addressed to: SDWA-OB-2D17-0024 AUS 1 0 2017 The Honorable Debra McColley-Piana Mayor, City of Newcastle 10 West Warwick Newcastle, WY 82701 Article Number (Transfer from service label) S Form 3811, February 2004 ENDER: COMPLETE THIS SECTION 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. Article Addressed to: S DWA- DB-2017- DD24 Au6 1 0 2017 West On County Commissioners c/O Bill Lambert, Chair 1 West Main Newcastle, WY 82701 A Signature X Signature X Si	DER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
The Honorable Debra McColley-Piana Mayor, City of Newcastle 10 West Warwick Newcastle, WY 82701 Article Number (Transfer from service label) Form 3811, February 2004 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverses 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. Article Addressed to: SDWA- DB-2017 - OD2Le AU6 1 0 2017 Weston County Commissioners C/O Bill Lambert, Chair 1 West Main Newcastle, WY 82701 Aus 1 0 2017 Newcastle, WY 82701 Asservice Type Centified Mail Express Mail Registered Return Receipt for Merchandise 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. Article Addressed to: SDWA- DB-2017 - OD2Le AU6 1 0 2017 Weston County Commissioners C/O Bill Lambert, Chair 1 West Main Newcastle, WY 82701	omplete items 1, 2, and 3. Also complete em 4 if Restricted Delivery is desired. rint your name and address on the reverse of that we can return the card to you. Itach this card to the back of the mailpiece, on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
Mayor, City of Newcastle 10 West Warwick Newcastle, WY 82701 Article Number (Transfer from service labe) Form 3811, February 2004 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. Article Addressed to: ### SpwA - bb - 2017 - Ob2Le Au6 1 0 2017 Weston County Commissioners c/o Bill Lambert, Chair 1 West Main Newcastle, WY 82701 Service Type Continue This section Merchandia Return Receipt for Merchandia Return Receipt for Merchandia Registered Return Receipt for Merchandia	SDWA-08-2017-0024	If YES, enter delivery address below:
Article Number (Transfer from service label) Form 3811, February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete litem 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. Article Addressed to: SDWA- DB-QOID - ODQLe AU6 1 0 2017 Weston County Commissioners C/O Bill Lambert, Chair 1 West Main Newcastle, WY 82701 COMPLETE THIS SECTION ON DELIVERY A. Signature X Printed Name C. Date of Deliver X Printed Name C. Date of Deliver X BRICEIVED TYPE Certified Mail Registered Return Receipt for Merchandia Insured Mail Registered Return Receipt for Merchandia Insured Mail Registered Return Receipt for Merchandia Insured Mail Restricted Delivery? (Extra Fee) Yes	ayor, City of Newcastle) West Warwick	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
Transfer from service label) Form 3811, February 2004 Domestic Return Receipt COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete tem 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. Article Addressed to: SDWA- DB-QOI7 - ODQLe AUG 1 0 2017 Weston County Commissioners C/O Bill Lambert, Chair 1 West Main Newcastle, WY 82701 Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature A. Signature D. Is delivery address different from item 1? Yes if YES, enter delivery address below: SPWA- DB-QOI7 - ODQLe AUG 1 0 2017 Weston County Commissioners C/O Bill Lambert, Chair 1 West Main Newcastle, WY 82701		
DER: COMPLETE THIS SECTION omplete items 1, 2, and 3. Also complete em 4 if Restricted Delivery is desired. If your name and address on the reverse to that we can return the card to you. Ittach this card to the back of the mailpiece, or on the front if space permits. Tricle Addressed to: DUA - DB - QOIT - ODQLe AUG 1 0 2017 Veston County Commissioners To Bill Lambert, Chair West Main Newcastle, WY 82701 COMPLETE THIS SECTION ON DELIVERY A. Signature A. Signature A. Signature A. Signature A Sig		15 5570 0000 2364 5470
Complete items 1, 2, and 3. Also complete em 4 if Restricted Delivery is desired. Print your name and address on the reverse of that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Print Policy of the mailpiece, or on the front if space permits. Print Yes attach this card to the back of the mailpiece, or on the front if space permits. Print Yes attach this card to the back of the mailpiece, or on the front if space permits. Print Your name and address on the reverse of that we can return the card to you. Als ignature A. Signature A. Signature A. Signature Addresse B. Received by (Printed Manne) C. Date of Deliver address different from Item 1? Yes If YES, enter delivery address below: No No Neston County Commissioners Complete this section on Deliver A. Signature	orm 3811 February 2004 Domestic Re	eturn Receipt 102595-02-M-1540
C/o Bill Lambert, Chair 1 West Main Newcastie, WY 82701 3. Service Type Certified Mail Registered Return Receipt for Merchandle Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	Complete items 1, 2, and 3. Also complete tem 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. Article Addressed to: SDWA-D8-Q017-O024	B Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? Yes
7012 2210 NNNN 5369 2903	Weston County Commissioners	Certified Mail Express Mail
(Transfer from service label)	c/o Bill Lambert, Chair 1 West Main	☐ Insured Mail ☐ C.O.D.
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1	c/o Bill Lambert, Chair 1 West Main Newcastle, WY 82701 Article Number 70	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes 12 2210 0000 5369 2903
	c/o Bill Lambert, Chair 1 West Main Newcastle, WY 82701 Article Number 70 (Transfer from service label)	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 12 2210 0000 5369 2903