

SENDER: 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.

1. Article Addressed to: **#SDWA-08-2016-0026** SEP 21 2016 A

**Crook County Commissioners
c/o Kelly B. Dennis, Chair
P.O. Box 37
Sundance, WY 82729**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Melissa Jones

B. Received by (Printed Name) *Melissa Jones* C. Date of Delivery *9-27*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7012 2210 0000 5367 7412**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: 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.

1. Article Addressed to: **#SDWA-08-2016-0026** SEP 21 2016 A

**Betty Roberts, Owner
Roberts Trailer Park
P.O. Box 186
Hulett, WY 82720**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Nancy Hower

B. Received by (Printed Name) *Nancy Hower* C. Date of Delivery *9-27-16*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7012 2210 0000 5367 7405**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540