

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:

TOWN OF MADISON
 RENEE SCHWASS
 CLERK/TREASURER
 2102 FISH HATCHERY RD
 MADISON, WI 53713

2. Article Number
(Transfer from service label)

7002 0860 0004 2961 3738

PS Form 3811, February 2004

Domestic Return Receipt 20337 & 20472

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Sierra Sturman* Addressee

B. Received by (Printed Name) *Sierra Sturman* C. Date of Delivery *11-16*

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

3. Service Type

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

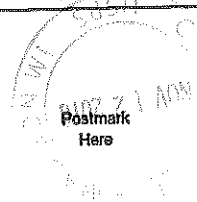
4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT 20337 & 20472
 (Domestic Mail Only; No Insurance Coverage Provided)

7002 0860 0004 2961 3738

OFFICIAL USE

Postage	\$.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	—
Total Postage & Fees	\$ 5.54



Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+

TOWN OF MADISON
 RENEE SCHWASS
 CLERK/TREASURER
 2102 FISH HATCHERY RD
 MADISON, WI 53713

PS Form 3800