

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 MIDDLETON
CLERK
7555 W OLD SAUK RD
VERONA WI 53593

2. Article Number
(Transfer from service label)

7002 0860 0004 2964 0253

PS Form 3811, February 2004

Domestic Return Receipt

ID# 08749

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

DAVID D. SHAW

C. Date of Delivery

4-208

D. Is delivery address different from item 1? YesIf 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