

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, on the front if space permits.

Mailpiece Addressed to:

TOWN OF BLOOMING GROVE-
CLERK
1880 SOUTH STOUGHTON RD
MADISON, WI 53716

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Martin J Wolf

B. Received by (Printed Name) C. Date of Delivery
MICHAEL J WOLF 1/18

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)

7009 0820 0001 0235 8340

PS Form 3811, February 2004 Domestic Return Receipt
file ID # 15 933

102595-02-M-1540