

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 Verona Clerk
ATTN: Rose Johnson
335 N. Nine Mound Rd
Verona, WI 53593

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Rosemary Johnson* Agent Addressee

B. Received by (Printed Name) *Rosemary Johnson* C. Date of Delivery *1-6-06*

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

2. Article Number

(Transfer from service label)

7002 0860 0000 1371 4629

PS Form 3811, August 2001

Domestic Return Receipt

ID# 01554

102595-02-M-1540