

**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 -CLERK  
2120 FISH HATCHERY RD  
MADISON, WI 53713

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
*[Handwritten Signature]*  Addressee
- B. Received by (Printed Name)  Yes  
*R Benson* C. Date of Delivery  No  
*1/8/10*
- 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)

7009 0820 0001 0235 8326

PS Form 3811, February 2004

*File 10 # 15227* Domestic Return Receipt

102595-02-M-1540