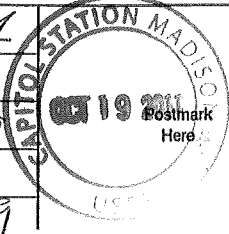


7002 0860 0004 2961 0096

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

OFFICIAL USE

Postage	\$.64
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.79



Sent To Town Administrator-
Clerk-Treasurer
David Shaw
7555 W. Old Sauk Road
Verona, WI 53593

Street, Ap or PO Box
City, State

PS Form

ctions

LEGISLAR # 23404

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 Administrator-
Clerk-Treasurer
David Shaw
7555 W. Old Sauk Road
Verona, WI 53593

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Sara Ludtke Agent Addressee

B. Received by (Printed Name)
Sara Ludtke

C. Date of Delivery
10/20/11

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

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