

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

CC-24-451 NOH
ROBERT J & MARIA G BRAVERMAN
32 OLD STONE XING
WEST SIMSBURY CT 06092



9590 9402 5086 9092 0351 22

2. Article Number (Transfer from service label)

9589 0710 5270 1410 0637 98

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Maria D*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Address different from item 1? ☐ Yes

or delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery
(over \$500)

Return Receipt

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 5086 9092 0351 22

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

TOWN OF HIGHLAND BEACH
CODE COMPLIANCE
3616 S OCEAN BLVD
HIGHLAND BEACH, FL 33487

