

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☐ Agent☐ Addressee

C. Date of Delivery

☒ Yes☐ No

any address different from item 1?
enter delivery address below:

cc2023-12-017 noh
GARCHIK MARLA & STEPHEN
2474 S OCEAN BLVD
HIGHLAND BEACH FL 33487 1809



9590 9402 5086 9092 0230 99

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

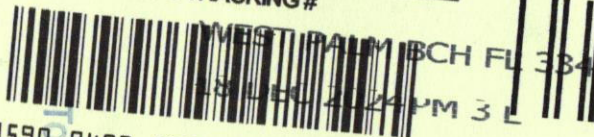
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

9589 0710 5270 1410 0633 78

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 5086 9092 0230 99

United States
Postal Service

Town of Highland Beach, FL
Town Clerk's Office

DEC 20 2024

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

TOWN OF HIGHLAND BEACH
ATTN: CODE COMPLIANCE
3614 S OCEAN BLVD
HIGHLAND BEACH; FLORIDA 33487

