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

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 12/8/24

ery address different from item 1? ☑ Yes
enter delivery address below: ☐ No

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

9590 9402 5086 9092 0230 99

9589 0710 5270 1410 0633 78

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

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

Domestic Return Receipt

USPS TRACKING #

9590 9402 5086 9092 0230 99

WEST PALM BCH FL 334

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

United States
Postal Service

DEC 20 '24

Town of Highland Beach, FL
Town Clerk's Office

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

RECEIVED

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