## 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.

1. Article Addressed to:

Mayor Michael A. White Town of Inglis P.O. Box 429

Inglis, F1. 34449



9590 9402 7760 2152 0371 89

6662 7396 7020 1290 

## COMPLETE THIS SECTION ON DELIVERY

Signature Z Agent Addressee Received by (Printed Name) C. Date of Delivery 10/24/22 Doman

D. Is delivery address different from item 1? If YES, enter delivery address below:



Adult Signature □ Adult Signature Restricted Delivery Certified Mail®

☐ Certified Mail Restricted Delivery ☐ Collect on Delivery

(over \$500)

on Delivery Restricted Delivery Mail Restricted Delivery

Registered Mail<sup>TM</sup> ☐ Registered Mail Restricted Delivery

☑ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



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

United States Postal Service Sender: Please print your name, address, and ZIP+4® in this box®
LindSey Johns
310 School St.
Byonson, Fl. 32621