


**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:



City of Alameda  
 c/o: Flavio Barrantes  
 950 W. Mall Square  
 Alameda, CA 94501

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Xy*

B. Received by (Printed Name) C. Date of Delivery

*[Signature]*

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

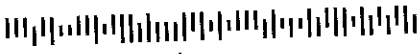
2. Article Number- 7009 2820 0001 4359 6231  
 (Transfer from service label)

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

To: 

City of Alameda  
 c/o: Flavio Barrantes  
 950 W. Mall Square  
 Alameda, CA 94501

Postmark Here: **003144**

See for instructions

7009 2820 0001 4359 6231