

94608 94608 94608 94608 94608 94608 94608 94608 94608 94608

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

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

**OFFICE**

Postage \$ \_\_\_\_\_  
 Certified Fee \$ \_\_\_\_\_

Return Receipt For (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery (Endorsement Required) \_\_\_\_\_  
 Total \$ \_\_\_\_\_

TOWN OF EMERYVILLE  
 4321 SALEM STREET  
 EMERYVILLE, CA 94608

Postmark Here

PS Form 3800, August 2006 See Reverse for Instructions

**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.

TOWN OF EMERYVILLE  
 4321 SALEM STREET  
 EMERYVILLE, CA 94608

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Sent  Addressee  
 X *Peter Chan*

B. Received by (Printed Name) *Peter Chan* C. Date of Delivery *4-13-18*

Address different from item 1?  Yes  
 delivery address below:  No

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) *7011 3500 0003 1935 1948*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540