

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
<p>CITY OF EMERYVILLE ATTN: NANCY HUMPHREY 1333 PARK AVENUE EMERYVILLE, CA 94608</p>		SANDY CAINE	10/13/15
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7011 3500 0003 1935 1856		If YES, enter delivery address below:	
PS Form 3811, February 2004		3. Service Type	
Domestic Return Receipt		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

7011 3500 0003 1935 1856

Sent To: CITY OF EMERYVILLE
 Street, A or PO Box: ATTN: NANCY HUMPHREY
 City, State: 1333 PARK AVENUE
 EMERYVILLE, CA 94608

PS Form 3811, February 2004 for Instructions