

U.S. Postal Service™
CERTIFIED MAIL® RE
 Domestic Mail Only

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OFFICE

Postage \$

Certified Fee

Return Receipt (Endorsement Fee)

Restrictor (Endorsement)

Postmark Here

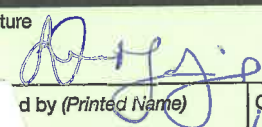

003232

7014 2870 0001 3244 0504

OAKLAND HOUSING AUTHORITY
 1801 HARRISON ST., 2ND FLOOR
 OAKLAND, CA 94612

Street or PO Box
 City, State, Zip

PS Form 3800, July 2014 See Reverse for Instructions

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Delivered by (Printed Name)  C. Date of Delivery 10-29-16</p> <p>Address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>OAKLAND HOUSING AUTHORITY 1801 HARRISON ST., 2ND FLOOR OAKLAND, CA 94612</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 2870 0001 3244 0504</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	