Sec. 20 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. they. □ Agent Print your name and address on the reverse X Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, nev Mel or on the front if space permits. D. Is delivery address different from item 1? 1 Yes 1. Article Addressed to: If YES, enter delivery address below: County Public Works TNO PO BOX 758 Greeky Cor 8063 Z\_ - 200' Service Type Priority Mail Express® Adult Signature Registered Mail<sup>TM</sup> Registered Mail Restricted Delivery Adult Signature Restricted Delivery Certified Mail® 9590 9402 5565 9249 0077 45 Return Receipt for Certified Mail Restricted Delivery Collect on Delivery Merchandise ☐ Signature Confirmation™ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) Signature Confirmation □ Insured Mail Insured Mail Restricted Delivery (over \$500) **Restricted Delivery** 7019 0700:0000 2481 0357 PS Form 3811, July 2015 PSN 7530-02-000-9053 **Domestic Return Receipt** 2 KHpa COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. 📕 Agent Print your name and address on the reverse Х ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. I. 1. Article Addressed to: D. Is delivery address different from item 1? 1 Yes M NO If YES, enter delivery address below: CDOT - 200' 2829 W. Howard Pl. Denver Co 80204 Service Type Priority Mail Express® Adult Signature □ Registered Mail<sup>™</sup> Adult Signature Restricted Delivery Registered Mail Restricted Delivery Certified Mail® 9590 9402 5565 9249 0079 05 Return Receipt for Certified Mail Restricted Delivery Merchandise Collect on Delivery Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ 2. Article Number (Transfer from service label) Signature Confirmation Insured Mail **Restricted Delivery** Insured Mail Restricted Delivery 13 2220 0000 7021 3621 (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 **Domestic Return Receipt**