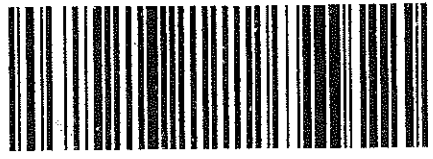


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Office of the City Clerk
City Hall, Room 205
200 East Wells Street
Milwaukee, WI 53202

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



7020 0090 0000 0136 9997

US POSTAGE
ZIP 53202 \$ 009.64⁰
02 4W
0000378856 NOV. 26, 2024

John Meier
10356 - 256th Avenue
Trevor WI 53179
File 231782

NAME
11-20

RETURN TO SENDER
VACANT
UNABLE TO FORWARD

VAC
BC: 53202357699 *2986-03899-27-01
53202357699

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

John Meier
10356 256th Avenue
Trevor WI 53179

231782



9590 9402 7749 2152 0937 93

2. Article Number (Transfer from service label)

7020 0090 0000 0136 9997

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

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

D. Is delivery address different from item 1? Yes
if YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

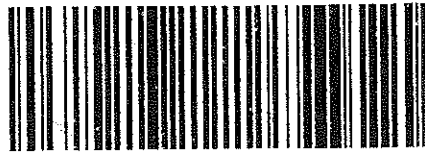
Domestic Return Receipt

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City Hall, Room 205
200 East Wells Street
Milwaukee, WI 53202

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



7020 0090 0000 0136 9997

US POSTAGE
ZIP 53202 \$ 009.64⁰
02 4W
0000378556 NOV. 26, 2024

John Meier
10356 - 256th Avenue
Trevor WI 53179
File 231782

NAME _____ 11-24

RETURN TO SENDER
VACANT
UNABLE TO FORWARD

VAC BC: 53202357099 #2986-03899-27-01

53202357099

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

John Meier
10356 256th Avenue
Trevor WI 53179

231782



9590 9402 7749 2152 0937 93

2. Article Number (Transfer from service label)

7020 0090 0000 0136 9997

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

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

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

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City Hall, Room 205
200 East Wells Street
Milwaukee, WI 53202

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL



7020 0090 0000 0136 9997

US POSTAGE
ZIP 53202 \$ 009.64⁰
02 4W
0000378550 NOV. 26, 2024

John Meier
10356 - 256th Avenue
Trevor WI 53179
File 231782

NAME John Meier

RETURN TO SENDER
VACANT
UNABLE TO FORWARD

VAC SC: 53202357699 #2986-03899-27-01
5317923579

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

John Meier
10356 256th Avenue
Trevor WI 53179

231782



9590 9402 7749 2152 0937 93

2. Article Number (Transfer from service label)

7020 0090 0000 0136 9997

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt