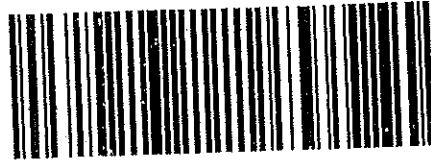


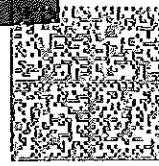
City of ukee

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 9850



US POSTAGE NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES  
ZIP 53202 \$ 009.6  
02 4W  
0000378550 DEC. 18. 2

**UNCLAIMED**

*not 1/27*

Sean M. McDaniel  
3307 N Buffum Street  
Milwaukee W

NIXIE 530 DC 1 0001/18/25

RETURN TO SENDER  
VACANT  
UNABLE TO FORWARD

VAC  
53202>3570

BC: 53202357099 \* 6425-02985-18-32



**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:**

Sean M McDaniel  
3307 N Buffum Street  
Milwaukee WI 53212  
File #241008



9590 9402 7749 2152 0939 08

**2. Article Number (transfer from service label)**

7020 0090 0000 0136 9850

**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