

MKE CITY CLERK - RCUD
2025 DEC 17 AM8:47

SENDER: COMPLETE THIS SECTION			COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.			A. Signature <input checked="" type="checkbox"/> CJ	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Matthew Viney 807 E Otjen Street Milwaukee WI 53207			B. Received by (Printed Name) <input checked="" type="checkbox"/> Matthew Viney	C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
  9590 9402 9627 5121 4353 82			3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
2. Article Number (Transfer from service label) 9589 0710 5270 2722 8193 56				
PS Form 3811, July 2020 PSN 7530-02-000-9053				
Domestic Return Receipt				