

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.

**PAMELA ALEXANDER
4501 MT CARMEL ROAD
JONESBORO, AR 72401**



9590 9403 0740 5196 7080 66

2. Article Number (Transfer from service label)

7015 1730 0001 5162 6311

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 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

 Priority Mail Express® Registered Mail™ Registered Mail Restrict
Delivery Return Receipt for
Merchandise Signature Confirmation Signature Confirmation
Restricted Delivery

ed Delivery

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

**CITY OF JONESBORO
PLANNING DEPARTMENT
300 S. CHURCH
JONESBORO, AR 72403**

USPS TRACKING#



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