SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

The Honorable Robert Scott
Mayor, City of Bruceton
P.O. Box 136
Bruceton, TN 38317

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Holly Watts
☐ Agent
☐ Addressee

B. Received by (*Printed Name*) Holly Watts
C. Date of Delivery 8-11-14

D. Is delivery address different from Item 1? ☑ Yes
If YES, enter delivery address below: ☐ No
209 Cheatham St
Bruceton TN 38317

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7099 3400 0014 0976 8423

RETURN RECEIPT REQUESTED
RECEIPT #7099 3400 0014 0976 8423 23

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7099 3400 0014 0976 8423

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

STATE CAPITOL STA CPU #426
AUG 08 2014
NASHVILLE TN 37219-5201

Recipient's Name (Please Print Clearly) (to be completed by mailer)
The Honorable Robert Scott
Mayor, City of Bruceton
P.O. Box 136
Bruceton, TN 38317

See Reverse for Instructions