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:

Philip Bean
Chairperson, Board of Selectmen
Town of Hampton
100 Winnacunnet Road
Hampton, NH 03842-2126

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Donna Fabiano ☐ Agent ☐ Addressee

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

D. Is delivery address different from item 1? [redacted]
If YES, enter delivery address below: ☐ No [redacted]

HAMPTON NH 03842
AUG 22 2014
USPS

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)* 7013 1710 0001 1716 5128

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154