

SEND TO



THIS SECTION ON DELIVERY

- Cor
- Pri
- SO
- Att
- or

CERTIFIED MAIL®

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

- ☐ Agent
☐ Addressee

(Printed Name)

C. Date of Delivery

7-13-17

4722 9076 0000 0E4E 5702

1. Article Number (Transfer from service label)

FLORIDA DELTA Mechanical
2176 Broadway Center Blvd
Brandon FL 33510

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

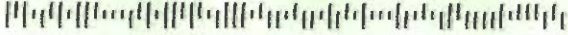


9590 9402 1965 6123 8774 92

2. Article Number (Transfer from service label)

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |



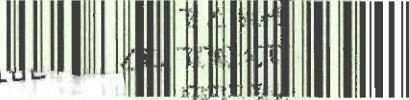
Village of Wellington
 12300 Forest Hill Blvd
 Wellington FL 33414
 BLDG DEPARTMENT.

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

United States
 Postal Service

RECEIVED
 JUL 17 2011
 VILLAGE CREST PK

9590 9402 1965 1023 8774 92



USPS TRACKING

7015 3430 0000 9106 7214



USPS
 Permit No. G-10

aid