FPSC-SOMMISMON CLERK

## SENDER: COMPLETE THIS SECTION

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

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850

- 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: 020817

James Fairhurst 341 Skyway Drive, Hanger N Edgewater FL 32132-3057

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Desivery

C. Signature

Х

☐ Agent ☐ Addressee

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes ☐ No

3. Service Type

Certified Mail Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Trestricted Delivery's (Extra 7 ce)

Article Number
 (Transfer from service label)

7002 0860 0001 1755 5708

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

☐ Yes

DOCUMENT NITE

