



| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature <input checked="" type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>   |
| <p>1. Article Addressed to:</p> <p style="text-align: center;"><b>East Lyme Town Clerk<br/> East Lyme Town Hall<br/> P.O. Box 519<br/> Niantic, CT 06357</b></p>   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>  |
| <br>9590 9402 9692 5199 1452 31   | <p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail<sup>®</sup></li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Priority Mail Express<sup>®</sup></li> <li><input type="checkbox"/> Registered Mail<sup>™</sup></li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input type="checkbox"/> Signature Confirmation<sup>™</sup></li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul> |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;"><b>7021 2720 0001 3209 8169</b></p>  | <input type="checkbox"/> Restricted Delivery   |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span>  |  |

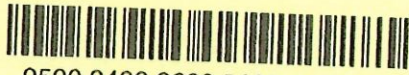
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| <p>1. Article Addressed to:</p> <p style="text-align: center;"><b>Bozrah Town Clerk<br/> Bozrah Town Hall<br/> 1 River Road<br/> Bozrah, CT 06334</b></p>  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p>   |
| <br>9590 9402 9692 5199 1452 48   | <p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail<sup>®</sup></li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Priority Mail Express<sup>®</sup></li> <li><input type="checkbox"/> Registered Mail<sup>™</sup></li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input type="checkbox"/> Signature Confirmation<sup>™</sup></li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul> |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;"><b>7021 2720 0001 3209 8152</b></p>  | <input type="checkbox"/> Registered Mail Restricted Delivery (\$500)   |
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1. Article Addressed to:

**Ledyard Town Clerk  
Ledyard Town Hall  
741 Colonel Ledyard Highway  
Ledyard, CT 06339**



9590 9402 9692 5199 1452 24

2. Article Number (Transfer from service label)

7021 2720 0001 3209 8176

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** *Patricia A. Ryan*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

*Patricia A. Ryan 3/14/20*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

*741 Col. Led. Hwy.*

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 Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Registered Mail Restricted Delivery (\$50)

Domestic Return Receipt

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

**Norwich City Clerk  
Norwich City Hall  
100 Broadway, Room 215  
Norwich, CT 06360**



9590 9402 9692 5199 1452 17

2. Article Number (Transfer from service label)

7021 2720 0001 3209 8183

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

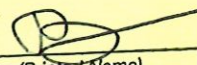

If YES, enter delivery address below:  No

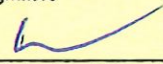

3. Service Type

- 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 Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Registered Mail Restricted Delivery (\$50)

Domestic Return Receipt

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| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>Preston Town Clerk</b><br/> <b>Preston Town Hall</b><br/> <b>389 Route 2</b><br/> <b>Preston, CT 06365</b></p> </div>  <p>9590 9402 9692 5199 1452 00</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>   |
| <p>2. Article Number (Transfer from service label)</p> <p>7021 2720 0001 3209 8190</p>  | <p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express®<br/><input type="checkbox"/> Registered Mail™</span></p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Mail Restricted Delivery (50)</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>  |   |

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| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>Salem Town Clerk</b><br/> <b>Salem Town Hall</b><br/> <b>270 Hartford Road</b><br/> <b>Salem, CT 06420</b></p> </div>  <p>9590 9402 9692 5199 1451 94</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>  |
| <p>2. Article Number (Transfer from service label)</p> <p>7021 2720 0001 3209 8206</p>  | <p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express®<br/><input type="checkbox"/> Registered Mail™</span></p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Mail Restricted Delivery (500)</p> |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>  |  |