

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

RITA C HARBOUR FAMILY TRUST
P O BOX 140344
BROKEN ARROW, OK 74014

YG- 42103/42105

CODE ENF



9590 9402 6395 0303 2021 75

2. Article Number (For Return)

7019 1120 0000 2099 4980

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rita Harbour* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

RITA HARBOUR

C. Date of Delivery

2-15-20

Is your address different from item 1? ☐ Yes
Enter delivery address below: ☐ No

3. Service Type

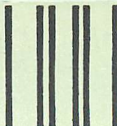
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ Delivery Restricted Delivery

☐ Insured Mail Restricted Delivery (over \$500)

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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**United States
Postal Service**

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

Department of Community Development
City of Broken Arrow
P.O. Box 610
Broken Arrow, OK 74013-0610

