

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.

DARLENE PURTELL
 %ROBERT PURTELL
 6738 W ARCHER ST
 TULSA, OK 74127-5615

CS35743 OR CODE ENF



9590 9402 4814 8344 6113 41

2. Article Number (Transfer from service label)

7016 3560 0000 0350 0758

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Robert Purtell

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Robert Purtell

C. Date of Delivery

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

3. Service Type

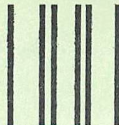
- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Mail
 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