

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 PH CODE ENF



9590 9402 4653 8323 8467 72

Article Number (Transfer from service label)

7017 2620 0000 3152 7089

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Robert Purtell

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/25

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

ail

ail Restricted Delivery

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**

