

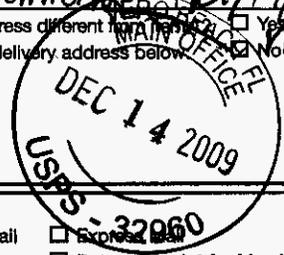
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09 DEC 16 AM 9:41

COMMISSION  
CLERK

090524-EM

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION FOR DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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  <i>x B. Dan</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Brian Danforth</i></p> <p>C. Date of Delivery <i>12/14/09</i></p>
<p>1. Article Addressed to:  DKT 090524  CITY OF VERO BEACH  MR JOHN LEE  PO BOX 1389  VERO BEACH FL 32961-1389</p>	<p>D. Is delivery address different from that on the label? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If YES, enter delivery address below</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p><i>090524-EM</i> <i>complaint</i> <i>11887-09</i></p> <p>7006 2760 0003 8795 2000</p>



DOCUMENT NUMBER DATE

11996 DEC 16 8

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