

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$

Postmark
Here

Sent To

Brian West
Street, Apt. No., or PO Box No.
33054 Mindy Way
City, State, ZIP+ 4
Scappoose OR 97056

PS Form 3800, May 2000

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

1. Article Addressed to:

WEST, BRIAN R
33054 MINDY WAY
SCAPPOOSE, OR 97056

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Brian West*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3.14.12

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

RECEIVED

MAR 16 2012

DEPARTMENT OF
WATER RESOURCES

Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7000 1530 0000 9414 8826

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540