

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:

CALDWELL MUNICIPAL IRRI DIST
PO BOX 1179
CALDWELL ID 83606-1179

2. Article
(Trans)

7016 0750 0000 5029 0138

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-40

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

RECEIVED
JAN 15 2020

DEPARTMENT OF
WATER RESOURCES

DEPT. OF WATER RESOURCES

322 E. FRONT ST.

P. O. BOX 83720

BOISE, ID 83720-0090

Debbi 63-34658

