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.

1. Article Addressed to:

PALM BEACH COUNTY
301 NORTH OLIVE AVE.
WEST PALM BEACH, FL 33401

9590 9402 9541 5121 5310 92

2. Article Number *(Transfer from service label)*
7112 0170 6470 0231 3205

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X MANGO ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 8/7/26

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

9249-2024 #11 09162026

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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.

1. Article Addressed to:

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
301 NORTH OLIVE AVE.
WEST PALM BEACH , FL 33401

9590 9402 9541 5121 5311 15

2. Article Number *(Transfer from service label)*
7112 0176 6470 0231 3229

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X MNGO ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 8/7/26

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

9249-2024 #13 09162026

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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.

1. Article Addressed to:
CITY OF BELLE GLADE
110 SW AVENUE E
BELLE GLADE, FL 33430

9590 9402 9541 5121 5311 22

2. Article Number *(Transfer from service label)*
7112 0170 6470 0231 3236

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

9249-2024 #14 09162026

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form **3811**, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt