

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. ~~PALEMBACH~~ PALM BEACH COUNTY ADMINISTRATIVE COMPLAINT
COURT REVENUE, COURT COMPLIANCE, CUSTOMER SERVICE
205 N DIXIE HWY, ROOM 4.22
WEST PALM BEACH, FL 33401



9590 9402 9541 5121 5211 23

2. Article Number (Transfer from service label)
7112 0170 6470 0231 5933

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/4/26

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

1068-2024 #15 10142026

3. Service Type

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

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

Domestic Return Receipt

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1. Article Addressed to:

STATE OF FLORIDA
DEPARTMENT OF REVENUE, 2468 METROCENTRE BLVD.
WEST PALM BEACH, FL 33407



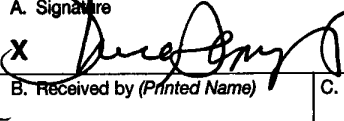
9590 9402 5314 9154 1000 27

2. Article Number (Transfer from service label)

7112 0170 6470 0231 6664

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? ☐ YesIf YES, enter delivery address below: ☐ No

1068-2024 #18 10142026

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt