

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 ADMINISTRATIVE
COURT REVENUE, COURT COMPLIANCE,
205 N DIXIE HWY, ROOM 4.22
WEST PALM BEACH, FL 33401



9590 9402 4100 8092 3100 57

2. Article Number (Transfer from service label)

7112 0170 6470 0232 7516

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Cm ☒ Agent ☐ Addressee
B. Received by (Printed Name) Cm C. Date of Delivery 10/9

D. Is delivery address different from item 1? ☐ Yes ☒ No

~~COMPLETE~~ delivery address below: CUSTOMER SERVICE

835-2024 #9 11182026

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

Domestic Return Receipt