SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  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
CITY OF ORLANDO FOLICE DEFARTMENT Orlando Rolón or Eric Smith 1250 West South Street Orlando, Florida 3280	5
9590 9402 7392 2055 5324 18  2. Article Number (Transfer from service label)	3, Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Insured Mail □ Insured Mail □ Insured Mail □ Insured Mail □ Priority Mail Express® □ Registered Mail™ □ Registered Mail™ □ Restricted Delivery □ Signature Confirmation™ Restricted Delivery
FS Form 3811, July 2020 PSN 7530-02-000-9053	(over \$500)  Domestic Return Receipt

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