P 139 581 045

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to Mailing address and Name of person receiving	
Street and No. copy of the records	
P.O., State and ZIP Code	
Postage appropriate postage	$ x.xx
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees Total	$ x.xx
Postmark or Date	

PS Form 3800, June 1985

Fold at line over top of envelope to the right of the return address.

CERTIFIED MAIL

P 139 581 045

REMOVE TO EXPOSE ADHESIVE

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
- **Complete items 1, 2, 3, and 4 on the reverse.**
- **Attach to front of article if space permits, otherwise affix to back of article.**
- **Endorse article "Return Receipt Requested" adjacent to number.**

U.S.MAIL

PENALTY FOR PRIVATE USE, $300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

Santa Clara County Health Dept. Public
Health Nursing
2220 Moorpark Avenue
San Jose, CA 95128

Is your RETURN ADDRESS completed on the reverse side?

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)*
2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to: Name and address of person receiving copy of the record	4. Article Number (Certified mail number) P139581045
	Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address X	8. Addressee's Address *(ONLY if requested and fee paid)*
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Mar. 1988 ★ U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.