

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Department of Administration  
 Municipal Boundary Review  
 P.O. Box 1645  
 Madison, WI 53701-1645

**COMPLETE THIS SECTION ON DELIVERY**

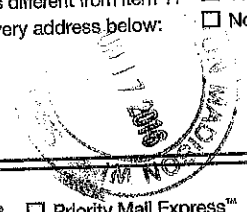
A. Signature *[Handwritten Signature]*  Agent  
 Addressee

B. Received by *[Handwritten Name]* C. Date of Delivery *[Handwritten Date]*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes



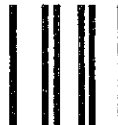
2. Article Number  
(Transfer from service label)

7011 2970 0003 6566 0122

UNITED STATES POSTAL SERVICE

WI 532

17 JUN '85



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

La Crosse City Clerk's Office  
City of La Crosse  
400 La Crosse St.  
La Crosse, WI 54601

