

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-170

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

City Clerk's Office  
La Crosse City Hall  
400 La Crosse Street  
La Crosse, WI 54601



**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  
 PO Box 1645  
 Madison, WI 53701-1645

**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?  Yes****If YES, enter delivery address below:  No****3. Service Type** Certified Mail Express Mail  Registered Return Receipt for Merchandise Insured Mail C.O.D.**4. Restricted Delivery? (Extra Fee)** Yes**2. Article Number***(Transfer from service label)*

7011 2970 0003 6566 0191