

17-0707

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature

X

*John C Doucette*

- Agent
- Addressee

B. Received by (Printed Name)

*John C Doucette*

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
- No

1. Article Addressed to:

Department of Administration  
Municipal Boundary Review  
PO BOX 1645  
Madison WI 53701-1645



9590 9403 0428 5163 6761 39

2. Article Number (Transfer from service label)

7005 1820 0007 3890 9993

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery



UNITED STATES POSTAL SERVICE

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

WI 532

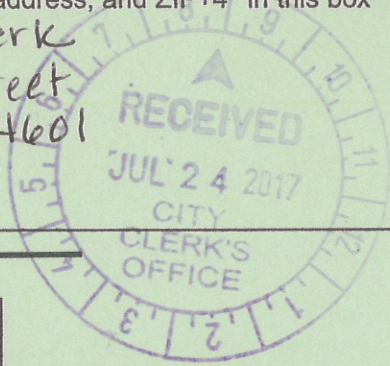
20 JUL '17

PH 6 L



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  
400 La Crosse Street  
La Crosse WI 54601



USPS TRACKING#



9590 9403 0428 5163 6761 39