



**CITY OF NAPOLEON – Building & Zoning
Division**

255 W. Riverview Avenue, PO Box 151, Napoleon, OH 43545
Phone: 419-592-4010 - Fax: 419-599-8393

NOTICE DELIEVERED TO: Kimberly Hagerman

AT: 570 Buckeye Ln.

DATE: 11/4/05 TIME: _____

BY: Tom Zimmerman

NOTICE DELEIVERED BY MEANS OF:

- PERSONAL DELIEVERY
- CERTIFIED MAIL, RETURN RECEIPT, RESTRICTED
- CONSTRUCTIVE

COMMENTS: _____

TOM ZIMMERMAN, ZONING ADMINISTRATOR

DATE

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$.37
 Certified Fee 2.30
 Return Receipt Fee 1.75
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)



Total Postage & Fe

Sent To

Kimberly Hagerman
 570 Buckeye Lane
 Napoleon, OH 43545

Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, June
 See Reverse for Instructions

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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:

Kimberly Hagerman
 570 Buckeye Lane
 Napoleon, OH 43545

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery FEB 11 2004
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes
- No

2. Article Number
 - (Transfer from service label)

7005 0390 0003 9874 8205

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1541