

**RECEIVED**

By Bourne Health Department at 11:43 am, Aug 23, 2023

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Congdon Gerald S  
172 Skyline Drive  
Acton, MA 01720

90 Circuit Box



9590 9402 8123 2349 5064 38

2. Article Number (Transfer from service label)

9589 0710 5270 0867 6810 36

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

*Gerald S Congdon* C. Date of Delivery *8/18/23*

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery (30)

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Doucette Naidene A &  
Kevin W Doucette  
86 Circuit Avenue  
Pocasset, MA 02559

90 Circuit Box



9590 9402 8123 2349 5070 77

2. Article Number (Transfer from service label)

9589 0710 5270 0867 6810 29

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

*[Signature]* C. Date of Delivery *8/16*

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Registered Mail Restricted Delivery (\$500)

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Meier Peter K  
PO Box 855  
Pocasset, MA 02559

90 Circuit Box



9590 9402 8123 2349 5070 46

2. Article Number (Transfer from service label)

9589 0710 5270 0867 6809 92

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Peter Meier*  Agent  
 Addressee

B. Received by (Printed Name)

*Peter Meier* C. Date of Delivery *8/16/2023*

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery (30)

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

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- 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:

Robert Morse  
 PO Box 907  
 Pocasset, MA 02559

90 Circuit Box



9590 9402 8123 2349 5064 52

2. Article Number (Transfer from service label)

9589 0710 5270 0867 6810 50

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *R Morse*  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  Priority Mail Express®
- Adult Signature  Registered Mail™
  - Adult Signature Restricted Delivery  Registered Mail Restrict
  - Certified Mail® Delivery
  - Certified Mail Restricted Delivery  Signature Confirmation™
  - Collect on Delivery  Signature Confirmation
  - Collect on Delivery Restricted Delivery  Restricted Delivery

Mail  
 Mail Restricted Delivery  
 (over \$500)

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

O'Regan James &  
 Mary Agnes O'Regan  
 89 Plymouth Street  
 Carver, MA 02330-1035

90 Circuit Box



9590 9402 8123 2349 5070 60

2. Article Number (Transfer from service label)

9589 0710 5270 0867 6810 12

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *Mary O'Regan*  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  Priority Mail Express®
- Adult Signature  Registered Mail™
  - Adult Signature Restricted Delivery  Registered Mail Restrict
  - Certified Mail® Delivery
  - Certified Mail Restricted Delivery  Signature Confirmation™
  - Collect on Delivery  Signature Confirmation
  - Collect on Delivery Restricted Delivery  Restricted Delivery

Mail  
 Mail Restricted Delivery  
 (00)

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Town of Bourne  
 Beach Area off Circuit Avenue  
 24 Perry Avenue  
 Buzzards Bay, MA 02532

90 Circuit Box



9590 9402 8123 2349 5064 45

2. Article Number (Transfer from service label)

9589 0710 5270 0867 6810 43

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *M.S.*  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  Priority Mail Express®
- Adult Signature  Registered Mail™
  - Adult Signature Restricted Delivery  Registered Mail Restrict
  - Certified Mail® Delivery
  - Certified Mail Restricted Delivery  Signature Confirmation™
  - Collect on Delivery  Signature Confirmation
  - Collect on Delivery Restricted Delivery  Restricted Delivery

Mail  
 Mail Restricted Delivery  
 (0)

Domestic Return Receipt

9589 0710 5270 0867 6810 05

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

AUG 14 2023  
Postmark Here

Postage

\$ Total **Winther Donn G &**  
 \$ **Nancy S Winther**  
 Sent **661 Heatons Mill Cr**  
 Street **Longhorne, PA 19047**  
 City, State **90 Circuit** **BoH**