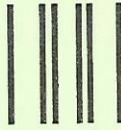


**Abutter Notification
Certified/Return Receipt Mail Procedure**

1. Provide a #10 business size envelope, addressed to each recipient, return addressed to: Town of Ossipee; Planning Board or Zoning Board (whichever applies); PO Box 67; Ctr. Ossipee, NH 03814.
2. Fill out the "Receipt for Certified Mail" (please see sample provided)
3. Fill out the "Return Receipt Post Card" (please see sample provided)
4. Affix postage on each envelope to cover: first class mail for letter, certified mail receipt fee, and return receipt fee.
5. Do not stuff or seal envelopes. Place "Receipt for Certified Mail" and "Return Receipt Post Card" under envelope flap and submit with your application package.

UNITED STATES POSTAL SERVICE



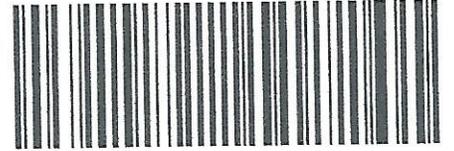
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Town of Ossipee
Zoning Board or Planning Board
PO Box 67
Ctr. Ossipee, NH 03814

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7012 2210 0002 4346 0718
7012 2210 0002 4346 0718

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:

Recipients Name
Mailing Address
City, State, Zip Code

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X 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

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Sent To
Street, Apt. No. or PO Box No.
City, State, Zip Code
Recipients Name
Mailing Address
City, State, Zip Code

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

OFFICIAL USE
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com



9590 9403 0592 5183 3412 02

2. Article Number (Transfer from service label)
7012 2210 0002 4346 0718