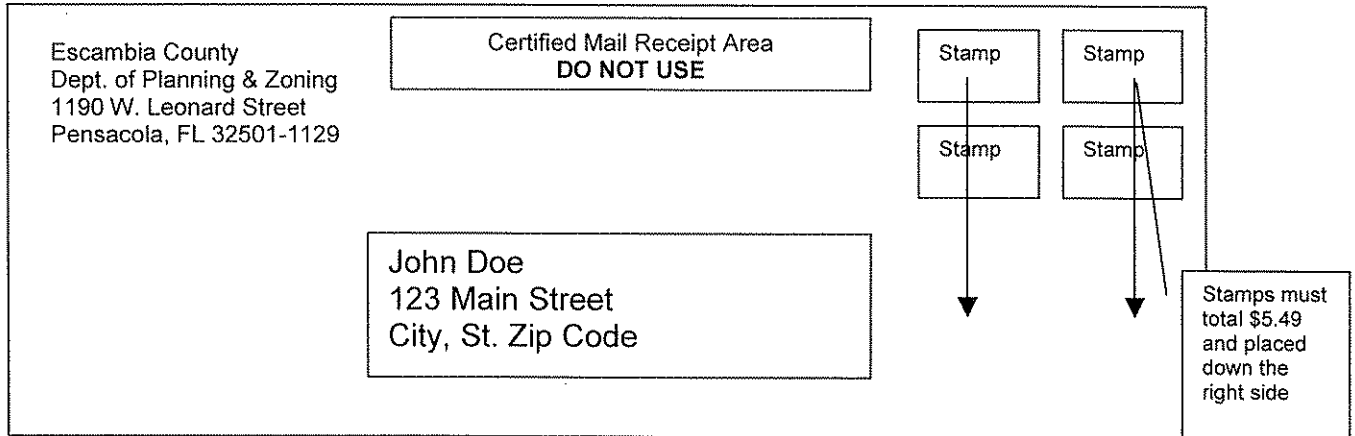


## PREPARATION OF CERTIFIED MAILINGS

YOU MUST HAVE A GREEN CARE, RECEIPT AND SIZE 10 BUSINESS ENVELOPE FILLED OUT COMPLETELY AND PROPERLY FOR EACH PROPERTY OWNER WITHIN A 500-FOOT RADIUS OF THE SUBJECT PARCEL OR THEY WILL NOT BE ACCEPTED. AN ENVELOPE FOR THE OWNER/AGENT SHOULD ALSO BE INCLUDED. ALL OF THE ENVELOPES MUST BE STAMPED WITH THE CORRECT AMOUNT OF POSTAGE STAMPS TOTALLING **\$5.49** IN ORDER TO COVER THE TOTAL POSTAGE AMOUNT THAT INCLUDES THE CASE NOTICE AND SUPPORTING BACKUP INFORMATION.

**NO METERED ENVELOPES WILL BE ACCEPTED.** THE EXACT COST OF THE CERTIFIED MAILINGS IS SHOWN IN THE EXAMPLE BELOW ALONG WITH AN EXAMPLE TO COMPLETING THE GREEN CARDS. PLACE THEM BOTH INSIDE THE ENVELOPE BUT DO NOT SEAL OR SEPARATE THE BAR CODE FROM THE CERTIFIED MAIL RECEIPT. NOTICE IN THE EXAMPLE TO PLACE POSTAGE DOWN THE RIGHT SIDE OF THE ENVELOPE AND NOT ACROSS THE TOP INTO THE RECEIPT AREA.

OUR OFFICE WILL INSERT THE PUBLIC HEARING NOTICES, SEAL AND MAIL. IF YOU HAVE ANY QUESTIONS REGARDING FILLING OUT YOUR CERTIFIED CARDS AND RECEIPTS, PLEASE CALL (850) 595-3460. DO NOT WAIT UNTILL SUBMITTAL, AS TO **THE APPLICATION CANNOT BE ACCEPTED IF CORRECTIONS NEED TO BE MADE.**



7005 3110 0003 4164 6375

**CERTIFIED MAIL**

7005 3110 0003 4164 6375

7005 3110 0003 4164 6375

JOHN DOE  
123 MAIN STREET  
SOMEWHERE, FL 12345

Postage: \$5.49  
Postage & Fees Paid: \$2.70  
Total: \$8.19

**SENDER'S 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 envelope, or on the front if space permits.

1. Article Addressed to:  
John Doe  
123 Main Street  
Somewhere, FL 12345

2. Article Number (Please refer to service label)  
PS Form 3811, February 2004

3. Signature  
X

4. Receipt by (Printed Name)  
5. Date of Delivery

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

7. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Signature Mail  
 Return Receipt for Merchandise  
 C.O.D.  
 Restricted Delivery? Extra Fee

8. Attach Article No. Sticker from PS form 3800 (certified Mail Receipt)

UNIVERSAL SERIES POSTAL SERVICE

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-19

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

ESCAMBIA COUNTY  
DEPT. OF PLANNING & ZONING  
1190 W. LEONARD ST.  
PENSACOLA, FL 32501-1129