

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

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

Carlisle, PA 17015

Certified Mail Fee \$4.35  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.66

Total Postage and Fees \$8.56

Sent To West Pennsboro Twp.

Street and Apt. No., or PO Box No.  
2150 Newville Road

City, State, ZIP+4®  
Carlisle, PA 17015

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark  
Here  
DEC 04 2023

12/04/2023

USPS

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Carlisle, PA 17013

Certified Mail Fee \$4.35  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.66

Total Postage and Fees \$8.56

Sent To Cumberland County Planning Dept.

Street and Apt. No., or PO Box No.  
310 Allen Road, Suite 101

City, State, ZIP+4®  
Carlisle, PA 17013

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark  
Here  
DEC 04 2023

12/04/2023

**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:

Cumberland County Planning Dept.  
310 Allen Road  
Suite 101  
Carlisle, PA 17013



9590 9402 8629 3244 3104 95

2. Article Number (Transfer from service label)

9589 0710 5270 1244 7219 70

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ 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  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Registered Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Additional 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:

West Pennsboro Twp.  
2150 Newville Road  
Carlisle, PA 17015



9590 9402 8629 3244 3104 88

2. Article Number (Transfer from service label)

9589 0710 5270 1244 7219 87

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ 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®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Additional Mail Restricted Delivery (\$500)

Domestic Return Receipt