



Firm Delivery Receipt

Bill Number	Page Number	Mail For
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- Registered
- Insured
- Certified
- Returned CODs
- Return Receipt for Merchandise

Article Number	Article Number
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30

A total of _____ articles described above were received.	<table style="width:100%;"> <tr> <td style="width:10%; text-align: center;"></td> <td>Received By (<i>Print Name</i>)</td> </tr> <tr> <td></td> <td>_____</td> </tr> <tr> <td></td> <td>Signature of Addressee or Agent</td> </tr> <tr> <td></td> <td>X</td> </tr> </table>		Received By (<i>Print Name</i>)		_____		Signature of Addressee or Agent		X
	Received By (<i>Print Name</i>)								

	Signature of Addressee or Agent								
	X								
Date of Delivery	NOTE: List the appropriate code after each Article Number.								
Delivered By (<i>Clerk or Carrier</i>)	* CODE: R = Return Receipt Requested. OS = Officially Sealed. RE = Re-enveloped. SD = Special Delivery. RW = Returned to Writer. DC = Received in Damaged Condition.								

Postmark
Delivery Office