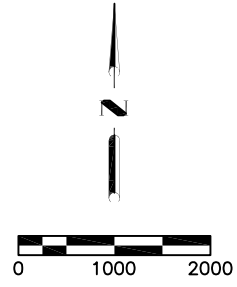
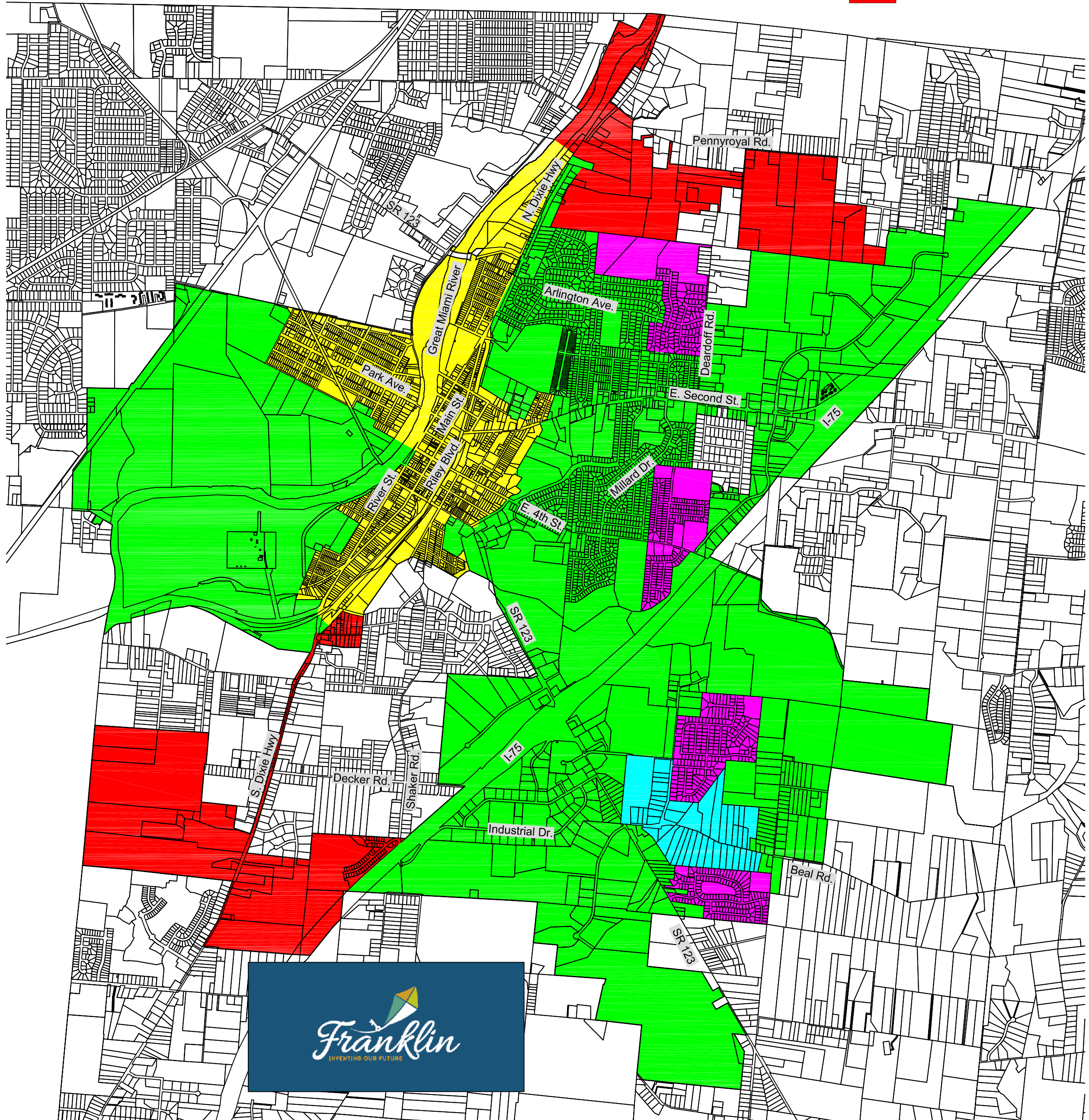


# City of Franklin Water System Mapping



- Lead
- Copper < 1986
- Copper > 1986
- Plastic
- County System or Wells





PLACE STICKER ABOVE THIS LINE

**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:

Ohio Dept. of Job & Family Services  
 Office of Family Assistance - Bureau of  
 Child Care Licensing & Monitoring  
 P.O. Box 183204  
 Columbus, Ohio 43218-3204



9590 9403 0619 5183 9220 49

2. Article Number (Transfer from service label)

7014 0510 0001 3435 5681

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery