HEARING NOTIFICATION LISTING SERVICE - 1618 HAMLINE AVE N

Legislative Hearing: **Tuesday, January 10, 2023** **Publication Dates: December 8 and 12, 2022**

City Council Hearing: **Wednesday, February 8, 2023**

Owners, Interested Parties, etc.	US Mail	CERTIFIED MAIL		PERSONAL SERVICE		Resolution Mail Date	ENS Posting Date	OTA Mail Date
		Sent	Received	Sent	Received			
Barry A Mackley 1618 Hamline Ave N St Paul MN 55108-2108	12/2/22	12/2/22	12/6/22					10/11/22
Teamsters Credit Union 9422 Ulysses St NE Suite 140 Blaine MN 55434		12/2/22	12/7/22					10/11/22
Como Community Council							12/2/22	

lsps.dot60191

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:

Barry A Mackley
1618 Hamline Ave N
St Paul MN 55108-2108

9590 9402 4439 8248 1238 37

2. Article Number *(Transfer from service label)*
7007 3020 0000 0177 5317

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barry A Mackley ☐ 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
☐ Insured Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☑ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
1618 Hamline

PS Form 3811, July 2015 PSN 7530-02-000-9053 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:

Teamsters Credit Union
9422 Ulysses St NE Suite 140
Blaine MN 55434

9590 9402 4439 8248 1238 44

2. Article Number *(Transfer from service label)*
7007 3020 0000 0177 5324

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Shelly Nelson ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Shelly Nelson 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
☐ Insured Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☑ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
1618 Hamline

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt