



# Legal Notices Transmittal and Scanning Separator Sheet

**Legal Notice Type: Legal Mailings**

Date of Transfer to ERM: 7/28/2011

Page Count: 1

Meeting Date: 8/3/2011

Meeting Type: City Council <=>

Case Number(s): 96282 <=>

Subject of Affidavit: Returned Certified Receipt - 6428 Evergreen Avenue <=>

Record Series: Legal Notices

LRDA Number: 2007-1717

Retention: Permanent

File By: Meeting Date



Prepared By: gportillo

Scanned By:

**SCANNED**

QC By:

**JUL 28 2011**

BC: 89101298699 \*0294-00520-26-29  
 89101298699  
 89101298699

UNDELIVERABLE TO SENDER  
 UNDELIVERABLE TO ADDRESSEE  
 RETURN TO SENDER  
 UNABLE TO FORWARD

8/3/2011 Case #96282  
 Ornelas Daniel & Guadalupe  
 6428 Evergreen Avenue  
 Las Vegas, Nevada 89107-3455

91 DE 1 NIXIE  
 94 07/26/11

2011 JUL 28 A 10:51

7007 3020 0003 1596 5282  
 MILED FROM ZIP CODE 89101  
 JUL 20 2011  
 \$ 05.59  
 PRINTED BY  
 000471990

RECEIVED  
 CITY CLERK

OFFICE OF THE CITY CLERK  
 CITY HALL  
 400 STEWART AVENUE  
 LAS VEGAS, NEVADA 89101-2988

# CITY OF LAS VEGAS

**CERTIFIED MAIL™**  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>8/3/2011 Case #96282            Ornelas Daniel &amp; Guadalupe            6428 Evergreen Avenue            Las Vegas, Nevada 89107-3455</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

2. Article Number (Transfer from service label) 7007 3020 0003 1596 5282