



THE SUNRISE CITY
FORT PIERCE
 CITY CLERK'S OFFICE

Florida

January 7, 2020

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
 AND FIRST CLASS REGULAR MAIL

ROOSEVELT NELSON (TR)
 1502 AVENUE O
 FT PIERCE, FL, 34950

Dear Interested Party:

Pursuant to Resolution 20-R02, certified copy enclosed, there will be a Public Hearing before the City Commission of the City of Fort Pierce, Florida, at their meeting which begins at 6:30 p.m. on Monday, February 3, 2020 in the City Hall Commission Chambers, 100 North U.S. #1, Fort Pierce, Florida, allowing interested parties to show cause as to why the building or structure located at **913 AVENUE B**, should not be condemned and its removal or destruction required. Parcel ID: 2410-604-0167-000/7

All interested parties are invited to attend this meeting and be heard.

Very truly yours,

Linda W. Cox

Linda W. Cox
 City Clerk

cc: Peggy Arraiz, Code

7004 2890 0003 9385 9180

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To: ROOSEVELT NELSON (TR)
 1502 AVENUE O
 FT PIERCE, FL, 34950

PS Form 3800, June 2002 See Reverse for Instructions

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:
 ROOSEVELT NELSON (TR)
 1502 AVENUE O
 FT PIERCE, FL, 34950

2. Article Number (Transfer from service label)
 7004 2890 0003 9385 9180

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 (over \$500)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Linda W. Cox*

B. Received by (Printed Name)

C. Date of Delivery
 1-10-20

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

Domestic Return Receipt

PS Form 3811, April 2015 PSN 7530-02-000-9053