



City of

**FOLEY**

P.O. BOX 1750 • FOLEY, ALAB  
(251) 943-1545 • Fax (251)  
www.cityoffoley.org

May 17, 2013

Mr. Clyde Abrams  
Baldwin EMC  
P.O. Box 220  
Summerdale, AL. 36580

Dear Mr. Abrams:

The City of Foley will hold a public hearing at 5:30 p.m. Monday, June 17, 2013 in the Council Chambers to consider the vacation of an unimproved alley way that runs from Chicago Street to Cypress Street right behind Denson Freemans and the Dixie Furniture lot (on the North side of Laurel Avenue).

All persons wishing to be heard may speak at the public hearing or may respond in writing to the City of Foley, P.O. Box 1750, Foley, Alabama 36535 before June 17, 2013 at 5:30 p.m. in order to be considered.

Sincerely,

*Victoria Southern*  
Victoria Southern, CMC  
City Clerk

Enc.

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                     |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>1. Article Addressed to:</p> <p>Mr. Clyde Abrams<br/>Baldwin EMC<br/>PO BOX 220<br/>Summerdale, AL<br/>36581</p>                                                                                                                                                                                               |  | <p>A. Signature</p> <p>X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>                                          |  |
| <p>2. Article Number<br/>(Transfer from service label)</p> <p>7010 1060 0000 7216 5961</p>                                                                                                                                                                                                                        |  | <p>B. Received by (Printed Name)</p> <p>Adam White</p> <p>C. Date of Delivery</p> <p>5/20/13</p>                                                           |  |
| <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> |  |
| <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>                                                                                                                                                                                                                                           |  |                                                                                                                                                            |  |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MAYOR: JOHN E. KONIAR

CITY ADMINISTRATOR: MICHAEL L. THOMPSON

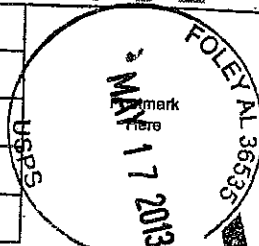
COUNCIL MEMBERS: J. WAYNE TRAWICK • VERA J. QUAITES • RALPH G. HELLMICH • CECIL R. "RICK" BLACKWELL • CHARLES J. EBERT III

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 \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$



Sent To *Clyde Abrams*  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions