

407 East Laurel Ave.
Foley, AL 36535

(251) 943-1545
Fax (251) 952-4014
www.cityoffoley.org



November 4, 2014

JH Stacey
P.O. Box 969
Foley, AL. 36536

CERTIFIED, RETURN RECEIPT

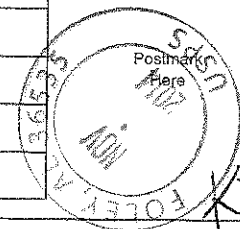
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U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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



Sent To **JH Stacey**
Street, Apt. No.,
or PO Box No. **P.O. Box 969**
City, State, ZIP+4 **Foley, AL 36536**
PS Form 3800, August 2006 See Reverse for Instructions

RE: Violation of Ordinance 1095-09 Lot on North Oak Street PIN # 000887 in Foley, Alabama.

Dear Sir/Madam:

The Foley City Council, in regular session November 3, 2014 approved a Resolution declaring the above property in violation of the Lot Clearing and Weed Removal Ordinance. Enclosed is a copy of the Notice of Public Hearing pursuant to the Code of Alabama Sections 11-67-20 through 11-67-28. The public hearing will be held on **Monday, December 15, 2014** at 5:30 p.m. in the City of Foley's Council Chambers located at 407 East Laurel Avenue, Foley Alabama to discuss the violation.

The City of Foley is supplying you with a list of Alabama Agriculture and Industries Board Certified contractors who also hold business licenses with the City of Foley. The City does not guarantee or recommend their work. If you remove the weeds, grass or other vegetative growth, the City will stop the abatement proceedings. However, failure to do so will ensure that City forces will remove the nuisance from your property.

Your cooperation in this matter

Sincerely,

Katy Taylor
Katy Taylor
Assistant City Clerk

Enclosures

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

JH Stacey
P.O. Box 969
Foley, AL 36536

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Pat Stacey*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Pat Stacey

C. Date of Delivery

10 NOV 14

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0000 3459 8236

MAYOR John; PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COUNCIL MEMBERS J. Wayne Trawick • Vera J. Quaites • Ralph G. Hellmich • Cecil R. Blackwell • Charles J. Eder III