

| ORIGIN (POSTAL SERVICE USE ONLY)                                   |  |  |  |
|--|--|--|--|
| PO ZIP Code<br>46706   |  | Day of Delivery<br><input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day |  |
| Date Accepted<br>7-2-09  |  | Scheduled Date of Delivery   |  |
| Mo. 7 Day 2 Year 09  |  | Month 7 Day 3  |  |
| Time Accepted<br>3:29 PM   |  | Scheduled Time of Delivery<br><input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM                           |  |
| <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |  | Military   |  |
| Flat Rate <input type="checkbox"/> or Weight                       |  | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day  |  |
| lbs. 7 ozs.  |  | Int'l Alpha Country Code   |  |
| Postage<br>\$ 13.05  |  | Return-Receipt Fee   |  |
| COD Fee  |  | Insurance Fee  |  |
| \$   |  | \$   |  |
| Total Postage & Fees<br>\$ 13.05                                   |  | Acceptance Emp. Initials<br>D  |  |

| DELIVERY (POSTAL USE ONLY) |  |                    |
|----------------------------|--|--------------------|
| Delivery Attempt           | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day                    | <input type="checkbox"/> AM <input type="checkbox"/> PM      | Employee Signature |
| Delivery Attempt           | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day                    | <input type="checkbox"/> AM <input type="checkbox"/> PM      | Employee Signature |
| Delivery Date              | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day                    | <input type="checkbox"/> AM <input type="checkbox"/> PM      | Employee Signature |

|  |  |   |
|--|--|---|
| <b>CUSTOMER USE ONLY</b><br><b>PAYMENT BY ACCOUNT</b><br>Express Mail Corporate Acct. No. _____<br><br>Federal Agency Acct. No. or<br>Postal Service Acct. No. _____ |  | <input type="checkbox"/> <b>WAIVER OF SIGNATURE</b> (Domestic Mail Only)<br>Additional merchandise insurance is void if<br>customer requests waiver of signature.<br>I wish delivery to be made without obtaining signature<br>of addressee or addressee's agent (if delivery employee<br>judges that article can be left in secure location) and I<br>authorize that delivery employee's signature constitutes<br>valid proof of delivery. |
| <b>NO DELIVERY</b><br><input type="checkbox"/> Weekend <input type="checkbox"/> Holiday  |  | Mailing Office Signature _____  |

FROM: (PLEASE PRINT) CITY OF AUBURN  
PHONE ( )  
Bldg. PLANNING + DEVELOPMENT  
PO Box 506  
Auburn, IN 46706

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TO: (PLEASE PRINT) PHONE ( )

Hubert & Jennifer Shaffer  
5302 CR 427  
Auburn, IN


ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

4 6 7 0 6 +

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

|   |  |   |  |
|---|--|---|--|
| ORIGIN (POSTAL SERVICE USE ONLY)                                      |  |   |  |
| PO ZIP Code<br>40704  |  | Day of Delivery<br><input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day |  |
| Date Accepted<br>7-2-05   |  | Postage<br>\$ 13.05   |  |
| Mo. Day Year  |  | Scheduled Date of Delivery  |  |
| Time Accepted<br>3:27 PM  |  | Month 7 Day 3   |  |
| <input type="checkbox"/> AM<br><input checked="" type="checkbox"/> PM |  | Scheduled Time of Delivery  |  |
| Flat Rate <input type="checkbox"/> or Weight                          |  | <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM   |  |
| lbs. 3 ozs.   |  | Military  |  |
|   |  | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day   |  |
|   |  | Int'l Alpha Country Code  |  |
|   |  | Return Receipt Fee  |  |
|   |  | COD Fee   |  |
|   |  | Insurance Fee   |  |
|   |  | Total Postage & Fees<br>\$ 13.05  |  |
|   |  | Acceptance Emp. Initials<br>2   |  |

| DELIVERY (POSTAL USE ONLY) |                                  |                    |
|----------------------------|----------------------------------|--------------------|
| Delivery Attempt           | Time <input type="checkbox"/> AM | Employee Signature |
| Mo. Day                    | <input type="checkbox"/> PM      |                    |
| Delivery Attempt           | Time <input type="checkbox"/> AM | Employee Signature |
| Mo. Day                    | <input type="checkbox"/> PM      |                    |
| Delivery Date              | Time <input type="checkbox"/> AM | Employee Signature |
| Mo. Day                    | <input type="checkbox"/> PM      |                    |

| <b>CUSTOMER USE ONLY</b>   |   |
|--|---|
| <b>PAYMENT BY ACCOUNT</b><br>Express Mail Corporate Acct. No. _____<br><br>Federal Agency Acct. No. or<br>Postal Service Acct. No. _____   | <input checked="" type="checkbox"/> <b>WAIVER OF SIGNATURE</b> ( <i>Domestic Mail Only</i> )<br>Additional merchandise insurance is void if<br><b>customer requests waiver of signature.</b><br>I wish delivery to be made without obtaining signature<br>of addressee or addressee's agent (if delivery employee<br>judges that article can be left in secure location) and I<br>authorize that delivery employee's signature constitutes<br>valid proof of delivery.<br> |
| <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> <b>NO DELIVERY</b><br/> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Weekend</span> <span><input type="checkbox"/> Holiday</span> </div> </div> | Mailer Signature _____  |

TO: (PLEASE PRINT) Philip Speer PHONE ( ) 264 2 CR 52  
Auburn, IN

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

4 6 7 0 6 +

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FROM: (PLEASE PRINT) PHONE ( )

City of Auburn  
Bldg, PLANNING + DEVELOPMENT  
P.O. Box 506  
Auburn, IN 46706

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Visit **www.usps.com**

**Call 1-800-222-1811**



**Customer Copy**  
Label 11-B, March 2004

Post Office To Addressee

| DELIVERY (POSTAL USE ONLY) |  |  |                    |
|----------------------------|--|--|--------------------|
| Delivery Attempt           |  | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day                    |  |  |                    |
| Delivery Attempt           |  | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day                    |  |  |                    |
| Delivery Date              |  | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day                    |  |  |                    |

|   |  |
|---|--|
| <b>CUSTOMER USE ONLY</b>                                      |  |
| <b>PAYMENT BY ACCOUNT</b><br>Express Mail Corporate Acct. No. | <input checked="" type="checkbox"/> <b>WAIVER OF SIGNATURE</b> <i>(Domestic Mail Only)</i><br>Additional merchandise insurance is void if customer requests waiver of signature.<br>I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. |
| <b>NO DELIVERY</b><br>Will not be delivered to this address.  | _____<br>Mailor Signature  |

FROM: (PLEASE PRINT) PHONE: \_\_\_\_\_

City of Auburn  
BLDG, PLANNING + DEVELOPMENT  
PO Box 506  
Auburn, IN 46706

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Visit **www.usps.com**

**Call 1-800-222-1811**



TO: (PLEASE PRINT) \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

NT TAMI WILLIAMS  
5107 CRIG  
Garrett, IN

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

4 6 7 3 8 +

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.



**Customer Copy**  
Label 11-B, March 200

## Post Office To Addressee

| DELIVERY (POSTAL USE ONLY) |                                  |                    |
|----------------------------|----------------------------------|--------------------|
| Delivery Attempt           | Time <input type="checkbox"/> AM | Employee Signature |
| Mo. Day                    | <input type="checkbox"/> PM      |                    |
| Delivery Attempt           | Time <input type="checkbox"/> AM | Employee Signature |
| Mo. Day                    | <input type="checkbox"/> PM      |                    |
| Delivery Date              | Time <input type="checkbox"/> AM | Employee Signature |
| Mo. Day                    | <input type="checkbox"/> PM      |                    |

|   |   |
|---|---|
| <b>CUSTOMER USE ONLY</b>  |   |
| <b>PAYMENT BY ACCOUNT</b><br>Express Mail Corporate Acct. No.                           | <input checked="" type="checkbox"/> <b>WAIVER OF SIGNATURE</b> ( <i>Domestic Mail Only</i> )<br>Additional merchandise insurance is void if<br>customer requests waiver of signature.<br>I wish delivery to be made without obtaining signature<br>of addressee or addressee's agent (if delivery employee<br>judges that article can be left in secure location) and I<br>authorize that delivery employee's signature constitutes<br>valid proof of delivery. |
| Federal Agency Acct. No. or<br>Postal Service Acct. No.                                 |   |
| <b>NO DELIVERY</b><br>Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> | Mailers Signature<br><i>McFarlane</i>   |

TO: (PLEASE PRINT) PHONE ( )

SENT Jim Covell  
P O Box 601  
Auburn, IN 46706

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

4 6 7 0 6 +

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

|  |  |   |  |
|--|--|---|--|
| <b>ORIGIN (POSTAL SERVICE USE ONLY)</b>  |  |   |  |
| PO ZIP Code<br>46706   |  | Day of Delivery<br><input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day |  |
| Date Accepted<br>7 2 09  |  | Scheduled Date of Delivery  |  |
| Mo. Day Year   |  | Postage \$ 13.05  |  |
| Time Accepted<br>3:26 PM   |  | Return Receipt Fee \$   |  |
| <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM               |  | Month 7 Day 3   |  |
| Flat Rate <input type="checkbox"/> or Weight <input checked="" type="checkbox"/> |  | Scheduled Time of Delivery  |  |
| lbs. 3 ozs.  |  | COD Fee \$ Insurance Fee \$   |  |
|  |  | Total Postage & Fees \$ 13.05   |  |
|  |  | Military  |  |
|  |  | Day of Delivery <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day                                   |  |
|  |  | Int'l Alpha Country Code  |  |
|  |  | Acceptance Emp. Initials  |  |

FROM: (PLEASE PRINT) PHONE ( ) \_\_\_\_\_

City of Auburn  
Bldg, Planning + Development  
P.O. Box 506  
Auburn, IN 46706

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**Call 1-800-222-1811**





AUBURN POST OFFICE  
AUBURN, Indiana  
467069998  
1740350973-0097  
07/02/2009 (260)925-4760 03:30:20 PM

===== Sales Receipt =====  
Product            Sale Unit            Final  
Description       Qty   Price           Price

GARRETT IN 46738                                \$13.05  
Zone-1 Express Mail  
PO-Add  
2.40 oz.  
Label #:            EH418909910US  
Next Day Noon / Normal Delivery  
Signature Waived  
Customer Postage                                -\$13.05  
Subtotal:                                        \$0.00  
GARRETT IN 46738                                \$13.05  
Zone-1 Express Mail  
PO-Add  
2.40 oz.  
Label #:            EH418909897US  
Next Day Noon / Normal Delivery  
Signature Waived  
Customer Postage                                -\$13.05  
Subtotal:                                        \$0.00  
AUBURN IN 46706                                \$13.05  
Zone-0 Express Mail  
PO-Add  
2.40 oz.  
Label #:            EH799499291US  
Next Day Noon / Normal Delivery  
Signature Waived  
Customer Postage                                -\$13.05  
Subtotal:                                        \$0.00  
AUBURN IN 46706                                \$13.05  
Zone-0 Express Mail  
PO-Add  
2.40 oz.  
Label #:            EH799499288US  
Next Day Noon / Normal Delivery  
Signature Waived  
Customer Postage                                -\$13.05  
Subtotal:                                        \$0.00  
GARRETT IN 46738                                \$13.05  
Zone-1 Express Mail  
PO-Add  
2.40 oz.  
Label #:            EH418909906US  
Next Day Noon / Normal Delivery  
Signature Waived  
Customer Postage                                -\$13.05  
Subtotal:                                        \$0.00  
AUBURN IN 46706                                \$13.05  
Zone-0 Express Mail  
PO-Add  
2.40 oz.  
Label #:            EH799498398US  
Next Day Noon / Normal Delivery  
Signature Waived  
Customer Postage                                -\$13.05  
Subtotal:                                        \$0.00  
=====

Total:    \$0.00

Paid by:

Order stamps at USPS.com/shop or  
call 1-800-Stamp24. Go to  
USPS.com/clicknship to print  
shipping labels with postage. For  
other information call  
1-800-ASK-USPS.

Bill#:1000301374392  
Clerk:01

All sales final on stamps and postage  
Refunds for guaranteed services only  
Thank you for your business  
\*\*\*\*\*  
\*\*\*\*\*  
HELP US SERVE YOU BETTER

Go to: <http://gx.gallup.com/pos>

TELL US ABOUT YOUR RECENT  
POSTAL EXPERIENCE

YOUR OPINION COUNTS  
\*\*\*\*\*  
\*\*\*\*\*





EH 418909910 US

## ORIGIN (POSTAL SERVICE USE ONLY)

|   |  |   |
|---|--|---|
| PO ZIP Code<br>46706  | Day of Delivery<br><input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | Postage<br>\$ 13.05                     |
| Date Accepted<br>7-2-09   | Scheduled Date of Delivery<br>Month 7 Day 3  | Return Receipt Fee<br>\$                |
| Mo. Day Year<br>7-2-09  | Scheduled Time of Delivery<br><input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM                           | COD Fee<br>\$                           |
| Time Accepted<br><input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Military<br><input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day  | Insurance Fee<br>\$                     |
| Flat Rate <input type="checkbox"/> or Weight<br>3 lbs.                              | Int'l Alpha Country Code   | Total Postage & Fees<br>\$ 13.05        |
|   |  | Acceptance Emp. Initials<br>[Signature] |

FROM: (PLEASE PRINT)

PHONE ( )

City of Auburn  
BLDG, PLANNING + DEVELOPMENT  
PO Box 506  
Auburn, IN 46706

## FOR PICKUP OR TRACKING

Visit [www.usps.com](http://www.usps.com)

Call 1-800-222-1811



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

## DELIVERY (POSTAL USE ONLY)

|                  |      |                             |                    |
|------------------|------|-----------------------------|--------------------|
| Delivery Attempt | Time | <input type="checkbox"/> AM | Employee Signature |
| Mo. Day          |      | <input type="checkbox"/> PM |                    |
| Delivery Attempt | Time | <input type="checkbox"/> AM | Employee Signature |
| Mo. Day          |      | <input type="checkbox"/> PM |                    |
| Delivery Date    | Time | <input type="checkbox"/> AM | Employee Signature |
| Mo. Day          |      | <input type="checkbox"/> PM |                    |

## CUSTOMER USE ONLY

## PAYMENT BY ACCOUNT

Express Mail Corporate Acct. No.

☐ **WAIVER OF SIGNATURE (Domestic Mail Only)**  
Additional merchandise insurance is void if customer requests waiver of signature.

Federal Agency Acct. No. or

Postal Service Acct. No.

I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

## NO DELIVERY

☐ Weekend☐ Holiday

Mailer Signature

TO: (PLEASE PRINT)

PHONE ( )

Madeline Chaffins  
5219 CR 19  
Garrett, IN

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| 4 | 6 | 7 | 3 | 8 | + |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.



EH 418909897 US

## ORIGIN (POSTAL SERVICE USE ONLY)

|   |  |   |
|---|--|---|
| PO ZIP Code<br>46706  | Day of Delivery<br><input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | Postage<br>\$ 13.05                     |
| Date Accepted<br>7-2-09   | Scheduled Date of Delivery<br>Month 7 Day 3  | Return Receipt Fee<br>\$                |
| Mo. Day Year<br>7-2-09  | Scheduled Time of Delivery<br><input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM                           | COD Fee<br>\$                           |
| Time Accepted<br><input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Military<br><input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day  | Insurance Fee<br>\$                     |
| Flat Rate <input type="checkbox"/> or Weight<br>3 lbs.                              | Int'l Alpha Country Code   | Total Postage & Fees<br>\$ 13.05        |
|   |  | Acceptance Emp. Initials<br>[Signature] |

FROM: (PLEASE PRINT)

PHONE ( )

City of Auburn  
BLDG, PLANNING + DEVELOPMENT  
PO Box 506  
Auburn, IN 46706

## FOR PICKUP OR TRACKING

Visit [www.usps.com](http://www.usps.com)

Call 1-800-222-1811



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

## DELIVERY (POSTAL USE ONLY)

|                  |      |                             |                    |
|------------------|------|-----------------------------|--------------------|
| Delivery Attempt | Time | <input type="checkbox"/> AM | Employee Signature |
| Mo. Day          |      | <input type="checkbox"/> PM |                    |
| Delivery Attempt | Time | <input type="checkbox"/> AM | Employee Signature |
| Mo. Day          |      | <input type="checkbox"/> PM |                    |
| Delivery Date    | Time | <input type="checkbox"/> AM | Employee Signature |
| Mo. Day          |      | <input type="checkbox"/> PM |                    |

## CUSTOMER USE ONLY

## PAYMENT BY ACCOUNT

Express Mail Corporate Acct. No.

☐ **WAIVER OF SIGNATURE (Domestic Mail Only)**  
Additional merchandise insurance is void if customer requests waiver of signature.

Federal Agency Acct. No. or

Postal Service Acct. No.

I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

## NO DELIVERY

☐ Weekend☐ Holiday

Mailer Signature

TO: (PLEASE PRINT)

PHONE ( )

Greg Haynes  
5127 CR 19  
Garrett, IN

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| 4 | 6 | 7 | 3 | 8 | + |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.





"Home of the Classics"

## *Department of Building, Planning and Development*

---

Auburn City Hall, Second Floor, 210 S. Cedar Street, PO Box 506, Auburn, Indiana 46706-0506  
260.925.6449 phone | 260.925.8239 fax | bpd@ci.auburn.in.us | www.ci.auburn.in.us

*William J. Spohn*  
Administrator

*Vivian J. Likes*  
Zoning  
Administrator

To Whom It May Concern:

On behalf of Mayor Norman Yoder and the Auburn Plan Commission, this notice is being sent to you to inform you of the upcoming City of Auburn Council meeting.

Auburn City Council meeting is as follows:

- Meeting date: Tuesday, July 7, 2009.
- Meeting time: 6:00 p.m.
- Meeting location: 210 E. 9<sup>th</sup> Street, Auburn City Hall – Council Chambers – 1<sup>st</sup> floor.

Enclosed is a copy of the Auburn City Council Agenda for Ordinance No.: 2009-07 Extra Territorial Jurisdiction Ordinance to Amend the City of Auburn Zoning Map to incorporate those areas that lie outside of the Auburn corporate boundaries, but lie within the Auburn Plan Commission's Extra Territorial Jurisdictional (ETJ) areas. This Ordinance will be reviewed for first reading by the Council at this public meeting.

The Department of Building, Planning and Development planning staff have attempted to call your residence and were unable to reach you. We are notifying individuals that signed in at the May 12<sup>th</sup>, 2009, Plan Commission meeting.

Respectfully yours,

*Vivian J. Likes*

Vivian J. Likes  
Zoning Administrator



**AGENDA**  
**COUNCIL MEETING**  
**JULY 7, 2009 AT 6:00 P.M.**  
**COUNCIL CHAMBERS 210 E. 9<sup>th</sup> STREET**

- Call to Order
- Moment of Silence
- Pledge of Allegiance to the Flag
- Roll Call
- Approval of Minutes
  - June 16<sup>th</sup> Regular Meeting
- Recognition of Visitors
- Communication
  - DeKalb County Council on Aging Budget request
  - Market Based Wholesale Power Agreement Presentation
- Clerk-Treasurer
  - Current Vouchers for General & Payroll -
  - CF-1 Guardian – Tabled 6/2/09 (Public Hearing if Guardian Representatives are present)
- Ordinances and Resolutions
  - 2009-07 Extra Territorial Jurisdiction Ordinance
  - 2009-08 Rainy Day Amendment
  - 13-2009 Donations of Pool Passes/Memberships
- Report of Mayor
- Unfinished Business
- New Business
- Announcements
  - Next Meeting –Tuesday, July 21, 2009 @ 6:00 P.M.
- Miscellaneous
- Adjournment



# CITY OF AUBURN

MEETING: Plan Commission

DATE: 05.12.09

NAME:  
EXAMPLE: City Hall

ADDRESS:  
210 E. Ninth St., Auburn, IN 46706

PLEASE PRINT

- 1 ~~Jack Stahly~~ 7-2-09
- 2 ~~MICHAEL WALTER~~
- 3 ~~Philip Speer~~ 925-0722
- 4 ~~Jim Covell~~ 925-4130
- 5 ~~Scott Hess~~ attempted to call turn
- 6 ~~Greg Haynes~~ 11:30
- 7 ~~Mark Hynes~~ send 40
- 8 ~~Thomas York~~
- 9 ~~Lynea Hosh~~ spoke with 11:50
- 10 ~~Chris Shaffer~~
- 11 ~~Tami Williams~~ 351-5338
- 12 ~~Dave Kurtz~~
- 13 ~~Kimberly Kimball~~
- 14 ~~Randy Kimball~~
- 15 ~~Madeline Chaffins~~
- 16 ~~Hubert + Jennifer Shaff~~ 925-1530

621 E 7<sup>th</sup> St. Auburn IN  
320 W. 17<sup>th</sup> St., AUBURN  
2642 CR 52 AUBURN  
Box 601 AUBURN  
3716 CR 40A  
5277 C.R. 23  
5127-CR 19  
5127 CR 19  
1105 Packard  
5099 CR 19 Garrett  
5059 CR 19 Garrett  
5107 CR 19 GARRETT  
The Star  
5219 CR 19 Garrett  
5219 CR 19 Garrett  
5219 CR 19 Garrett  
5302 CR 427 AUBURN

called 12:05 pm  
saw him  
first

357-378  
11:45 am

Marked in yellow  
Sent via  
next day  
postal service  
7-2-09

Marked in  
Spoke & left message  
7-2-09