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Return Receipt Fee (Endorsement Required)		
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Total **Mr. Rusy Christensen**
Custer County Road and Bridge
 213 N. 4th Street
 P. O. Box 1669
 Westcliffe, CO 81252

Sent To: P. O. Box 1669
 Street, or PO B: Westcliffe, CO 81252
 City, State: **DOCKET NO.: SDWA-08-2014-0037**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>APR 20 2015 APR 22 2015</p>
<p>1. Article Addressed to: <i>F_n</i></p> <p>Mr. Rusy Christensen Custer County Road and Bridge 213 N. 4th Street P. O. Box 1669 Westcliffe, CO 81252</p> <p>DOCKET NO.: SDWA-08-2014-0037</p>	<p>3. Service Type</p> <p><input checked="" 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>
<p>2. Article Number (Ar) <i>(M)</i> 7008 3230 0003 0727 6833</p>	<p><i>CAI FO</i></p>