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REGIONAL HEARING CLERK
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City of Breaux Bridge
CWA-06-2014-1474
Attorney: Efrén Ordóñez

CWA-06-2014-1474 / Fine CAFO / LAR 041016

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"/> <i>Beverly Celestia</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Beverly Celestia</i> C. Date of Delivery <i>11-21-14</i></p>
<p>1. Article Addressed to:</p> <p>The Honorable Jack Delhomme Mayor, City of Breaux Bridge 101 Berard Street, Suite A Breaux Bridge, LA 70517</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>3. Service Type <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>

2. Article Number (Transfer from service label) 7005 1820 0003 7451 4544