

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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

1. Article

Nabiel Shawa
City Manager
City Administration
City of Walla Walla
15 North Third Avenue
Walla Walla, WA 99362

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

Tara Anderson 4-28-17

ifferent from item 1? Yes
 / address below: No



9590 9403 0670 5183 5123 02

2. Article Number (Transfer from service label)

7016 2710 0000 2872 0519

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

UNITED STATES POSTAL SERVICE

BOOK ONE

WA 990

28 APR '17

PM 11



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Se **Teresa Young**
Regional Hearing Clerk
EPA Region 10
1200 6th Ave. Suite 900, M/S ORC113
Seattle, WA 98101

box•

CAA-10-2017-0085

USPS TRACKING#



01-918999 9403 0670 5183 9183 02