

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:

City of Homer Public Work Department
3575 Heath Street
Homer, AK 99603

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Don Murray

C. Date of Delivery

11-5-07

Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ NoHEARINGS CLERK
EPA--REGION 10

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7001 2510 0003 7204 2961 CWA-10-08-0003