

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

7007 1490 0001 4785 6612

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

3/13/08  
 Postmark

Total Postage  
 Sent To  
**Robin Millyard**  
 Public Works Director  
 101 W. 8<sup>th</sup> Street  
 Glenwood, CO 81601

Street Apt. #  
 or PO Box No.  
 City, State, ZIP+4<sup>®</sup>  
**DOCKET NO.: CAA-08-2008-0011**

PS Form 3810, August 2004 See Reverse for Instructions

**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: **RC D**

**Robin Millyard**  
 Public Works Director  
 101 W. 8<sup>th</sup> Street  
 Glenwood, CO 81601

**DOCKET NO.: CAA-08-2008-0011**

**MAR 13 2008**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*[Signature]*

B. Received by (Printed Name)  
**LISA HUGHES**

C. Date of Delivery  
**3-17-08**

D. Is delivery address different from item 1?  Yes  
 if YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



2. MS 7007 1490 0001 4785 6612

**CAIFD**