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:

John A. Christopher
City Solicitor
City of Peabody
199 Rosewood Drive, Suite 350
Danvers, MA 01923

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Michael Rose ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 10/22

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. Article Number (Transfer from service label) 7008 1140 0002 9708 3415

PS Form 3811, February 2004 Domestic Return Receipt CWA-01-2009-0076 102595-02-M-1540

UNITED STATES POSTAL SERVICE

MIDDLESEX-ESS MA
22 OCT 2009 PM 2 L

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

• Sender: Please print your name, address, and ZIP+4 in this box •

Judy Lao
Acting, Regional Hearing Clerk
US EPA Region 1
1 Congress Street, Suite 1100 (RAA)
Boston, MA 02114