

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature *[Signature]*  Agent  Address

B. Received by (Printed Name) *Sabine Prichard* C. Date of Delivery *10-11*

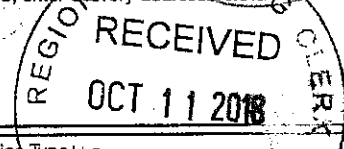
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below

1. Article Addressed to:

M.H. Oesterreich  
 Captain, U.S. Navy  
 Commanding Officer  
 Naval Surface Warfare Center, Crane Division  
 Code 1023, Bldg. 3260  
 300 Highway 361  
 Crane, IN 47522-5001

3. Service Type  U.S. ENVIRONMENTAL PROTECTION AGENCY  
 Certified Priority Mail Express  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes



2. Article Number  
 (Transfer from service label)

7009 1680 0000 7642 2734

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

RCRA-05-2018-0021

*[Barcode]*  
 LADAWN WHITEHEAD  
 REGIONAL HEARING CLERK  
 U.S. EPA - REGION 5 - E19J  
 77 WEST JACKSON BLVD  
 CHICAGO, IL 60604

