

FILED

2011 JUN 30 AM 10: 24

REGIONAL HEARING CLERK
EPA REGION VI

Attorney: Russell Murdock ✓

CWA-06-2011-1772 / Complaint / NM0024988

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
The Honorable Jose Campos II Mayor, City of Santa Rosa 244 South 4th Street Santa Rosa, NM 88435	Denise Weber 6/27/11
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7005 1820 0003 7453 7536

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540