

**U.S. Postal Service**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
**OFFICIAL USE**

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

1311 2592 1131  
 0000 0410 0009

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Special Fee (Postmaster Required) \_\_\_\_\_  
 Restricted Delivery Fee \_\_\_\_\_  
 Postmark: *1/11/11*  
 Stewart Leitch, Chairman,  
 Board of Commissioners  
 Haddam County  
 P. O. Box 219  
 Marlboro, VT 05446  
 Docket No.: SDW A-08-2010-0073

**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:  
**JAN 07 2011**

Stewart Leitch, Chairman,  
 Board of Commissioners  
 Haddam County  
 P. O. Box 219  
 Marlboro, VT 05446  
 DOCKET NO.: SDW A-08-2010-0073

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*X* *Stewart Leitch*  Addressee  
 B. Received by (Printed Name) *Carol Davis*  
 C. Date of Delivery *1-11-11*  
 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 No. **7009 3410 0000 2592 1131**

PS Form 3811, February 2004 Domestic Return Receipt