

**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:

Neil A. Salonen  
 President  
 The University of Bridgeport  
 126 Park Avenue  
 Bridgeport, CT 06604

2. Article Number  
(Transfer from service label)

7008 1140 0002 9708 3309

PS Form 3811, February 2004

Domestic Return Receipt

7SLA-01-7009-0050

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

UNITED STATES POSTAL SERVICE

SO. MAINE PRDC DIST

05 OCT 2009 PM 4:11

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

023

