

CITY OF TAUNTON

MPDS NO. 15-08

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.

1. Article Addressed to:

John C. Hall
Hall & Associates
1620 I Ste. NW, Suite 701
Washington, DC 20006

A. Signature Agent Addressee
 X *[Signature]*

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.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9476 6500

RECEIVED
 U.S.E.P.A.
 MAY 26
 PH 333
 ENVR. APPEALS BOARD