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 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 Agent Addressee B. Received by (Printed Name) D. Is delivery address different familiem 1?
1. Article Addressed to: Michael Gorski, Regional Director Massachusetts Department of Environme Protection Western Regional Office 436 Dwight Street	ental Service Type Certified Mail Certified
Springfield, Massachusetts, 01103	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Fes
2. Article Number (Transfer from service label)	3230 0000 9452 7224
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