

7009 3410 0000 2595 5679

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

5/15/2013

Postmark
Here

Total Po **Mike Gaviotis**
Wastewater Superintendent

Sent To **City of Rock Springs**
212 D Street
Street, Apt or PO Box **Rock Springs, WY 82901**
City, State **DOCKET NO.: CWA-08-2013-0009**

PS Form 3800, August 2006

See Reverse for Instructions

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: **MAY 15 2013**

Mike Gaviotis
Wastewater Superintendent
City of Rock Springs
212 D Street
Rock Springs, WY 82901
DOCKET NO.: CWA-08-2013-0009

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) **April Thompson** C. Date of Delivery **5/16/13**

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 Number (Transfer from) **7009 3410 0000 2595 5679**

CA/FO