

7009 3410 0000 2598 1944

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

Postmark
Here

To: Glen Baker/James E. Otis
Deer Mountain Fire District #3 Cotopaxi
Fire and Rescue

Sent: _____
Street or P.O. Box: _____
City: _____
SDWA-08-2015-0025 CAFO

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:

Glen Baker/James E. Otis
Deer Mountain Fire District #3 Cotopaxi
Fire and Rescue
0060 County Road 50
Cotopaxi, CO 81223
SDWA-08-2015-0025 CAFO

SEP 28 2015

2. Article Number
(Transfer from service label)

7009 3410 0000 2598 1944

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Robert Hennessey

B. Received by (Printed Name) C. Date of Delivery
 Robert Hennessey 10-7-15

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
 6181 CO RD 28

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes