

7008 3230 0003 0729 5230

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

CA/FO
3/23/2010

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

Postmark
Here

Sent to: **Honorable Jay Subler**
Town of Springfield
 748 Main Street
 Springfield, CO 81173

Street 2 of P.O. #: **DOCKET NO.: CWA-08-2008-0021**

City: _____

PS Form 3811, August 2006 See Reverse for Restrictions

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: **MAR 24 2010**

Honorable Jay Subler
Town of Springfield
 748 Main Street
 Springfield, CO 81073

DOCKET NO.: CWA-08-2008-0021

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Memo McAnis

B. Received by (Printed Name) **Memo McAnis** C. Date of Delivery **3-26-10**

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

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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