

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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 <input checked="" type="checkbox"/> <i>Pat O'Connell</i>	
1. Article Addressed to: Pat O'Connell, Vice President Energy North Incorporated 1700 Shawsheen Street Tewksbury, MA 01876 Docket No. CWA-01-2009-0083	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" 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) <input type="checkbox"/> Yes	
7008 1830 0002 8344 8958		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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18-1

Wanda I. Santiago
Regional Hearing Clerk
US EPA - Region I
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Mail Code: ORA 18-1
Boston MA 02109

146

