

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: **CAA 05 20150057**

Mayor David T. Handwerk
 Orrville Municipal Building
 207 North Main Street
 Orrville, OH 44667

COMPLETE THIS SECTION ON DELIVERY

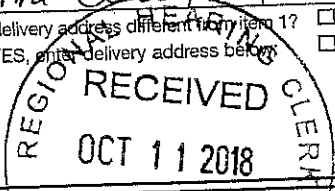
A. Signature *Ladawn Whitehead* Agent Addressee

B. Received by (Printed Name) *Jeanni Gault* C. Date of Delivery *10-1-18*

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

3. Service Type(s): Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number (Transfer from service label)

7011 1150 0000 2643 7411

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

CAA 05 2015 0057



LADAWN WHITEHEAD
 REGIONAL HEARING CLERK
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

