SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 X Cleir Cencern Agent Address
	B. Received by (Printed Name) C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Charles River Pollution Control District 66 Village Strret Medway, MA 02053 Docket No. CWA-01-2011-0020	3. Service Type Certified Mall Registered Receipt for Merchandi
	☐ Insured Mail ☐ C.O.D.
Medway, MA 02053 Docket No. CWA-01-2011-0020	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes