

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:

Lawrence S. Holmes
 Interim Town Manager
 Town Hall
 1 Metcalf Square
 Winthrop, MA 02152

2. Article Number

(Transfer from service label)

7008 1140 0002 9708 3484

PS Form 3811, February 2004

Domestic Return Receipt

CWA-01-2009-0077

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*
 B. Received by (Printed Name)
[Handwritten Name]

- Agent
- Addressee

C. Date of Delivery

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

OCT 27 2009

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

UNITED STATES POSTAL SERVICE

CENTRAL MA 025



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

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

[Handwritten Signature]

Judy Lao
 Acting, Regional Hearing Clerk
 US EPA Region 1
 1 Congress Street, Suite 1100 (RAA)
 Boston, MA 02114