



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. <del>9590 9402 4873 9032 5305 10</del> <b>CAA 05 2020-0001</b> <span style="float: right;"><i>ACD</i></span></p> <p>Steve Caudle, Terminal Manager Watco Terminal and Port Services 2926 East 126th Street Chicago, IL 60633</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p style="text-align: center;"> 9590 9402 4873 9032 5305 10</p> <p>2. <b>7018 3090 0002 2526 7549</b> <span style="float: right;">Restricted Delivery</span></p> <p style="text-align: right;"><small>(over \$500)</small></p>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restrict Delivery</span></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery/Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt



**USPS TRACKING#**

  
9590 9402 4873 9032 5305 10




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

*ACD*

**United States Postal Service**

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



LaDawn Whitehead (ECA-19j)  
Regional Hearing Clerk  
U. S. EPA - Region 5  
77 West Jackson Boulevard  
Chicago, IL 60604-3590