


**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:

Sean Fitzgerald  
 Office of the Town Manager  
 Plaistow Town Hall  
 145 Main Street  
 Plaistow, NH 03865

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X   Addressee

B. Received by (Printed Name) C. Date of Delivery  
 A. MICHAUD 2/25/04

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7008 1140 0002 9708 3552

PS Form 3811, February 2004

Domestic Return Receipt

CWA-01-2009-0078

102595-02-M-1540

UNITED STATES POSTAL SERVICE

22 DEC 2009 PM 11

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

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

Judy Lao-Ruiz  
 Acting, Regional Hearing Clerk  
 US EPA - Region 1  
 5 Post Office Square - Suite 100  
 Mail Code: ORA18-1  
 Boston, MA 02109 -3912

312 C024

