

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 12/10</p>
<p>1. Article Addressed to:</p> <p>John Flick  City Solicitor  City of Gardner  <del>307 Central St.</del> 144 CENTRAL  Gardner, MA. 01440</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>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number  (Transfer from service label) 7001 2510 0008 9368 9102</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt CWA 01 2009-0075 102595-02-M-1540

UNITED STATES POSTAL SERVICE

04 DEC 2009 PM 5 L

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

LETTERS TO SANTA

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

Sally Burt  
U.S. EPA  
5 POCH Square  
Boston, MA 02109

