

City of Gallup
 Attorney: Thomas (Tom) ...

CWA-06-2019-1809 / Complaint / NMA 20672

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> ■ 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. | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Jackie McKinney</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Jackie McKinney</i> 10-30</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>1. Article Addressed to:</p> <p style="text-align: center;">The Honorable Jackie McKinney Mayor, City of Gallup 110 West Aztec Avenue Gallup, New Mexico 87301</p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

2. Article Number (Transfer from service label) 7004 1160 0003 0360 6247

PS Form 3811, July 2013 Domestic Return Receipt

CWA-06-2019-1809 / Complaint / NMA 0024848

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ 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. | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Shelly Lemon</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Shelly Lemon</i> 10/28/19</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>1. Article Addressed to:</p> <p style="text-align: center;">Ms. Shelly Lemon Bureau Chief Surface Water Quality Bureau New Mexico Environment Department P.O. Box 5469 Santa Fe, NM 87502</p> | <p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

2. Article Number (Transfer from service label) 7004 1160 0003 0360 6223

PS Form 3811, July 2013 Domestic Return Receipt