

CWA-06-2014-1774

City of Breaux Bridge

Attorney: Efrén Ordóñez

FILED

2014 MAY 30 AM 9:55

REGIONAL HEARING CLERK
EPA REGION VI

CWA-06-2014-1774 / Complaint / LAR041014

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><i>Beverly Clute</i></p>	
	B. Received by (Printed Name)	C. Date of Delivery
	<i>Beverly Clute</i>	<i>5-27-14</i>
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<p>The Honorable Jack Delhomme Mayor, City of Breaux Bridge 101 Berard Street, Suite A Breaux Bridge, LA 70517</p>	3. Service Type	
	<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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	<div style="border: 1px solid black; padding: 2px;"> 7005 1820 0003 7451 3189 </div>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		