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REGIONAL HEARING CLERK
EPA REGION VI

Attorney: Tucker Henson

CWA-06-2011-1832

CWA-06-2011-1832 / Dept CAFO / NM 0028614

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.	A. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) [Signature]	C. Date of Delivery 3-9-12
Ms. Katherine Miller, County Manager Santa Fe County 205 Montezuma Santa Fe, NM 87501	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type USPS <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	
	7005 1820 0003 7453 8786	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540