

SDWA-06-2015-1205

FILED

2015 FEB 10 AM 10:58

Fort Jackson Mobile Estates  
Attorney: Efen Ordonez

REGIONAL HEARING CLERK  
EPA REGION VI



SDWA-06-2015-1205/Adm. Complaint (SDWA)

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 type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery            GEORGE JACKSON</p>
<p>1. Article Addressed to:</p> <p>Mr. George W. Jackson            d/b/a Fort Jackson Mobile Estates            P.O. Box 53733            Lubbock, TX 79453-3733</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</p> <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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from service label)</p>	<p>7005 1820 0003 7451 4780</p>

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