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Jeannette Robertson, Clerk
Beaverhead County Jackson Water and/or
Sewer District
 P. O. Box 792
 Jackson, Montana 59736

DOCKET NO.: SDWA-08-2014-0048

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0003 0728 0274

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>1. Article Addressed to: APR 02 2015</p> <p>Jeannette Robertson, Clerk Beaverhead County Jackson Water and/or Sewer District P. O. Box 792 Jackson, Montana 59736</p> <p>DOCKET NO.: SDWA-08-2014-0048</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">A</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Jeannette Robertson</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Jeannette Robertson</i> 4/11/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <hr/> <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p style="text-align: center;">7008 3230 0003 0728 0274</p> <p style="text-align: right; font-size: 1.5em; font-weight: bold;">Order</p>	