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OFFICIAL USE

7008 3230 0003 0727 6840

Postage \$		5/19/15 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	Jeannette Robertson, Clerk Beaverhead-Jackson Water & Sewer District P. O. Box 792 Jackson, MT 59736	
Sent To	DOCKET NO.: SDWA-08-2014-0048	
Street, Apt. No., or PO Box No.		
City, State, ZIP		

PS Form 3800, August 2006

See Reverse for Instructions

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 X <i>Jeannette Robertson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jeannette Robertson</i></p> <p>C. Date of Delivery <i>5/23/15</i></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>MAY 20 2015</p>
<p>1. Article Addressed to:</p> <p>Jeannette Robertson, Clerk Beaverhead-Jackson Water & Sewer District P. O. Box 792 Jackson, MT 59736</p> <p>DOCKET NO.: SDWA-08-2014-0048</p>	<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>2. <i>A</i> 7008 3230 0003 0727 6840</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>