



SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION FOR DELIVERY
<p> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return this card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>E. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>  Mr. Andy Alberti General Manager Indianapolis Service Center 6911 West Pierson Avenue Indianapolis, Indiana 46241 </p> <p>RCRA-05-2017-0006</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p> <input 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>7011 0320 0006 0188 0567</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-101-154</p>	

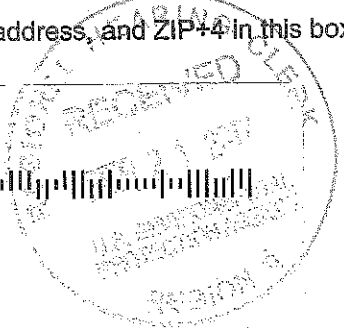
UNITED STATES POSTAL SERVICE
 INDIANAPOLIS
 15 FEB 17
 PM 3:11



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •


 LADAWN WHITEHEAD
 REGIONAL HEARING CLERK
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604



RCRA-05-2017-0006