

SDWA-06-2016-1223

FILED

St. Martin Parish WW District 4

2016 AUG 23 AM 9:18

POST OFFICE CLERK  
EPA REGION VI

Attorney: Ellen Chang-Vaughan

St. Martin Parish SDWA-06-2016-1223

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 type="checkbox"/> Addressee</p> <p>B. (Respective Name)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Mr. Ricky Melancon, Board President St. Martin Parish WW District 4 P.O. Box 9 St. Martinville, LA 70582</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>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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 7458 6978</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

*Handwritten notes on form:*  
 - Signature: *Shub Delaney*  
 - Date stamp: **AUG 15 2016**  
 - Stamp: **ST. MARTINVILLE LA**