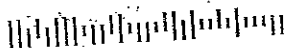


SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: **EPCRA-05-2019-0005**



Craig Eldred
 Director of Public Services
 City of Waconia
 310 10th Street East
 Waconia, MN 55387

2. Article Number
 (Transfer from service label)

7009 1680 0000 7662 7498 4/26

PS Form 3811, February 2004

Domestic Return Receipt

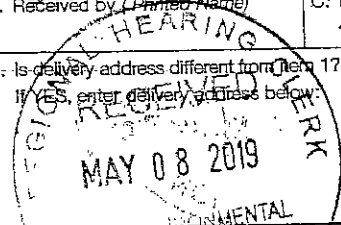
102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Address

B. Received by (Printed Name) C: Date of Delivery **4/30/19**

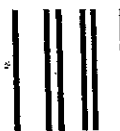
D: Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type ON AGENCY
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

MINNEAPOLIS
 UNITED STATES POSTAL SERVICE
 01 MAY '19
 PM 2 L



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

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

EPCRA-05-2019-0005

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

