

**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:

144  
 John M. Flick  
 City of Gardner  
 Law Department  
 307 Central Street  
 Gardner, MA 01440

2. Article Number  
(Transfer from service label)

7008 1830 0002 8345 4799

PS Form 3811, February 2004

Domestic Return Receipt **CWA-01-2009-0095** 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Jennie Clayton*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/17

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE

18 SEP 2009 PM 41

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

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

**WFB**  
 Judy Lao  
 Acting, Regional Hearing Clerk  
 US EPA Region 1  
 1 Congress Street, Suite 1100 (RAA)  
 Boston, MA 02114

