

SENDER

- Complete items 1, 2, and 3.
- 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.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Chris
City of
P.O.
Billings

Chris A. Kukulski, City Administrator
City of Billings
P.O. Box 1178
Billings, MT 59101

MAR 04 2019

G



9590 9402 3365 7227 3689 61

7012 2210 0000 5373 3514

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *N. Hice*

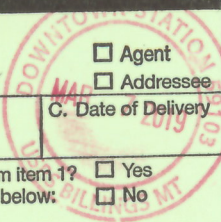
- Agent
- Addressee

B. Received by (Printed Name)

D. Hice

C. Date of Delivery

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



3. Service Type

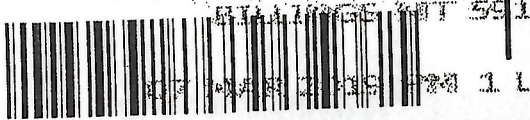
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®

PS Form 3811

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 3365 7227 3689 61

First Class Mail
Postage & Fees Paid
USPS
Permit No. G40

RECEIVED
MAR 14 2019
Office of Enforcement
Compliance & Environmental Justice

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

E. Llamozas 8ENF-W-NP
US EPA REGION 8
1595 Wynkoop Street
Denver, CO 80202-1129

CWA-08-2017-0025

