

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7012 2210 0000 5367 8860

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Amelia's letter
 Postmark Here
 8/25/19

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+

Executive Director
 Snyderville Basin Special Rec District
 5719 Trailside Drive
 Park City, UT 84098
 CERCLA-08-2019-0002

PS Form 3800, August 2015

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.

1. Article Addressed to:
 Executive Director
 Snyderville Basin Special Rec District
 5719 Trailside Drive
 Park City, UT 84098
 CERCLA-08-2019-0002



9590 9402 3226 7196 2889 34

2. Article Number (Transfer from service label)
 7012 2210 0000 5367 8860

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 B. Received by (Printed Name)
 C. Date of Delivery
 9-3-19

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |