

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

7009 3410 0000 2594 7667

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

11/15/11

Postmark
Here

Total Post

Richard L. Griffith, Assistant City Attorney

Sent To
Street, Apt.
or PO Box #
City, State, ZIP

Colorado Springs Utilities
 121 S. Tejon Street, 4th Floor
 Colorado Springs, CO 80903

DOCKET NO.: SDWA-08-2011-0071

PS Form 3800, August 2006

See Reverse for Instructions

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: **NOV 15 2011**

Richard L. Griffith, Assistant City Attorney
Colorado Springs Utilities
 121 S. Tejon Street, 4th Floor
 Colorado Springs, CO 80903
DOCKET NO.: SDWA-08-2011-0071

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery **11-15-11**

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

2. Article Number (Transit) **7009 3410 0000 2594 7667**

CA/FO

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540