

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

OFFICIAL USE

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

7008 3230 0003 0731 4412

| | |
|---|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

Postmark
Here

Sent
Dennis Sorensen, Manager
Spanish Fork Wastewater Treatment Plant
 Street or PO
175 East 2160 North Street
 City
Spanish Fork, UT 84660
 PS Form
Docket No: CAA-08-2009-0017

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:
MAY 01 2009
Dennis Sorensen, Manager
Spanish Fork Wastewater Treatment Plant
175 East 2160 North Street
Spanish Fork, UT 84660
Docket No: CAA-08-2009-0017

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
Tom Bradley Addressee
- B. Received by (Printed Name) Date of Delivery
Tom Bradley *5/4/09*
- 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
(Transfer from service label) **7008 3230 0003 0731 4412**

PS Form 3811, February 2004

Domestic Return Receipt