

**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:

Sean Fitzgerald  
 Office of the Town Manager  
 Plaistow Town Hall  
 145 Main Street  
 Plaistow, NH 03865

2. Article Number  
 (Transfer from service label)

7008 1830 0002 8345 4775

PS Form 3811, February 2004

Domestic Return Receipt **CWA-61-2009-0078** 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Ruth E Jenne*

- Agent  
 Addressee

B. Received by (Printed Name)

*RUTH E JENNE*

C. Date of Delivery

*18 Sep 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

UNITED STATES POSTAL SERVICE

CENTRAL MA 015

17 SEP 2009 PM 2 T



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

*VABBS*

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