

**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:

John M. Flick  
 City of Gardner  
 Law Department  
 144 ~~307~~ Central Street  
 Gardner, MA 01440

2. Article Number  
(Transfer from service label)

7008 1140 0002 9708 3446

PS Form 3811, February 2004

Domestic Return Receipt *CWA-01-2009-0075* 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/27

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



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

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

*JHBS*

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