NDER: 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.

Article Addressed to:

West Haven Department of Planning & Development
Attn: Mr. Joseph Ricco Jr.
355 Main Street
West Haven, CT 06516

9590 9403 0297 5155 3550 37

Article Number (Transfer from service label)

7015 0640 0002 8376 0984

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M. Carson
☒ Agent
☐ Addressee

B. Received by (Printed Name) M. Carson
C. Date of Delivery 7/12

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0002 8376 0984

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee $ 3.30
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) $ 2.70
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $ .46
Total Postage and Fees $ 6.46

Postmark Here

BEDFORD, N.Y. JUL - 6 2016

Sent To
Street and Apt. N
City, State, ZIP+4
PS Form 3800,

West Haven Department of Planning & Development
Attn: Mr. Joseph Ricco Jr.
355 Main Street
West Haven, CT 06516

NDER: 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.

Article Addressed to:

U.S. Department of Agriculture Natural Resources Conservation Service
Attn: Director
51 Mill Pond Road
Hamden, CT 06514

9590 9403 0297 5155 3415 66

Article Number (Transfer from service label)

7016 0340 0000 2040 1820

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X K. McManus
☐ Agent
☒ Addressee

B. Received by (Printed Name) K. McManus
C. Date of Delivery 7-8-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 0340 0000 2040 1820

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee $ 3.30
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) $ 2.70
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $ .46
Total Postage and Fees $ 6.46

Postmark Here

BEDFORD, N.Y. JUL - 6 2016

Sent To
Street and Apt. N
City, State, ZIP+4
PS Form 3800,

U.S. Department of Agriculture Natural Resources Conservation Service
Attn: Director
51 Mill Pond Road
Hamden, CT 06514

structions

**NDER: 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.

Article Addressed to:

West Haven Building Department
Attn: Mr. Frank Gladwin
355 Main Street
West Haven, CT 06516

9590 9403 0297 5155 3550 20

Article Number (Transfer from service label)
7015 0640 0002 8376 0977

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X M. Caron ☒ Agent ☐ Addressee

B. Received by (Printed Name) M. Caron
C. Date of Delivery 7/12

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Restricted Delivery (over $500)

Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0002 8376 0977

**CERTIFIED MAIL® RECEIPT**
*Domestic Mail Only*

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

OFFICIAL USE

Certified Mail Fee $ 3.30
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $ 2.70
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $ .46
Total Postage and Fees $ 6.46

Postmark Here
JUL - 6 2016

Sent To
Street and Apt. No.
City, State, ZIP+4®
West Haven Building Department
Attn: Mr. Frank Gladwin
355 Main Street
West Haven, CT 06516

PS Form 3800, A ctions

**DER: COMPLETE THIS SECTION**

omplete items 1, 2, and 3.
rint your name and address on the reverse o that we can return the card to you.
ttach this card to the back of the mailpiece, on the front if space permits.

ticle Addressed to:

West Haven Public Works Department
Attn: Mr. Dominic Perrotti
355 Main Street
West Haven, CT 06516

9590 9403 0297 5155 3550 75

icle Number (Transfer from service label)
7015 0640 0002 8376 1028

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X M. Caron ☒ Agent ☐ Addressee

B. Received by (Printed Name) M. Caron
C. Date of Delivery 7/12

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Restricted Delivery

orm 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0002 8376 1028

**U.S. Postal Service™**
**CERTIFIED MAIL® RECEIPT**
*Domestic Mail Only*

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

OFFICIAL USE

Certified Mail Fee $ 3.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $ .46
Total Postage and Fees $ 6.46

Postmark Here
JUL - 6 2016

Sent To
Street and Apt. No.
City, State, ZIP+4®
West Haven Public Works Department
Attn: Mr. Dominic Perrotti
355 Main Street
West Haven, CT 06516

PS Form 3800, A

**ENDER: 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.

Article Addressed to:

West Haven Inland Wetlands
Watercourse Agency
Attn: Mr. William Kane
355 Main Street
West Haven, CT 06516

9590 9403 0297 5155 3550 51

Article Number (Transfer from service label)
7015 0640 0002 8376 1004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X M. Caron ☒ Agent ☐ Addressee

B. Received by (Printed Name) M. Caron
C. Date of Delivery 7/12

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

**CERTIFIED MAIL® RECEIPT**
*Domestic Mail Only*

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OFFICIAL USE

Certified Mail Fee $ 3.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $ 2.70
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $ 1.46
Total Postage and Fees $ 6.46

Postmark Here

Sent To
Street and Apt. No., or PO
City, State, ZIP+4®

West Haven Inland Wetlands
Watercourse Agency
Attn: Mr. William Kane
355 Main Street
West Haven, CT 06516

PS Form 3800, April 20

7015 0640 0002 8376 1004

**ENDER: 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.

Article Addressed to:

West Haven Housing Authority
Attn: Mr. John Counter
15 Glade Street
West Haven, CT 06516

9590 9403 0297 5155 3550 44

Article Number (Transfer from service label)
7015 0640 0002 8376 0991

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 7/8

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

**U.S. Postal Service™**
**CERTIFIED MAIL® RECEIPT**
*Domestic Mail Only*

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OFFICIAL USE

Certified Mail Fee $ 3.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $ 2.70
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $ 1.46
Total Postage and Fees $ 6.46

Postmark Here

Sent To
Street and Apt. No., o
City, State, ZIP+4®

West Haven Housing Authority
Attn: Mr. John Counter
15 Glade Street
West Haven, CT 06516

PS Form 3800, Apri

7015 0640 0002 8376 0991

ENDER: 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.

Article Addressed to:

Connecticut Department of Transportation
Attn: Mr. James Redeker
2800 Berlin Turnpike
Newington, CT 06111

9590 9403 0297 5155 3414 81

Article Number (Transfer from service label)
7016 0340 0000 2040 1745

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B B
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
7/11

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

B B

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

S Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 0340 0000 2040 1745

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
$ 3.30

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) $ 2.70
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$ .46

Total Postage and Fees
$ 6.46

Postmark Here

BEDFORD MA 01730 JUL 6 2016

Sent T
Street
City, S

Connecticut Department of Transportation
Attn: Mr. James Redeker
2800 Berlin Turnpike
Newington, CT 06111

PS Fo PSN 7530-02-000-9047 See Reverse for Instructions

ENDER: 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.

Article Addressed to:

West Haven Parks & Recreation
Attn: Mr. Bill Slater
190 Kelsey Avenue
West Haven, CT 06516

9590 9403 0297 5155 3550 68

Article Number (Transfer from service label)
7015 0640 0002 8376 1011

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X William Slater
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

S Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 0640 0002 8376 1011

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
$ 3.30

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) $ 2.70
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$ .46

Total Postage and Fees
$ 6.46

Postmark Here

BEDFORD MA 01730 JUL 6 2016

Sent To
Street and Apt. No., or
City, State, ZIP+4®

West Haven Parks & Recreation
Attn: Mr. Bill Slater
190 Kelsey Avenue
West Haven, CT 06516

PS Form 3800, April See Reverse for Instructions

ENDER: 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.

Article Addressed to:

CTDEEP Bureau of Air Management
Attn: Director
79 Elm Street #5
Hartford, CT 06107

9590 9403 0297 5155 3415 04

Article Number (Transfer from service label)
7016 0340 0000 2040 1769

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

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

RECEIVED JUL 14 2016

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 0340 0000 2040 1769

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee $ 3.30
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) $ 2.70
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $ .46
Total Postage and Fees $ 6.46

Postmark Here

Sent To
CTDEEP Bureau of Air Management
Attn: Director
79 Elm Street #5
Hartford, CT 06107

Instructions

ENDER: 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.

Article Addressed to:

U.S. Environmental Protection Agency
Region 1
Attn: Director
5 Post Office Square - Suite 100
Boston, MA 02109

9590 9403 0297 5155 3415 73

Article Number (Transfer from service label)
7016 0340 0000 2040 1837

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Gittens | C. Date of Delivery 7-8-16

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

PORT POINT STA BOSTON MA 02205
JUL - 8 2016
USPS 46

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 0340 0000 2040 1837

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OFFICIAL USE

Certified Mail Fee $ 3.30
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) $ 2.70
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $ .46
Total Postage and Fees $ 6.46

Postmark Here

U.S. Environmental Protection Agency
Region 1
Attn: Director
5 Post Office Square - Suite 100
Boston, MA 02109

Instructions