

# SENDER: 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

Form 3811, April 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Caruso* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

*M. Caruso* C. Date of Delivery *7/12*

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

3. Service Type

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

☐ Insured Mail  
☐ Insured Mail Restricted Delivery

Domestic Return Receipt

# SENDER: 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

Form 3811, April 2015 PSN 7530-02-000-9053

## 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*

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

3. Service Type

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

Domestic Return Receipt

# U.S. Postal Service

## CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

## OFFICIAL USE

Certified Mail Fee

\$ *3.30*

Extra Services & Fees (check box, add fees as appropriate)

☒ Return Receipt (hardcopy) \$ *2.70*  
☐ Return Receipt (electronic) \$ *0.00*  
☐ Certified Mail Restricted Delivery \$ *0.00*  
☐ Adult Signature Required \$ *0.00*  
☐ Adult Signature Restricted Delivery \$ *0.00*

Postage

\$ *1.46*

Total Postage and Fees

\$ *6.46*

Sent To

Street and Apt. No.

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

# U.S. Postal Service™

## CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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## OFFICIAL USE

Certified Mail Fee

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Extra Services & Fees (check box, add fees as appropriate)

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☐ Return Receipt (electronic) \$ *0.00*  
☐ Certified Mail Restricted Delivery \$ *0.00*  
☐ Adult Signature Required \$ *0.00*  
☐ Adult Signature Restricted Delivery \$ *0.00*

Postage

\$ *1.46*

Total Postage and Fees

\$ *6.46*

Sent To

Street

City

State

ZIP

PS

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



# DER: 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



Article Number (Transfer from service label)

7015 0640 0002 8376 0977

Form 3811, April 2015 PSN 7530-02-000-9053

# COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee  
X *M. Caron*  
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  
☐ Registered Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery  
☐ Restricted Delivery

(over \$500)  
Domestic Return Receipt

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



Article Number (Transfer from service label)

7015 0640 0002 8376 1028

Form 3811, April 2015 PSN 7530-02-000-9053

# COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee  
X *M. Caron*  
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)  
Domestic Return Receipt

# CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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*

Sent To  
West Haven Building Department  
Attn: Mr. Frank Gladwin  
355 Main Street  
West Haven, CT 06516  
PS Form 3800, A

# U.S. Postal Service™

# CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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*

Sent To  
West Haven Public Works Department  
Attn: Mr. Dominic Perrotti  
355 Main Street  
West Haven, CT 06516  
PS Form 3800, A



**SENDER: 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 ☒ Agent ☐ Addressee  
*M. Caron*  
B. Received by (Printed Name) *M. Caron* C. Date of Delivery *7/12*  
D. Is delivery address different from item 1? ☒ Yes ☐ No  
If YES, enter delivery address below:

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

Restricted Delivery

Domestic Return Receipt

Form 3811, April 2015 PSN 7530-02-000-9053

**SENDER: 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 ☒ Agent ☐ Addressee  
*[Signature]*  
B. Received by (Printed Name) C. Date of Delivery *7/18*  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

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

Restricted Delivery

Domestic Return Receipt

Form 3811, April 2015 PSN 7530-02-000-9053

**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee  
\$ *3.30*  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ *2.10*  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage  
\$ *4.46*  
Total Postage and Fees  
\$ *6.46*

Sent To

Street and Apt. No., or P.O. Box

City, State, ZIP+4®

PS Form 3800, April 2015

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

Postmark  
Here

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**

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**OFFICIAL USE**

Certified Mail Fee  
\$ *3.30*  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ *2.10*  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage  
\$ *4.46*  
Total Postage and Fees  
\$ *6.46*

Sent To

Street and Apt. No., or P.O. Box

City, State, ZIP+4®

PS Form 3800, April 2015

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

Postmark  
Here



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 

☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
B B

C. Date of Delivery  
7/11

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  
☐ Registered Mail  
☐ Mail Restricted Delivery (00)

☐ 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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee  
\$ 3.30

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.10  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage  
\$ 46

Total Postage and Fees  
\$ 6.46

Sent To  
Connecticut Department of Transportation  
Attn: Mr. James Redeker  
2800 Berlin Turnpike  
Newington, CT 06111  
City, State, ZIP+4®  
PS Form 3800, April 2015 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 

☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
Bill Slater

C. Date of Delivery  
7/11

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee  
\$ 3.30

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.10  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage  
\$ 46

Total Postage and Fees  
\$ 6.46

Sent To  
West Haven Parks & Recreation  
Attn: Mr. Bill Slater  
190 Kelsey Avenue  
West Haven, CT 06516  
City, State, ZIP+4®  
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions





# SENDER: 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

Form 3811, April 2015 PSN 7530-02-000-9053

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

all Restricted Delivery

(over 500)

Domestic Return Receipt

# CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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

Sent To

Str

City

PS

CTDEEP Bureau of Air Management

Attn: Director

79 Elm Street #5

Hartford, CT 06107

Instructions

# SENDER: 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

Form 3811, April 2015 PSN 7530-02-000-9053

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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



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

all Restricted Delivery

Domestic Return Receipt

# U.S. Postal Service™

# CERTIFIED MAIL® RECEIPT

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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

Sa

Str

City

PS

U.S. Environmental Protection Agency

Region 1

Attn: Director

5 Post Office Square - Suite 100

Boston, MA 02109

Instructions