

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: 3/14/19 B.M.
PCB 2019-052
Bill Champion
Velocity Services LLC
1450 Edwardsville Rd.
Granite City, IL 62040

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Rachael Williams 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
MAR 22 2019
STATE OF ILLINOIS
Pollution Control Board

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7014 0510 0001 5481 4199

PS Form 3811, July 2013

Domestic Return Receipt