

DOCUMENTATION OF SERVICE – proof of delivery

Before the Illinois Pollution Control Board

Vitautas Matulyauskas, Complainant

v.

Lisle Park District, Respondent

PCB 26-____ (for Board use only)

AFFIDAVIT OF SERVICE

I, **Vitautas Matulyauskas**, on oath or affirmation, state as follows:

1. I am the Complainant in this matter.
2. On **January 3, 2026**, I served copies of the attached **Formal Complaint** and **Notice of Filing** upon the Respondent at the address listed below by the method indicated.

B. U.S. Mail or third-party commercial carrier with a recipient's signature to be recorded upon delivery.

On **January 3, 2026**, by **4:00 PM**, at **Lisle Post Office, 1225 Warrenville Rd, Lisle, IL 60532**, copies of the attached Formal Complaint and Notice of Filing were provided to the United States Postal Service, with the Respondent's address appearing on the envelope, and with proper postage prepaid.

The delivery confirmation containing the recipient's signature is not available at this time. Within seven (7) days after it becomes available, I will file with the Clerk of the Illinois Pollution Control Board the delivery confirmation identifying the Formal Complaint to which it corresponds.

RESPONDENT'S ADDRESS

Name: Lisle Park District

Street: 1925 Ohio St

City, State, ZIP: Lisle, IL 60532

I certify under penalty of perjury that the foregoing is true and correct.

Vitautas Matulyauskas

6282 Timberview Dr

Lisle, IL 60532

Date: January 3, 2026

Following is proof of delivery:

USPS Tracking Intranet
1/7/26, 12:10 PM
Product Tracking & Reporting
Home Search Reports Manual Entry Rates/Commitments PTR / EDW Customer Information January 01, 2026

USPS Tracking Intranet
Delivery Signature and Address
Tracking Number: 9589 0710 5270 2872 9611 72
This item was delivered on 01/08/2026 at 10:45:00
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Signature: *Claire Stepien*

Address: [Redacted]

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PURCHASE DETAILS

Product	Qty	Unit Price	Price
Priority Mail® Flat Rate Env Lisle, IL 60532 Flat Rate	1		\$11.90
Expected Delivery Date Wed 01/07/2026			
Insurance Up to \$100.00 included			\$0.00
Return Receipt Tracking # 9590 9402 8724 3310 2085 83			\$4.40
Restricted Del Recipient name DAN GARVY Tracking # 9589 0710 5270 2872 9611 72			\$13.70
Total			\$30.00

Grand Total: \$30.00

Credit Card Remit Card Name: VISA Account #: XXXXXXXXXXXXXXX5290 Approval #: 03532G Transaction #: 102 AID: A000000001010 Chip AL: VISA CREDIT PIN: Not Required CAPITAL ONE VISA

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