

RECEIVED
CLERK'S OFFICE

OCT 08 2003

STATE OF ILLINOIS
Pollution Control Board

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

CITY OF CHICAGO DEPARTMENT)
OF ENVIRONMENT,)

Complainant,)

v.)

KAZIMIERZ SOBKO)

Respondent.)

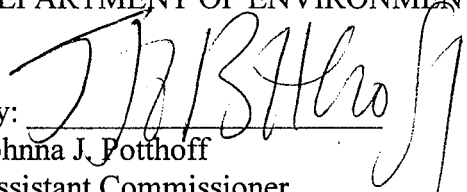
AC 04-14
(CDOE No. 03-03-AC)

NOTICE OF FILING

To: Kazimierz Sobko

PLEASE TAKE NOTICE that on Oct. 2, 03, we caused the following instrument(s) entitled PROOF OF SERVICE to be filed with the Clerk of the Illinois Pollution Control Board.

CITY OF CHICAGO
DEPARTMENT OF ENVIRONMENT

By: 
Johnna J. Potthoff
Assistant Commissioner
Permitting and Enforcement Division

PROOF OF SERVICE

IN RE: 1960 N. Long

DOE AC 04-14

OVN NUMBER

Notice of Violation and other required pleadings, as required by law, were served on the above captioned individual or entity by the means indicated below.

By **PERSONAL SERVICE** upon the individual/entity or their employee or agent.

Refused to sign for receipt of service. _____ 10/1/03
SERVERS INITIALS Date

Kazimierz Sobce Operator/Occupant
NAME OF PERSON SERVED POSITION/CAPACITY (I.E., AGENT)

Personal service of hearing notice. _____
SERVERS INITIALS Date

SIGNATURE/ NAME OF PERSON SERVED POSITION/CAPACITY (I.E., AGENT)

By **FIRST CLASS U.S. MAIL**, postage prepaid, to the last known address of record of the individual/entity or their registered agent on this _____ day of _____.

MAILING ADDRESS

By **CERTIFIED MAIL** (return receipt requested) to the last known address of record of the individual/entity or their registered agent.

RECEIPT NUMBER DATE

By **EXPRESS OR OVERNIGHT CARRIER** to the last known address of record of the individual/entity or their registered agent.

CARRIER TRACKING CODE DATE

CERTIFICATION

I, Tom Capozzi, do hereby certify under threat of penalty provided pursuant to 735 ILCS 5/1-109, that the Ordinance Violation Notice and other required documents were served on the above named individual/entity or their agent in the manner indicated.

[Signature] Environment 10/1/03
SIGNATURE OF SERVER DEPARTMENT DATE