

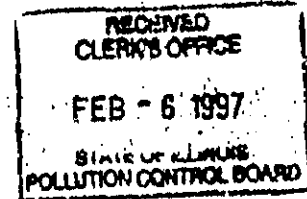
OFFICE OF THE STATE'S ATTORNEY  
Vermillion County  
FIFTH JUDICIAL CIRCUIT OF ILLINOIS

MICHAEL D. CLARY  
STATE'S ATTORNEY

COURT HOUSE  
7 NORTH VERMILION ST.  
DANVILLE, ILLINOIS 61832  
(217) 431-2570  
FAX (217) 431-7458

February 3, 1997

Ms. Dorothy Gunn, Clerk  
Illinois Pollution Control Board  
State of Illinois Center  
100 West Randolph, Suite 11-500  
Chicago, IL 60601



AC 97-4

Re: Administrative Citation  
Respondent: Elvis Ford  
AC Number:  
County Case No: 96-05  
Site Code No: N/A

Dear Ms. Gunn:

Enclosed for filing with the Board is the proof of service on Elvis Ford as requested.

Thank You for your assistance in this matter.

Sincerely,

  
WILLIAM T. DONAHUE  
Assistant State's Attorney

Encl.

**INSURE:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the mail from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for rates and check boxes for additional services requested.

1.  Show to whom delivered, date, and addressee's address.      2.  Registered Delivery (Extra charge)

<b>3. Article Addressed to:</b> Elvis Ford 269 Don Avenue Danville, IL 61832	<b>4. Article Number</b> P053672395
<b>E. Signature - Addressee</b> <input checked="" type="checkbox"/> <i>Elvis Ford</i> <b>F. Signature - Agent</b> <input checked="" type="checkbox"/> <b>G. Date of Delivery</b>	<b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> . <b>H. Addressee's Address (ONLY if requested and fee paid)</b>

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

**SENDER INSTRUCTIONS**

- Print your name, address and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
- Attach in front of article if space permits, otherwise affix to back of article.
- Enter on article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE \$300

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

STATE'S ATTORNEY'S OFFICE  
VERMILION COUNTY COURTHOUSE  
N. VERMILION  
DANVILLE, IL 61832

ATTN: SAA