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OCT 24 2006

STATE OF ILLINOIS
Pollution Control Board

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>AMM</i>	
1. Article Addressed to: 9/21/06 B.M. AC 2006-059 Jennifer David Hesse City of Chicago Department of Environment 30 N. LaSalle Street Suite 2500 Chicago, IL 60602-2575	B. Received by (Printed Name) <i>ANN O'CONNOR</i>	C. Date of Delivery <i>10-3-06</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> If YES, enter delivery address below: <input type="checkbox"/>	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7005 1160 0002 2068 0381	Domestic Return Receipt	

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