

DIGITAL

RECEIVED
CLERK'S OFFICE
JUN 26 2008
STATE OF ILLINOIS
Pollution Control Board

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 X <i>C. J. J. J.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>H. H. B.</i> C. Date of Delivery <i>6/25/08</i>	
1. Article Addressed to: <i>6-19-08</i>	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PCB 2008-088 Henry Mueller Village of Skokie 5127 Oakton Street Skokie, IL 60077	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.	
2. Article Number (Transfer from service label) <i>7007 3020 0000 4630 6651</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	