SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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.  AC 06-40  John Kryl  City of Chicago, Dept of Environment  30 N. LaSalle St.  Chicago, IL 60602	A. Signature  X APC	
	D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No	
	☐ Insured Mail ☐ C.O.D.	eipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label) 7008 1830 0003 9908 8536		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		