

United States Postal Service®  
**Sorry We Missed You! We Re Deliver for You.** Today's Date: 2-20-15 Sender's Name: Returned-UNCLAIMED

Item is at: Post Office™ (See back) Available for Pick-up After: For Redelivery  
 Go to [usps.com/redelivery](http://usps.com/redelivery) or see reverse.

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 If checked, you or your agent must be present at time of delivery to sign for item.

Letter For Delivery: (Enter total number of items delivered by service type.)  
 For Notice Left: (Check applicable item)  
 Large envelope, magazine, catalog, etc.  Priority Mail  Insured Mail  
 Parcel  Express™  Return Receipt for Merchandise  
 Perishable Item  Certified Mail™ (Must claim within 15 days or article will be returned)  Adult Signature  
 Other:  Restricted Delivery  Signature Confirmation™

USPS Tracking # or Article Number(s)  
7013 1090 0002 0118 0146  
7013 1090 0002 0118 0139  
7013 1090 0002 0118 0122

Notice Left Section  
 Customer Name and Address  
GARY POLCHOW  
P O BOX 23

Article Requiring Payment Amount Due  
 Postage Due  COD  Customs \$ \_\_\_\_\_  
 Final Notice: Article will be returned to sender on \_\_\_\_\_  
 Delivered By and Date \_\_\_\_\_

PS Form 3849, July 2013 [usps.com](http://usps.com) Delivery Notice/Reminder/Receipt

2/25/15

15-157  
 FEB-14-15  
 NEW Complaint

To The Illinois Pollution Control Board  
 I will Hand Deliver these Article Personally To all Respondents  
 at Village Board meeting once again of 3/5/15 time 6<sup>00 PM</sup> witnessed

By all  
 Once again  
 Rankin backpack  
 Newspaper

We will redeliver OR you or your agent can pick up your mail at the Post Office. (Bring this form and proper ID. If your agent will pick up, sign below in item 2, and enter agent's name here):

- Check all that apply in section 3:  
 a. Sign in section 2 below;  
 b. Leave this notice where the carrier can see it.
- Sign Here to authorize redelivery or to authorize an agent to sign for you:  
 Redeliver (Enter day of week): \_\_\_\_\_  
(Allow at least two delivery days for redelivery, or go to [usps.com/redelivery](http://usps.com/redelivery) or call 800-275-8777 to arrange redelivery.)  
 Leave item at my address (not available if you or your agent must be present)

www.usps.com/redelivery or 800-ASK-USPS (275-8777)

Delivery Section

Signature: X

Printed Name: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

RECEIVED  
 CLERK'S OFFICE  
 MAR 02 2015  
 STATE OF ILLINOIS  
 Pollution Control Board

2/5/15 Volume  
 118 proof

(Specify where to leave. Example: "porch", "side door". This option is not available if box is checked on the front requiring your signature at time of delivery.)

Refused  Forward  Return

USPS

PS Form 3849, July 2013 (Reverse)

5293 0500 6976 6341

and invalid Deed Witness also  
 to Edie Bookwalter

Respectfully  
Mr Gary Polchow







**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ 70
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.70</b>



Sent To: **VILLAGE OF RANKIN WARREN**  
 Street, Apt. No., or PO Box No.: **115 MAIN ST PO BOX 356**  
 City, State, ZIP+4: **RANKIN IL 60960**

PS Form 3800, August 2006 See Reverse for Instructions

*PCB- 114-112 and New  
 15-159 Complaint*

*Proof each Respondent  
 was served near  
 Complaint By*

**RECEIVED**  
 CLERK'S OFFICE  
 MAR 02 2015

STATE OF ILLINOIS  
 Pollution Control Board

*2/25/15 Certified Mail 2/5/15*

*Hand Delivered in  
 Person by Mr Polchow  
 at Village Board  
 Meeting 2/5/15*

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ 70
Certified Fee	3.30
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Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.70</b>



Sent To: **VILLAGE OF RANKIN**  
 Street, Apt. No., or PO Box No.: **115 MAIN ST PO BOX 356**  
 City, State, ZIP+4: **RANKIN IL 60960**

PS Form 3800, August 2006 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ 70
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.70</b>



Sent To: **VILLAGE OF RANKIN SEAN MCCALLISTER**  
 Street, Apt. No., or PO Box No.: **115 MAIN PO BOX 356**  
 City, State, ZIP+4: **RANKIN IL 60960**

PS Form 3800, August 2006 See Reverse for Instructions

*Clerk is Mayor Warren  
 wife and I have conflict  
 of interest to Mail  
 Postmaster will not use  
 refused stamp 2/6/15*



2-5-15  
2-10-15  
2-20-15  
not delivered  
60960

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE



7013 1090 0002 0118 0122

Village of Rankin  
Village of Rankin  
116 S Main St P O Box 356  
Rankin, MS 38960-0356



UNITED STATES POSTAGE  
PITNEY BOWES  
02 1P  
\$ 006.700  
0001819735 FEB 05 2015  
MAILED FROM ZIP CODE 60960

- Insufficient Address
- Mailed, Left No. A.S.S.
- All returned  Refused
- No Such Street - Not known
- No Return Number
- No Returnable
- No Deliverable
- No Address
- No Postage

2-5-15  
2-10-15  
2-20-15  
RETURN RECEIPT REQUESTED  
60960

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE



7013 1090 0002 0118 0146

Village of Rankin  
Jean McCallister  
116 S Main St P O Box 356  
Rankin, MS 38960-0356

UNITED STATES POSTAGE  
PITNEY BOWES  
02 1P  
\$ 006.700  
0001819735 FEB 05 2015  
MAILED FROM ZIP CODE 60960

- Insufficient Address
- Mailed, Left No. A.S.S.
- All returned  Refused
- No Such Street - Not known
- No Return Number
- No Returnable
- No Address
- No Postage

2-5-15  
2-10-15  
2-20-15  
RETURN RECEIPT REQUESTED  
60960

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE



7013 1090 0002 0118 0139

Village of Rankin  
Dorothy Wesson  
116 S Main St P O Box 356  
Rankin, MS 38960-0356

UNITED STATES POSTAGE  
PITNEY BOWES  
02 1P  
\$ 006.700  
0001819735 FEB 05 2015  
MAILED FROM ZIP CODE 60960

- Insufficient Address
- Mailed, Left No. A.S.S.
- All returned  Refused
- No Such Street - Not known
- No Return Number
- No Returnable
- No Address
- No Postage

They refused saying these articles will be personally hand delivered with the new complaint and PCB-14-112 on 3/5/15 Village Board Meeting. Time 6 pm

complaint  
Public Comment  
Mr. [Signature]



**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

VILLAGE OF RANKIN  
 VILLAGE OF RANKIN  
 116 S MAIN ST  
 PO BOX 356  
 RANKIN IL 60960

2. Article Number

7013 1090 0002 0118 0122

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  Express Mail  
 Certified Mail  Return Receipt for Merchandise  
 Registered  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2/25/15

RECEIVED  
CLERK'S OFFICE

MAR 02 2015

STATE OF ILLINOIS  
Pollution Control Board

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

VILLAGE OF RANKIN  
 SEAN MCCALLISTER  
 116 S MAIN PO BOX 356  
 RANKIN IL 60960

2. Article Number

7013 1090 0002 0118 0146

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  Express Mail  
 Certified Mail  Return Receipt for Merchandise  
 Registered  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

VILLAGE OF RANKIN  
 AARON WARREN  
 116 S MAIN ST PO BOX 356  
 RANKIN IL 60960

2. Article Number

7013 1090 0002 0118 0139

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  Express Mail  
 Certified Mail  Return Receipt for Merchandise  
 Registered  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes