

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: 4/12/17 B.M.
PCB 2016-026
Michael M. Lorge
Village of Skokie
5127 Oakton Street
Skokie, IL 60077

RECEIVED
CLERK'S OFFICE
APR 21 2017

STATE OF ILLINOIS
Pollution Control Board

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Phyllis Kaplan* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
PHYLLIS KAPLAN *4-17-17*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7014 0510 0001 5481 1174

PS Form 3811, July 2013 Domestic Return Receipt