

ORIGINAL

RECEIVED
CLERK'S OFFICE

FEB 08 2007

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.	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>A. Olson</i></p>	
<p>1. Article Addressed to: 1/26/07 B.M. AC 2007-025 John Kryl City of Chicago, Dept. of Env. 30 N. LaSalle Street Suite 2500 Chicago, IL 60602-2575</p>	<p>B. Received by (Printed Name) <i>A. Olson</i></p>	<p>C. Date of Delivery <i>2/2</i></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7000 1140 0002 7469 0626</p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-0 2-M-1540</p>		