

7004 0750 0002 7330 0343

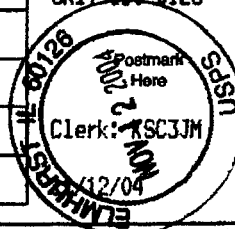
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

UNIT ID: 0126



Sent To Elmhurst Public Schools
 Street, Apt. No.,
 or PO Box No. 130 W Madison
 City, State, ZIP+4 Elmhurst, IL 60126

PS Form 3800, June 2002

See Reverse for Instructions

RECEIVED
 CLERK'S OFFICE

NOV 16 2004

STATE OF ILLINOIS
 Pollution Control Board

PCB05-93

SENDER: COMPLETE THIS SIDE

- 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:

Dr. Joel Morris, Superintendent
 Elmhurst Public Schools
 Administration Office
 130 West Madison
 Elmhurst, IL 60126

2. Article Number

(Transfer from service label)

7004 0750 0002 7330 0343

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

NOV 16 2004

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes