

ORIGINAL

RECEIVED
CLERK'S OFFICE

JUL 23 2007

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: 7/12/07 B.M.
PCB 2004-088
Village of New Lenox
701 West Haven Avenue
New Lenox, IL 60451

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
 ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Kim Kulovitz 7/17/07

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7007 0220 0003 0236 4316

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540