

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:

ILLINOIS STATE TOLL
HIGHWAY AUTHORITY
2700 OGDEN AVE
DOWNERS GROVE
IL 60515

2. Article Number

(Transfer from service label)

7008 0500 0000 2973 8553

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 R Hoepner

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

R Hoepner

C. Date of Delivery

4.29.09

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

State of Illinois
POLLUTION CONTROL BOARD
JAMES R. THOMPSON CENTER
100 W. RANDOLPH STREET, SUITE 11-500
CHICAGO, ILLINOIS 60601

RECEIVED
CLERK'S OFFICE
MAY 04 2009
STATE OF ILLINOIS
Pollution Control Board

FORMAL COMPLAINT

**BEFORE THE
ILLINOIS POLLUTION CONTROL BOARD**

Peter Arendovich _____)

_____)

_____)

(Insert your name(s) on lines
above),)

Complainant(s),)

v.)

The Illinois State Toll Highway Authority)

_____)

_____)

(Insert name(s) of alleged polluter(s)
on lines above),)

Respondent(s).)

PCB 09-102
_____)
(For Board use)

Note: If you do not use this formal complaint form and instead draft and type your own, it must contain all of the information requested by this form. All items must be completed. If there is insufficient space to complete any item, you may attach additional sheets, specifying the number of the item you are completing. Once completed, you must file the original and nine copies of the formal complaint, notice to respondent, and certificate of service with the Clerk of the Board at the above address.