



Monday, October 7, 2019

Connecticut Siting Council
Executive Director / Staff Attorney
10 Franklin Square
New Britain, CT 06051

RE: Notice of Exempt Modification — 1055 Wintergreen Ave., Hamden, CT, 06514 — SITE ID: CT52XC069

To Whom It May Concern:

- SAC Wireless, on behalf of Sprint, is requesting the necessary approvals from Connecticut Siting Council (CSC) for our scope of work for an existing Sprint facility located at 1055 Wintergreen Ave, Hamden, CT, 06514. Scope of work is as follows:
 - Sprint is proposing to install fiber at the telecommunication facility located at the above address.
 - *No tower work will be performed; only ground work.* Therefore, no structural analysis or RF analysis required
 - Site is located at the coordinates (Lat/Long): 41.34967778, -72.97250556
 - The underlying property owner of the site is West Rock LLC.
 - RF Engineers have determined this minor modification is required to help increase the network for the residents and the workforce within the local jurisdiction by offering faster data transfer speeds, fewer dropped calls and higher capacity.
 - CSC, please e-mail me any receipts for application fees and/or fees due after plan review, prior to permit issuance. If any questions or concerns arise, please contact me at 312-858-6543.
 - We greatly appreciate your help with this proposed Sprint facility upgrade.
- 0

CC:

Curt B. Lang
Chief Elected Official
2750 Dixwell Ave
Hamden, CT 06518

Dan Kops
Town Planner
2750 Dixwell Ave
Hamden, CT 06518

Robert Labulis
Chief Building Official
2750 Dixwell Ave
Hamden, CT 06518

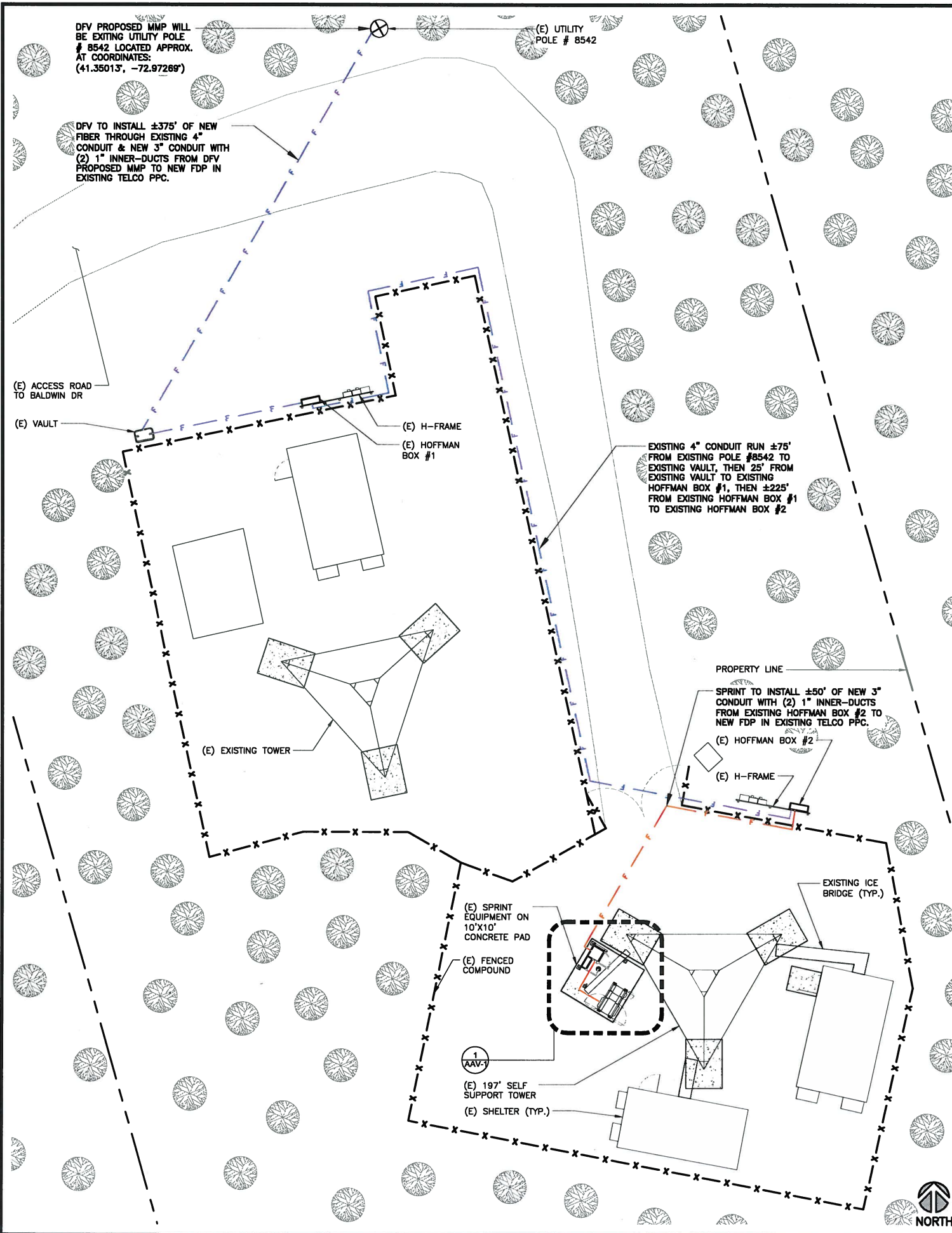
West Rock LLC
Property Owner
8051 Congress Ave
Baton Raton, FL 33487

Best Regards,

Anthony Urbina

Anthony Urbina | Zoning & Permitting Specialist | C: (312) 858-6543
SAC Wireless, 540 W. Madison, 9th Floor, Chicago, IL 60661
anthony.urbina@sacw.com | www.sacw.com

THE INFORMATION CONTAINED IN THIS SET OF CONSTRUCTION DOCUMENTS IS PROPRIETARY BY NATURE. ANY USE OR DISCLOSURE OTHER THAN THAT WHICH RELATES TO CARRIER SERVICES IS STRICTLY PROHIBITED.



OVERALL SITE PLAN DETAIL

0 5' 10' SCALE: 1"=10'-0" (22x34)
(OR) 1/2"=10'-0" (11x17)

PROJECT SCOPE (HEAVY SCOPE):

- FIELD SERVICES TO INSTALL NEW FDP IN EXISTING TELCO PPC
- FIELD SERVICES TO INSTALL ±12' OF NEW FIBER THROUGH NEW 2" CONDUIT FROM NEW FDP IN EXISTING TELCO PPC TO EXISTING ELTEK ECAB (SERVING AS MMBTS)
- SPRINT TO INSTALL ±12' OF NEW 2" CONDUIT FROM NEW FDP IN EXISTING TELCO PPC TO EXISTING ELTEK ECAB CABINET (SERVING AS MMBTS)
- SPRINT TO INSTALL ±50' OF NEW 3" CONDUIT WITH (2) 1" INNER-DUCTS FROM EXISTING HOFFMAN BOX #2 TO NEW FDP IN EXISTING TELCO PPC.
- DFV TO INSTALL ±375' OF NEW FIBER THROUGH EXISTING 4" CONDUIT & NEW 3" CONDUIT WITH (2) 1" INNER-DUCTS FROM DFV PROPOSED MMP TO NEW FDP IN EXISTING TELCO PPC.
- DFV PROPOSED MMP WILL BE EXITING UTILITY POLE # 8542 LOCATED APPROX. AT COORDINATES: (41.35013', -72.97269')

SITE NOTES:

- SITE INFORMATION WAS PREPARED USING EXISTING DOCUMENTATION AND/OR SITE MEASUREMENTS AND SHOULD NOT BE INTERPRETED AS AN ACCURATE BOUNDARY SURVEY.
- THIS SITE PLAN WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT AND IS SUBJECT TO ALL THE EASEMENTS AND RESTRICTIONS OF RECORD.
- CONTRACTOR SHALL MAKE A UTILITY "ONE CALL" TO LOCATE ALL UTILITIES PRIOR TO CONSTRUCTION.

ROLES AND RESPONSIBILITIES:

SPRINT R&R:

- SPRINT TO PERFORM ALL NEW CONDUIT INSTALLATIONS FROM THE MMP TO THE PPC AND FROM PPC TO MMBTS.

FIELD SERVICE R&R:

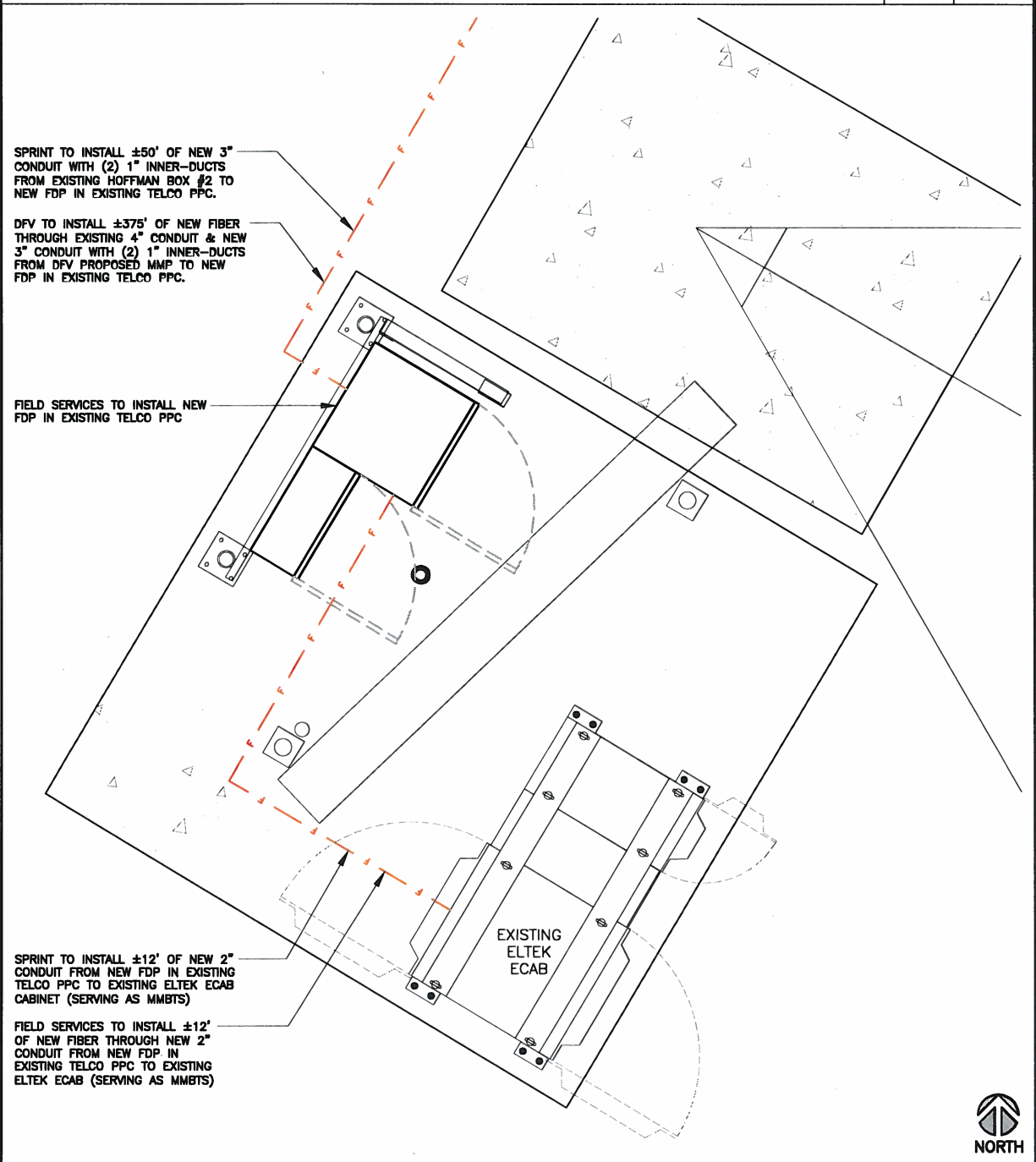
- FIELD SERVICES TO PULL FIBER FROM FDP TO MMBTS.
- FIELD SERVICES TO INSTALL FDP. FDP ASSUMED TO BE INSTALLED IN TELCO BOX UNLESS NOTED OTHERWISE.

DARK FIBER VENDOR:

- DARK FIBER VENDOR RESPONSIBLE FOR ANY NEW CONDUIT INSTALLATION, FIBER WORK OR MMP CONSTRUCTION REQUIRED FROM THE ROW TO THE MMP.
- DARK FIBER VENDOR RESPONSIBLE FOR PULLING FIBER MMP TO FDP.

GENERAL NOTES

SCALE: 3
N.T.S.



EQUIPMENT DETAIL

0 3' 6" 1' SCALE: 3/4"=1'-0" (22x34)
(OR) 3/8"=1'-0" (11x17)

PLANS PREPARED FOR:

SITE ACQUISITION:

540 W. MADISON ST.
17TH FLOOR
CHICAGO, IL 60661
www.sacw.com
312.885.4977

PLANS PREPARED BY:

604 FOX GLEN
BARRINGTON, IL 60010
TELEPHONE: 847.277.0070
FAX: 847.277.0080
ae@westchesterservices.com

PLANS PREPARED BY:

604 FOX GLEN
BARRINGTON, IL 60010
TELEPHONE: 847-277-0070
FAX: 847-277-0080
jbanks@westchesterservices.com

ARCHITECTURE LICENSE & SEAL:
08/02/19

DRAWING NOT TO BE REPRODUCED, DISSEMINATED OR REDISTRIBUTED WITHOUT THE EXPRESS WRITTEN CONSENT OF SPRINT.

REVISIONS:

DESCRIPTION	DATE	BY	REV.
PERMIT/CONSTRUCTION	08/02/19	JM	0

SITE CASCADE:

CT52XC069

SITE ADDRESS:

1055 WINTERGREEN AVE
HAMDEN, CT 06514

PROJECT:

SPRINT DARK FIBER

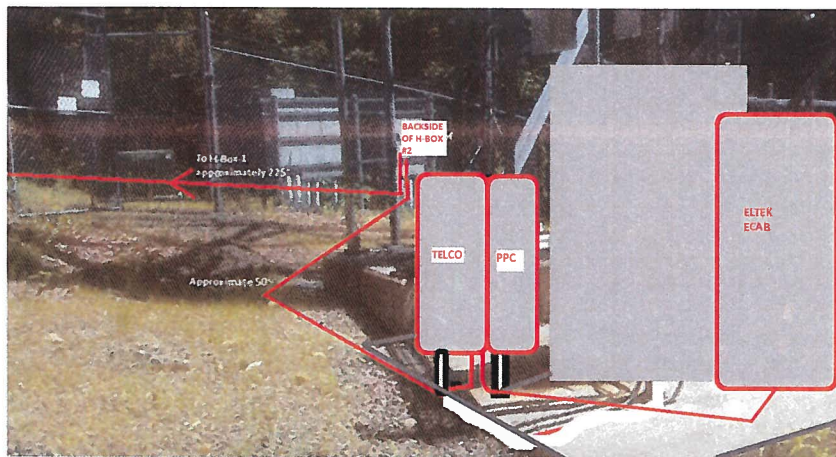
SHEET DESCRIPTION:

DARK FIBER SITE PLANS

SHEET NUMBER:

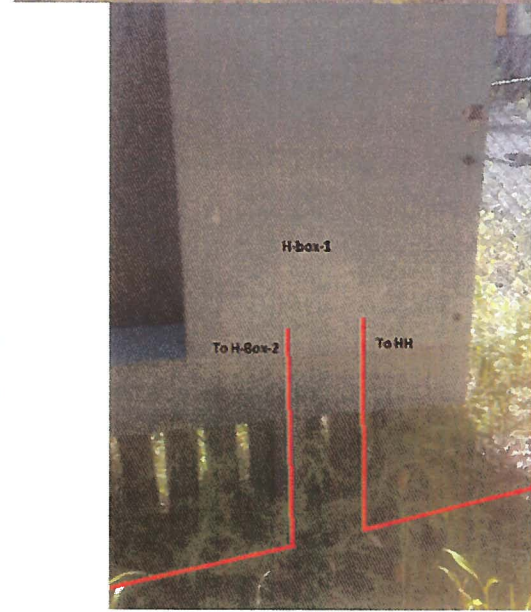
AAV-1

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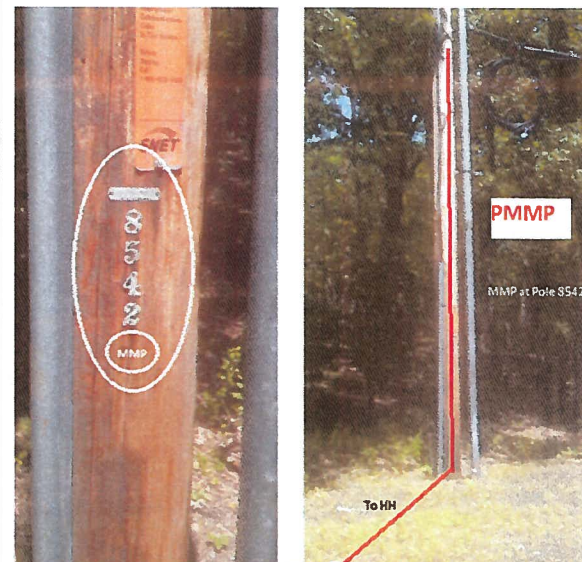
ELTEK ECAB/TELCO PPC/H-BOX 2 LOCATION

SCALE
N.T.S. 6



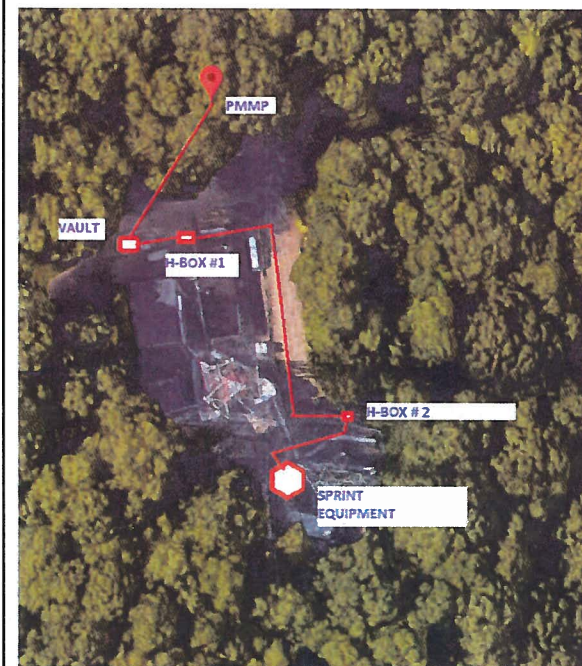
H-BOX #1 LOCATION/FIBER ROUTE

SCALE
N.T.S. 5



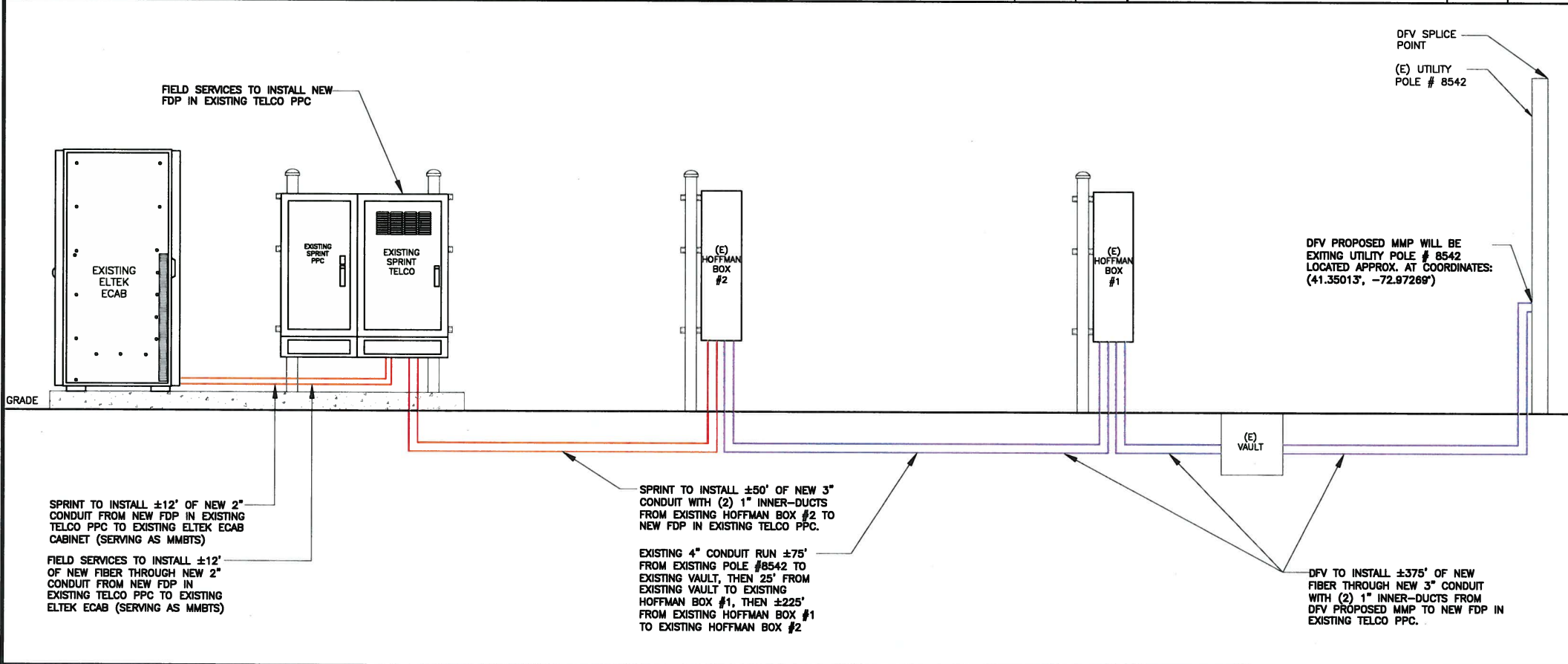
PMMP/FIBER ROUTE

SCALE
N.T.S. 4



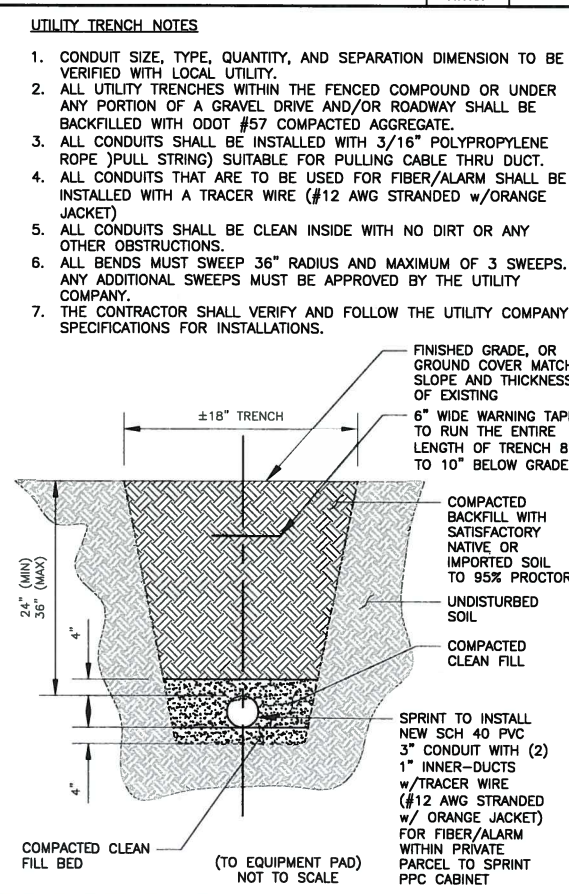
SITE/ROUTE OVERVIEW

SCALE
N.T.S. 3



FIBER SCHEMATIC

SCALE
N.T.S. 2



TRENCH DETAIL

SCALE
N.T.S. 1

PLANS PREPARED FOR:



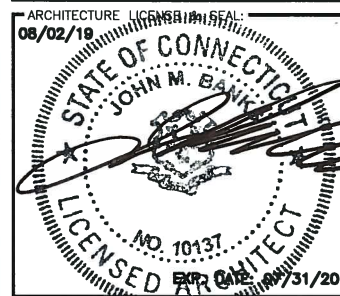
SITE ACQUISITION:
SAC WIRELESS A NOKIA COMPANY
540 W. MADISON ST. 17TH FLOOR CHICAGO, IL 60661
www.sacw.com 312.895.4977

PLANS PREPARED BY:

WESTCHESTER SERVICES LLC
604 FOX GLEN BARRINGTON, IL 60010
TELEPHONE: 847.277.0070
FAX: 847.277.0080
ae@westchesterservices.com

PLANS PREPARED BY:

JOHN M. BANKS ARCHITECT
604 FOX GLEN BARRINGTON, IL 60010
TELEPHONE: 847-277-0070
FAX: 847-277-0080
jbanks@westchesterservices.com



DRAWING NOTICE:

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REVISIONS:	DESCRIPTION	DATE	BY	REV.
PERMIT/CONSTRUCTION		08/02/19	JM	0

SITE CASCADE:

CT52XC069

SITE ADDRESS:

1055 WINTERGREEN AVE
HAMDEN, CT 06514

PROJECT:

SPRINT DARK FIBER

SHEET DESCRIPTION:

DARK FIBER EQUIPMENT DETAILS & SITEPHOTOS

SHEET NUMBER:

AAV-2

2P-01-046

TOWN OF HAMDEN ZONING PERMIT
AND APPROVAL FOR APPLICATION FOR A BUILDING PERMIT

3/15
\$100.00
pd
#1395

This permit is hereby applied for in accordance with the requirements of the Hamden Zoning Regulations, per plans attached:

PROPERTY ADDRESS WEST ROCK PARK 1055 WINTERGREEN AVE ZONING DISTRICT R-2

PROPERTY OWNER ERIC ZACHS PHONE # _____

PROPERTY OWNER ADDRESS 40 WOODLAND STREET HARTFORD, CT

Type of Permit: New Construction Swimming Pool Change of Use Addition Other
 Sign Excavation/Fill Accessory Building/Structure Continuation

Subdivision Name _____ Lot No. _____ Lot Coverage _____
Lot Area _____ Lot Frontage _____
Building Height _____ No. of Stories _____
No. of Bldgs./Structure _____ New _____ Existing _____

Property Use Single Family Commercial/Business Mixed Uses Non-profit
 Multifamily Industrial /Mfg. 2-3 Family Other

This zoning permit and approval for issuance of a building permit is based on the plot plan submitted and is subject to all conditions (if any) of approval, attached by any board, and/or commission. Falsification by omission, or misrepresentation, or failure to comply with the conditions of approval of record, shall constitute a violation of the Hamden Zoning Regulation.

Applicant SIGNATURE [Signature] Date 3/15/01

PRINTED NAME JOHN C HILLER JR / TECTONIC ENGINEERING

ADDRESS 2570 ROUTE 9W CORNWALL, NY 12518

TELEPHONE # 845-534-3450 FAX# 845-534-3556

P & Z Approval (s) Site Plan Special Permit 90-564 Resubdivision Subdivision
 O.S.D. C.A.M. A.P.Z. Flood Hazard Area
 Flood Plain Substantial Improvement

ZBA Variance(s)# _____ Granted on _____

This is to certify that the requirements of the following Departments, Boards, and/or Commission have been met as attested to by the signature(s) of the applicable authorized official(s).

(V) SIGNATURES REQUIRED

Engineering/WPCA _____ Town Engineer Date _____

Quinnipiac Valley Health _____ Authorized Agt. Date _____

Fire Department _____ Fire Marshal Date _____

Inland/Wetlands John A. Ramey Authorized Agt. Date 3-26-01

Tax Department _____ Tax Collector Date _____

Permit Issuer [Signature] Z.E.O. Date 3/28/01

Restrictions:

List of Attachments: MB Copies: White - File
Canary -
Pink - Planning
Gold - Engineering
Drawings by TECTONIC ENG. CONSL. T/C-170C3, 3/26/01
SSI TO SSS, EI, EGI, EG2 + ASI DATED REV

MINUTES: Hamden Planning and Zoning Commission, Special Public Hearing and Special Meeting held on Thursday, July 12, 1990.

1635 Dixwell Avenue CDD-1
Expansion of existing building
for new car sales/showroom
Marsh Motors
Harold Marsh, Applicant
(Public Hearing closed 6/12/90 - action tabled)

Mr. Raccio abstained from discussion of this application. Ms. Howell abstained from discussion of this application.

Mr. Federico made a motion to approve application #90-561, subject to the following conditions:

A. That prior to filing the Special Permit:

1. A bond in an amount to be estimated by the Applicant and approved by the Town Planner and Town Engineer be submitted.
2. Compliance with the joint letter from the Quinnipiac Valley Health District and the Regional Water Authority dated 5/3/90.

B. There will be 10 feet of landscape in front of the building, on Dixwell Avenue.

C. The Special Permit is to be filed at the Town Clerks office no later than 1/12/90 or approval becomes null and void, and all work must be complete by 7/12/91.

The motion was seconded by Mr. Secola. The vote was unanimous in favor of the motion. Mr. Raccio and Ms. Howell abstained from the vote.

Item #24 Special permit #90-564
1055 Wintergreen Avenue R-2 0.985 Acre
Replace Tower/one story accessory building
B. Pellegrino, Applicant
(Public Hearing closed 6/12/90 - Action tabled)

Ms. Gonzales reread the agency reports to the Commission. She stated that the ZBA granted a variance for an 80 foot tower.

Mr. Federico made a motion to approve Application #90-564, for an 80 foot tower and a one story accessory building, subject to the following conditions:

A. That prior to filing a Special Permit at the Town Clerks office a bond in an amount to be estimated by the Applicant and approved by the Town Planner and Town Engineer must be submitted.

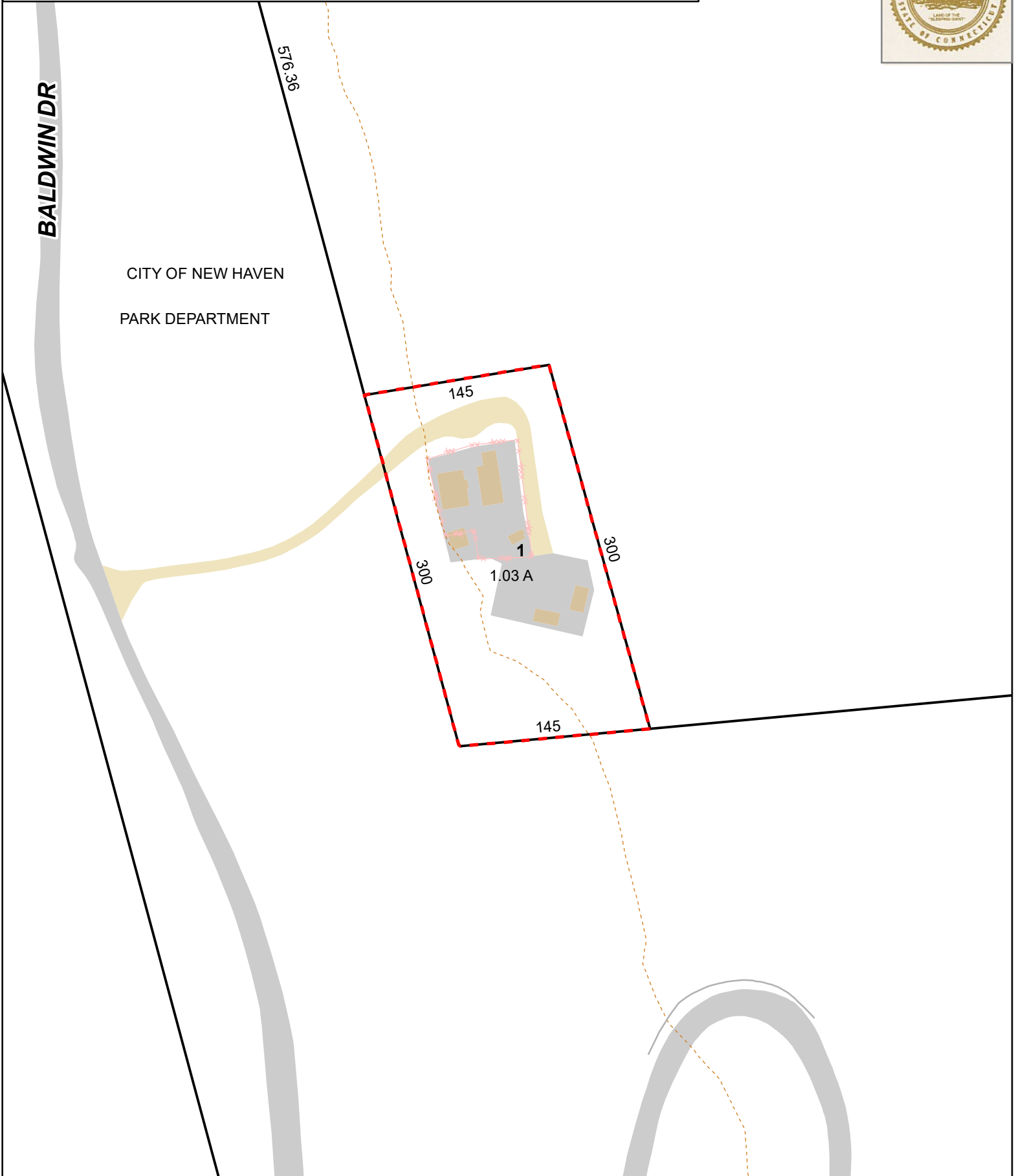
B. The Special Permit must be obtained by 1/12/91, or approval becomes null and void and all work must be completed by 1/12/92.

The motion was seconded by Mr. Sancomb. The vote was unanimous in favor of the motion.

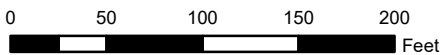
Mr. Secola made a motion to adjourn the meeting. The motion was seconded by Mr. Raccio. The vote was unanimous in favor of the motion. The meeting adjourned at 9:11 P.M.

Town of Hamden, Connecticut - Assessment Parcel Map

Parcel: 2220-001-00-0000 Address: 1055 WINTERGREEN AVE



Approximate Scale: 1 inch = 100 feet



Map Produced: April 2019

Disclaimer: This map is for informational purposes only. All information is subject to verification by any user. The Town of Hamden and its mapping contractors assume no legal responsibility for the information contained herein.



TOWN OF HAMDEN, CONNECTICUT

GEOGRAPHIC & PROPERTY INFORMATION NETWORK



2750 DIXWELL AVENUE
HAMDEN, CT 06518
203-287-2500
E-MAIL: GENERAL INFORMATION

❖ MAIN MENU

- GIS HOME
- GIS PROPERTY MAP SEARCH**
- TOWN WIDE MAP GALLERY
- TOWN GRID MAPS
- INTERACTIVE MAPPING
- HELP

PROPERTY INFO DATA UPDATED

Nightly

CURRENT PARCEL COUNT

16,754 +/-

❖ SUMMARY PARCEL INFORMATION & MAP DOCUMENTS

Detailed Parcel Information

Parcel No
2220-001-00-0000

Unique ID
20299

Account
Owner
WEST ROCK LLC

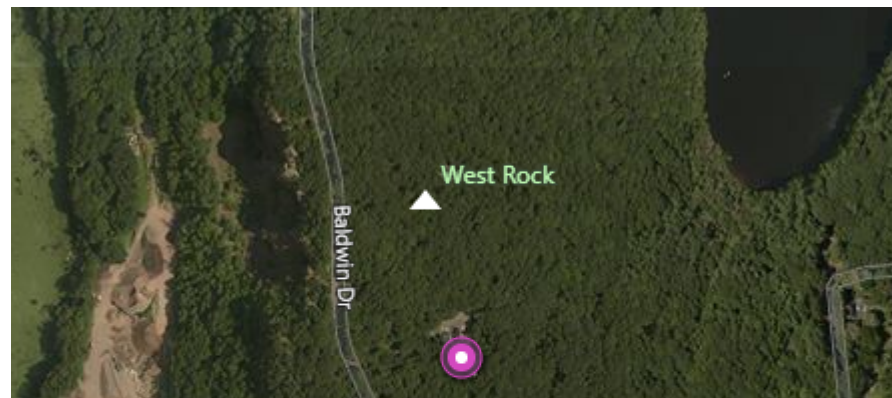
Location
1055 WINTERGREEN AVE

MAILING ADDRESS
8051 CONGRESS AVE
BOCA RATON FL 33487



2220-001-00-0000 10/24/2015

Scroll Down For Complete Property Detail





Click on the BING logo to go to a Big Map!

Parcel Documents

[Create Parcel Map](#)

[Property Summary Card](#)

Full Size Assessor Maps

[Full Assessor Map](#)

Interactive GIS Maps of Property

[GO TO VIRTUAL EARTH BIRDS EYE!](#)

[GO TO INTERACTIVE MAP!](#)

Once in Interactive Map, Select Parcel and enter Abutters distance.

PARCEL VALUATIONS

	Appraised Value	Assessed Value
Buildings	45900	32130
Outbuildings	18900	13230
Improvements	64800	45360
Extra Features	0	0
Land	285000	210000
TOTAL:	349800	255360

PROPERTY INFORMATION

Land Acres	1.03
Land Use	RAD/TV TR M96
Land Class	I
Zoning	R1
Neighborhood	75
Lot Description	Above Street,Steep
Lot Setting	Rural
Lot Utilities	Well,Septic
Street Description	Paved

SALE INFORMATION

Sale Date	2/27/2003
Sale Price	0
Book / Page	2405/ 30

BUILDING AREA

Gross Building Area	
Total Living Area	0

CONSTRUCTION DETAILS

Building Style	Warehouse
Building Use	Ind/Comm
Number of Rooms	
Number of Bedrooms	
Number of Bathrooms	0
Number of Half Bathrooms	
Kitchen Style	
Stories	1
Roof Style	Shed
Roof Cover	Metal/Tin
Primary Exterior Wall Type	Concr/Cinder
Secondary Exterior Wall Type	
Primary Interior Wall Type	Minim/Masonry
Secondary Interior Wall Type	

Primary Floor Type	Concr-Finished
Secondary Floor Type	
Heating Type	None
Heating Fuel	Coal or Wood
Air Conditioning Type	None
Building Style	Warehouse
Building Use	Ind/Comm
Number of Rooms	
Number of Bedrooms	
Number of Bathrooms	0
Number of Half Bathrooms	
Kitchen Style	
Stories	1
Roof Style	Flat
Roof Cover	T&G/Rubber
Primary Exterior Wall Type	Concr/Cinder
Secondary Exterior Wall Type	
Primary Interior Wall Type	Minim/Masonry
Secondary Interior Wall Type	
Primary Floor Type	Concr-Finished
Secondary Floor Type	
Heating Type	None
Heating Fuel	Coal or Wood
Air Conditioning Type	None

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7018 1830 0001 0677 3264
7018 1830 0001 0677 3264

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	

Postmark Here

Sent To Dan Kops
 Street and Apt. No., or PO Box No. 2750 Dixwell Ave
 City, State, ZIP+4® Hamden, CT 06518

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Dan Kops
2750 Dixwell Ave
Hamden, CT 06518



9590 9402 4314 8190 2284 53

2. Article Number (Transfer from service label)

7018 1830 0001 0677 3264

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Mail Restricted Delivery (00)

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLDED AT DOTTED LINE

CERTIFIED MAIL®



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7018 1830 0001 0677 3271

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark Here

Sent To Curt B Lang
 Street and Apt. No., or PO Box No. 2750 Dixwell Ave
 City, State, ZIP+4® Hamden, CT 06518

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1. Article Addressed to:
Curt B Lang
2750 Dixwell Ave
Hamden, CT 06518



9590 9402 4314 8190 2284 60

2. Article Number (Transfer from service label)
 7018 1830 0001 0677 3271

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7018 1830 0001 0677 3257
7018 1830 0001 0677 3257

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	

Sent To **Robert Labulis**
Street and Apt. No., or PO Box No. **2750 Dixwell Ave**
City, State, ZIP+4® **Hamden CT 06518**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Robert Labulis
2750 Dixwell Ave
Hamden, CT 06518



9590 9402 4314 8190 2284 46

2. Article Number (Transfer from service label)

7018 1830 0001 0677 3257

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
- | | |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery | |

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7018 1830 0001 0677 3288
7018 1830 0001 0677 3288

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To West Rock LLC	
Street and Apt. No., or PO Box No. 8051 Congress Ave	
City, State, ZIP+4® Boca Raton, FL 33487	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

West Rock LLC
8051 Congress Ave
Boca Raton, FL
33487



9590 9402 4314 8190 2284 84

2. Article Number (Transfer from service label)

7018 1830 0001 0677 3288

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
- | | |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

Domestic Return Receipt