



# LETTER OF TRANSMITTAL

DATE: 7-5-22	JOB NO. 2021-040
ATTN: Melanie Bachman, Esq.	
RE:	
<b>Connecticut Greenbank Solar Projects</b>	
<b>Petitions 1514 Maloney &amp; Webster</b>	

TO Connecticut Siting Council  
10 Franklin Square  
New Britain, CT 06051

WE ARE SENDING YOU  Attached  Under separate cover Via Delivery, the following items:  
 Cover Letter  Paper Prints  Mylars  Specifications  Report  Other

COPIES	DATE	SHEET NO.	DESCRIPTION
16	6-31-22		Petition 1514 Interrogatory Response
16	6-27-22		Final Determination by State Historic Preservation Office (SHPO)
1			Petition 1514 – Certified Mail Receipts for Notifications

THESE ARE TRANSMITTED (as checked below):

- For approval  
  For your use  
  For review and comment  
  As requested  
 For signature  
  For your records  
  Returned after loan to us  
  For bids due \_\_\_\_\_

REMARKS:

cc: CT Green Bank & SunPower

SENT BY: Timothy Coon

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

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Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 3.00

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .53

Total \$ 4.33

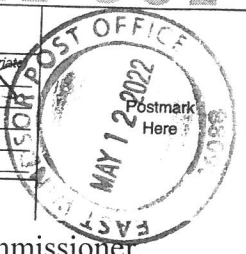
Sent to James C. Rovella, Commissioner

D.E.S.P.P.E.M. Homeland Security

Division

1111 Country Club Road

Middletown, CT 06457

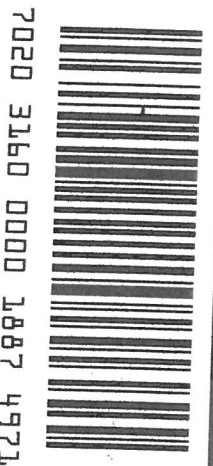


7020 1290 0001 0989 9674

PS Form 3800, October 2019 See Reverse for Instructions

**J. RUSSO**  
 SURVEYORS • ENGINEER  
 P.O. BOX 938, EAST WIND

*85938  
 4/19/22*



7020 3160 0000 1887 4971

Timamaire Finoa  
 234 Contour Drive  
 Cheshire, CT 06410



*5/16/22  
 5-24  
 6-1*

NIXIE 061 CE 1 0206/05/22  
 RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD  
 UNC MANUAL PROC REQ \*0244-06334-12-44  
 56998>9999

7020 3160 0000 1887 4971

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**OFFICIAL USE**

Certified Mail Fee \$ *3.75*

Extra Services & Fees (check box, add fees as appropriate)  
 Return Receipt (hardcopy) \$ *3.85*  
 Return Receipt (electronic)  
 Certified Mail Restricted Delivery  
 Adult Signature Required  
 Adult Signature Restricted Delivery \$

Postage \$ *.53*

Total Postage and Fees \$ *4.33*

Sent To *Timamaire Finoa*  
 Street and Apt. No., or PO Box No. *234 Contour Drive*  
 City, State, ZIP+4® *Cheshire, CT 06410*

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

EAST WINDSOR POST OFFICE  
 MAY 12 2022  
 Postmark Here

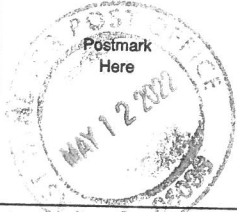
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**OFFICIAL USE**

7014 2120 0000 8874 1122

Postage	\$ .53
Certified Fee	3.75
Return Receipt Fee (Endorsement Required)	3.05
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.33



Sent To Norman L & Kathleen Bouchard  
 Street & Apt. No. or PO Box No. 88 Curve Hill Rd.  
 City, State, ZIP+4 Cheshire, CT 06410

PS Form 3800, July 2014 See Reverse for Instructions

**CERTIFIED MAIL®**



*4/16/22*



7014 2120 0000 8874 1122

HARTFORD CT 060  
 12 MAY 2022 PM 6 L



*LN 5/14*

~~Norman L. & Kathleen L. Bouchard  
 88 Curve Hill Road  
 Cheshire, CT 06410~~

NIXIE 061 DE 1 0006,  
 RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD

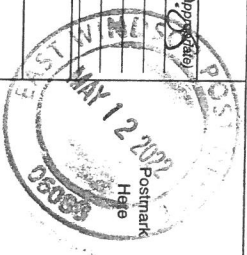
UNC BC: 06088093838 \*2144-02347  
 06410 165300

**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.75  
 Extra Services & Fees (check box, add fees as appropriate)  
 Return Receipt (hardcopy) \$ 3.05  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
 Postage \$ 53  
 Total Postage and Fees \$ 7.33



Sent to John M. & Janet L. O'Dell  
 Street and Apt. No. or PO Box No. 160 Curve Hill Road  
 City, State, ZIP+4 Cheshire, CT 06410

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

**U.S. Postal Service™**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ 53  
 Certified Fee \$ 3.75  
 Return Receipt Fee (Endorsement Required) \$ 3.05  
 Restricted Delivery Fee (Endorsement Required) \$  
 Total Postage & Fees \$ 7.33



Sent to Norman Wium & Vanessa Dacunto  
 Street & Apt. No. or PO Box No. 76 Curve Hill Road  
 City, State, ZIP+4 Cheshire, CT 06410

PS Form 3800, July 2014 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:  
 John M. & Janet L. O'Dell  
 160 Curve Hill Road  
 Cheshire, CT 06410



2. Article Number (Transfer from service label)  
 7020 3150 0000 1887 7514

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee  
 B. Received by (Printed Name) [Signature] C. Date of Delivery 5/23/22  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Collect on Delivery Restricted Delivery  Signature Confirmation™  
 Insured Mail  Insured Mail Restricted Delivery (over \$500)  Signature Confirmation Restricted Delivery

Domestic Return Receipt

**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:  
 Norman Wium & Vanessa Dacunto  
 76 Curve Hill Road  
 Cheshire, CT 06410



2. Article Number (Transfer from service label)  
 7014 2120 0000 8874 1085

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee  
 B. Received by (Printed Name)  Addressee  
 C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Collect on Delivery Restricted Delivery (over \$500)  Signature Confirmation™  
 Insured Mail  Insured Mail Restricted Delivery (over \$500)  Signature Confirmation Restricted Delivery

Domestic Return Receipt

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**OFFICIAL USE**

Certified Mail Fee \$ 3.075

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.05  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ 53

Total Postage and Fees \$ 7.33

Sent To: Brian E. Stancavage  
 Street and Apt. No. or PO Box No. 112 Curve Hill Road  
 City, State, ZIP+4® Cheshire CT 06410



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

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**OFFICIAL USE**

Certified Mail Fee \$ 3.075

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 2.05  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ 53

Total Postage and Fees \$ 7.33

Sent To: Judson W. Moore  
 Street and Apt. No. or PO Box No. 366 Contour Drive  
 City, State, ZIP+4® Cheshire CT 06410



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:

**Brian E. Stancavage**  
 112 Curve Hill Road  
 Cheshire, CT 06410



2. Article Number (Transfer from service label)  
**7020 3160 0000 1887 7569**

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent Addressee
- B. Received by (Printed Name) Brian Stancavage C. Date of Delivery 5.24.2012
- 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
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

**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:

**Judson W. Moore**  
 366 Contour Drive  
 Cheshire, CT 06410



2. Article Number  
**7020 3160 0000 1887 7569**

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent Addressee
- B. Received by (Printed Name) JW 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
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

7020 3160 0000 1887 4933

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CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

OFFICIAL USE

Certified Mail Fee \$ 3.95

Extra Services & Fees (check box, add fees appropriate)  
 Return Receipt (hardcopy) \$ 3.05  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$



Postage \$ 5.33  
Total Postage and Fees \$ 7.33  
Sent To: Rhonda & Joanne D. Gill  
Street and Apt. No. or PO Box No.: 300 Contour Drive  
City, State, ZIP+4: Cheshire CT 06410  
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:

John W. & Joanne D. Gill  
300 Contour Drive  
Cheshire, CT 06410



9590 9402 6558 1028 5765 00

2. Article Number (Transfer From service label)  
7020 3160 0000 1887 4933

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Rhonda M. Gill*  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 Restricted Delivery  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Certified Mail® Restricted Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

**U.S. Postal Service  
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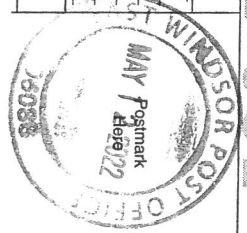
**OFFICIAL USE**

Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 3.05
  - Return Receipt (electronic) \$ \_\_\_\_\_
  - Certified Mail Restricted Delivery \$ \_\_\_\_\_
  - Adult Signature Required \$ \_\_\_\_\_
  - Adult Signature Restricted Delivery \$ \_\_\_\_\_

Total \$ 1.33

Sent 1.33  
Peter B Hearn, Executive Director  
Council on Environmental Quality  
79 Elm Street P.O. Box 5066  
Hartford, CT 06106



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

7020 3160 0000 1887 5008

7020 1290 0001 0989 9704

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**OFFICIAL USE**

Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 3.05
  - Return Receipt (electronic) \$ \_\_\_\_\_
  - Certified Mail Restricted Delivery \$ \_\_\_\_\_
  - Adult Signature Required \$ \_\_\_\_\_
  - Adult Signature Restricted Delivery \$ \_\_\_\_\_

Total Postage and Fees \$ 3.33

Sent To Sean W & Leslie A Burke  
Street and Apt. No. or PO Box No. 172 Curve Hill Road  
City, State, ZIP+4® Cheshire CT 06410



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:

Peter B Hearn, Executive Director  
Council on Environmental Quality  
79 Elm Street P.O. Box 5066  
Hartford, CT 06106



9590 9403 0517 5173 8253 60

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature [Signature]  Agent
- B. Received by (Printed Name) [Signature]  Addressee
- C. Date of Delivery FRAN RRAIDEAN
- 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
  - Insured Mail Restricted Delivery (over \$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

**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:

Sean W. & Leslie A. Burke  
172 Curve Hill Road  
Cheshire, CT 06410



9590 9402 5593 9274 5260 61

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature [Signature]  Agent
- B. Received by (Printed Name) [Signature]  Addressee
- C. Date of Delivery 5/17/25
- 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
  - Insured Mail Restricted Delivery (over \$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

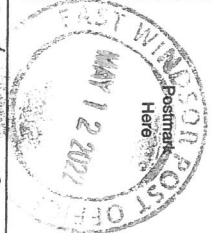
Domestic Return Receipt



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Postage	\$ 1.53
Certified Fee	3.95
Return Receipt Fee (Endorsement Required)	3.05
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 7.33</b>



9590  
 Street & Apt. No.  
 or PO Box No. Marsha A Peter A Lowe Jr  
366 Contour Drive  
 City, State, ZIP+4® Cheshire, CT 06410

PS Form 3800, July 2014 See Reverse for Instructions

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Postage	\$ 3.05
Certified Fee	3.95
Return Receipt Fee (Endorsement Required)	3.05
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 7.33</b>



Sent to  
 Street & Apt. No.  
 or PO Box No. Krista M. Casso  
350 Contour Drive  
 City, State, ZIP+4® Cheshire, CT 06410

PS Form 3800, July 2014 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:  
 Marsha A. & Peter A. Lowe,  
 Jr.  
 366 Contour Drive  
 Cheshire, CT 06410



9590 9402 6558 1028 5764 63

2. Article Number (Transfer from service label)

7014 2120 0000 8874 1047

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Marsha A Lowe  Agent  
 B. Received by (Printed Name) Marsha A Lowe  Addressee  
 C. Date of Delivery 5/18/12  
 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
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

**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:  
 Krista M. Casso  
 350 Contour Drive  
 Cheshire, CT 06410



9590 9402 6558 1028 5764 70

2. Article Number (Transfer from service label)

7014 2120 0000 8874 1054

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Krista Casso  Agent  
 B. Received by (Printed Name) Krista Casso  Addressee  
 C. Date of Delivery 5/17/12  
 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
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service**  
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**OFFICIAL USE**

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Postage	\$ 1.53
Certified Fee	3.95
Return Receipt Fee (Endorsement Required)	3.05
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.33

Sent to  
 Robert G Zeena Jr  
 Street & Apt. No. 332 Contour Drive  
 or PO Box No.  
 City, State, ZIP+4 Cheshire, CT 06410  
 PS Form 3800, July 2014 See Reverse for Instructions

**U.S. Postal Service™**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee \$ 3.95

Extra Services & Fees (check box, add fees appropriate)  
 Return Receipt (hardcopy) \$ 3.05  
 Return Receipt (electronic)  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$ 5.33

Total Postage and Fees \$ 7.33

Sent To  
 Joan B. Dube Family Trust  
 Street and Apt. No. 250 Contour Drive  
 or PO Box No.  
 City, State, ZIP+4 Cheshire, CT 06410  
 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:  
 Karen M. & Robert G. Zeena, Jr.  
 332 Contour Drive  
 Cheshire, CT 06410



9590 9402 6558 1028 5764 87

2. Article Number (Transfer from service label)  
 7014 2120 0000 8874 1009  
 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



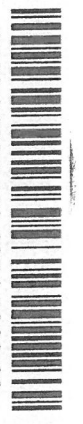
3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

**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:  
 Joan B. Dube Family Trust  
 250 Contour Drive  
 Cheshire, CT 06410



9590 9402 5593 9274 5260 23

2. Article Number (Transfer from service label)  
 7020 3160 0000 1887 4964  
 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
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

7014 2120 0000 8874 1009

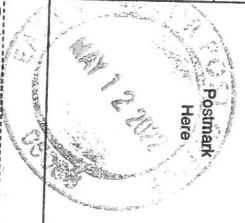
7020 3160 0000 1887 4964

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Postage	\$ 5.33
Certified Fee	3.75
Return Receipt Fee (Endorsement Required)	3.05
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.33



Sent To Meditrust  
 Street & Apt. No.,  
 or PO Box No. 173 Bridge Plaza North  
 City, State, ZIP+4 Ft. Lee, NJ 07024  
 PS Form 3800, July 2014 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:  
 Meditrust  
 173 Bridge Plaza North  
 Ft. Lee, NJ 07024



9590 9402 3019 7124 5897 60

2. Article Number (Transfer from service label)  
 7014 2120 0000 8874 1108

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Meditrust  Agent  
 B. Received by (Printed Name)  Addressee  
 C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
 MAY 16 2014

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

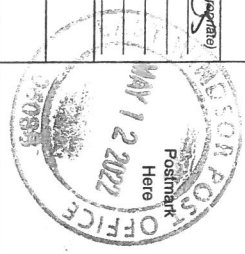
**OFFICIAL USE**

Certified Mail Fee \$ 3.95

EXTRA Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.05  
 Return Receipt (electronic) \$ 0.00  
 Certified Mail Restricted Delivery \$ 0.00  
 Adult Signature Required \$ 0.00  
 Adult Signature Restricted Delivery \$ 0.00

Postage \$ 5.33

Total Postage and Fees \$ 7.33



Sent To: Sanaa Baroudjian  
 Street and Apt. No., PO Box No., 282 Contour Drive  
 City, State, ZIP+4® Cheshire, CT 06410

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

7014 2120 0000 8874 1092

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Postage \$ 1.53

Certified Fee \$ 3.95

Return Receipt Fee (Endorsement Required) \$ 3.05

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 7.33



Sent To: New Meditrust Co. LLC  
 Street & Apt. No., 173 Bridge Plaza North  
 or PO Box No. Cheshire, CT 06410  
 City, State, ZIP+4® Cheshire, CT 06410

PS Form 3800, July 2014 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:  
 Sanaa Baroudjian  
 282 Contour Drive  
 Cheshire, CT 06410



9590 9402 6558 1028 5765 17

- 2. Article Number (Transfer from service label)  
 7020 3160 0000 1887 4940

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Paula Baroudjian  Agent
- B. Received by (Printed Name) Paula Baroudjian  Addressee
- C. Date of Delivery 5-17
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

- 3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Signature Confirmation Restricted Delivery (over \$500)  
 Insured Mail Restricted Delivery

Domestic Return Receipt

**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:  
 New Meditrust Company LLC  
 173 Bridge Plaza North  
 Cheshire, NJ 07024



9590 9402 3019 7124 5897 53

- 2. Article Number (Transfer from service label)  
 7014 2120 0000 8874 1092

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Martha Lee  Agent
- B. Received by (Printed Name) Martha Lee  Addressee
- C. Date of Delivery MAY 10 2022
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

- 3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery (over \$500)  
 Insured Mail  Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee **3.75**

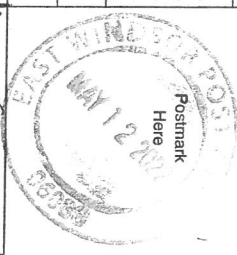
Extra Services & Fees (check box, add fee) **3.05**

Return Receipt (hardcopy)  \$  
 Certified Mail Restricted Delivery  \$  
 Adult Signature Required  \$  
 Adult Signature Restricted Delivery  \$

Postage **1.53**

Total Postage and Fees **7.33**

Sent to **James M Maxwell Peltier, Jr Trustee**  
 Street & Apt. No. or PO Box No. **124 Curve Hill Rd.**  
 City, State, ZIP+4® **Cheshire, CT 06410**



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

7020 3160 0000 1887 7538

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage **1.53**

Certified Fee **3.75**

Return Receipt Fee (Endorsement Required) **3.05**

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees **7.33**



Sent to **Joselyn Montalvo Romero**  
 Street & Apt. No. or PO Box No. **100 Curve Hill Rd.**  
 City, State, ZIP+4® **Cheshire, CT 06410**

PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0000 8874 1115

**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  
 James Maxwell Peltier, Jr. Trustee  
 124 Curve Hill Road  
 Cheshire, CT 06410

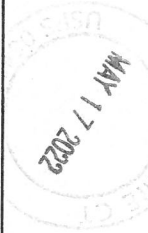


9590 9402 5593 9274 5261 08

2. Article Number (Transfer from service label)  
**7020 3160 0000 1887 7538**  
 PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 B. Received by (Printed Name)  Addressee  
**James Peltier** C. Date of Delivery  
**5/17/15**  
 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  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**Joselyn Romero**  Addressee  
 B. Received by (Printed Name)  Addressee  
**Joselyn Romero** C. Date of Delivery  
**5/16/15**  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

Joselyn Montalvo Romero  
 100 Curve Hill Road  
 Cheshire, CT 06410



9590 9402 5593 9274 5261 22

2. Article Number (Transfer from service label)  
**7014 2120 0000 8874 1115**  
 PS Form 3811, July 2015 PSN 7530-02-000-9053

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

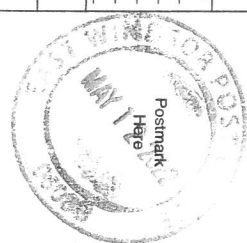
For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fees; apply multiple)
  - Return Receipt (hardcopy) \$ 3.05
  - Return Receipt (electronic) \$ \_\_\_\_\_
  - Certified Mail Restricted Delivery \$ \_\_\_\_\_
  - Adult Signature Required \$ \_\_\_\_\_
  - Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ 1.53  
Total Postage and Fees \$ 7.33



Sent to Frank F Wild Jr  
Street and Apt. No. or PO Box No. 148 Curve Hill Road  
City, State, ZIP+4® Cheshire CT 06410

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

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

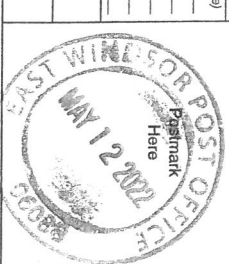
For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fees; apply multiple)
  - Return Receipt (hardcopy) \$ 3.05
  - Return Receipt (electronic) \$ \_\_\_\_\_
  - Certified Mail Restricted Delivery \$ \_\_\_\_\_
  - Adult Signature Required \$ \_\_\_\_\_
  - Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ 1.53  
Total Postage and Fees \$ 7.33



Sent to Sonia Irizarry  
Street and Apt. No. or PO Box No. 136 Curve Hill Road  
City, State, ZIP+4® Cheshire CT 06410

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:

Amy K. & Frank F. Wild, Jr.  
148 Curve Hill Road  
Cheshire, CT 06410



2. Article Number (Transfer from service label)

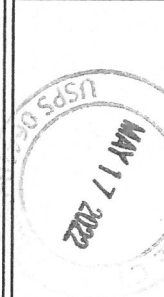
7020 3160 0000 1887 7552

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent
- B. Received by (Printed Name) Amy Wild  Addressee
- 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  Priority Mail Express®
  - Adult Signature Restricted Delivery  Registered Mail™
  - Certified Mail®  Registered Mail Restricted Delivery
  - Certified Mail Restricted Delivery  Return Receipt for Merchandise
  - Collect on Delivery  Signature Confirmation™
  - Insured Mail  Signature Confirmation Restricted Delivery
  - Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

**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:

Sonia Irizarry  
136 Curve Hill Road  
Cheshire, CT 06410



2. Article Number (Transfer from service label)

7020 3160 0000 1887 7545

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent
- B. Received by (Printed Name) Sonia Irizarry  Addressee
- C. Date of Delivery 5/17/12

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

- 3. Service Type
  - Adult Signature  Priority Mail Express®
  - Adult Signature Restricted Delivery  Registered Mail™
  - Certified Mail®  Registered Mail Restricted Delivery
  - Certified Mail Restricted Delivery  Return Receipt for Merchandise
  - Collect on Delivery  Signature Confirmation™
  - Insured Mail  Signature Confirmation Restricted Delivery
  - Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7020 3160 0000 1887 4988

**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee \$ 3.05

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy) \$ 3.05

Return Receipt (electronic) \$ \_\_\_\_\_

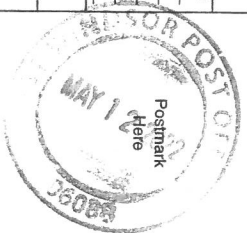
Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ 1.53

Total Postage and Fees \$ 4.58



Sent To Property Edge LLC

Street and Apt. No. or PO Box No. P.O. Box 275

City, State, ZIP+4® Marion, CT 06444

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

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee \$ 3.05

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy) \$ 3.05

Return Receipt (electronic) \$ \_\_\_\_\_

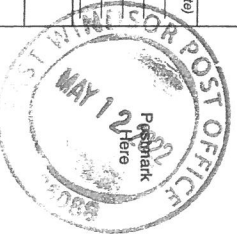
Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ 1.53

Total Postage and Fees \$ 4.58



Sent To Charlan K. Walston

Street and Apt. No. or PO Box No. 180 Curve Hill Road

City, State, ZIP+4® Westshire, CT 06410

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:

**Property Edge LLC**  
P.O. Box 275  
Marion, CT 06444



9590 9402 5593 9274 5260 47

2. Article Number (Transfer from service label)

**7020 3160 0000 1887 4988**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent

Received by (Printed Name) Frank D. Eddy  Addressee

C. Date of Delivery 5/16/12

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Insured Mail  Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt

**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:

**Charlan K. Walston**  
180 Curve Hill Road  
Westshire, CT 06410



9590 9402 5593 9274 5260 54

2. Article Number (Transfer from service label)

**7020 3160 0000 1887 4995**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent

Received by (Printed Name) [Signature]  Addressee

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  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Insured Mail  Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt

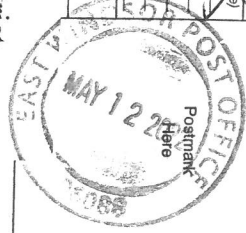
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.05  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage \$ 53  
 Total \$ 233  
 Se Representative – 90th District  
 Si Legislative Office Building  
 Ci 300 Capitol Avenue, Room 4200  
 Hartford, CT 06106

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:

Craig Fishbein  
 Representative – 90th District  
 Legislative Office Building  
 300 Capitol Avenue, Room 4200  
 Hartford, CT 06106



2. Article Number (Transfer from service label)  
 7020 1290 0001 0989 9536

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X CIF  Addressee  
 B. Received by (Printed Name) C HENNESSY  
 C. Date of Delivery 5/16/22  
 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  
 Sured Mail  
 Sured Mail Restricted Delivery (per \$500)

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

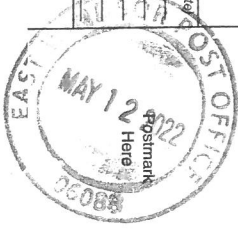
**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ 3.05  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage \$ 53  
 Total \$ 233  
 Se Senator – District S16  
 Si Legislative Office Building  
 Ci 300 Capitol Avenue, Room 4200  
 Hartford, CT 06106

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:

Rob Sampson  
 Senator – District S16  
 Legislative Office Building  
 300 Capitol Avenue, Room 4200  
 Hartford, CT 06106



2. Article Number (Transfer from service label)  
 7020 1290 0001 0989 9543

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X CS  Addressee  
 B. Received by (Printed Name) CHENNESSY  
 C. Date of Delivery 5/16/22  
 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  
 Sured Mail  
 Sured Mail Restricted Delivery (per \$500)

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

7020 1290 0001 0989 9543

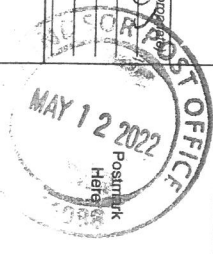
7020 1290 0001 0989 9536



**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**



Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees as appropriate)  
 Return Receipt (hardcopy) \$ 3.00  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$ 1.53

Total Postage and Fees \$ 7.33

Sent To NV0619

Street and/or PO Box No. 49 Leavenworth St. 3rd Floor  
 City, State, ZIP+4® Waterbury CT 06703

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:

NV0619  
49 Leavenworth Street  
3rd Floor  
Waterbury CT 06703

2. Article Number (Transfer from service label)  
7021 1970 0001 2135 5019

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature [Signature]  Agent
- B. Received by (Printed Name) CV 211  Addressee
- C. Date of Delivery 5-16-22
- 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  
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

**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:

Town of Cheshire  
84 South Main Street  
Cheshire, CT 06410

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature [Signature]  Agent
- B. Received by (Printed Name)  Addressee
- 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  
 Insured Mail Restricted Delivery (over \$500)

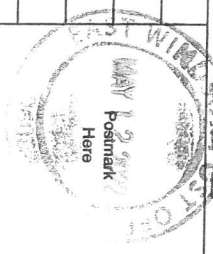
Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**



Postage \$ 5.3

Certified Fee \$ 3.75

Return Receipt Fee (Endorsement Required) \$ 3.05

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 7.33

Sent To Town of Cheshire

Street & Apt. No., or PO Box No. 84 South Main Street  
 City, State, ZIP+4® Cheshire, CT 06410

PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0000 8874 1078

7021 1970 0001 2135 5019

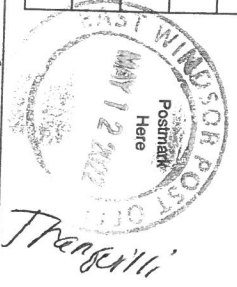
PS Form 3811, July 2020 PSN 7530-02-000-9053

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**OFFICIAL USE**

Postage	\$3
Certified Fee	3.95
Return Receipt Fee (Endorsement Required)	3.05
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$7.33



Sent To  
Street & Apt. No., or PO Box No.  
Andrew A. & Rosemary  
390 Contour Drive  
City, State, ZIP+4  
Cheshire, CT 06410  
PS Form 3800, July 2014 See Reverse for Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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**OFFICIAL USE**

Postage	\$1.53
Certified Fee	3.95
Return Receipt Fee (Endorsement Required)	3.05
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$9.33



Sent To  
Street & Apt. No., or PO Box No.  
Karen Slade Hekeler  
380 Contour Drive  
City, State, ZIP+4  
Cheshire, CT 06410  
PS Form 3800, July 2014 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:

Andrew A. & Rosemary  
Tranquilli  
390 Contour Drive  
Cheshire, CT 06410



9590 9402 6558 1028 5764 49

2. Article Number (Transfer from service label)  
7014 2120 0000 8874 1023  
PS Form 3811, July 2020 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 (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

**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:

Karen Slade Hekeler  
380 Contour Drive  
Cheshire, CT 06410



9590 9402 6558 1028 5764 56

2. Article Number (Transfer from service label)  
7014 2120 0000 8874 1030  
PS Form 3811, July 2020 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 (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

7014 2120 0000 8874 1030

7014 2120 0000 8874 1023

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**OFFICIAL USE**

Postage	\$ 3.75
Certified Fee	3.05
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.33



Sent to: Robert & Maryellen Price  
 Street & Apt. No. 316 Contour Drive  
 or PO Box No. Cheshire, CT 06410  
 City, State, ZIP+4  
 PS Form 3800, July 2014 See Reverse for Instructions

7020 1290 0001 0989 9667

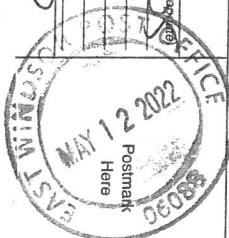
7014 2120 0000 8874 1016

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**OFFICIAL USE**

Certified Mail Fee	\$ 3.75
Extra Services & Fees (check box, add fees appropriate)	\$ 2.58
<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	\$ 5.3
Total	\$ 7.33



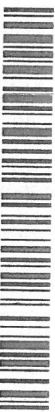
To: Katie Dykes, Commissioner  
 Department of Energy &  
 Environmental Protection  
 City: 79 Elm Street  
 State: Hartford, CT 06106-5127  
 PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

**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:

**Robert & Maryellen Price**  
 316 Contour Drive  
 Cheshire, CT 06410



9590 9402 6558 1028 5764 94

2. Article Number (Transfer from service label)

7014 2120 0000 8874 1016

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature [Signature]  Agent  Addressee
- B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

**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
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

**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:

**Katie Dykes, Commissioner**  
 Department of Energy &  
 Environmental Protection  
 79 Elm Street  
 Hartford, CT 06106-5127



9590 9403 0517 5173 8253 84

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9667

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature [Signature]  Agent  Addressee
- B. Received by (Printed Name) Coy C. Date of Delivery 5/16
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

**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
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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**OFFICIAL USE**

Certified Mail Fee

3.75

- Extra Services & Fees (check box, add fees appropriate)
- Return Receipt (hardcopy) \$ 3.05
  - Return Receipt (electronic) \$
  - Certified Mail Restricted Delivery \$
  - Adult Signature Required \$
  - Adult Signature Restricted Delivery \$

Postage

12.23

The Honorable William Tong  
Attorney General  
Office of the Attorney General  
165 Capitol Avenue  
Hartford, CT 06106



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**OFFICIAL USE**

Certified Mail Fee

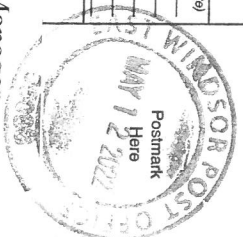
3.75

- Extra Services & Fees (check box, add fees appropriate)
- Return Receipt (hardcopy) \$ 3.05
  - Return Receipt (electronic) \$
  - Certified Mail Restricted Delivery \$
  - Adult Signature Required \$
  - Adult Signature Restricted Delivery \$

Postage

11.53

Sean Kimball, Town Manager  
Town of Cheshire  
84 South Main Street  
Cheshire, CT 06410



**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:

The Honorable William Tong  
Attorney General  
Office of the Attorney General  
165 Capitol Avenue  
Hartford, CT 06106



9590 9402 3019 7124 5791 29

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9629

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name) *Carrie* C. Date of Delivery *5/16*
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

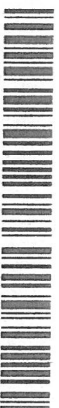
Domestic Return Receipt

**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:

Sean Kimball, Town Manager  
Town of Cheshire  
84 South Main Street  
Cheshire, CT 06410



9590 9402 3019 7124 5897 46

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9629

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *SK Kimball*  Agent  Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

7020 1290 0001 0989 9629

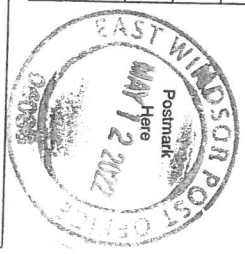
7020 1290 0001 0989 9629

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**OFFICIAL USE**

Postage	\$ .53
Certified Fee	3.75
Return Receipt Fee (Endorsement Required)	3.05
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.33



Sent to: State of CT  
Street & Apt. No., 79 ELMSF.  
or PO Box No. Hartford, CT 06106  
City, State, ZIP+4  
PS Form 3800, July 2014 See Reverse for Instructions

**U.S. Postal Service™**  
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**OFFICIAL USE**

Certified Mail Fee \$ 2.75

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>3.05</u>
<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 \$ 1.33

Total \$ 5.33



Sent To: Cheshire Planning & Zoning  
Street: Commission  
City, State: 84 South Main Street  
Cheshire, CT 06410  
PS Form 3800, July 2014 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:  
State of Connecticut  
79 Elm Street  
Hartford, CT 06106



9590 9402 6558 1028 5764 25

2. Article Number (Transfer from service label)  
7014 2120 0000 8874 1061  
PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Levisse Agent  
B. Received by (Printed Name) CS C. Date of Delivery 5/16

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 type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery |   |
| <input type="checkbox"/> Insured Mail (over \$500)               |   |

Domestic Return Receipt

**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:  
Earl Kurtz III, Chairperson  
Cheshire Planning & Zoning  
Commission  
84 South Main Street  
Cheshire, CT 06410



9590 9402 3019 7124 5897 22

2. Article Number (Transfer from service label)  
7020 1290 0001 0989 9605  
PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] Agent  
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 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 (over \$500)               |   |

Domestic Return Receipt

7020 1290 0001 0989 9605

7014 2120 0000 8874 1061

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**OFFICIAL USE**

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees as appropriate)

- Return Receipt (hardcopy) \$ 3.05  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

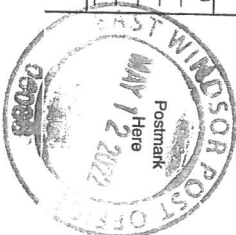
Postage \$ 53

Total Post \$ 433

Sent to Cheshire Inland Wetlands & Watercourses Commission

Street and 84 South Main Street  
 City, State, Cheshire, CT 06410

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



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**OFFICIAL USE**

Certified Mail Fee \$ 2.75

Extra Services & Fees (check box, add fees as appropriate)

- Return Receipt (hardcopy) \$ 3.05  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

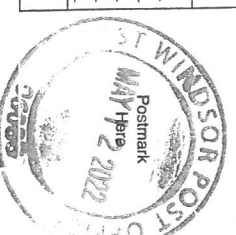
Postage \$ 53

Total \$ 133

Sent to Manisha Juthani, M.D., Commissioner

Street and 410 Capitol Avenue  
 City, State, Hartford, CT 06134

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



**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:

Earl Kurtz, Chairman  
Cheshire Inland Wetlands & Watercourses Commission  
84 South Main Street  
Cheshire, CT 06410

9590 9402 3019 7124 5897 39



2. Article Number (Transfer from service label)

7020 1290 0001 0989 9612

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature Earl Kurtz  Agent  Addressee
- B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type

- Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Insured Mail  Signature Confirmation Restricted Delivery  Restricted Delivery  Restricted Delivery (over \$500)

Domestic Return Receipt

**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:

Manisha Juthani, M.D., Commissioner  
Department of Public Health  
410 Capitol Avenue  
Hartford, CT 06134

9590 9403 0517 5173 8253 77



2. Article Number (Transfer from service label)

7020 1290 0001 0989 9711

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

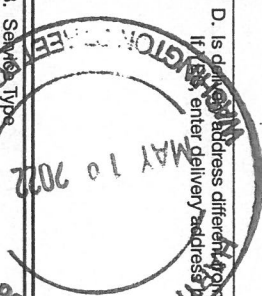
**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature Earl Kurtz  Agent  Addressee
- B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type

- Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Insured Mail  Signature Confirmation Restricted Delivery  Restricted Delivery (over \$500)

Domestic Return Receipt



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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee \$ 3.78

Extra Services & Fees (check box, add fees appropriate)  
 Return Receipt (hardcopy) \$ 3.05  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ 1.33  
 Total Postage \$ 5.11

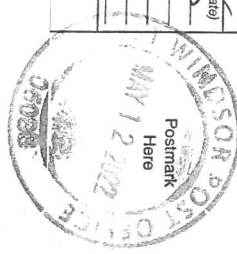
Sent to: **Marissa Gillett, Chair**

Sent to: **Public Utilities Regulatory**

Authority

Ten Franklin Square

New Britain, CT 06051



**U.S. Postal Service™**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees appropriate)  
 Return Receipt (hardcopy) \$ 3.05  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ 1.33  
 Total Postage \$ 5.11

Sent to: **Jeffrey R. Beckham, Acting**

Sent to: **Secretary**

Office of Policy and Management

450 Capitol Avenue

Hartford, CT 06106



**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:

**Marissa Gillett, Chair**  
**Public Utilities Regulatory**  
**Authority**  
**Ten Franklin Square**  
**New Britain, CT 06051**



9590 9403 0517 5173 8253 53

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9698

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- X** *copy*  Received by (Printed Name)  Date of Delivery
- Marissa Gillett*
- B. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  Priority Mail Express®  Registered Mail™
- Adult Signature  Registered Mail™
- Certified Mail®  Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery  Return Receipt for Merchandise
- Collect on Delivery  Signature Confirmation™
- Collect on Delivery Restricted Delivery  Signature Confirmation Insured Mail (over \$500)  Restricted Delivery

Domestic Return Receipt

**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:

**Jeffrey R. Beckham, Acting**  
**Secretary**  
**Office of Policy and Management**  
**450 Capitol Avenue**  
**Hartford, CT 06106**



9590 9403 0517 5173 8253 46

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9742

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- X** *copy*  Received by (Printed Name)  Date of Delivery
- Adriana Lois*  5-16-22
- B. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  Priority Mail Express®  Registered Mail™
- Adult Signature  Registered Mail™
- Certified Mail®  Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery  Return Receipt for Merchandise
- Collect on Delivery  Signature Confirmation™
- Collect on Delivery Restricted Delivery  Signature Confirmation Insured Mail (over \$500)  Restricted Delivery

Domestic Return Receipt

7020 1290 0001 0989 9742

7020 1290 0001 0989 9698

**U.S. Postal Service**  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees as appropriate)  
 Return Receipt (hardcopy) \$ 3.00  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ 1.55

Total \$ 5.30

Postmark Here MAY 12 2015

Sent To: Joseph Gulietti, Commissioner  
 Department of Transportation  
 Street: P.O. Box 317546  
 City/State: 2800 Berlin Turnpike  
 Newington, CT 06131-7546

**U.S. Postal Service**  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees as appropriate)  
 Return Receipt (hardcopy) \$ 3.00  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ 1.55

Total \$ 5.30

Postmark Here MAY 12 2015

Sent To: David Lehman, Commissioner  
 Department of Economic and Community Development  
 Street: 450 Columbus Boulevard  
 Hartford, CT 06103

7020 1290 0001 0989 9735

7020 1290 0001 0989 9728

**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:  
 Joseph Gulietti, Commissioner  
 Department of Transportation  
 P.O. Box 317546  
 2800 Berlin Turnpike  
 Newington, CT 06131-7546

9590 9403 0517 5173 8253 22

2. Article Number (Transfer from service label)  
 7020 1290 0001 0989 9728

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

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

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

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Signature Confirmation™  
 Insured Mail Restricted Delivery (over \$500)  Restricted Delivery

**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:  
 David Lehman, Commissioner  
 Department of Economic and Community Development  
 450 Columbus Boulevard  
 Hartford, CT 06103

9590 9403 0517 5173 8253 39

2. Article Number (Transfer from service label)  
 7020 1290 0001 0989 9735

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) Covid-19 Staff C. Date of Delivery \_\_\_\_\_

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

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Signature Confirmation™  
 Insured Mail Restricted Delivery (over \$500)  Restricted Delivery

7020 1290 0001 0989 9735

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

Domestic Return Receipt



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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee appropriate)  
 Return Receipt (hardcopy) \$ 3.05  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

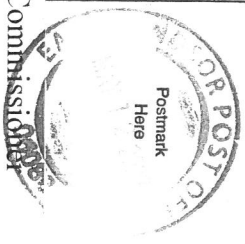
Postage \$ 1.55

Total Postage and Fees \$ 7.33

Sent to Michelle Gilman, Commissioner  
 Department of Administrative Services

Street and Apt. No. 450 Columbus Boulevard  
 City, State, ZIP+4 Hartford, CT 06103

PS Form 3800, A



**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:  
 Michelle Gilman, Commissioner  
 Department of Administrative Services  
 450 Columbus Boulevard  
 Hartford, CT 06103



9590 9403 0517 5173 8252 92

2. Article Number (Transfer from service label)  
 7020 1290 0001 0989 9759  
 PS Form 3811, April 2015 PSN 7530-02-000-9063

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  
 Addressee  
 B. Received by (Printed Name) *COVID-19* C. Date of Delivery *5/16/22*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery Restricted Delivery  Signature Confirmation™  
 Insured Mail  Signature Confirmation Restricted Delivery  
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.75

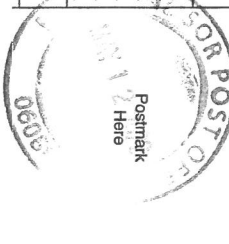
Extra Services & Fees (check box, add fee appropriate)  
 Return Receipt (hardcopy) \$ 3.05  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$ .53

Total Postage and Fees \$ 7.33

Sent to Bryan P. Hurlburt, Commissioner  
 Department of Agriculture  
 450 Columbus Boulevard, Suite 701  
 Hartford, CT 06103

PS Form 3800, A



**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:  
 Bryan P. Hurlburt, Commissioner  
 Department of Agriculture  
 450 Columbus Boulevard, Suite 701  
 Hartford, CT 06103



9590 9403 0517 5173 8253 08

2. Article Number (Transfer from service label)  
 7020 1290 0001 0989 9755  
 PS Form 3811, April 2015 PSN 7530-02-000-9063

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  
 Addressee  
 B. Received by (Printed Name) *COVID-19* C. Date of Delivery *5/16/22*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery Restricted Delivery  Signature Confirmation™  
 Insured Mail  Signature Confirmation Restricted Delivery  
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7020 1290 0001 0989 9766

7020 1290 0001 0989 9759

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee

\$ 3.75

- Extra Services & Fees (check box, add *per applicable amount*)
- Return Receipt (hardcopy) \$ 3.05
  - Return Receipt (electronic) \$
  - Certified Mail Restricted Delivery \$
  - Adult Signature Required \$
  - Adult Signature Restricted Delivery \$

Postage

\$ 5.50

Total Postage

\$ 9.25

Sent To

Jonathan Kinney  
State Historic Preservation Officer  
Department of Economic & Community  
Development

Street and Apt. #

450 Columbus Boulevard, Suite 5

City, State, ZIP+4

Hartford, CT 06103

PS Form 3800, April 2015 PSN 7530-02-000-9053



**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:

Jonathan Kinney  
State Historic Preservation Officer  
Department of Economic & Community  
Development  
450 Columbus Boulevard, Suite 5  
Hartford, CT 06103

9590 9403 0517 5173 8253 15



2. Article Number (Transfer from service label)

7020 1290 0001 0989 9773

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *COV M-19* C. Date of Delivery *5/16/12*

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

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
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt