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			Rd East Windso	or, CT 06088	ATTN: Melai	nie Bachman	, Esq.		
) 623-0569 3) 785-1158		RE:				_
		MA. (413	0) 700-1100		Conr	necticut Gree	nbank Sola	r Projects	_
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	16	6-27-22		Final Determinatio	n by State Histor	ric Preservati	on Office (SI	HPO)	
	1			Petition 1515 - Ce	rtified Mail Rece	ipts for Notific	cations		
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REMA	ARKS:								
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LETTER OF TRANSMITTAL

cc: CT Green Bank & SunPower SENT BY: Timothy Coon

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JR Russo & Associates P.O. Box 938 East Windsor, CT 0608

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Mobilio Estates LLC

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

Return Receipt (hardcopy) Adult Signature Restricted Delivery \$ Adult Signature Required Return Receipt (electronic) Certified Mail Fee Certified Mail Restricted Delivery For delivery information, visit our website at www.usps.com^o. Domestic Mail Only CERTIFIED MAIL® RECEIPT U.S. Postal Service™

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City, State, 27944 Prospect, CT 06410 Mobilio Estates LLC

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nsurance Group Inc. Six Forks Road th, NC 27609	Posimal	n, visit our website at www.usps.com	MAIL® RECEIPT
9590 9403 0517 5173 8259 64	IAT Insurance Group Inc. 4200 Six Forks Road Raleigh, NC 27609	 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. 	SENDER: COMPLETE THIS SECTION
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Signature

COMPLETE THIS SECTION ON DELIVERY

PS Form 3811, April 2015 PSN 7530-02-000-9053 2. Article Number (Transfer from service label) 7021 1970 0001 2135 5392 3. Service Type

□ Adult Signature
□ Adult Signature
□ Certified Mail®
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□ Restricted J. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No Received by (Printed Name) ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted
☐ Delivery C. Date of Delivery ✓ ☐ Agent ☐ Addressee

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature

U.S. Postal Service

Received by Printed Name ROVED Addressee C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: □ No

Mail Restricted Delivery

3. Service Type

□ Adult Signature
□ Adult Signature Restricted Delivery
□ Certified Mail®
□ Certified Mail®
□ Collect on Delivery Restricted Delivery
□ Signature Confirmation Restricted Delivery
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Restricted Delivery

Domestic Return Receipt

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A. Signature	COMPLETE THIS SECTION ON DELIVERY	

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B Received by Printed Names

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Date of Delivery

☐ Addressee ☐ Agent

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

Attach this card to the back of the mailpiece



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

3. Service Type

Adult Signature
Adult Signature
Cartified Mail®
Certified Mail®
Collect on Delivery
Collect on Delivery Restricted Delivery
Collect on Delivery Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted
Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

sured Mail Restricted Delivery

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C. Date of Delivery

☐ Addressee ☐ Agent

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☐ Signature Confirmation™☐ Signature Confirmation ☐ Return Receipt for

Merchandise

Restricted Delivery

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

Domestic Return Receipt

☐ Signature Confirmation™☐ Signature Confirmation ☐ Return Receipt for Merchandise

Restricted Delivery

□ Priority Mail Express®
 □ Registered Mail™
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 Delivery

CERTIFIED MAIL® RECEIPT

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

C. Date of Delivery

☐ Agent ☐ Addressee

□ No

Yes

U.S. Posial Service

	Sine To Life Safety Service & Supply LLC Sine and Apr. vi 325 Sandbank Road #12 TOWN Shale, 2019-14 Cheshire, CT 06410) Stagosar	Extra Services & Fees (check box, add fee-sapappropt) Return Receipt (hardcopy) Certified Mail Restricted Delivery Adult Signature Restricted Delivery Adult Signature Restricted Delivery Adult Signature Restricted Delivery	For delivery information, visit our website at www.usps.com®. Certified Mail Fee	CERTIFIED MAIL® RECEIPT Domestic Mail Only
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SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

A. Signature

COMPLETE THIS SECTION ON DELIVERY

- Print your name and address on the reverse
- Attach this card to the back of the mailpiece, or on the front if space permits. so that we can return the card to you.
- Article Addressed to:

Cheshire, CT 06410 325 Sandbank Road #12 Life Safety Service & Supply LLC



7021 1970 0001 2135 5309 Article Number (Transfer from service label)

P6 Form 3811, April 2015 PSN 7530-02-000-9053

D. Is delivery address different from item 1?
If YES, enter delivery address below:

□ No

B Received by (Printed Name)

C. Date of Delivery Addressee

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Insured Mail Restricted Delivery (over \$500)

3. Service Type

□ Adult Signature
□ Adult Signature Restricted Delivery
□ Certified Mail®
□ Collect on Delivery
□ Collect on Delivery Restricted Delivery
□ Signature Confirmation
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Delivery

Restricted Delivery

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PS Form 3800, A. Cheshire, CT 06410	Street and Apt. No. 84 South Main Street	Adult Signature Restricted Delivery \$		Certified Mail Fee 3, 7\S Extra Services & Fees (check box, add fee anappropriate)	U.S. POStal Service CERTIFIED MAIL® RECEIPT Domestic Mail Only For delivery information, visit our website at www.usps.com

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A./Signature

■ Complete items 1, 2, and 3.

sps.com®

- 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.

B. Received by (Printed Name)

C. Date of Delivery Agent Agent ☐ Addressee

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

1 Article Addressed to

84 South Main Street Cheshire, CT 06410 Town of Cheshire

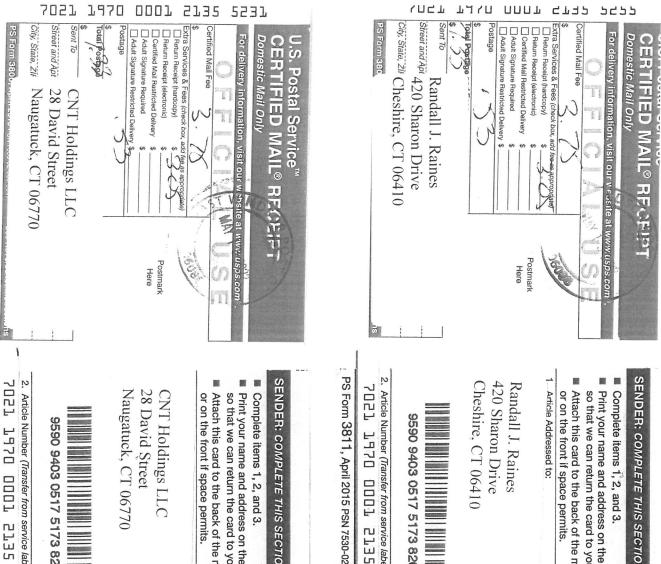


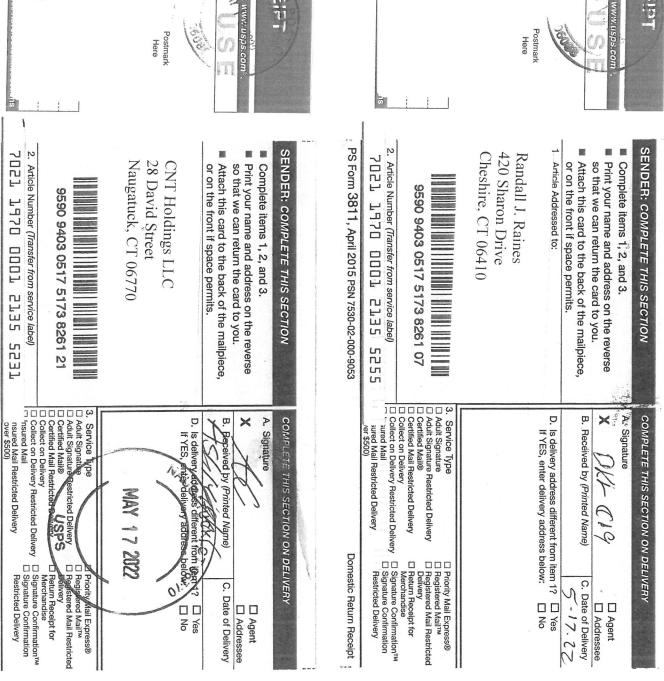
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PS Form 3811, April 2015 PSN 7530-02-000-9053

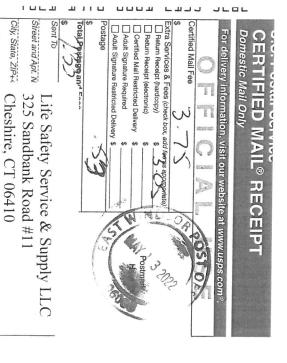
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□ Restricted Delivery Domestic Return Receipt





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



SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature

■ 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.

D. Is delivery address different from item 1? If YES, enter delivery address below:

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Received by (Printed Name)

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Date of Delivery → ☐ Addressee

☐ Agent

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Cheshire, CT 06410 325 Sandbank Road #11 Life Safety Service & Supply LLC



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PS Form 3800,

3. Service Type

□ Adult Signature
□ Adult Signature Restricted Delivery
□ Certified Mail®
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□ Collect on Delivery
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P8 Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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Adult Signature Restricted Delivery \$ Adult Signature Required

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Total Post

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Certified Mail Restricted Delivery Return Receipt (electronic) Return Receipt (hardcopy)

250 Fenn Road DLS Properties LLC

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Street and Apt. N

PS Form 3800, City, State, ZIP+4

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.

250 Fenn Road DLS Properties LLC Cheshire, CT 06410



Article Number (Transfer from service label) **1970** T000 5ET2 **E2E5**

> B. Received by (Printed Name), COMPLETE THIS SECTION ON DELIVERY A. Signature Agent Agent ☐ Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below: SURCE C. Date of Delivery ☐ Yes

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3. Service Type

Adult Signature

Adult Signature

Cartified Mail

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted
Delivery

□ Return Receipt for

☐ Signature Confirmation™
☐ Signature Confirmation Merchandise

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ured Mail Restricted Delivery \$500)

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

BU Received by (Printed Name) A. Signature COMPLETE THIS SECTION ON DELIVERY C. Date of Delivery ☐ Agent☐ Addressee

CERTIFIED MAIL® RECEIPT

SENDER: COMPLETE THIS SECTION

Domestic Mail Only

U.S. Postal Service

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☐ Priority Mail Express®
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☐ Return Receipt for Merchandise

☐ Signature Confirmation™☐ Signature Confirmation

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C. Date of Delivery

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O No ☐ Yes 37)Agent

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☐ Priority Mail Express®
☐ Registered Mail™
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☐ Return Receipt for Merchandise

☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

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9590 9403 0517 5173 8261 52 2. Article Number (Transfer from service label) 7021 1970 0001 2135 5200	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. Dee & Dee Inc. 116 South Rolling Acres Cheshire, CT 06410	L&N Associates of Cheshire LLC 35 Sandbank Road #B8 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:
3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail® Certified Mail® Cellect on Delivery Collect on Delivery Collect on Delivery Collect on Delivery Restricted Delivery Collect on De	A. Signature X A. Signature X A. Signature X A. Signature X Agent D. Addressee B. Received by Printed Name) C. Date of Delivery C. Date of Delivery	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Restricted Delivery I Collect on Delivery Restricted Delivery I Collect on Delivery Restricted Delivery Return Receipt for Merchandise Confirmation Restricted Delivery Restricted Delivery Signature Confirmation Restricted Delivery Restricted Delivery Signature Confirmation Restricted Delivery Domestic Return Receipt	A. Signature A. Signature B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Pes If YES, enter delivery address below: No

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Adult Signature Restricted Delivery \$_ Certified Mail Restricted Delivery

Adult Signature Required

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Certified Mail Fee

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

Return Receipt (hardcopy)

Return Receipt (electronic)

Certified Mail Down

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Domestic Mail Only

U.S. Postal Service MECEIPT

For delivery information, visit our website at www.us.com

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Street and Apt. No., City, State, ZIP+4*

116 South Rolling Acres Cheshire, CT 06410

Dee & Dee Inc.

PS Form 3800, Ap

2023 1970 0001 E198 SE00 PS Form 3811, April 2015 PSN 7530-02-000-9053

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

Sent To

P6 Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Article Number (Transfer from service label)

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SENDER: COMPLETE THIS SECTION Print your name and address on the reverse Complete items 1, 2, and 3. Cheshire, CT 06410 175 Sandbank Road The Cheshire Community Food Attach this card to the back of the mailpiece or on the front if space permits. so that we can return the card to you. 9590 9403 0517 5173 8259 71 3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery (over \$500) D. Is delivery address different from item 1? If YES, enter delivery address below: × B. Réceived by (Printed Name) A. Signature COMPLETE THIS SECTION ON DELIVERY ☐ Return Receipt for Merchandise ☐ Priority Mail Express® ☐ Registered Mail[™] ☐ Registered Mail Restricted Delivery

C. Date of Delivery ☐ Agent ☐ Addressee

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Camichello LLC P.O. Box 752 Milldale, CT 06467	D. Ws delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
9590 9403 0517 5173 8261 38	3. Service Type 3. Service Type Cadult Signature Cartified Mail@ Certified Mail Restricted Delivery
2. Article Number (<i>Transfer from service label</i>) 7021 1970 0001 2135 5224	Restricted Delivery

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

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COMPLETE THIS SECTION ON DELIVERY

C. Date of Delivery

□ Addressee

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T000 07PL T507 BWTK-Watertown LLC 59 Lovley Drive Article Number (Transfer from service label) Watertown, CT 06795 ■ Complete items 1, 2, and 3. Article Addressed to: Print your name and address on the reverse or on the front if space permits. Attach this card to the back of the mailpiece, so that we can return the card to you. 9590 9403 0517 5173 8259 88 **2135 5378** 3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery Ö A. Signature B. Received by (Printed Name) Is delivery address different from item 1? If YES, enter delivery address below:

MANAGEMENT								
PS Form 3811, April 2015 PSN 7530-02-000-9053	2. Article Number (<i>Transfer from service label</i>) 7021 1970 0001 2135 5408	9590 9403 0517 5173 8259 57	Marshall Enterprises LLC P.O. Box 416 Cheshire, CT 06410	1. Article Addressed to:	 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. 	Complete items 1, 2, and 3.Print your name and address on the reverse	SENDER: COMPLETE THIS SECTION	The second secon
Domestic Return Receipt	☐ Collect on Delivery Restricted Delivery ☐ Signature Communation In Interpreted Mail Hestricted Delivery Restricted Delivery at \$500)		0.000	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	B. Received by (Printed Name) C. Date of Delivery NAOY1 LASINSKAS 5/16/22	A. Signature X. MSKafuskas Addressee	COMPLETE THIS SECTION ON DELIVERY	

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Adult Signature Restricted Delivery \$

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Adult Signature Required

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Certified Mail Fee

Extra Services & Fees (check box, add

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Domestic Mail Only

U.S. Postal Service™

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

Domestic Return Receipt

☐ Signature Confirmation™
☐ Signature Confirmation
Restricted Delivery ☐ Return Receipt for Merchandise

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted
Delivery

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For delivery information, visit our website at www.usps.com[©]

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City, State, ZIP-14* Cheshire, CT 06410

PS Form 3800, April 2013 13

Street and Apt. No., P.O. Box 416

Marshall Enterprises LLC

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

Article Number (Transfer from service label)

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Mail Restricted Delivery

☐ Signature Confirmation™☐ Signature Confirmation ☐ Return Receipt for Merchandise

Restricted Delivery

Domestic Return Receipt

3. Service Type

Adult Signature

Adult Signature

Cartified Mail®

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted
Delivery

SENDER: COMPLETE THIS SECTION 450 Columbus Boulevard Print your name and address on the reverse Services Michelle Gilman, Commissioner Hartford, CT 06103 Department of Administrative Attach this card to the back of the mailpiece, Complete items 1, 2, and 3. or on the front if space permits. so that we can return the card to you. COMPLETE THIS SECTION ON DELIVERY D. Is delivery address different from item 1? A. Signature Received by (Printed Name) If YES, enter delivery address below: 10 - 181 NOC

C. Date of Delivery ☐ Agent☐ Addressee

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. 	A. Signature W SoS	S □ Agent □ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Deliyery
1. Article Addressed to:	D. Is delivery address different from item 1?	ᄀᄆ
Bryan P. Hurlburt, Commissioner		
Department of Agriculture		
450 Columbus Boulevard, Suite 701 Hartford, CT 06103		
0500 0403 0517 5173 8251 24	3. Service Type 1. Adult Signature 1. Adult Signature Restricted Delivery	☐ Priority Mail Express® ☐ Registered Mail ™ ☐ Registered Mail Restricted
	Collect on Delivery Collect on Delivery Collect on Delivery	☐ Return Receipt for Merchandise ☐ Signature Confirmation™
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation

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

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Insured Mail

☐ Return Receipt for Merchandise ☐ Signature Confirmation[™] ☐ Signature Confirmation

insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

Restricted Delivery

PS Form 3 Print your name and address on the reverse ■ Complete items 1, 2, and 3. so that we can return the card to you.

State Historic Preservation Officer Department of Economic & Community Development 450 Columbus Boulevard, Suite 5 Hartford, CT 06103	ses & Fees (check box, acid fog as appropriate) celpt (hardcopy) selpt (ha	11 Fee 3, 75 Bases
9590 9403 0517 5173 8251 31 2. Article Number (Transfer from service label) 7021 1970 0001 2135 5187	Jonathan Kinney State Historic Preservation Officer Department of Economic & Community Development 450 Columbus Boulevard, Suite 5 Hartford, CT 06103	Attach this card to the back of the mailpiece, or on the front if space permits.
3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Collect on Delivery □ Signature Confirmation™ □ Insured Mail □ Restricted Delivery □ Signature Confirmation Restricted Delivery □ Signature Confirmation Restricted Delivery	n item below	B. Received by (<i>Printed Name</i>) C. Date of Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted
Delivery

SENDER: COMPLETE THIS SECTION

A. Signature

C. Date of Delivery ☐ Agent☐ Addressee COMPLETE THIS SECTION ON DELIVERY

Domestic Return Receipt	PS Form 3811, April 2015 PSN 7530-02-000-9053
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation in Insured Mail Restricted Delivery ☐ Signature Confirmation insured Mail Restricted Delivery Restricted Delivery over \$500)	2. Article Number (Transfer from service label) 7021 1970 0001 2135 5163
Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail® Certified Mail®	9590 9403 0517 5173 8251 48
	2800 Berlin Lurnpike Newington, CT 06131-7546
	P.O. Box 317546
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	Joseph Giulietti, Commissioner
B. Repélived by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailpiece, or on the front if space permits.
X A Signature Agent Addressee	Complete items 1, 2, and 3.Print your name and address on the reverse so that we can return the card to you.
COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION

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Domestic Mail Only

CERTIFIED MAIL® RECEIPT

U.S. Postal Service

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

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Return Receipt (electronic)

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Joseph Giulietti, Commissioner Department of Transportation

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Street and Apt. No., Authority City, State, ZIP+4* Ten Franklin Square PS Form 3800, A, New Britain, CT 06051 Extra Services & Fees (check box, ada Certified Mail Fee Certifled Mail Restricted Delivery Return Receipt (electronic) Adult Signature Restricted Delivery \$ Adult Signature Required Return Receipt (hardcopy) For delivery information, visit our website at www.usps.com®. Domestic Mail Only CERTIFIED MAIL® RECEIPT U.S. Postal Service™ Public Utilities Regulatory Marissa Gillett, Chair 3202 Postmark M ■ Ø 7 2

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PS Form 3811

PS Form 3811, April 2015 PSN 7530-02-000-9053	2. Article Number (<i>Transfer from service label</i>) 7021 1970 0001 2135 5156	9590 9403 0517 5173 8251 55		Hartford, CT 06103	Community Development	Department of Economic and	David Lehman Commission	Attach this card to the back of the mailpiece, or on the front if space permits.	Print your name and address on the reverse so that we can return the card to you.	Complete items 1, 2, and 3.	SENDER: COMPLETE THIS SECTION	TO THE STATE OF TH
Domestic Return Receipt	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery ☐ Ver \$500)	Restricted Delivery sstricted Delivery ery	3 Canife Tine			If YES, enter delivery address below:	m iter	B. Received by (Printed Name) Column Column (C. Date of Delivery)	X	A. Signature	COMPLETE THIS SECTION ON DELIVERY	

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Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you.	A. Signature X (excle) □ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery from the Chance S-17-27
Article Addressed to: Marissa Gillett, Chair	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Public Utilities Regulatory	
Authority	
Ten Franklin Square	
New Batain, CT 06051	
	3. Service Type Priority Mail Express® Priority Mail Express® Adult Signature Priority Mail Priority Mail Adult Signature Priority Mail Priority Mail Adult Signature Priority Mail Priority Mail Priority Mail Express® Priority Mail Priority Mail Express Priority Mail Priority Mail Express Priority Mail Priority M
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Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery Signature Confirmation Insured Mail Poststated Polices Restricted Delivery Restricted Delivery Restricted Delivery
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Mail Restricted Delivery

☐ Signature Confirmation™
☐ Signature Confirmation ☐ Return Receipt for Merchandise

Domestic Return Receipt

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted
Delivery

Council on Environmental Quality Peter B Hearn, Executive Theore

Article Number (Transfer from service label) 79 Elm Street P.O. Box 5066 SET2 TOOO 026T T202 Hartford, CT 06106 Council on Environmental Quality Peter B Hearn, Executive Director Attach this card to the back of the mailpiece, or on the front if space permits. 9590 9403 0517 5173 8251 86 3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery D. Received by (Printed Name) Is delivery address different from item 1? If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

Print your name and address on the reverse

so that we can return the card to you.

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Agent ☐ Addressee

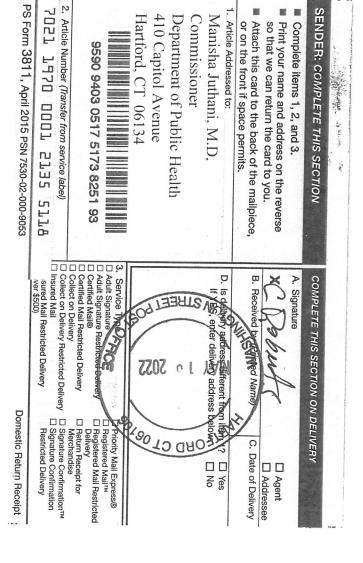
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A. Signature

COMPLETE THIS SECTION ON DELIVERY

■ Complete items 1, 2, and 3.



City, State, ZIP+4

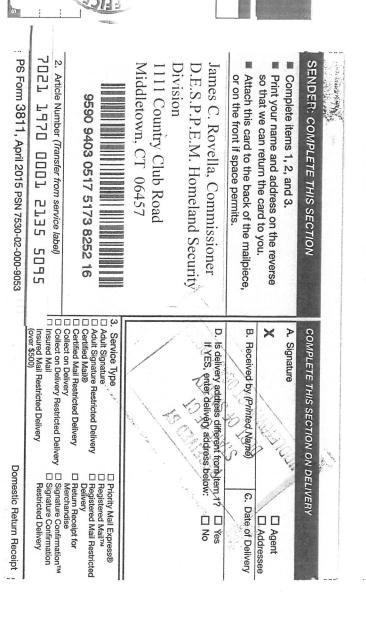
410 Capitol Avenue

Hartford, CT 06134

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THE P PARTY Here Postmark 2. Article Number (Transfer from service label) SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. 79 Elm Street Hartford, CT 06106-5127 Environmental Protection Department of Energy & Katie Dykes, Commissioner Print your name and address on the reverse or on the front if space permits. Attach this card to the back of the mailpiece, so that we can return the card to you. 9590 9403 0517 5173 8252 09 1970 0001 2135 2707 3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery COMPLETE THIS SECTION ON DELIVERY Ö A. Signature B. Received by (Printed Name) Is delivery address different from item 1? \square Yes If YES, enter delivery address below: \square No ured Mail Restricted Delivery er \$500) exidic L ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation ☐ Return Receipt for Merchandise Restricted Delivery C. Date of Delivery ☐ Addressee **A**Agent



PS Form 3800 Middletown, CT 06457

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Received by (Printed Name) しない こ

C. Date of Delivery

Agent Addressee

A. Signature

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

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

3. Service Type

Adult Signature

Adult Signature

Certified Mail®

Certified Mail®

Certified Mail®

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

☐ Priority Mail Express®
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Delivery

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Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt ;

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Print your name and address on the reverse Office of the Attorney General Attach this card to the back of the mailpiece 9590 9403 0517 5173 8252 23 5088 3. Service Type Adult Signature Adult Signature Cardified Mail® Certified Mail® Collect on Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail D. Is delivery address different from item 1? If YES, enter delivery address below: B. Received by (Printed Name) A. Signature COMPLETE THIS SECTION ON DELIVERY Insured Mail Restricted Delivery (over \$500) ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery Domestic Return Receipt ☐ Signature Confirmation[™] ☐ Signature Confirmation ☐ Return Receipt for Merchandise Restricted Delivery C. Date of Delivery ☐ Yes Agent O No ☐ Addressee

Waterbury, CT 06702	Sent To Governments (NVCOG) Sincert and Apt. A 40 I eavenworth Street 2 E1	(electronic) (electronic) S Postmark Postm	CEIPT te at www.usps.com®.		ostage ostage
2. Article Number (Transfer from service label)	9590 9403 0517 5173 825	Naugatuck Valley Council of Governments (NVCOG) 49 Leavenworth Street, 3rd Waterbary, CT 06702	 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the ma or on the front if space permits. 	2. Article Number (Transfer from service labe 7021 1970 0001 2135 PS Form 3811, April 2015 PSN 7530-02-	300 Capitol Avenue, Room 4 Hartford, CT 06106

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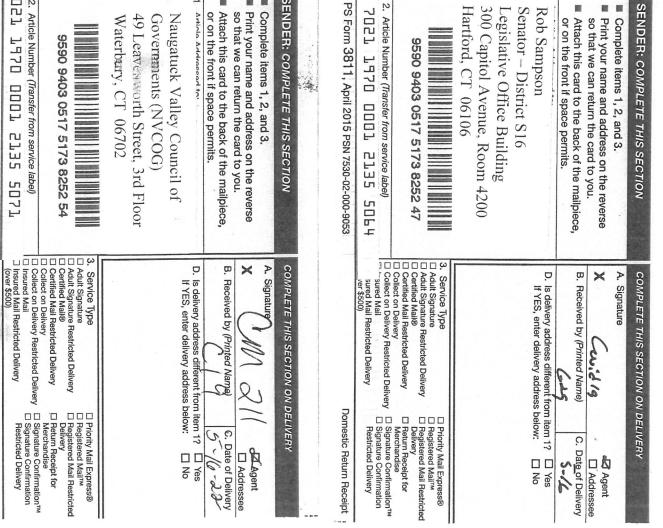
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☐ Signature Confirmation™
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TL05 SET2 TD00



Street and Apt. No Commission Cheshire Planning & Zoning ■ Complete items 1, 2, and 3. Print your name and address on the reverse

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SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

C. Date of Delivery

☐ Agent ☐ Addressee

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Extra Services & FeeS (check box, add 169 as app op For delivery information, visit our website at www.usps.com® City, State, Zip+4:84 South Main Street PS Form 3800, A Cheshire, CT 06410 CERTIFIED MAIL® RECEIPT PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Print your name and address on the reverse ■ Complete items 1, 2, and 3. 7021 1970 0001 2135 5040 Earl Kurtz, Chairman Article Number (Transfer from service label) Earl Kurtz III, Chairperson Attach this card to the back of the mailpiece, Cheshire, CT 06410 84 South Main Street Cheshire Planning & Zoning Article Addressed to: Commission Attach this card to the back of the mailpiece, or on the front if space permits. so that we can return the card to you. so that we can return the card to you. or on the front if space permits. 9590 9403 0517 5173 8252 61 3. Service Type Adult Signature Adult Signature Certified Mail® Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail B. Received by (Printed Name) D. Is delivery address different from item 1? If YES, enter delivery address below: B. Received by (Printed Name) nsured Mail Restricted Delivery over \$500) ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery Domestic Return Receipt ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery ☐ Return Receipt for Merchandise

2. Article Number (Transfer from service label) 84 South Main Street Cheshire, CT 06410 Cheshire Inland Wetlands & Watercourses Commission 9590 9403 0517 5173 8252 78 T000 025T 5572 5033 3. Service Type

Adult Signature
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Insured Mail D. Is delivery address different from item 1?
If YES, enter delivery address below: COMPLETE THIS SECTION ON DELIVERY nsured Mail Restricted Delivery (over \$500) ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted
Delivery ☐ Signature Confirmation[™]
☐ Signature Confirmation ☐ Return Receipt for Merchandise Restricted Delivery C. Date of Delivery □ Nes Addressee ☐ Agent

Street and Apt. Watercourses Commission

Cheshire Inland Wetlands &

Sent To

Earl Kurtz, Chairman

Postage

Certified Mail Restricted Delivery Adult Signature Restricted Delivery Adult Signature Required Return Receipt (electronic) Certified Mail Fee

Domestic Mail Only

U.S. Postal Service™

City, State, Zif 84 South Main Street

PS Form 3800

Cheshire, CT 06410

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ENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

Signature

- 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.
- Addison Addropped to.

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Is delivery address different from item 1? If YES, enter delivery address below:

□ Yes

B. Received by (Printed Name)

C. Date of Delivery

/□ Agent

Addressee

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



3. Service Type	□ Priority N
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- Attach this card to the back of the mailpiece or on the front if space permits.
- 1 Article Addressed to

30

50 Bridgets Lane Cheshire, CT 06410 Ronald B. Sbordone



Article Number (Transfer from service label)

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Street and Api

City, State, Zij

Cheshire, CT 06410 50 Bridgets Lane Ronald B. Sbordone

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Total Postage

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

> Here Postmark

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Certified Mail Fee

Extra Services & Fees Check box, add feers appropriate

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> 3. Service Type
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> Collect on Delivery Restricted Delivery D. Is delivery address different from item 1?
> If YES, enter delivery address below: B. Received by (Printed Name) A. Signature COMPLETE THIS SECTION ON DELIVERY ☐ Priority Mail Express®
> ☐ Registered Mail™
> ☐ Registered Mail Restricted
> Delivery 9 Date of Delivery ☐ Agent☐ Addressee □ Yes

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Domestic Return Receipt

☐ Signature Confirmation[™]
☐ Signature Confirmation
Restricted Delivery ☐ Return Receipt for Merchandise

Insured Mail Restricted Delivery (over \$500)