



LETTER OF TRANSMITTAL

DATE: 7-5-22	JOB NO. 2021-040
ATTN: Melanie Bachman, Esq.	
RE:	
Connecticut Greenbank Solar Projects	
Petitions 1516 Enfield & Willard	

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 1516 Interrogatory Response
16	6-27-22		Final Determination by State Historic Preservation Office (SHPO)
1			Petition 1516 – 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

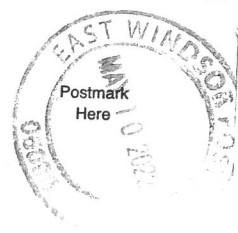
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

7020 3160 0000 1815 7791

Certified Mail Fee	\$ 3.75
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 3.05
<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	\$.53
Total Postage and Fees	\$ 7.33



Sent to State of CT
Street and Apt. No., or P.O. Box No. 264 Biltun Road
City, State, ZIP+4® Somers, CT 06071

**U.S. Postal Service™
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OFFICIAL RECEIPT

Certified Mail Fee **3.75**

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **3.08**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ **.53**

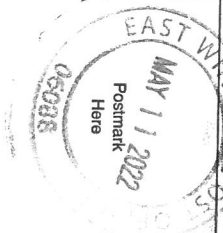
Total Pr \$ **7.33**

Sent To **Michael Disibio**

Street **11 Sugar Bush Lane**

City, St **Tolland, CT 06084**

PS Form 3811, July 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:

**Michael Disibio
11 Sugar Bush Lane
Tolland, CT 06084
9590 9402 3019 7124 5894 94**

2. Article Number (Transfer from service label)
7020 1290 0001 0989 9551

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **[Signature]** Agent
 B. Received by (Printed Name) **Michael Disibio** Addressee
 C. Date of Delivery **5/20/22**

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

3. Service Type **7020 02 YWM**

<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, Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Insured Mail (over \$500)	<input type="checkbox"/> Signature Restricted Delivery

Domestic Return Receipt

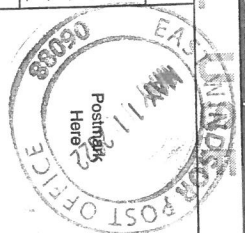
7020 1290 0001 0989 9551

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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 F \$ 7.33

Sent To _____

Street: _____

City, S _____

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

Stephen J. & Donna M. Lewkowicz
18 Bridle Path Drive
Somers, CT 06071

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:

Stephen J. & Donna M. Lewkowicz
18 Bridle Path Drive
Somers, CT 06071



9590 9402 3019 7124 5894 70

2. Article Number (Transfer from service label)
7020 1290 0001 0989 9544

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

COMPLETE THIS SECTION ON DELIVERY

A. 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 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 9544

U.S. Postal Service
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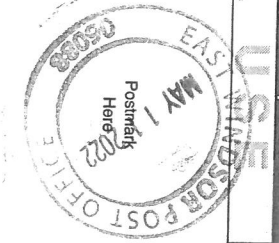
OFFICIAL USE

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 \$ _____

Postage \$ 53

Total Post \$ 7.33



Sent To: John & Lynn Papale
22 Bridle Path Drive
Somers, CT 06071

City, State, PS Form

U.S. Postal Service™
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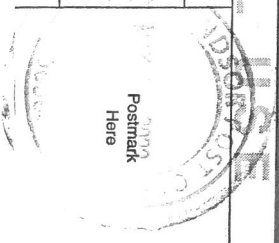
OFFICIAL USE

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 \$ _____

Postage \$ 53

Total P \$ 7.33



Sent To: Lise B. Waldman
58 Bridle Path Drive
Somers, CT 06071

City, State, PS Form

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 & Lynn Papale
22 Bridle Path Drive
Somers, CT 06071

9590 9402 3019 7124 5894 63

7020 1290 0001 0989 9506

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Received by (Printed Name) Lise B. Waldman Addressee
 C. Date of Delivery 5/1/15

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
 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:

Lise B. Waldman
58 Bridle Path Drive
Somers, CT 06071

9590 9402 3019 7124 5894 32

7020 1290 0001 0989 9506

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Received by (Printed Name) Lise B. Waldman Addressee
 C. Date of Delivery 5/1/15

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
 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 fee as appropriate)

Return Receipt (hardcopy) \$ 3.05

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

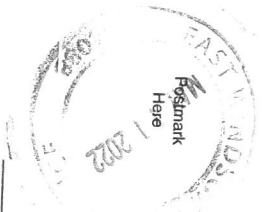
Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total P. \$ 7.33

Sent To: Joshua & Elizabeth N. Eldridge
 14 Bridle Path Drive
 Somers, CT 06071



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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 \$ _____

Postage \$ 53

Total P. \$ 7.33

Sent To: Kenneth R. & Anicia B. Young
 163 Bilton Road
 Somers, CT 06071



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:
 Joshua & Elizabeth N. Eldridge
 14 Bridle Path Drive
 Somers, CT 06071



2. Article Number (Transfer from service label)
 120 1290 0001 0989 9537

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Elizabeth N. Eldridge

C. Date of Delivery 5/15/12

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 (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:
 Kenneth R. & Anicia B. Young
 163 Bilton Road
 Somers, CT 06071



2. Article Number (Transfer from service label)
 7020 1290 0001 0989 9575

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Kenneth R. Young

C. Date of Delivery 5/15/12

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 (over \$500)

Domestic Return Receipt

7020 1290 0001 0989 9575

7020 1290 0001 0989 9537

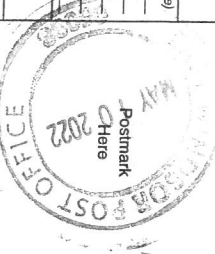
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OFFICIAL USE

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 \$ 1.53

Total Postage and Fees \$ 1.53

Sent To Bill Cole, Enfield Conservation Commission
 Street and Apt. No., or PO Box No. 820 Enfield Street
 City, State, ZIP+4® Enfield, CT 06082

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:

Bill Cole, Chairman
Enfield Conservation Commission
820 Enfield Street
Enfield, CT 06082



9590 9402 3019 7124 5899 82

2. Article Number (Transfer from service label)

7020 3160 0000 1815 7814

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 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:

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



9590 9402 3019 7124 5898 07

2. Article Number (Transfer from service label)

7014 2120 0000 8874 1214

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

COMPLETE THIS SECTION ON DELIVERY

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

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

U.S. Postal Service™
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 Domestic Mail Only

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

OFFICIAL USE

Postage \$ 1.53

- Return Receipt Fee (Endorsement Required) 3.05
- Restricted Delivery Fee (Endorsement Required) _____

Total Postage & Fees \$ 1.53



Sent To David Lehman
 Street & Apt. No., or PO Box No. 450 Columbus Boulevard
 City, State, ZIP+4® Hartford, CT 06103

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:

Bill Cole, Chairman
Enfield Conservation Commission
820 Enfield Street
Enfield, CT 06082



9590 9402 3019 7124 5899 82

2. Article Number (Transfer from service label)

7020 3160 0000 1815 7814

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 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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Domestic Mail Only

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

OFFICIAL USE

Postage	\$ 53
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. John Kissel, 300 Capitol Avenue, Room
City, State, ZIP+4 Hartford, CT 06106-1591

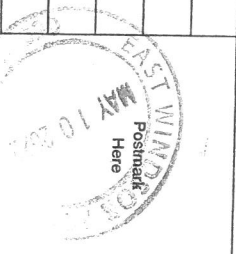
PS Form 3800, July 2014 See Reverse for Instructions

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

OFFICIAL USE

Postage	\$ 53
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. Peter B Hearn, 79 Elm St., P.O. Box 5066
City, State, ZIP+4 Hartford, CT 06106

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 Kissel
Senator – 7th District
Legislative Office Building
300 Capitol Avenue, Room
Hartford, CT 06106-1591



9590 9402 3019 7124 5898 83

2. Article Number (Transfer from service label) 7014 2120 0000 8874 1139

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature John Kissel Agent Addressee
- B. Received by (Printed Name) John Kissel C. Date of Delivery 5-12
- 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
 - 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:
Peter B Hearn, Executive Director
Council on Environmental Quality
79 Elm Street P.O. Box 5066
Hartford, CT 06106



9590 9402 3019 7124 5898 52

2. Article Number (Transfer from service label) 2120 0000 8874 1184

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Peter B Hearn Agent Addressee
- B. Received by (Printed Name) Peter B Hearn C. Date of Delivery 5-12
- 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
 - 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®

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 \$ 1.53

Total Postage and Fees \$ 7.33

Sent To Jonathan Kinney
 Street and Apt. No. or PO Box No. 450 Columbus Blvd. Suite 5
 City, State ZIP+4® Hartford, CT 06103

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

7020 3160 0000 1815 7708

**U.S. Postal Service™
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OFFICIAL USE



Certified Mail Fee \$ 2.95

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 \$ 1.53

Total Postage and Fees \$ 7.33

Sent To Bryan P Hurlburt
 Street and Apt. No. or PO Box No. 450 Columbus Blvd. Suite 701
 City, State ZIP+4® Hartford, CT 06103

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

7020 3160 0000 1815 7715

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



9590 9402 3019 7124 5897 84

2 Article Number (Transfer from service label)
 7020 3160 0000 1815 7708

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature JK Agent Addressee
- B. Received by (Printed Name) JK C. Date of Delivery 5/12
- 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 Signature Confirmation Restricted Delivery
 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:
 Bryan P. Hurlburt, Commissioner
 Department of Agriculture
 450 Columbus Boulevard, Suite 701
 Hartford, CT 06103



9590 9402 3019 7124 5898 21

2. Article Number (Transfer from service label)
 7020 3160 0000 1815 7715

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature JK Agent Addressee
- B. Received by (Printed Name) JK C. Date of Delivery 5/12
- 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 Signature Confirmation Restricted Delivery
 Insured Mail Restricted Delivery

Domestic Return Receipt

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

OFFICIAL USE

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

Certified Mail Fee \$ 3.05

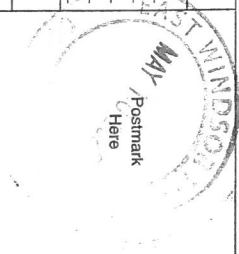
- Extra Services & Fees (check box, add fees as appropriate)
- Return Receipt (hardcopy) \$ 3.05
 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____

Postage \$ 1.53

Total Postage and Fees \$ 7.33

Sent To Michelle Gilman
 Street and Apt. No. or PO Box No. 450 Columbus Boulevard
 City, State, ZIP+4® Hartford, CT 06103

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



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

OFFICIAL USE

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

Certified Mail Fee \$ 3.05

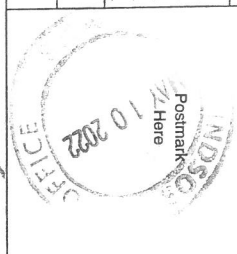
- Extra Services & Fees (check box, add fees as appropriate)
- Return Receipt (hardcopy) \$ 3.05
 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____

Postage \$ 1.53

Total Postage and Fees \$ 7.33

Sent To Carol Hall
 Street and Apt. No. or PO Box No. 300 Capitol Avenue, Room 4200
 City, State, ZIP+4® Hartford, CT 06106

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:

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



9590 9402 3019 7124 5898 38

2. Article Number (Transfer from service label)

7020 3160 0000 1815 7722

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

COMPLETE THIS SECTION ON DELIVERY

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

Carol Hall
Representative – 59th District
Legislative Office Building
300 Capitol Avenue, Room 4200
Hartford, CT 06106



9590 9402 3019 7124 5899 06

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9155

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Carols Agent
- B. Received by (Printed Name) Carols Addressee
- C. Date of Delivery 5-12
- 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
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

7020 1290 0001 0989 9155

7020 3160 0000 1815 7722

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

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



Sent to: *The Honorable William Tong*
Street & Apt. No., or PO Box No. *165 Capitol Avenue*
City, State, ZIP+4 *Hartford, CT 06106*

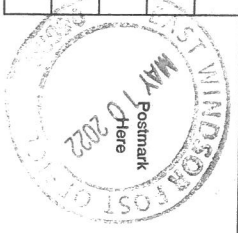
PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0000 8874 1177

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

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

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



Sent to: *Manisha Juhani M.D.*
Street & Apt. No., or PO Box No. *410 Capitol Avenue*
City, State, ZIP+4 *Hartford, CT 06134*

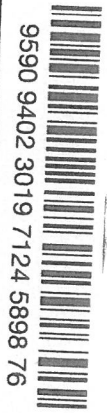
PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0000 8874 1177

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 5898 76

2. Article Number (Transfer from service label)
7014 2120 0000 8874 1177

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *David R. Coag* B. Agent
B. Received by (Printed Name) C. Date of Delivery *5-11*

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



9590 9402 3019 7124 5898 69

2. Article Number (Transfer from service label)
7014 2120 0000 8874 1177

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Manisha Juhani* B. Agent
B. Received by (Printed Name) C. Date of Delivery *5-11-02*

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 1177

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

OFFICIAL USE

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

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
Katie Dykes DEEP
Street & Apt. No.
or PO Box No.
99 Elm Street
City, State, ZIP+4
Hartford, CT 06106-5127

PS Form 3800, July 2014

See Reverse for Instructions

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

OFFICIAL USE

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

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



Sent to
Western Mass Electric Company
Street and Apt. No. or PO Box No.
P.O. Box 270
City, State, ZIP+4
Hartford CT 06141

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



9590 9402 3019 7124 5898 90

2. Article Number (Transfer from service label)
7014 2120 0000 8874 1160

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Court 19 Addressee
- C. Date of Delivery 5-11
- 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:
Western Mass Electric Company
P.O. Box 270
Hartford, CT 06141



9590 9402 3019 7124 5899 99

2. Article Number (Transfer from service label)
7020 3160 0000 1815 7784

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) [Signature] Addressee
- C. Date of Delivery MAY 11 2022
- 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 3160 0000 1815 7784

7014 2120 0000 8874 1160

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

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

OFFICIAL USE

Certified Mail Fee \$ 9.75

- 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
Street and Apt. No. or PO Box No. 1430 Capital Avenue
City, State, ZIP+4® Hartford CT 06106-5310

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

OFFICIAL USE

Certified Fee \$ 3.75

Postage \$ 53

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. 1430 Capital Avenue
City, State, ZIP+4® Hartford, CT 06106

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:
Capitol Region Council of Governments (CRCOG)
241 Main Street
Hartford, CT 06106-5310



9590 9402 3019 7124 5899 20

2. Article Number (Transfer from service label)
7020 3160 0000 1815 7852

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature awb-19 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

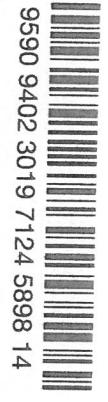
3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery (insured Mail restricted Delivery over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered 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:
Jeffrey R. Beckham, Acting Secretary
Office of Policy and Management
450 Capitol Avenue
Hartford, CT 06106



9590 9402 3019 7124 5898 14

2. Article Number (Transfer from service label)
7014 2120 0000 8874 1207

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] Agent
- B. Received by (Printed Name) Adriana Ruiz Addressee
- C. Date of Delivery 5-11-12
- 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 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

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

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

OFFICIAL USE

Certified Mail Fee

\$ 3.75

Extra Services & Fees (check box, add fee per applicable rate)

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

Postage

\$ 53

Total Post

\$ 7.33

Sent To

Filipe & Kari Helder Nunes

Street and

96 White Oak Road

City, State

Somers, CT 06071

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



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

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

OFFICIAL USE

Certified Mail Fee

\$ 2.75

Extra Services & Fees (check box, add fee per applicable rate)

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

Postage

\$ 53

Total Po

\$ 7.33

Sent To

Paul J. Oliver

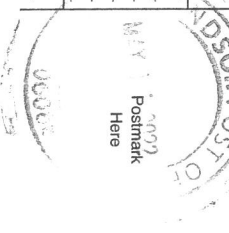
Street and

455 Hall Hill Road

City, State

Somers, CT 06071

PS Form 3811, July 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:

Filipe & Kari Helder Nunes
 96 White Oak Road
 Somers, CT 06071

9590 9402 3019 7124 5895 00

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9568

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

COMPLETE THIS SECTION ON DELIVERY

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

Paul J. Oliver
 455 Hall Hill Road
 Somers, CT 06071

9590 9402 3019 7124 5894 25

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9490

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- 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
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail (over \$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

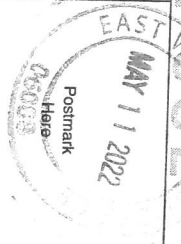
OFFICIAL RECEIPT

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 \$ 7.33



Sent 1 Salvatore Camerota, et al
 Street 272 George Wood Road
 City, State Somers, CT 06071

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

7020 1290 0001 0989 9391

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

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

OFFICIAL RECEIPT

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 \$ 7.33



Sent Dawn M. & Marc K. Whalen
 Street 46 Bridle Path Drive
 City Somers, CT 06071

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

7020 1290 0001 0989 9520

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:
 Salvatore Camerota, et al
 272 George Wood Road
 Somers, CT 06071



2. Article Number (Transfer from service label)
 7020 1290 0001 0989 9391

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

COMPLETE THIS SECTION ON DELIVERY

A. 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 (over \$500)
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation 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:
 Dawn M. & Marc K. Whalen
 46 Bridle Path Drive
 Somers, CT 06071



2. Article Number (Transfer from service label)
 7020 1290 0001 0989 9520

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

COMPLETE THIS SECTION ON DELIVERY

A. 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 (over \$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®

OFFICIAL REGISTERED MAIL

Certified Mail Fee \$ 3.75

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

Return Receipt (hardcopy) \$ 3.05

Return Receipt (electronic) \$ _____

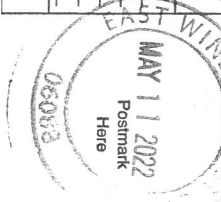
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 7.33

Total \$ 14.13



Sent to: Alan & Bonnie Wexelman
38 Bridle Path Drive
Somers, CT 06071

City: _____

PS Form 3800, April 2015 PSN 7530-02-000-9047

PLACE STICKER AT TOP, LEFT OR TO THE RIGHT

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:

Alan & Bonnie Wexelman
 38 Bridle Path Drive
 Somers, CT 06071



2. Article Number (Transfer from service label)

7020 1290 0001 0989 9513

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) Alan Wexelman Addressee

C. Date of Delivery 5/10/22

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 Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Signature Confirmation Restricted Delivery (\$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:

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



2. Article Number (Transfer from service label)

7020 3160 0000 1815 7692

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) Joseph Gulietti 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™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery (\$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®

OFFICIAL REGISTERED MAIL

Certified Mail Fee \$ 3.05

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

Return Receipt (hardcopy) \$ 3.05

Return Receipt (electronic) \$ _____

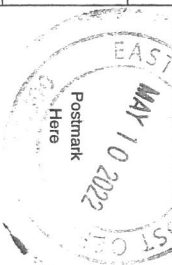
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 1.53

Total Postage and Fees \$ 7.33



Sent to: Joseph Gulietti
P.O. Box 317546
2800 Berlin Turnpike
Newington, CT 06131-7546

City: _____

PS Form 3800, April 2015 PSN 7530-02-000-9047

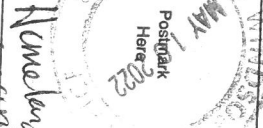
PS Form 3811, July 2015 PSN 7530-02-000-9053

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at 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 *James C. Rovella*
Street & Apt. No. *1111 Country Club Road*
or PO Box No. *Middletown, CT 06457*
City, State, ZIP+4

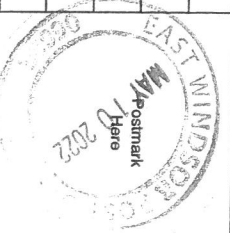
PS Form 3800, July 2014 See Reverse for Instructions

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com

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 *Marissa Gillett*
Street & Apt. No. *Ten Franklin Square*
or PO Box No. *New Britain, CT 06051*
City, State, ZIP+4

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.

Article Addressed to:
James C. Rovella, Commissioner
D.E.S.P.E.M. Homeland Security
Division
1111 Country Club Road
Middletown, CT 06457



2. Article Number (Transfer from service label)
7014 2120 0000 8874 1153

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

COMPLETE THIS SECTION ON DELIVERY

Signature of Agent
STATE OF CT
Signature of Agent
Date of Delivery
MIDDLETOWN CT 06457 0000
8/2/12

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

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

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.

Article Addressed to:
Marissa Gillett, Chair
Public Utilities Regulatory
Authority
Ten Franklin Square
New Britain, CT 06051



2. Article Number (Transfer from service label)
7014 2120 0000 8874 1191

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

COMPLETE THIS SECTION ON DELIVERY

Signature of Agent
STATE OF CT
Signature of Agent
Date of Delivery
MIDDLETOWN CT 06457 0000
8/2/12

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

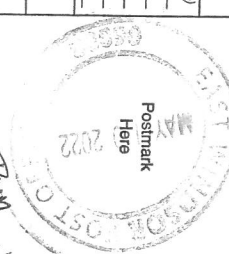
3. Service Type

- 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

U.S. POSTAL SERVICE
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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 \$.53
 Total Postage and Fees \$ 7.33

Sent to Michael Kane, East Longmeadow
 Street and Apt. No., or PO Box No. 60 Center Square
 City, State, ZIP+4® East Longmeadow MA 01028
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
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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 \$.53
 Total Postage and Fees \$ 7.33

Sent to Tim Keeney
 Street and Apt. No., or PO Box No. 600 Main Street
 City, State, ZIP+4® Somers CT 06071
 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:
 Michael Kane, President
 East Longmeadow Town Council
 60 Center Square
 East Longmeadow, MA 01028



2. Article Number (Transfer from service label)
 7020 1290 0001 0990 0004
 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) _____ 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)
 Insured Mail 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:
 Tim Keeney, First Selectman
 Town of Somers
 600 Main Street
 Somers, CT 06071



2. Article Number (Transfer from service label)
 7020 3160 0000 1815 7845
 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) _____ 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)
 Insured Mail Restricted Delivery

7020 3160 0000 1815 7845

7020 1290 0001 0990 0004

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OFFICIAL USE

Certified Mail Fee **3.95**

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 \$ **1.53**

Total Postage and Fees \$ **7.33**

Sent to **Luis Fiore**
 Street and Apt. No. of PO Box No. **Enfield Street**
 City, State, ZIP+4® **Enfield, CT 06082**



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

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Certified Mail Fee **3.95**

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 \$ **1.53**

Total Postage and Fees \$ **7.33**

Sent to **Donna Corbin-Sobinski**
 Street and Apt. No. of PO Box No. **Enfield Inland**
 City, State, ZIP+4® **Enfield, CT 06082**

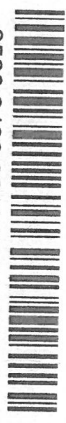


PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:
Lewis Fiore, Chairman
Enfield Planning & Zoning
Commission
820 Enfield Street
Enfield, CT 06082



9590 9402 3019 7124 5899 51

2. Article Number (Transfer from service label)
7020 3160 0000 1815 7821

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 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:
Donna Corbin-Sobinski, Chairman
Enfield Inland Wелands and
Watercourses Agency
820 Enfield Street
Enfield, CT 06082



9590 9402 3019 7124 5899 37

2. Article Number (Transfer from service label)
7020 3160 0000 1815 7838

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 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

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE



Certified Mail Fee \$ 3.05

Extra Services & Fees (check box, add fee if applicable)
 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 \$ 56.05

Sent by Robert Cressotti Thunktville
 Street and Apt. No. or PO Box No. 820 Enfield Street
 City, State, ZIP+4® Enfield, CT 06082

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:

Robert Cressotti, Mayor
 Town of Enfield
 820 Enfield Street
 Enfield, CT 06082



9590 9402 3019 7124 5899 75

2. Article Number (Transfer from service label) 7020 3160 0000 1815 7807

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
- | | |
|--|---|
| <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 | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt