

7022 0410 0001 1777 9726

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Beth Shortell Lynch - Town Clerk
 Street and Apt. No., or PO Box No.
 253 MAIN ST
 City, State, ZIP+4®
 ANSONIA CT 06401

Postmark Here
 OCT 10 2023
 EAST HARTFORD, CT 06108

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

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 JAN SILVA - City Records
 Street and Apt. No., or PO Box No.
 253 MAIN ST
 City, State, ZIP+4®
 ANSONIA CT 06401

Postmark Here
 OCT 10 2023
 EAST HARTFORD, CT 06108

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

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Ronda Porrini - Land use
 Street and Apt. No., or PO Box No.
 253 MAIN ST
 City, State, ZIP+4®
 ANSONIA CT 06401

Postmark Here
 OCT 10 2023
 EAST HARTFORD, CT 06108

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

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Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 DARRICK LUNDEEN - Fireman
 Street and Apt. No., or PO Box No.
 PO BOX 421
 City, State, ZIP+4®
 ANSONIA CT 06401

Postmark Here
 OCT 10 2023
 EAST HARTFORD, CT 06108

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

7022 0410 0001 1777 9534

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OFFICIAL USE

Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 ANSONIA COPPER + BRASS
 Street and Apt. No., or PO Box No.
 7 Pine Hedge RD
 City, State, ZIP+4®
 BRANT LAKE NY 12815

Postmark Here
 OCT 10 2023
 EAST HARTFORD, CT 06108

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

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Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 DAVID BLACKWELL - Zoning
 Street and Apt. No., or PO Box No.
 253 MAIN ST
 City, State, ZIP+4®
 ANSONIA CT 06401

Postmark Here
 OCT 10 2023
 EAST HARTFORD, CT 06108

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

7022 0410 0001 1777 9664

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Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Bobbi TAR - Aldermen
 Street and Apt. No., or PO Box No.
 253 MAIN ST
 City, State, ZIP+4®
 ANSONIA CT 06401

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



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Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Joseph CASSETTI - Aldermen
 Street and Apt. No., or PO Box No.
 253 MAIN ST
 City, State, ZIP+4®
 ANSONIA CT 06401

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



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Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 GARY FARRAR JR - Aldermen
 Street and Apt. No., or PO Box No.
 253 MAIN ST
 City, State, ZIP+4®
 ANSONIA CT 06401

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



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Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Steven Namowski - Aldermen
 Street and Apt. No., or PO Box No.
 253 MAIN ST
 City, State, ZIP+4®
 ANSONIA CT 06401

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



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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 David Graybosch - Town Assessor
 Street and Apt. No., or PO Box No.
 253 MAIN ST
 City, State, ZIP+4®
 ANSONIA CT 06401

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



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Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Daniel King - Aldermen
 Street and Apt. No., or PO Box No.
 253 MAIN ST
 City, State, ZIP+4®
 ANSONIA CT 06401

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



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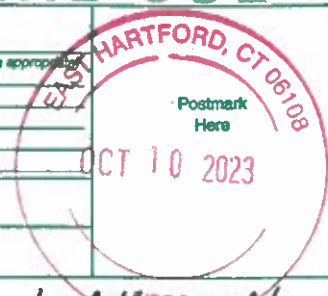
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery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

Sent To: Josh Shuard - Aldermen
 Street and Apt. No., or PO Box No. 253 MAIN ST
 City, State, ZIP+4® ANSONIA CT 06401

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



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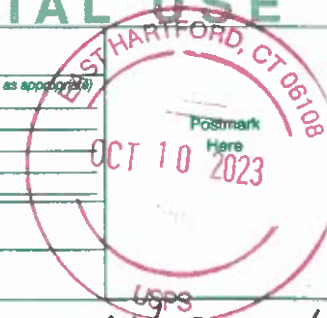
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OFFICIAL USE

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

Sent To: Tony Mammone - Aldermen
 Street and Apt. No., or PO Box No. 253 MAIN ST
 City, State, ZIP+4® ANSONIA CT 06401

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



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

Sent To: Joseph Jaymann - Aldermen
 Street and Apt. No., or PO Box No. 253 MAIN ST
 City, State, ZIP+4® ANSONIA CT 06401

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



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

Sent To: Chicago Rivers - Aldermen
 Street and Apt. No., or PO Box No. 253 MAIN ST
 City, State, ZIP+4® ANSONIA CT 06401

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



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

Sent To: Joe Jeanette Jr - Aldermen
 Street and Apt. No., or PO Box No. 253 MAIN ST
 City, State, ZIP+4® ANSONIA CT 06401

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



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OFFICIAL USE

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

Sent To: Nate Hardy - Aldermen
 Street and Apt. No., or PO Box No. 253 MAIN ST
 City, State, ZIP+4® ANSONIA CT 06401

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



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Certified Mail Fee
 \$ _____

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Chris Murphy
 Street and Apt. No., or PO Box No.
 303 Hart Senate office Bldg
 City, State, ZIP+4®
 Washington DC 20510

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

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Certified Mail Fee
 \$ _____

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Sheila O'malley - Economic Developer
 Street and Apt. No., or PO Box No.
 253 MAIN ST
 City, State, ZIP+4®
 Ansonia CT 06401

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

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Tony Levinsky - Aldermen
 Street and Apt. No., or PO Box No.
 253 MAIN ST
 City, State, ZIP+4®
 Ansonia CT 06401

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Certified Mail Fee
 \$ _____

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Kara Rochelle - CT state Rep
 Street and Apt. No., or PO Box No.
 Legislative office Bldg - Rm 404
 City, State, ZIP+4®
 Hartford CT 06106

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

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Certified Mail Fee
 \$ _____

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Richard Blumenthal
 Street and Apt. No., or PO Box No.
 655 Dirksen senate office Bld
 City, State, ZIP+4®
 Washington DC 20510

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

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Mario Durante - Aldermen
 Street and Apt. No., or PO Box No.
 253 MAIN ST
 City, State, ZIP+4®
 Ansonia CT 06401

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 SEAN SCANLON
 Street and Apt. No., or PO Box No.
 165 CAPITAL AVE
 City, State, ZIP+4®
 HARTFORD CT 06106

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

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Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 DAVID CASH
 Street and Apt. No., or PO Box No.
 1 Ashburton Place
 City, State, ZIP+4®
 Boston MA 02108

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

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Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Stephanie THOMAS
 Street and Apt. No., or PO Box No.
 PO Box 150470 165 Capital Ave suite
 City, State, ZIP+4®
 Hartford CT 06115

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

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Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Katie Dykes
 Street and Apt. No., or PO Box No.
 79 Elm ST
 City, State, ZIP+4®
 Hartford CT 06106

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

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OFFICIAL USE

Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Jorge CABRERA
 Street and Apt. No., or PO Box No.
 Legislative Office Bldg - Rm 2500
 City, State, ZIP+4®
 Hartford CT 06106

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

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OFFICIAL USE

Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Rosa DeLauro
 Street and Apt. No., or PO Box No.
 2413 ROXBURN House office Bldg
 City, State, ZIP+4®
 Washington DC 20515

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

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 Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 West main LLC + Seale sk/mom
 Street and Apt. No., or PO Box No.
 1 W MAIN ST
 City, State, ZIP+4®
 ANSONIA CT 06401

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

Postmark: EAST HARTFORD, CT 06108, OCT 10 2023, USPS

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OFFICIAL USE

Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 KBR Enterprises LLC
 Street and Apt. No., or PO Box No.
 46 SKOKORAT ST
 City, State, ZIP+4®
 Seymour CT 06483

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

Postmark: EAST HARTFORD, CT 06108, OCT 10 2023, USPS

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 William Tang
 Street and Apt. No., or PO Box No.
 16.5 CAPITAL AVE
 City, State, ZIP+4®
 Hartford CT 06106

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

Postmark: EAST HARTFORD, CT, OCT 10 2023, USPS

7022 0410 0001 1777 9626

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OFFICIAL USE

Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 David Cassetti Mayor
 Street and Apt. No., or PO Box No.
 253 MAIN ST
 City, State, ZIP+4®
 Ansonia CT 06401

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

Postmark: EAST HARTFORD, OCT 10 2023, USPS

7022 0410 0001 1777 9916

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Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

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

Postmark: EAST HARTFORD, CT 06108, OCT 10 2023, USPS

7022 0410 0001 1777 9503

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OFFICIAL USE

Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Jeffrey Beckham
 Street and Apt. No., or PO Box No.
 450 CAPITAL AVE
 City, State, ZIP+4®
 Hartford CT 06106

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

Postmark: EAST HARTFORD, CT 06108, OCT 10 2023, USPS

7022 0410 0001 1777 9596

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	<i>City of Ansonia</i>
Street and Apt. No., or PO Box No.	<i>7 N DIVISION ST</i>
City, State, ZIP+4®	<i>Ansonia CT 06401</i>

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



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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	<i>Church Property Joint Venture Trust</i>
Street and Apt. No., or PO Box No.	<i>10 State ST</i>
City, State, ZIP+4®	<i>Ansonia CT 06401</i>

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



7022 0410 0001 1777 9565

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	<i>West MAIN LLC + Searle Selman</i>
Street and Apt. No., or PO Box No.	<i>35 MAIN ST</i>
City, State, ZIP+4®	<i>Ansonia CT 06401</i>

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



7022 0410 0001 1777 9602

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	<i>City of Ansonia</i>
Street and Apt. No., or PO Box No.	<i>5 State ST</i>
City, State, ZIP+4®	<i>Ansonia CT 06401</i>

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



7022 0410 0001 1777 9589

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	<i>Church of Assumption</i>
Street and Apt. No., or PO Box No.	<i>81 N cliff ST</i>
City, State, ZIP+4®	<i>Ansonia CT 06401</i>

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



7022 0410 0001 1777 9572

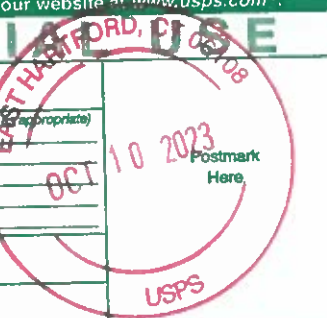
U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	<i>City of Ansonia</i>
Street and Apt. No., or PO Box No.	<i>253 MAIN ST</i>
City, State, ZIP+4®	<i>Ansonia CT 06401</i>

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



Attachment 14-1

7022 0410 0001 1777 8179

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OFFICIAL USE

Certified Mail Fee \$

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Sent To *Jimmy Little - Ansonia Wetlands Comm*
 Street and Apt. No., or PO Box No. *253 MAIN ST*
 City, State, ZIP+4® *ANSONIA CT 06401*

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

7022 0410 0001 1777 8155

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

OFFICIAL USE

Certified Mail Fee \$

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Sent To *Edward Jones - Ansonia Wetlands Comm*
 Street and Apt. No., or PO Box No. *253 MAIN ST*
 City, State, ZIP+4® *ANSONIA CT 06401*

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

7022 0410 0001 1777 8186

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Sent To *Jeff Gould - Ansonia Wetlands Comm*
 Street and Apt. No., or PO Box No. *253 MAIN ST*
 City, State, ZIP+4® *ANSONIA CT 06401*

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

7022 0410 0001 1777 8162

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OFFICIAL USE

Certified Mail Fee \$

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Sent To *William Macerba - Ansonia Wetlands Comm*
 Street and Apt. No., or PO Box No. *253 MAIN ST*
 City, State, ZIP+4® *ANSONIA CT 06401*

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

7022 0410 0001 1777 8193

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OFFICIAL USE

Certified Mail Fee \$

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Sent To *David Connelly - Ansonia Wetlands Comm*
 Street and Apt. No., or PO Box No. *253 MAIN ST*
 City, State, ZIP+4® *ANSONIA CT 06401*

7022 0410 0001 1777 9510

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OFFICIAL USE

Certified Mail Fee \$

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Sent To *William Tong*
 Street and Apt. No., or PO Box No. *165 CAPITAL AVE*
 City, State, ZIP+4® *WATERFORD CT 06106*

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

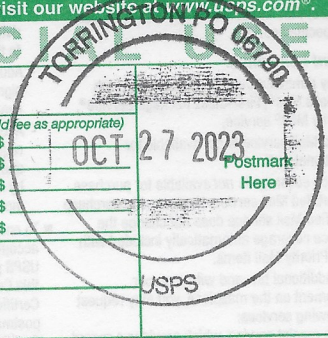
Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 James Ruvella - Dept Emergency Services
 Street and Apt. No., or PO Box No.
 287 West St
 City, State, ZIP+4®
 Rocky Hill CT 06067

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



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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 Dante Bartolomen - Dept of Admin
 Street and Apt. No., or PO Box No.
 200 Folly Brook Blvd
 City, State, ZIP+4®
 Wethersfield CT 06109

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



7022 0410 0001 1777 8100

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 Kevin Dillon - CT Airport Auth
 Street and Apt. No., or PO Box No.
 Airport Terminal A - 3rd Fl Adm
 City, State, ZIP+4®
 Windsor Locks CT 06096

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



7022 0410 0001 1777 8124

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

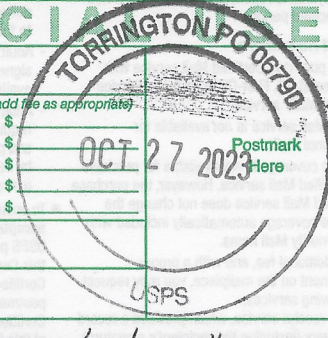
Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 Rick Dunne - Naugatuck Valley Council
 Street and Apt. No., or PO Box No.
 49 Leavenworth St - 3rd Fl gov.
 City, State, ZIP+4®
 Waterbury CT 06702

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



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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

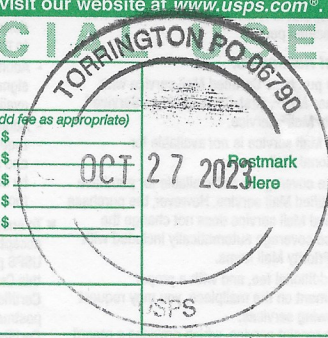
Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 Timothy Holman - Ansonia inland
 Street and Apt. No., or PO Box No.
 253 Main St wellands
 City, State, ZIP+4®
 Ansonia CT 06401



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

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

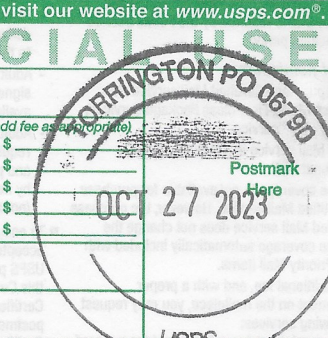
Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 Michael Mihalek - Ansonia wet lands
 Street and Apt. No., or PO Box No.
 253 Main St comm
 City, State, ZIP+4®
 Ansonia CT 06401



7022 0410 0001 1777 7974

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OFFICIAL USE

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



Sent To
Katie Dylces - Dept Energy / Environmental
Street and Apt. No., or PO Box No.
79 Elm ST
City, State, ZIP+4®
Hartford CT 06106

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

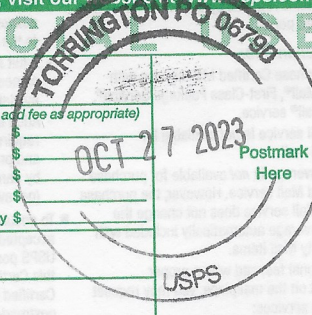
7022 0410 0001 1777 7981

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OFFICIAL USE

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



Sent To
Manisha Juthani - Dept Public Health
Street and Apt. No., or PO Box No.
410 Capital Ave
City, State, ZIP+4®
Hartford CT 06134

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

7022 0410 0001 1777 7998

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OFFICIAL USE

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



Sent To
Brenda Mallory - Council Environmental
Street and Apt. No., or PO Box No.
730 Jackson Pl Quality
City, State, ZIP+4®
Washington DC 20006

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

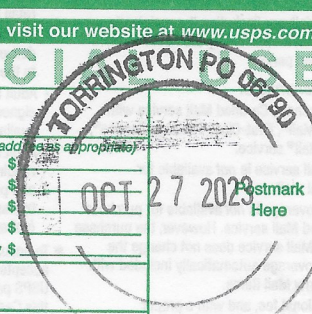
7022 0410 0001 1777 8001

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

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

OFFICIAL USE

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



Sent To
Alex Dawn - Dept Economic Community
Street and Apt. No., or PO Box No.
450 Columbus Blvd Development
City, State, ZIP+4®
Hartford CT 06103

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

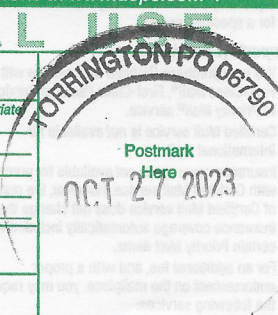
7022 0410 0001 1777 8018

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OFFICIAL USE

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



Sent To
Pete Buttigieg - Dept of Trans
Street and Apt. No., or PO Box No.
1200 New Jersey Ave SE
City, State, ZIP+4®
Washington DC 20590

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

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



Sent To
Garrett Eucalitto - Dept Transportation
Street and Apt. No., or PO Box No.
2800 Berlin Turnpike
City, State, ZIP+4®
Newington CT 06111

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

7022 0410 0001 1777 8209

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 Jeffrey Beckham - office Policy / management
 Street and Apt. No., or PO Box No.
 450 Capitol Ave
 City, State, ZIP+4®
 Hartford CT 06106

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

TORRINGTON PO 06790
 OCT 27 2023
 Postmark Here
 USPS

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 Michael Cannon - ~~off~~ PUPA
 Street and Apt. No., or PO Box No.
 10 Franklin Square
 City, State, ZIP+4®
 New Britain CT 06051

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

TORRINGTON PO 06790
 OCT 27 2023
 Postmark Here
 USPS

7022 0410 0001 1777 8223

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

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