SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 name permits.	A. Signature X	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	A_Signature X	→ Proceedings of the Control of Services and Services an	A. Stanature X Addresses B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes	1. Article Addressed to:	D. Is delivery address different from item 1?	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
FIRST SELECTMAN NEW CANAAN	If YES, enter delivery address below: ☐ No	FIRST SELECTMAN EASTON TOWN HALL	an 120, citic delivery address people.	FIRST SELECTMAN WARREN TOWN HALL 7 SACKETT HILL: ROAD	17 120, Chief delivery address solow.
77 MAIN STREET P O BOX 447 NEW CANAAN CT 06840	3. Service Type Description Mail Description Merchandise Description Merchandise Description Merchandise	225 CÉNTER ROAD P O BOX 61 EASTON CT 06612	3. Service Type Contified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)	WARREN CT 06754	3. Service Type Certified Mail
2. Article Number	4. Restricted Delivery? (Extra Fee)	2. Article Number (Transfer from service label) 7008	0150 0003 2915 6353	2. Article Number 7004 05	14. Nessiloted belivery (2.887-88) 14. 4es
(transfer from service label)			eturn Receipt 102595-02-M-1540	(Transfer from service label) PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-154
PS Form 3011, February 2004 Domestic R	leturn Receipt 102595-02⁴₩-1540	14			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. (Signature X) S Agent Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A Signature X + CVY	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse.	A. Signature CART CART Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) G. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	If YES, enter delivery address below:	Article Addressed to:	D. Is delivery address different from item 1?	Article Addressed to:	D. Is delivery address different from item 1? Yes Yes Yes No
FIRST SELECTMAN CROMWELL TOWN HALL 41 WEST STREET		MAYOR NEWINGTON 131 CEDAR STREET		MAYOR MILFORD CITY HALL	
CROMWELL CT 06416	3. Service Type All Certified Mail ☐ Express Mail ☐ Registered All Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	NEWINGTON CT 06111	3. Service Type (X) Certified Mail Registered Insured Mail C.O.D.	110 RIVER STREET MILFORD CT 06460	3. Service Type 2. Certified Mail
	4. Restricted Delivery? (Extra Fee)		☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7008 01	50 0003 2915 713B	2. Article Number 7008 050	0 0000 8809 5147	2. Article Number 7008	0500 0000 8809 5024
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	(Transfer from service label) PS Form 3811, February 2004 Domestic Re	
	P: S				Professional Company of the Company
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature X Q Agent Addressee B. Received by (Printed Name) C. Sate of Delivery	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature X. Many C. Bargure Addressee		A. Signature XP And Jay Addressed
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Cate of Delivery D. Is delivery address different from Item 1? Description	Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Righted Name) C. Date of Delivery 12/28/89	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	If YES, enter delivery address below:	Article Addressed to:	D. Is delivery address different from Item 1? If YES, enter delivery address below: No	1. Article Addressed to:	D. Is delivery address different from item 1?
FIRST SELECTMAN				and the second s	
COLEBROOK P O BOX 5		FIRST SELECTMAN MADISON MADISON TOWN CAMPUS		CITY MANAGER: NEW LONDON MUNICIPAL BUILDING	
COLEBROOK CT 06021	3. Service Type	8 CAMPUS DRIVE MADISON CT 06443	3. Service Type Certified Mail Registered Insured Mail C.O.D.	181 STATE STREET NEW LONDON CT 06320	3. Service Type Cartifled Mail
O Atth Water	4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee)
	50 0003 2915 7053	2. Article Number 7008	0150 0003 2915 6537	2. Article Number 7008 05	00 0000 8809 5123
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

	COMPLETE THIS SECTION ON DELIVERY	CENDED COVER TO THE OFFICE	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	A. Signifiture	SENDER: COMPLETE THIS SECTION			A. Signature
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	Selling of Kange H. S'Agent	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X Loe Phosles Agent Addressee		X Mah June Addre
so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	Received by (Printed Name) C. Date of Delivery (hrista L. Komalta 122809	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of De Printed Name C. Date of De Printed Name 12/28/
1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	1. Article Addressed to:	D. Is delivery address different from item 1?
FIRST SELECTMAN EURLINGTON 200 SPIELMAN HIGHWAY	7	TOWN MANAGER BLOOMFIELD 800 BLOOMFIELD AVE BOX 337	DEC 28 2009	FIRST SELECTMAN CANTON 4 MARKET STREET PO BOX 168	
BURLINGTON CT 06013	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	BLOOMFIELD CT 06002	3. Service Type Set Certified Mail Registered Insured Mail C.O.D.	COLLINSVILLE CT 06022	3. Şervice Type A Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
(Harster from Service Labor)	L50 0003 2915 6919	(nanolol from dol floo laboly	0150 0003 2915 6827	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 0003 2915 6940
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	sturn Receipt 102595-02-
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X. Abhurt & function Addressee	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse.	A Signature X OI A M. CLAND Agen D Addr
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Heceived by (Printed Name) C. Date of Delivery	 Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Rrinted Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of De NCILA M. TW/SW 12 28
. Article Addressed to:		Article Addressed to:	D. Is delivery address different from item 1?	1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
FIRST SELECTMAN BRIDGEWATER		FIRST SELECTMAN SALEM TOWN OFFICE BUILDING		FIRST SELECTMAN WASHINGTON: DEPOT BRYAN MEMORIAL	
44 MAIN STREET SOUTH P O BOX 216 BRIDGEWATER CT 06752	3. Service Type 2 Certified Mail	270 HARTFORD ROAD SALEM CT 06420	3. Service Type Certified Mail Registered Receipt for Merchandise	TOWN HALL 2 BRYAN PLAZA PO BOX 383 WASHINGTON DEPOT CT 06794	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)		☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	•	4. Restricted Delivery? (Extra Fee)
. Article Number (Transfer from service label) 7 🛮 🖒 🗓	150 0003 2915/6872	2. Article Number 7008 050]O OOOO 8809 5406	2. Article Number 7008	0500 0000 8809 5710
S Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540 -	PS Form 3811, February 2004 Domestic Re	sturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	sturn Receipt 102595-02-
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 mailplece, 	B. Received by (Printed Name) C. Date of Delivery	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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,	A. Signature Agent Addressee B. Fleceived by (Printed Name) C. Date of Delivery	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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,	A Signature Ager Addr
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item ? These	or on the front if space permits. 1. Article Addressed to:	Do nna 3 Lov 1 12 Yes D. Is delivery address different from item 1? Yes
1. Pation Paragonal Co.	If YES, enter delivery address below: No		If YES, enter delivery address below:		If YES, enter delivery address below: No
MAYOR WEST HAVEN CITY HALL		FIRST SELECTMAN BEACON FALLS TOWN HALL 10 MAPLE AVENUE		TOWN MANAGER EAST HAMPTON TOWN HALL	·
355 MAIN STREET P O BOX 526 WEST HAVEN CT 06516	3. Service Type X Certifled Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	BEACON FALLS CT 06403	3. Service Type Certified Mail	20 EAST HIGH STREET EAST HAMPTON CT 06424	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number ann s			0150 0003 2915 6766	(Transfer from service label) 700A 01	50 0003 2915 6292

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature X V Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A Signature A Signature Addresse
Print your name and address on the reverse so that we can return the card to you.	B/ Received by (Printed Name) C. Date of Pelivery	 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 mailplece, 	B. Received by (Printed Name) C. Date of Delivery	 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, 	B. Received by (Printed Name) C. Date of Deliver
Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from item 1? Yes	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item ? Pyes
Article Addressed to:	If YES, enter delivery address below: ☐ No		If YES, enter delivery address below: No		If YES, enter delivery address below: No
MAYOR TORRINGTON MUNICIPAL BUILDING		FIRST SELECTMAN LITCHFIELD		FIRST SELECTMAN HARWINTON TOWN HALL	
140 MAIN STREET		74 WEST STREET P O BOX 488 LITCHFIELD CT 06759	3. Service Type	100 BENTLEY DRIVE	3. Şervice Type
TORRINGTON CT 06790	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Color.D.		☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	HARWINTON CT 06791	Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008	0500 0000 8809 5628		0150 0003 2915 6513		S 0150 0003 2915 6216
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature		A Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	Addressee Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X GAddressee	Print your name and address on the reverse so that we can return the card to you.	Manna Duby Agent Addresse
Attach this card to the back of the mailplece, or on the front if space permits.	Diani Mucha	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Regelved by (Printed Name) C. Date of Delive	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Recaived by (Printed Name), O. Date of Deliver
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	Article Addressed to:	D. Is delivery address different from item 1?	1. Article Addressed to:	D is delivery address different from item 1?
FIRSTESELECTMAN		MAYOR		FIRST SELECTMAN	
EAST GRANBY SECENTER STREET P O BOX 1858		NORWALK©CITY HALL 125 EASTAWENUE P O BOX 5125		EASTFORD 16 WESTFORD ROAD P O BOX 98	
EAST GRANBY CT 06026	3. Service Type ☼ Certified Mail ☐ Express Mall ☐ Registered ※☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	NORWALK 01:068565125	3. Service Type Certified Mail Registered Return Receipt for Merchandise	EASTFORD CT 062420098	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandist
	4. Restricted Delivery? (Extra Fee) ☐ Yes	*	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7 🗆 🗈 🖰	3 0150 0003 2915 6759	2. Article Number 7008 0	500 0000 8809 5215	2. Article Number (Transfer from service label) 7008 01	50 0003 2915 6346
PS Form 3811, February 2004 Domestic R	Return Receipt 102595-02-M-1540		eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-154
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	· SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X Luday Muski Agent Addresse
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	(B Received by (Printed Name) C. Date of Delivery	 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Deliver Linda Zenylenies/u 12/28/09
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	Article Addressed to:	Description of the property of	1. Article Addressed to:	D. Is delivery address different from item 19 Yes If YES, enter delivery address below: No
MANUAL DE		OTI STAAN		FIRST SELECTMAN	
MAYOR SHELTON		FIRST SELECTMAN WESTBROOK WESTBROOK TOWN HALL		EAST HADDAM TOWN OFFICE BUILDING 7 MAIN STREET PO BOX K	
54 HILL STREET P O BOX 364 SHELTON CT 06484	3. Service Type Certified Mail Registered Insured Mail C.O.D.	866 BOSTON POST ROAD WESTBROOK CT 06498	3. Service Type X Certified Mall Registered Insured Mail C.O.D.	EAST HADDAM CT 06423	3. Service Type Certified Mail
i a santah manak kanan	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)	O Add Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008	0500 0000 8809 5451	2. Article Number 7008 0500	3 0000 8809 5772		1150 0003 2915 62 <i>c</i>
	eturn Receipt 102595-02-M-1540		Return Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-154

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X Support Addressee	Complete items 1, 2, and 3. Also complete item 4-lf. Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X. Kelly Museymor	© Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse	A. Signature X. MASSER LSPS Addresser Addresser
so that we can return the card to you. Mattach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	B. Réceived by (Printed Name) C. Date of Defivery KCIU M WOJIMEN 12/28/09	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deliver
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No	Article Addressed to:	D. Is delivery address different from item 1? 🗖 Yes United If YES, enter delivery address below: 🔲 No
MAYOR NAUGATUCK TOWN HALL 229 CHURCH STREET		FIRST SELECTMAN OXFORD TOWN HALL		FIRST SELECTMAN PRESTON	
NAUGATUCK CT 06770	3. Service Type Certified Mail Registered Insured Mail C.O.D.	486 OXFORD ROAD OXFORD CT 06478	3. Service Type Si Certified Mail Registered Insured Mail C.O.D.	389 ROUTE 2 PRESTON CT 06365	3. Service Type To Certified Mail Registered Return Receipt for Merchandise Insured Mail
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008 0500 (Transfer from service label)	0000 8809 5062	2. Article Number 7 🗆 🕒 8	500 0000 8809 5260	2. Article Number 7 🗆 🖺	0500 0000 8809 5338
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-154
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A Signature	Complete items 1, 2, and 3. Also complete	A. Signature	SENDER: COMPLETE THIS SECTION	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Xan Kuliy Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X MI Agent Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X John Maler Agent Addresse
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C., Date/of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver
or on the front if space permits.	D. Is delivery address different from item 1? ☐ Yes	or on the front if space permits.	D. Is delivery address different from item 1? \(\square\) Yes	or on the front if space permits.	D. Is delivery address different from item 1? Tyes
Article Addressed to:	If YES, enter delivery address below: No	Article Addressed to:	If YES, enter delivery address below: No	1. Article Addressed to:	If YES, enter delivery address below:
		OFFICER			
FIRST SELECTMAN MARLBOROUGH	:	CHIEFOPERATING OFFICER HARTFORD MUNICIPAL BUILDING		FIRST SELECTMAN SUFFIELD TOWN HALL	
26 NORTH MAIN STREET P O BOX 29 MARLBOROUGH CT 06447	3. Service Type	550 MAIN STREET HARTFORD CT 06103	3. Service Type	83 MOUNTAIN ROAD	3. Service Type
MAREBOROUGH C1 00447	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	HARTFORD CT 00103	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	SUFFIELD CT 06078	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) ☐ Yes	•	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	QUBO,,DOM3,12,911,9,16.\$51	2. Article Number (Transfer from service lab 7008 0150	0003 2915 6193	2. Article Number 7008 05	00 0000 8809 55 8 l
	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-15-
				10.350	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Addressee	Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delive
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailpiece, or on the front if space permits.	bb9	Attach this card to the back of the mailpiece, or on the front if space permits.	HndErsan
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	Article Addressed to:	D. Is delivery address different from item 1? \square Yes If YES, enter delivery address below: \square No	1. Article Addressed to:	D. Is delivery address different from item 1?
, Addio Managed Co.	if YES, enter delivery address below.	· · · · · · · · · · · · · · · · · · ·		TOWN MANAGER	
MAYOR TOWN AND BUILDING		MAYOR HARTFORD MUNICIPAL BUILDING		COVENTRY TOWN OFFICE BUILDING	
PLYMOUTH TOWN HALL BUILDING 80 MAIN STREET		550 MAIN STREET	3. Service Type	1712 MAIN STREET COVENTRY CT 06238	I 2 Souther Time
TERRYVILLE CT 06786	3. Service Type TY Certified Mail Express Mail Registered TReturn Receipt for Merchandise	HARTFORD CT 06103	Service type SE-Certified Mall Registered Insured Mall CO.D.		3. Şervice Type Griffled Mail Registered Return Receipt for Merchandis Insured Mail C.O.D.
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
2. Article Number 700	18 0500 0000 8809 5307	2. Article Number (Transfer from service label) 7008 0	150 0003 2915 6179	2. Article Number (Transfer from service label) 7008 01	50 0003 2915 7121
(Transfer from service label)		PS Form 3811 February 2004 Domestic R	teturn Receipt 102595-02-M-1540		eturn Receipt 102595-02-M-15
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540	j	,		•

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X KUCK BLAS Agent DAddressee	Print your name and address on the reverse so that we can return the card to you.	A Comma Hall Addressee	■ Print your name and address on the reverse	* While Drumpwick - Addressed
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deliver
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?	Article Addressed to:	D. Is delivery address different from item 1?	Article Addressed to:	D. Is delivery address different from Item 1?
FIRST OF LEGISLAND	-	FIRST SELECTMAN		FIRST SELECTMAN	
FIRST SELECTMAN SHERMAN MALLORY TOWN HALL		KENT		MIDDLEBURY	
9 ROUTE 39 NORTH P O BOX 39		41 KENT GREEN BLVD P O BOX 678 KENT CT 06757	3. Service Type	1212 WHITTEMORE ROAD P O BOX 392 MIDDLEBURY CT 06762	3. Service Type
SHERMAN CT 06784	3. Şervice Type La Certified Mail		☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	WIEDLEBURY CT 00/02	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
2. Article Number 7008	0500 0000 8809 5468	2. Article Number (Transfer from service label) 7 🗆 🛮 🖁	0150 0003 2915 6230	2. Article Number 7008	0150 0003 2915 6575
	Return Receipt 102595-02-M-1540		eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-154
	102393-02-11-10-10				
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete	A Signature ☐ Agent
Print your name and address on the reverse so that we can return the card to you.	Naley Japan D Addressee	Print your name and address on the reverse	A Nuona M / Left Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Addressed
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery DIANIA M Pecit 12/28/09	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?	or on the front if space permits.	D. Is delivery address different from item 1?
ingeneral Control of the Control of	If YES, enter delivery address below: No	1. Article Addressed to:	If YES, enter delivery address below: No	1. Article Addressed to:	If YES, enter delivery address below: \[\square\$ No
MAYOR		FIRST SELECTMAN		TOWN MANAGER	
WOLCOTT TOWN HALL 10 KENEA AVENUE		NEW FAIRFIELD TOWN HALL ROUTE 39		PLAINVILLE	
WOLCOTT CT 06716	3. Service Type	4 BRUSH HILL ROAD	3. Service Type	1 CENTRAL SQUARE PLAINVILLE CT 06062	3. Şervice Type
•	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise	NEW FAIRFIELD CT 06810	☐ Registered ☐ Express Mail ☐ Registered ☐ Express Mail ☐ Receipt for Merchandise		☑ Certified Mail ☐ Express Mail ☐ Registered ☑ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.	w •	☐ Insured Mail ☐ C.O.D.		☐ Insured Mail ☐ C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) Yes	2. Article Number	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Iranster from service label)	0500 0000 8809 5871	(Transfer from service label) 7006 0500	0000 8809 5093	(Transfer from service label)	0500 0000 8809 5284
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-154
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete	A Signature	■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Carley Barrett Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Agent Wall-Agent	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X UNIU SMIMILE Addresse
so that we can return the card to you. Attach this card to the back of the mailpiece.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailplece,	B. Received by (Printed Name) C. Date of Deliver
or on the front if space permits.	Caitlin Barnett 12 29-83	Attach this card to the back of the mallplece, or on the front if space permits.	Enca m Rogers 12296	or on the front if space permits.	D. Is delivery address different from item 1? Yes
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No	Article Addressed to:	If YES, enter delivery address below: No
FIRST-SELECTMAN		FIRST SELECTMAN	,	FIRST SELECTMAN	
RIDGEFIELD TOWN HALL		STERLING		BOZRAH TOWN HALL 1 RIVER ROAD	
400 MAIN STREET RIDGEFIELD CT 06877	3. Service Type	1114 PLAINFIELD PIKE P O BOX 157 ONECO CT 06373	3. Service Type	FITCHVILLE CT 06334	3. Service Type 2 Certified Mail □ Express Mail
	☐ Registered ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise		☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise		☐ Registered
ļ.	☐ Insured Mail ☐ C.O.D.		☐ Insured Mail ☐ C.O.D.		☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	4. Restricted Delivery? (Extra Fee)	2. Artisla Numbar	4. Restricted Delivery? (Extra Fee)	-2. Article Number	
(Transfer from service label) 7008	8 0500 0000 8809 5376	2. Article Number 7 🛮 🖰 🖁	0500 0000 8809 5550		0150 0003 2915 6841
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-154

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Astronature X Joseph & Martin Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X Such It Agent	☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Print your name and address on the reverse	A. Signature A. Signature Agent Address
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery THIS E MARTIN 12-29.03	so that we can return the card to you. Attach this card to the back of the mailpiece,	B Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery 2000 100 100 100 100 100 100 100 100 10
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
FIRST SELECTMAN	:			-	,
ASHFORD ::: 5 TOWN HALL ROAD .		FIRST SELECTMAN LISBON ONE NEWENT ROAD		FIRST SELECTMAN ESSEX	
ASHFORD CT 06278	3. Service Type Certified Mail	LISBON CT 06351	3. Service Type	29 WEST AVENUE P O BOX 98 ESSEX CT 06426	3. Service Type Contified Mail
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) Yes		4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7 🗆 🗆 🖸	150 0003 2715 6681	2. Article Number (Transfer from service label)	JA 0150 0003 2915 6506	2. Article Number 7008	0150 0003 2915 6384
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Recelpt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X. Mohan Alan Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
 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, 	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Hegelved by (Frinted Name) C. Date of Delivery NICHAE SAYAMS 1228 09	 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, 	B. Repeived by (Printed Name) C. Date of Deliver 12/28/2
or on the front if space permits. Article Addressed to:	D. Is delivery address efferent from item in the No. If YES, enter delivery address below.	1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	or on the front if space permits. 1. Article Addressed to:	D. is delivery address different from item 1? Yes If YES, enter delivery address below: No
	if YES, enter delivery address below:	FIRST SELECTMAN		, e e e e	n red, onto donvoly address below.
MAYOR STAMFORD STAMFORD GOV CENTER 888 WASHINGTON BLVD		WATERFORD HALL OF RECORDS 15 ROPE FERRY ROAD		FIRST SELECTMAN NORTH STONINGTON TOWN HALL 40 MAIN STREET	
STAMFORD CT 06904	3. Service Type Certified Mail Registered Insured Mail C.O.D.	WATERFORD CT 06385	3. Service Type Certified Mail Registered Insured Mail C.O.D.	NORTH STONINGTON CT 06359	3. Service Type 【 Certified Mail
	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee) Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008 C]500 0000 8809 5543	(Transfer from service label)	0500 0000 8809 5734 102595-02-M-1540	2. Article Number 7 0 5 0 5 0 (Transfer from service label)	0 0000 8809 5208
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540	Donestic Re	102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1
	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature X Nelfre Sunon El Addressee	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature ** Intel found	- Thirty out making and address on the foreign	A. Signature X JUDNUM PELO Agent Address
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,	B. Received by (Printed Name) C. Date of Delivery DEBBIE DRUNSON 12.1	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery GENE HEILENTER: 12/29	so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	B-Received by (Printed Name) C. Date of Deliver 12-29-05
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?	1. Article Addressed to:	D. ts delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
		FIRST SELECTMAN		TOWN MANAGER	•
MAYOR STRATFORD TOWN HALL		BETHLEHEM 36 MAIN STREET SOUTH P O BOX 160	3. Service Type	HEBRON TOWN OFFICE BUILDING 15 GILEAD STREET P O BOX 156	
2725 MAIN STREET ROOM 205 STRATFORD CT 06497	3. Service Type IX Certified Mail Registered Return Receipt for Merchandise C.O.D.	BETHLEHEM CT 06751	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	HEBRON CT 06248	3. Service Type ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchand ☐ Insured Mail ☐ C.O.D.
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee)	O Artists Number	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7008 050	0 0000 8809 5574		0150 0003 2915 6810		<u>0720 0003 5472 P553</u>
(Transfer from service label)	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic R	Return Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse		 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	* Signature ** Downing A. Paris Agent Addressee	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery Dirothy A PAVII 12/25/09	Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deliver C. P. WTO 2/27 D. Is delivery address different from item 1? Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	Article Addressed to:	if YES, enter delivery address below:
FIRST SELECTMAN SHARON MAIN STREET 63 MAIN STREET P O BOX 224	S 22 SULLERS	FIRST SELECTMAN NORTH CANAAN TOWN HALL 100 PEASE STREET PO BOX 338		TOWN MANAGER FARMINGTON TOWN HALL 1 MONTEITH DRIVE	
SHARON CT 06069	3. Service Type DC Certified Mail	CANAAN CT 060180338	3. Service Type Certified Mail Registered Insured Mail C.O.D.	FARMINGTON CT 06034	3. Service Type Certified Mail □ Express Mail □ Registered □ Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes
. Article Number 7008 0	500 0000 8809 5444	2. Article Number 7008 05	00 0000 8809 5185		0150 0003 2915 6407
S Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540 j	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature A. Signature Addressee	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X GA Gent Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (<i>Printed Name</i>) C. Date of Delivery D. Is delivery address different from item 1? Yes	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	Article Addressed to:	If YES enter delivery address below:	Article Addressed to:	D. Is delivery address different from item 1? (es If YES, enter delivery address below: No
FIRST SELECTMAN PLAINFIELD TOWN HALL 8 COMMUNITY AVENUE		FIRST SELECTMAN EASTLYME 108 PENNSYLVANIA AVE P O BOX 519 NIANTIC CT 06357	DEC 2 8 2009	FIRST SELECTMAN BRANFORD 1019 MAIN STREET P O BOX 150	C.S.O.S.
PLAINFIELD CT 06374	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	110 110 01 00007	3. Service Type ☐ Certified Mail □ Express Mail ☐ Registered ☑ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	BRANFORD CT 06405	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008 0.	500 0000 8 809 5277	(Transfer from service label) 7008 0	150 0003 2715 6322	2. Article Number (Transfer from service label) 7 🛮 🛱 🔻	L50 0003 2915 6858
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	tturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature X Detty ay lor Agent Addressee	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature Agent Addressee		A. Signature Agent Addresser
 Attach this card to the back of the mailplece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery Beth Taylor 12/28/09	Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (*Printed Name) C. Date of Delivery D. Is delivery address different from 1? Yes	so that we can return the card to you. Attach this card to the back of the mailplece,	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	1. Article Addressed to:	D. Is delivery address efferent from them 1? Yes If YES, enter delivery editions before I No	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?
FIRST SELECTMAN VOLUNTOWN 115 MAIN STREET P O BOX 96	2 Sandas Tura	FIRST SELECTMAN CANAAN TOWN HALL 108 MAIN STREET P O BOX 47 FALLS VILLAGE CT 060310047	DEC 28 2009	FIRSTSEEECTMAN NEWTOWN EDMOND TOWN HALL 45 MAIN STREET	
VOLUNTOWN CT 06384	3. Service Type Certified Mail	TALES VIEDAGE OF GOOD 190-19	Certified Mail Registered Insured Mail Restricted Delivery? (Extra Fee) Yes	NEWTOWN CT 06470	3. Service Type Certified Mail Registered Insured Mail C.O.D.
2. Article Number 7004	4. Restricted Delivery? (Extra Fee) Yes	2. Article Number			4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label)	0500 0000 8809 5680 eturn Receipt 102595-02-M-1540	70 F 2011 Fabruary 2004 Demostic F	8 0150 0003 2915 6926 Return Receipt 102595-02-M-1540		100 8809 5154
1010iii 0011, 1 coludiy 2004 DOMESTIC H	eturn Receipt 102595-02-M-1540	The same of the sa	70200 de in 10 k		eturn Receipt 102595-02-M-154
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	Addressee	Print your name and address on the reverse so that we can return the card to you.	X Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery	Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Deliyéry
MATTACH this card to the back of the mailpiece, or on the front if space permits.	B Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailplece, or on the front if space permits.	Buth Peon 12-28-09	Attach this card to the back of the mailplece, or on the front if space permits.	12/28/99
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to:	D. Is delivery address different from item 1? Yes/ If YES, enter delivery address below: No
MAYOR	1 (1 (1 ()) () () () () () ()	FIRST SELECTMAN		TOWN MANAGER	
NEW HAVEN CITY HALL	1 190 0000 / /	LYME TOWN HALL		GROTON TOWN HALL	
165 CHURCH STREET NEW HAVEN CT 06510	4	480 HAMBURG ROAD LYME CT 06371	3. Şervice Type	45 FORT HILL ROAD GROTON CT 06340	3. Service Type
	3. Service Type Griffied Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.		☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) ☐ Yes	1	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number 7008 (Transfer from service label)	0500 0000 8809 5116	2. Article Number 7008 0	1150 0003 2915 6520	2. Article Number (Transfer from service label) 7008	0150 0003 2715 6483
S Form 3811, February 2004 Domestic R	leturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-154
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A: Sigriature) /	Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	☐ Agent☐ Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Addressee	···	Addresse Addresse
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailplece,	B. Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver
or on the front if space permits.	D. Is delivery address different from Item 1?	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?
Article Addressed to:	If YES, enter delivery address below: No		If YES, enter delivery address below: ☐ No	7. Autoro Addressed to:	If YES, enter delivery address below: No
FIRST SELECTMAN		MAYOR		FIRST SELECTMAN	
WESTPORT TOWN HALL		EAST HARTFORD TOWN HALL 740 MAIN STREET		CANTERBURY	
110 MYRTLE AVENUE WESTPORT CT 06880	3. Service Type	EAST HARTFORD CT 06108	3. Service Type X Certified Mail	1 MUNICIPAL DRIVE P O BOX 27 - CANTERBURY CT 063310027	3. Service Type ☐ Certifled Mail ☐ Express Mail
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandise	39 -	☐ Registered		☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
	☐ Insured Mail ☐ C,O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	_{	4. Restricted Delivery? (Extra Fee) ☐ Yes	-	4. Restricted Delivery? (Extra Fee)
2. Article Number 7008 05	500 0000 8809 5796	2. Article Number (Transfer from service label) 7 1 8	0150 0003 2915 6315	2. Article Number (Transfer from service label) 7008 0	150 0003 2915 6933
	Return Receipt 102595-02-M-1540		eturn Receipt 102595-02-M-154		eturn Receipt 102595-02-M-15-
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature A. Signature Agent Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature X DID TO BOOL DAGGER
so that we can return the card to you. Attach this card to the back of the mailpiece,	Agent Addressee B. Received by (Printed Name) , C. Date of Delivery	oo alaa iro ooli fotolli alo oola to you.	8. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Deliver
or on the front if space permits.	D. Is delivery address different from item 1? Yes	Attach this card to the back of the mailpiece, or on the front if space permits.	Mars Buston 12/28	Attach this card to the back of the mailpiece, or on the front if space permits.	
Article Addressed to:	If YES, enter delivery address below:	Article Addressed to:	D. Is delivery address different from item 1?	1. Article Addressed to:	D. Is delivery address different from item 1? A Yes If YES, enter delivery address below: D No
THE OF STANDARD				FIRST SELECTMAN	152 ECM ST BON
FIRST SELECTMAN PLEASANT VALLEY		FIRST SELECTMAN		STONINGTON	06378
67 RIPLEY HILL ROAD P O BOX 558 PLEASANT VALLEY CT 060630558	3. Service Type	THOMASTON TOWN HALL 158 MAIN STREET P O BOX 136	3. Service Type	ELM STREET P O BOX 362 > STONINGTON CT 06378	3. Service Type
PLEASANT VALLET OF TOOGGOOD	☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	THOMASTON CT 06787	Certified Mail Express Mail Registered Registered Insured Mail C.O.D.	0101111011011011	IXI Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number 7008	0500 0000 8809 5291	2. Article Number 7008 0500 0	1000 8809 5598	2. Article Number 7008 050	0 0000 8809 5567
S Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-154
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature ☐ Agent ☐ Addressee	© Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Print your name and address on the reverse	A. Signature X Agent Addressee	■ Complete items 1.2 and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by Printed Name C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	(B. Received by (Printed Name) C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No	Article Addressed to:	Ø. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
FIRST SELECTMAN WINDHAM TOWN BUILDING 979 MAIN STREET P O BOX 94		MAYOR PROSPECT TOWN HALL 36 CENTER STREET		FIRST SELECTMAN SEYMOUR ONE FIRST STREET	
WILLIMANTIC CT 06226	3. Service Type Certified Mail Registered Insured Mail C.O.D.	PROSPECT CT 06712	3. Service Type Government of the control of the c	SEYMOUR CT 06483	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee)	•	4. Restricted Delivery? (Extra Fee)
2. Article Number 7008 0500 (Transfer from service label)	0000 8809 5840	2. Article Number (Transfer from service label) 7 🗆 🗆 💍	500 0000 8809 5345	2. Article Number 7008 050	0000 8809 5437
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-154
		SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	A CONTRACTOR CONTRACTO	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	Complete items 1, 2, and 3. Also complete	A. Signature ///	NDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature A. Signature A. D. Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Kum Xu Hum	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	B. Renewed by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) Q. Date of Delivery
Attach this card to the back of the mallplece, or on the front if space permits.	TC 10550N 122809	or on the front if space permits.	LYNN LA Forme 12-28-09 D. Is delivery address different from item 1? ☐ Yes	Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from item 1? \(\square\$ Yes
1. Article Addressed to:	D. Is delivery address different from item 1? \(\text{Yes} \) If YES, enter delivery address below: \(\text{No} \) No	1. Article Addressed to:	If YES, enter delivery address below: No	Article Addressed to:	If YES, enter delivery address below:
TOWN MANAGER		TOWN MANAGER		FIRST SELECTAMAN	
WINCHESTER TOWN HALL		WATERTOWN TOWN HALL ANNEX 424 MAIN STREET		WOODBURY 275 MAIN ST SØUTH P O BOX 369	
338 MAIN STREET WINSTED CT 06098		WATERTOWN CT 06795	3. Service Type Certified Mail	WOODBURY CT 06798	3. Service Type
	☐ Candidate ☐ Express Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		☐ Registered ☐ Express Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandisc ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) U Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee)
2. Article Number 7 🗆 🖰 🗎 [0500 0000 8809 5833	2. Article Number 7008 0!	500 0000 8809 5741	2. Article Number 7 0 6	0500 0000 8809 5895
PS Form 3811, February 2004 Domestic Re	eturn Recelpt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-154
	COMPLETE THIS SECTION ON DELIVERY		COMPLETE THIS SECTION ON DELIVERY		
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	A. Signature	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	A. Signature	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Fath Bushell Agent Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	☐ Agent ☐ Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature A. Signature Agent Addresse
so that we can return the card to you. Mattach this card to the back of the mailpiece,	Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailplece,	B. Received by (Frigted Name) C. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	Kate Breakell 12-28-69 D. Is delivery address different from item 1? ☐ Yes	or on the front if space permits.	b. Is delivery address different from item 1?	Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from item 1? 128 09
1. Arties Addressed to:	if YES, enter delivery address below: No	1. Article Addressed to:	If YES, enter delivery address below: No	Article Addressed to:	If YES, enter delivery address below:
FIRST SELECTMAN		FIRST SELECTMAN		TOWN MANAGER	
GOSHEN 42 NORTH STREET P O BOX 187 (N. C.	FAIRFIELD OLD TOWN HALL 641 OLD POST ROAD		WETHERSFIELD TOWN HALL	
GOSHEN CT 06756	3. Service Type ☑ Certified Mail ☐ Express Mail	FAIRFIELD CT 06430	3. Service Type	505 SILAS DEANE HIGHWAY WETHERSFIELD CT 06109	3. Service Type
The second secon	Registered Return Receipt for Merchandise		☐ Registered ☑ Return Receipt for Merchandise	}	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	-	☐ Insured Mail ☐ C.O,D.
2. Article Number 7日日告 (Transfer from service label)	0150 0003 2915 6438	2. Article Number (Transfer from service label) 7008 01	.50 0003 2915 6391	2. Article Number 7008 0500	4. Restricted Delivery? (Extra Fee) ☐ Yes] ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540			PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-154
				A STATE OF THE STA	Company of the compan

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature X Debra Kerminie Calamain Agent Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X. Marlas July B. Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X. Quein Gaves Agent Addresse
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) . C. Date of Delivery Delora Germin'i Calaman 228 D. Is delivery address different from item 1? 29	so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deliver
. Article Addressed to:	D. Is delivery address different from item 1?	Article Addressed to:	D. is delivery address different from item 1? If YES, enter delivery address below: No	Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
FIRST SELECTMAN CHESTER		TOWN MANAGER KILLINGLY		FIRST SELECTMAN SCOTLAND	
203 MIDDLESEX AVENUE PO BOX 218 CHESTER CT 06412	3. Service Type	472-MAIN-STREET-P O BOX 5000 KILLINGLY CT 06239	3. Service Type A Certified Mail Registered Registered Insured Mail C.O.D.	9 DEVOTION ROAD P O BOX 288 SCOTLAND CT 06264	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee)
	150 0003 2915 7046		0150 0003 2915 6254	2. Article Number (Transfer from service label) 7008 0	500 0000 8809 5420
PS Form 3811, February 2004 Domestic Rel	turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-15-
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X D. WOXUPU Adgent Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X. A. Carroll Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A Signature X Agent Addresse
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Pame) C. Date of Delivery D. Is delivery address different from item 1?
. Article Addressed to:	If YES, enter delivery address below:	1. Article Addressed to:	D. Is delivery address different from item 1?	1. Article Addressed to:	If YES, enter delivery address below:
FIRST SELECTMAN SALISBURY TOWN HALL P O BOX 548 27 MAIN STREET	PO BOX 548	FIRST SELECTMAN MORRIS 3 EAST STREET P O BOX 66		FIRST SELECTMAN OLD SAYBROOK TOWN HALL 302 MAIN STREET	
SALISBURY CT 06068	3. Service Type Certified Mail	MORRIS CT 06763	3. Service Type Certified Mail	OLD SAYBROOK CT 06475	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 🗆 🖁 🖰	0500 0000 8809 5413	2. Article Number 7008 0.	500 0000 8 809 5055	2. Article Number 7008 (Transfer from service label)	0500 0000 8809 5246
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-154
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X DM Ventue D Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature X. M. Ludem Agent Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature Agent Addresse
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery D. Wentre 12/28/09	Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by Printed Name) C. Date of Delivery M Fudem 13-34-37 D. Is delivery address different from item 1? Yes	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deliver
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to:	If YES, enter delivery address below:	Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
FIRST SELECTMAN NEW HARTFORD 530 MAIN:STREET P.O.BOX 426 NEW HARTFORD CT 06057		FIRST RELECTMAN CENTION TOWN HALL SA SAST MAIN STREET		FIRST SELECTMAN WESTON 56 NORFIELD ROAD P O BOX 1007	S (P R) TO N
NEW HARIFORD CITUDES	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	CENTON CT 06413	3. Service Type If Certified Mail Registered Insured Mail C.O.D.	WESTON CT 06883	3. Service Type All Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes
		2 William July 11	FO 0000	2. Article Number	
2. Article Number (Transfer from service label) 7 0 0 0 5 0 0 5 0 0 5 0 0 0 0 0 0 0 0 0	10 0000 8809 5109 eturn Recelpt 102598-02-M-1540	PS Form 3811, February 2004 Domestic Re	50 0003 2915 7077 sturn Receipt 102595-02-M-1540	(Transfer from service label)	00 0000 8809 5789

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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,	A. Signature A. Signature A. Signature A. Signature Adgent Addressee B. Received by (Printed Name) C. Date of Delivery Dawn M. Los 12-28-01	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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, 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery SHAW C. Date of Delivery	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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,	A. Signature Agent Addresse B. Received by (Printed Name) C. Date of Deliver CAROLINE PERRON 13/28/09
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
FIRST SELECTMAN TRUMBULI. TOWN HALL		FIRST SELECTMAN WOODBRIDGE TOWN HALL 11 MEETINGHOUSE LANE		MAYOR PUTNAM TOWN HALL 126 CHURCH STREET	
5866 MAIN STREET TRUMBULL CT 06611	3. Service Type Si Certified Mail ☐ Express Mall ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	WOODBRIDGE CT 06525	3. Service Type Certified Mail Registered Insured Mail C.O.D.	PUTNAM CT 06260	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 🗆 🖸 (Transfer from service label)	8 0500 0000 8809 5659	2. Article Number 7008 05	500 0000 8809 5888	2. Article Number 7008	0500 0000 8809 5352
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Recelpt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-154
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
Complete Items 1, 2, and 3. Also complete	A. Signature	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
iten 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	B. Received by (Rrinted Name) C. Date of Delivery		A. Signature X Mila (Mr.) Agent Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X Juliu Maria Agent Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from tem 1? Yes	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery Robert whites Ide 12/28/09
Article Addressed to:	If YES, enter delivery address below:	Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	Article Addressed to:	D. Is delivery address different from item 1?
FIRST SELECTMAN KILLINGWORTH TOWN OFFICE BUILDING 323 ROUTE 81		FIRST SELECTMAN REDDING TOWN OFFICE BUILDING 190 HILL ROAD P O BOX 1028		FIRST SELECTMAN WILTON TOWN HALL	
KILLINGWORTH CT 06417	3. Service Type Certified Mail Registered Insured Mail C.O.D.	REDDING CT 06875	3. Service Type Certified Mail	238 DANBURY ROAD WILTONECT 06897	3. Service Type A Certified Mail Registered Insured Mail C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes	{	4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label) 7008 0	1150 0003 2915 6247	2. Article Number 7 🗆 💍	0500 0000 8809 5369	2. Article Number 7008 0500	0000 8809 5826
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	\	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
		X	i Arri 4 , Arri		
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signatule A. Signatule A. Agent Addresses	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X. Augusta G. Engle Agent Addressee	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X Addresser
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B Received by (Printed Name) C. Date of Deliver	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery Elizabeth P. Essel C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deliver
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to:	D. Is delivery address diffe/ent from item 1?
FIRST SELECTMAN ORANGE TOWN HALL 617 ØRANGE ROAD		FIRST SELECTMAN HARTLAND 22 SOUTH ROAD P O BOX 297		FIRST SELECTMAN DARIEN 2 RENSHAW ROAD	
ORANGE CT 06477	3. Service Type ☑ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.	EAST HARTLAND CT 06027	3. Service Type IÜ Certified Mail ☐ Express Mail ☐ Registered ☑ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	DARIEN CT 06820	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandist ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) ☐ Yes	1	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008 050	0000 8809 5253	2. Article Number (Transfer from service label) 7008 0	150 0003 2915 6209	2. Article Number (Transfer from service label) 7008	0150 0003 2915 6711
(transier from service label)		PS Form 3811, February 2004 Domestic F			eturn Receipt 102595-02-M-154
Dolleston	Return Receipt 102595-02-M-1540	9 <u>8</u>			
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A Signature	Complete items 1, 2, and 3. Also complete	A. Signature
Print your name and address on the reverse	Addressee	Print your name and address on the reverse	Agent Addresses	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Addresse Addresse
so that we can return the card to you. Attach this card to the back of the mailplece,	B. Received by (Printed Name) 2. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailplece,	B. Received by (Printed Name) C. Date of Deliver
or on the front if space permits.	D. Is delivery address different from item 1? These	or on the front if space permits.	D. Is delivery address different from item 1? \(\square\$ Yes	or on the front if space permits.	D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES enter delivery address below: No	1. Article Addressed to:	If YES, enter delivery address below: No	Article Addressed to:	If YES, enter delivery address below: No
FIRST SEEECTMAN	(((((((((((((((((((FIRST SELECTMAN			a. '
BROOKEIED CENTER MUNICIPAL CENTER		EAST WINDSOR		MAYOR BRIDGEPORT CITY HALL	
100 POCONO ROAD P O BOX 5106	3. Service Type 731330	11 RYE STREET		= 999 BROAD STREET	
BROOKFIELD CENTER CT 06804	3. Service Type Certified Mail	BROAD-BROOK CT 06016	3. Service Type SI Certified Mail Express Mail	BRIDGEPORT CT 06604	3. Service Type ⊅ Certified Mail □ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	antino. Antinonesia	☐ Registered ☑ Return Receipt for Merchandise		☐ Registered Receipt for Merchandis
	4. Restricted Delivery? (Extra Fee)	5 -	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Éxtra Fee) ☐ Yes
2. Article Number		2. Article Number		2. Article Number	
	150 0003 2915 6896		0150 0003 2915 6339		150 0003 2915 6865
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic R	Return Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	aturn Receipt 102595-02-M-15
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	II ∧ IT Agent: ™ f	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A Signature Agent	Ma Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	B Deschard by (Odresid Manual Descriptions)	Print your name and address on the reverse so that we can return the card to you.	☐ Addressee	Print your name and address on the reverse so that we can return the card to you.	By Received by (Printed Name) C. Date of Deliver
Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery DEC 2 4 2000	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailplece,	By Received by (Printed Name) C. Date of Deliver
I. Article Addressed to:	D. Is delivery address different from item 1? Yes	Article Addressed to:	D. Is delivery address different from item 1? Yes	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes
	If YES, enter delivery address below: No		If YES, enter delivery address below: ☐ No	1. Atticle Addressed to.	If YES, enter delivery address below: □ No
FIRST SELECTMAN		e de la companya de l		30 20 30 30	
BOLTON	9	MAYOR SEE BRISTOL CITY HALL 3RD FLOOR		FIRST SELECTMAN CHAPLIN TOWN HALL	
222 BOLTON CENTER ROAD	3. Service Type	111 NORTH MAIN STREET	3. Service Type	495 PHOENIXVILLE RD P O BOX 286	3. Service Type
BOLTON CT 00043	► SEC Certified Mail	BRISTOL CT 06010	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandis	CHAPLIN CT 06235	Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		☐ Insured Mail ☐ C.O.D.) (- (-	☐ Registered
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7008 015	60 0003 2915 6834	2. Article Number (Transfer from service label) 7008 01	L50 0003 2915 6889	2. Article Number (Transfer from service label) 7 🗓 🗓	8 0150 0003 2915 7060
PS Form 3811, February 2004 Domestic Ret		PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	(Martiner Methodology)	eturn Receipt 102595-02-M-15
				Actual Actual Actual	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signature □ Agent	Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Med Mow Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Well Agent
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mallplece,	B. Received by (Printed Name) C. Date of Delivery Stor Wa Smith 12/24/5	so that we can return the card to you.	B. Received by (Printed Name) . C. Date of Deliver
or on the front if space permits.	D. Is delivery address different from item 1?	or on the front if space permits.	D. Is delivery address different from item 1? Yes	Attach this card to the back of the mailpiece, or on the front if space permits.	5 ne Litwin 12/04/10
1. Article Addressed to:	If YES, enter delivery address below: No	Article Addressed to:	If YES, enter delivery address below: ☐ No	Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
				The second secon	
TOWN MANAGER BERLIN TOWN HALL		MAYOR WALLINGFORD MUNICIPAL BUILDING		TOWN MANAGER	
240 KENSINGTON ROAD		45 SOUTH MAIN STREET ROOM #108	3. Şervice Type	TOLLAND TOWN HALL	
BERLIN CT 06037	3. Service Type ☑ Certified Mall ☐ Express Mall	WALLINGFORD CT 06492	Certified Mali	21 TOLLAND GREEN TOLLAND CT 06084	3. Şervice Type Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		☐ Registered Ź Return Receipt for Merchandise ☐ Insured Mail ☐ C,O,D.		☐ Registered ☐ Return Receipt for Merchandis
	4. Restricted Delivery? (Extra Fee) Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes		☐ Insured Mail ☐ C.O,D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number		2. Article Number 7008 05	00 0000 8809 5697	2. Article Number	
	0150 0003 2915 6780	(Transfer from service label) PS Form 3811, February 2004 Domestic Re		(Transfer from service label)	0000 8809 5611
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS FORM SO FT, replicary 2004 Domestic Re	102585-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-15-

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature	■ Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete	
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Em Deson Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	XS-Christian DAddressee	item 4 if Restricted Delivery is desired.	A. Signature
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailplece.	B. Received by (Printed Name) C. Date of Delivery	Print your name and address on the reverse so that we can return the card to you.	☐ Addressee
or on the front if space permits.	Eric Melson 12-24-09	or on the front if space permits.	S. Christian 12/24/09	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	Article Addressed to:	D. Is delivery address different from item 1?	or on the front if space permits.	D. Is delivery address different from item 1?
	ii / Es, sinci delite/y addieso aciety.		ii (LS, effer delivery address below. L 140	1. Article Addressed to:	If YES, enter delivery address below:
TOWN MANAGER		FIRST SELETMAN		<u> </u>	in v
CHESHIRE TOWN HALLS		GRANBY TOWN HALL		FIRST SELECTMAN THOMPSON TOWN OFFICE BUILDING	
84 SOUTH MAIN STREET CHESHIRE CT 06410	3. Service Type	15 NORTH GRANBY ROAD	3. Service Type	815 RIVERSIDE DRIVE P O BOX 899	
O, ILSV III. 2 O V SO V V	☑ Certified Mail ☐ Express Mail	GRANBY CT 060352125	3. Service type	NORTH GROSVENORDALE CT 06255	3. Service Type ☑ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		☐ Registered		Registered Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)		☐ Insured Mail ☐ C.O.D.
2. Article Number		2. Article Number	A Recitated Bollety, (Exact Cos)		4. Restricted Delivery? (Extra Fee)
	150 0003 2915 7091	(Transfer from service label) 7008	0150 0003 2915 6445	2. Article Number (Transfer from service label) 7008 050	0 0000 8809 5604
PS Form 3811, February 2004 Domestic Re	eturn Recelpt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Ref	
A .		18 18 Jan 18 18 18 18 18 18 18 18 18 18 18 18 18		<u> </u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	Agent	item 4 if Restricted Delivery is desired.	☐ Agent	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Aufressee
Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery	Print your name and address on the reverse so that we can return the card to you.	B. Beceive by (Printed Name) C. Date of Delivery	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.	Vick, Ushowicz V424/07	Attach this card to the back of the mailpiece.	B. Received by (Printed Name) C. Date of Delivery	Attach this card to the back of the mailplece, or on the front if space permits.	B. Risoeived by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?	or on the front if space permits.	D. Is delivery address different from Item 1? , U Yes	1. Article Addressed to:	D. is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to:	If YES, enter delivery address below: ☐ No	Article Addressed to:	If YES, enter delivery address below:		If YES, enter delivery address below: No
FIRST SELECTMAN		710/200		FIRST SELECTMAN	
OLD LYME		FIRST SELECTMAN		BROOKLYN TOWN HALL	
52 LYME STREET OLD LYME CT 06371		WINDSOR LOCKS TOWN OFFICE BUILDING 50 CHURCH STREET		4 WOLF DEN ROAD P O BOX 356	
OLD LTIME OF 00071	3. Service Type Certified Mail □ Express Mail	WINDSOR LOCKS CT 06096	3. Service Type ☑ Certified Mail ☐ Express Mail	BROOKLYN CT 06234	3. Service Type Certified Mali
	Registered Return Receipt for Merchandise		☐ Registered ☐ Return Receipt for Merchandise		☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.		☐ Insured Mail ☐ C.O,D.		☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
	4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes	2. Article Number	Thousand Dontoly I (Lata 1 etc.)
2. Article Number 7008 050)O 0000 8809 5239	2. Article Number 7008	0500 0000 8809 5864		<u> </u>
	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-154
	The second secon		TOEDSV-62-HFTV-10-10		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signature		A_ Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Cla Chungs - Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Shem	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Agent □ Agent
so that we can return the card to you. Attach this card to the back of the mailplece.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailplece,	B. Fleceived by (Printed Name) C. Date of Delivery	Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	ETTA CHAVICS 12-24-09	or on the front if space permits.	B. Shem 12/24	Attach this card to the back of the mailpiece.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	Article Addressed to:	D. Is delivery address different from item 1? Tes	or on the front if space permits.	D. is delivery address different from item 1?
	ii 1E5, enter delivery address below: LJ No	**	and the state of t	Article Addressed to:	If YES, enter delivery address below: No
	Ч	MAYOR			
GENERAL MANAGER MANCHESTER		MERIDEN CITY HALL ROOM 124		FIRST SELECTMAN ,	
41 CENTER STREET P O BOX 191	3 Senice Type	142 EAST MAIN STREET MERIDEN CT 06450	3. Service Type	MONROE TOWN HALL	
MANCHESTER CT 06040	3. Service Type ☑ Certified Mall ☐ Express Mail	1	Certified Mail	7 FAN HILL ROAD MONROE CT 06468	3. Service Type
	Registered Return Receipt for Merchandise		☐ RegIstered	MONION OF MONOO	☐ Certified Mail ☐ Express Mall ☐ Registered ☐ Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee)		☐ Insured Mail ☐ C.O.D.
2. Article Number	Ti Yes	2. Article Number			4. Restricted Delivery? (Extra Fee)
	150 0003 2915 6186	(Transfer from service label) 7008 (]150 0003 2915 6 <u>568</u>	2. Article Number 7008 0	500 0000 8809 5031
PS Form 3811, February 2004 Domestic R	Return Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
		Samuel Section 4.4	ı	FO FORTH OUT IT, FEDIUARY 2004 DOMESTIC ME	TUZ095-UZ-M-3540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	* Chuc Wode - Addressee	Print your name and address on the reverse	☐ Addressee
Attach this card to the back of the mailpiece,	Breceived by (Printed Name) C. Date of Delivery Tames A. Hullbut 12/24/09	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece.	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1?	or on the front if space permits.	D. Is delivery address different from tem ?? Yes	or on the front if space permits.	PD. Is delivery address different from Item 1? The Yes/
1. Article Addressed to:	If YES, enter delivery address below: ☐ No	Article Addressed to:	D. Is delivery address different from item 17 Yes If YES, enter delivery address below	1. Article Addressed to:	YES, enter delivery address below: No
FIRST SELECTMAN		FIRST SELECTMAN		TOWALLANDER	
ROXBURY		NORFOLK	The second secon	TOWN MANAGER WINDSOR	
P O BOX 203 29 NORTH STREET ROXBURY CT 06783	3. Service Type	19 MAPLE AVENUE P O BOX 592 NORFOLK CT 06058		275 BROAD STREET P O BOX 472	
KOXBOK 1:01 00/00	☑ Certified Mail ☐ Express Mail	NON GEN 61 66666	3. Service Type Certified Mail Express Mail	WINDSOR CT 06095	3. Service Type ☑ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		☐ Registered 域 Return Receipt for Merchandise ☐ Insured Mall ☐ C.O.D.		☐ Registered ☑ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
2. Article Number 7008 0	1500 0000 8809 5390	2. Article Number 7008 0	500 0000 8809 5161	2. Article Number 7008 0	500 0000 8809 5857
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-154
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Sigriature	■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X frest Carry Agent	Print your name and address on the reverse	Addressee	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X g. testian
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailplece,	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Yes	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?	or on the front if space permits.	D. Is delivery address different from Item 1? 🗆 Yes
1. Article Addressed to:	If YES, enter delivery address below:	1. Article Addressed to:	1 /9/ · · \2\	Article Addressed to:	If YES, enter delivery address below:
		MAYOR	(DEC 2 4 2009) () ()	A State of American Co.	
TOWN MANAGER		HAMDEN HAMDEN GOVERNMENT CENTERHALL		TOWN MANAGER SOUTHINGTON TOWN OFFICE BUILDING	
NORTH BRANFORD TOWN HALL 1599 FOXON ROAD P O BOX 287	3. Şervice Type	2750 DIX WELL AVE	3. Service Types PS	75 MAIN STREET P O BOX 610	3. Şervice Type
NORTH BRANFORD CT 064710287	☑ Certified Mail ☐ Express Mail	HAMDEN CT 06518	Certified Mail	SOUTHINGTON CT 06489	Excertified Mail Express Mail
" A way	☐ Registered		☐ Insured Mail ☐ C.O.D.) 	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) Yes		4. Restricted Delivery? (Extra Fee)
2. Article Number 7008 050	0000 8809 5178	2. Article Number (Transfer from service label) 7 🗍 🖁	0150 0003 2915 6155	2. Article Number 7008 09	500 0000 8809 5512
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Recelpt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540
		SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		A Signature	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	☐ Agent	■ Complete items 1, 2, and 3. Also complete	AySignature 1011
Print your name and address on the reverse so that we can return the card to you.	X A. B. Russell Addressee	Print your name and address on the reverse so that we can return the card to you.	B. Received by Printed Name) C. Date of Delivery	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	☐ Agent☐ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery H-B-Russel 1.2/23/09	Attach this card to the back of the mailplece, or on the front if space permits.	12/24	so that we can return the card to you. Attach this card to the back of the mailpiece.	B-Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 177 Yes	Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No	or on the front if space permits.	D. Is delivery address different from item 1? 12 Yes
· · · · · · · · · · · · · · · · · · ·	If YES, enter delivery address below:	MANOR	The state delivery address below,	1. Article Addressed to:	If YES, enter delivery address below:
FIRST SELECTMAN		MAYOR EAST HAVEN TOWN HALL		MAYOR	,
BETHANY TOWN HALL		250 MAIN STREET		NEW MILFORD TOWN HALL	
40 PECK ROAD BETHANY CT 06525	3. Service Type	EAST HAVEN CT 06512	3. Service Type	10 MAIN STREET NEW MILFORD CT 06776	L
55.110.011 01.00020	⊠ Certified Mail □ Express Mail □ Registered ヌ Return Receipt for Merchandise		☑ Certified Mail ☐ Express Mail ☐ Registered ☑ Return Receipt for Merchandise	MEAA MITLOUD OL 00110	3. Service Type Solution Certified Mail Express Mail
	☐ Insured Mail ☐ C.O.D.		☐ Insured Mail ☐ C.O.D.		Registered Di Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7008	0150 0003 2915 6797	(Transfer from service label) 7008	0150 0003 2915 6308	2. Article Number 7008 05	00 0000 8809 5130
PS Form 3811, February 2004 Domestic R	Return Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	(Transfer from service label)	
en e			en e	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE TUE OF THE
Complete items 1, 2, and 3. Also complete	A-Signature \	Complete items 1, 2, and 3. Also complete	A. Signature,		COMPLETE THIS SECTION ON DELIVERY
item 4 if Restricted Delivery is desired.	Agent	item 4 if Restricted Delivery is desired.	☐ Agent	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse	ADEM COULD Address	Print your name and address on the reverse	Addressed	Print your name and address on the roverse	*Weldy Smith Agen
so that we can return the card to you. Attach this card to the back of the mailpiece,	B) Reserved by (Printed Name) C. Date of Delive	so that we can return the card to you. Attach this card to the back of the mailpiece.	B. Receiver by (Printed Name) C. Date of Delivery	so that we can return the card to you	
or on the front if space permits.	1502/10/10/100a 12/24/0	or on the front if space permits.	Concoure	Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Dell Control
Article Addressed to:	D. Is delivery address different from item 1? Yes	1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes		D. Is delivery address different from item 1? Yes
/ who Addressed to:	If YES, enter delivery address below:	1. Alacie Addressed to.	if YES, enter delivery address below: No	1. Article Addressed to:	If YES, enter delivery address below:
					1 10
FIRST SELECTMAN		TOWN MANAGER		FIRST SELECTMAN	
DURHAM TOWN HALL	13	ENFIELD		BETHEL MUNICIPAL CENTER	
30 TOWN HOUSE ROAD P O BOX 428		820 ENFIELD STREEET		1 SCHOOL STREET	
DURHAM CT 06422	3. Service Type Gertified Mail Express Mail	ENFIELD CT 06082	3. Service Type SZCertified Mail	BETHEL CT 06801	3. Service Type
	☐ Registered		☐ Registered ☑ Return Receipt for Merchandise		Certified Mail
	☐ Insured Mail ☐ C.O.D.		☐ Insured Mall ☐ C.O.D.		☐ Registered
	4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) Yes		
2. Article Number		2. Article Number		2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
	0150 0003 2915 6742	(Transfer from service label) 7008 0:	<u>150 0003 2915 6377</u>		0150 0003 2915 6803
	o Return Receipt 103505-02-M-1	PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-154	(DO T 0044 m	B
	C Neturn Receipt	Jan 2		Domestic	Return Receipt 102595-02-N
		.			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature			Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	X Agent	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Item 4 if Restricted Delivery is desired.	☐ Agent
Print your name and address on the reverse so that we can return the card to you.	Li Addressee	Print your name and address on the reverse	X D Addressee	Print your name and address on the reverse so that we can return the card to you.	☐ Addresse
Attach this card to the back of the mailning	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery		B. Received by (Partied Name) C. Date of Deliver
or on the front if space permits.	KEITH BARAY DRYG	Aftach this card to the back of the mailpiece, or on the front if space permits.	Edin (amphel 12/24	or on the front if space permits.	
1. Article Addressed to:	D. Is delivery address different from item 1? Yes		D. Is delivery address different from item 1? Yes	Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	If YES, enter delivery address below: No	Article Addressed to:	If YES, enter delivery address below: 12 No	A PLANTAGE AND A PLAN	If YES, enter delivery address below: No
				dank kirin	
MAYOR		FIRST SELECTMAN		FIRST SELECTMAN	
WATERBURY CHASE BUILDING		WILLINGTON TOWN OFFICE BUILDING		COLCHESTER TOWN HALL	
236 GRAND STREET WATERBURY CT 06710	3. Şervice Type	40 OLD FARMS ROAD		_127 NORWICH AVENUE	3. Service Type
WATERBOOK! CT 00/10	Certified Mail	WILLINGTON CT 06279	3. Service Type	COLCHESTER CT 06415	Certified Mail
	Registered Return Receipt for Merchandise		☑ Certified Mail ☐ Express Mail ☐ Registered ☑ Return Receipt for Merchandise		☐ Registered
	☐ Insured Mail ☐ C.O.D.		☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)	-	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number		G. Addala Niverbar		2. Article Number	**
(Transfer from service label)	500 0000 8809 5727	2. Article Number 7008 05	000 0000 8809 5819	(Transfer from service label) 7008 0	<u>150 0003 2915 7107 </u>
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540			S Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-154
Assertation and the second and the s	,0000 02-111-5040	27 Section 1	leturn Receipt 102595-02-M-154) (
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
		Complete items 1, 2, and 3. Also complete		■ Complete items 1, 2, and 3. Also complete	A. Signature∕\
item 4 if Destricted Delivery is desired	A. Signature	item 4 if Restricted Delivery is desired.	A LANGE A PAGENT	item 4 if Restricted Delivery is desired.	/ ⁻ \
Print your name and address on the reverse	X Na Your D Addressee	Print your name and address on the reverse	THE DAY OF THE PROPERTY OF THE	Print your name and address on the reverse	X G G Addressed
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery MAR (A) DOYS 12-2-09	so that we can return the card to you. Attach this card to the back of the mailpiece.	B. Received by (Printed Name) C. Date of Deliver
Attach this card to the back of the mailpiece, or on the front if space permits.	N. Abnoson 12-2400	or on the front if space permits.	Mark Calabrese 12-27-09	or on the front if space permits.	LUTAGE 12/24/09
	D. Is delivery address different from item 1? Yes	Article Addressed to:	D. Is delivery address different from item 1? Yes	Article Addressed to:	D. Is delivery address different from Item 1? Tyes
Article Addressed to:	If YES, enter delivery address below: ☐ No	'	If YES, enter delivery address below: No	The factor of th	If YES, enter delivery address below: □ No
1		FIRST SELECTRARAL	A. C.	EIDOT OF FORMAN	
FIRST SELECTMAN	er 'Clina'	FIRST SELECTMAN GREENWICH		FIRST SELECTMAN	
POMFRET		101 FIELD POINT ROAD P O BOX 2540		NORTH HAVEN TOWN HALL 18 CHURCH STREET	
5 HAVEN ROAD P O BOX 286 POMFRET CENTER CT 06259		GREENWICH CT 06830	3. Service Type	NORTH HAVEN CT 06473	
POMFRET CENTER OF SOLOS	3. Service Type		S. Service type S. Certified Mail	WOLLING UD4/3	3. Service Type ###################################
	Certified Mail Express Mail Registered Return Receipt for Merchandise		☐ Registered ☐ Return Receipt for Merchandise		
	☐ Insured Mail ☐ C.O.D.		☐ Insured Mail ☐ C.O.D.		☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)	Da.	4. Restricted Delivery? (Extra Fee)
2 Autolo Mumbay 7.00 a me		2. Article Number		2. Article Number	
2. Article Number 7 0 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	500 0000 8809 5314	(Transfer from service label) 7008 0	1 <u>150 0003 2915 6469</u>	(Transfer from service label)	0 0000 8809 5 <u>1</u> 92
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540	S Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-154
2. O Com CO Fig. Oblically 2004 Domosio Hole					102085-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	A. Signature Agent Addressee B. Received by (Printed Name) D. Is delivery address different from item 1? Yes	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 mailplece, or on the front if space permits. 	A. Signature X Addressee B. Regeliyed by (Printed Dame) C. Date of Delivery	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.	A. Stenature A. Stenature A. Stenature A. Stenature A. Stenature A. Addresse B. Received by (Pinted Name) C. Date of Deliver 12/24/04, D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below:	Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	Article Addressed to:	If YES, enter delivery address below: No
TOWN MANAGER SOUTH WINDSOR TOWN HALL 1540 SULIVAN AVENUE		FIRST SELECTMAN SIMSBURY 933 HOPMEADOW STREET		FIRST SELECTMAN HAMPTON	
SOUTH WINDSOR CT 060742786	3. Service Type	SIMSBURY CT 06070	3. Service Type Certified Mail Registered Insured Mail C.O.D.	164 MAIN STREET P O BOX 143 HAMPTON CT 06247	3. Service Type Contified Mail Registered Insured Mail C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes	2. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label)	1500 0000 8809 5499	2. Article Number 7008 0500 (Transfer from service lab.	0000 8809 5475	() Company () Co	50 0003 2915 6162
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540		eturn Receipt 102595-02-M-154
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	A. Signature X	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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,	A. Signature X A. Signature Agent Addressee B. Beceived by (Printed Name) C. Date/of Deliviery	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 mailplece,	A. Signature A. Signature A. Signature A. Signature Addresset B. Received by (Printed Name) C. Date of Delivery AND A. L. VOVONO A. Signature
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? \(\text{Yes} \) If YES, enter delivery address below: \(\text{No} \)	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
TOWN MANAGER AVON 60 WEST MAIN STREET AVON:CT 06001		FIRST SELECTMAN SOUTHBURY TOWN HALL 501 MAIN STREET SOUTH	in the, office delivery address below.	FIRST SELECTMAN DEEP RIVER TOWN HALL 174 MAIN STREET	
	3. Service Type	SOUTHBURY CT 06488	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.	DEEP RIVER CT 06417	3. Service Type Certified Mail Registered Restricted Mail C.O.D. Express Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 200A 1	0150 0003 2915 6698	2. Article Number	4. Restricted Delivery? (Extra Fee)	2. Article Number	
	Return Receipt 102595-02-M-1540	(Transfer from service label)	600 0000 8809 5505 eturn Receipt 102595-02-M-1540		150 0003 2915 6728 eturn Receipt 102595-02-M-154
		PS FORM 3011, February 2004 Dumesuc Ac	eturi necept 102595-02-M-1540		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X Agent Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature Agent Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature X A. Signature A. Signature C. Agent C. Addresses B. Received by (Printed Name) C. Agent C. Age
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) G. Date of Pelivery,	Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery BALBARA E HELBS	Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from item 1? Yes
Article Addressed to:	A South Street and descend the sent from 10 Types	1. Article Addressed to:	D. Is delivery address different from item 1?	1. Article Addressed to:	If YES, enter delivery address below:
FIRST SELECTMAN SOMERS TOWN HALL		FIRST SELECTMAN CORNWALL TOWN OFFICE 26 PINE STREET P O BOX 97		FIRST SELECTMAN GRISWOLD 28 MAIN STREET P O BOX 369	DEC 24 2009
600 MAIN STREET P O BOX 308 SOMERS CT 06071	3. Service Type A Certifled Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	CORNWALL CT 06753	3. Şervice Type	JEWETT CITY CT 06351	3. Service Type ☑ Certified Mall , ☐ Express Mall ☐ Registered ☑ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
•	4. Restricted Delivery? (Extra Fee) Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes	2. Article Number	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7008 0500	0 0000 8809 5482	2. Article Number (Transfer from service label) 7 🗆 🖰 8	0150 0003 2915 7114	(Transfer from service label) 7008	3 0150 0003 2915 6476
	Return Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic F	teturn Receipt 102595-02-M-154

ACHERON TRACES AND SERVICE OF SERVICE PROPERTY OF SERVICE AND SERV

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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, 	A. Signature X	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 mailplece, or on the front if space permits.	A. Signature X Agent Addressee B. Acceived by (Finted Name) C. Date of Delivery	ma	A. Signature X Manual Grand Grand B. Received by (Printed Name) C. Date of Deliver
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
FIRST SELECTMAN MIDDLEFIELD		TOWN MANAGER MANSFIELD AUDREY P BECK MUNICIPAL BUILDING		FIRST SELECTMAN ELLINGTON 55 MAIN STREET P O BOX 187	
393 JACKSON HILL RD P O BOX 179 MIDDLEFIELD CT 06455	3. Service Type Cortifled Mail Registered Results From Receipt for Merchandise Co.D.	4 SOUTH EAGLEVILLE ROAD MANSFIELD CT 06268	3. Service Type Certified Mail	ELLINGTON CT 06029	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes	2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes	2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008 05	500 0000 8809 5017	(Transfer from service label) 7008	0150 0003 2915 6544	(Transfer from service label) 7 🛮 🖁 🗓	<u> </u>
PS Form 3811, February 2004 Domestic R	Return Receipt 102595-02-M-1540	PS Form 3811 February 2004 Domestic B	102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-15
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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, 	A. Signature A. Signature A. Signature B. Received by (Printed Name) C. Date of Delivery	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	A. Signature X A Agent Addresse B. Received by (Printed Name) CAROL DENN'N C 1244/06
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
MAYOR MIDDLETOWN MUNICIPAL BUILDING		FIRST SELECTMAN SPRAGUE ONE MAIN STREET P O BOX 677		FIRST SELECTMAN UNION TOWN HALL RT 171 1043 BUCKLEY HIGHWAY	
P O BOX 1300 245 DEKOVEN DRIVE MIDDLETOWN CT 06457	3. Service Type Certified Mail Registered Receipt for Merchandise C.O.D.	BALTIC CT 06330	3. Service Type Certified Mail Registered Insured Mail C.O.D.	UNION CT 06076	3. Service Type A Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes	•	4. Restricted Delivery? (Extra Fee) Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	'008 0150 0003 2915 P295	2. Article Number 700 6 05	500 0000 8809 5529	(manaisi mam service labar)	0500 0000 8809 5666
PS Form 3811, February 2004 Domestic R	leturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-15
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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, 	A. Signature X. G. Huffst-J. Cer. Agent Addressee B. Received by (Printed Name) A. Muff-519 + 1-99 17/24/09	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 mallplece,	A. Signature Agent Addresse B. Received by (Printed Name) C. Date of Deliver
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to:	D. Is delivery, address different from item 1? \(\text{Yes} \) If YES, enter-delivery address below: \(\text{D} \) No	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from ten 1? If YES, enter delivery address below:
FIRST SELECTMAN HADDAM 30 FIELD PARK DRIVE P O BOX 87		MAYOR MONTVILLE TOWN HALL		TOWN MANAGER WEST HARTFORD TOWN HALL 50 SOUTH MAIN STREET	Tel 3 so
HADDAM CT 06438	3. Service Type SKCertified Mail Registered Insured Mail C.O.D.	310 NORWICH NEW LONDON ROAD UNCASVILLE CT 06382	3. Service Type Certified Mail Registered Insured Mail C.O.D.	WEST HARTFORD CT 06107	3. Service Type CF Certified Mail Registered Insured Mail CO.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) ☐ Yes	2. Article Number	4. Restricted Delivery? (Extra Fee) Yes
(Transfer from service label) 7008 01	LSO 0003 2915 6148	2. Article Number 7 🛮 🗓 8	5 0500 0000 8809 5048	(Transfer from service label)	500 0000 8809 5758
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-15-

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	Complete items 1, 2, and 3. Also complete	A. Signature	Complete items 1, 2, and 3. Also complete	A. Signature	■ Complete items 1, 2, and 3. Also complete	A. Signature
) i	item 4 if Restricted Delivery is desired.	Agent Addressed	item 4 if Restricted Delivery is desired.	V 1 Agent □ Agent	Item 4 if Restricted Delivery is desired.	T Agent
20 (Print your name and address on the reverse	Addressed		Addresse Addresse	Print your name and address on the reverse	XX out & Luffin Addresse
	so that we can return the card to you. Attach this card to the back of the mailplece,	B. Received by <i>Parinted Name</i>) i.C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver
	or on the front if space permits.	Toese Acount Ca-2409	or on the front if space permits.	15 6 PRA12124	or on the front if space permits.	Goesldine Griffin 12-24-09
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T	TOWN MANAGER		11000		MAYOR	
1 C	GLASTONBURY		MAYOR -		ANSONIA TOWN HALL	
2	2155 MAIN STREET P O BOX 6523		VERNON MEMORIAL BUILDING		253 MAIN STREET	
{ (SLASTONBURY CT 06033	3. Service Type	14 PARK PLACE VERNON CT 06066	3. Service Type	ANSONIA CT 06401	3. Service Type
		Certified Mall		Certified Mall		Certified Mail
		Registered 🖫 Return Receipt for Merchandise		Registered Return Receipt for Merchandis		Registered Receipt for Merchandis
		☐ Insured Mail ☐ C.O.D.		☐ Insured Mail ☐ C.O.D.	<u> </u>	☐ Insured Mail ☐ C.O.D.
		4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) ☐ Yes
2. /	Article Number		2. Article Number 2004 DEC	70 0000 8809 5673	2. Article Number	72 pm
) ((Transfer from service label) 7008	0150 0003 2915 6421	(Transfer from service label)	10 000 000 5F/3	(Transfer from service label)	8 0150 0003 2915 6674
PS	Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-154	PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-154	PS Form 3811, February 2004 Domestic Re	· · · · · · · · · · · · · · · · · · ·
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231	DER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Co	omplete items 1, 2, and 3. Also complete	A. Signature		A. Signature,		
it∈	om 4 if Restricted Delivery is desired.	Agent De Agent	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	[A	■ Complete items 1, 2, and 3. Also complete	Signature /
■ Pr	int your name and address on the reverse that we can return the card to you.	XS Christian Addressee	■ Print your name and address on the reverse	X Agent	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Other in BOUCHERS
SC B At	tach this card to the back of the mailplece.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you.	The state of the s
	on the front if space permits.	S. Christian 12/24/09	Attach this card to the back of the mailplece,	EFACE	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver
1 Ar	ticle Addressed to:	D. Is delivery address different from item 1? Tyes	or on the front if space permits.	D. Is delivery address different from Item 1? Yes	or on the front if space permits.	
1. 7.	licia Addiessed (c.	If YES, enter delivery address below: No	Article Addressed to:	If YES, enter delivery address below:	Article Addressed to:	D. Is delivery address different from item 1?
				, , , , , , , , , , , , , , , , , , , ,		If YES, enter delivery address below: DNo DLU 24 2009
			- Partysta.		****	
ТО	WN MANAGER		FIRST SELECTMAN		MAYOR	
	ANBY TOWN HALL		GUILFORD TOWN HALL		NEW BRITAIN CITY HALL	DEC 2 6 RECT
15	NORTH GRANBY ROAD	3. Service Type	31 PARK STREET	3. Service Type	27 WEST MAIN STREET	
GR	ANBY CT 060352125	☐ Certified Mail ☐ Express Mail	GUILFORD CT 06437	Strice type Express Mail Express Mail	NEW BRITAIN CT 06051	3. Service Type
1	•	Registered Return Receipt for Merchandise		☐ Registered ☐ Return Receipt for Merchandise		Certified Mail
		☐ Insured Mail ☐ C.O.D.	Section 1	☐ Insured Mail ☐ C.O.D.		☐ Registered
		4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee)		
2. Art	ticle Number		2. Article Number			4. Restricted Delivery? (Extra Fee) Yes
(Tr	ansfer from service label) 7005 01	<u>50 0003 2915 6452</u>	(Transfer from service label) 700	8 0150 0003 2915 6131	2. Article Number	00 0000 8809 5079
PS Fo	orm 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540			(Transfer from service label)	
1		10401-W-1940	PS Form 3811, February 2004 Domestic Ret	urn Recelpt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-154
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SEM	DER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
			SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Co		A. Signature	■ Complete items 1, 2, and 3. Also complete	A. Signature //	Complete items 1, 2, and 3. Also complete	A. Signature
Iter	m 4 if Restricted Delivery is desired. nt your name and address on the reverse	Addresses	item 4 if Restricted Delivery is desired.	Agent DAgent	item 4 if Restricted Delivery is desired.	Agent
SO:	that we can return the card to you.		Print your name and address on the reverse		Print your name and address on the reverse	LI Addresse
🧃 🛮 Atta	ach this card to the back of the mailpiece.	B. Received by (Printed Name) C. Date of Delivery Chnistive Flench	so that we can return the card to you 66-	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver
2	on the front if space permits.	D. Is delivery address different from item 1? Yes	or on the front if space permits.		or on the front if space permits.	12.24.0
1. Artic	cle Addressed to:	If YES, enter delivery address below:	1. Article Addressed to:	D. Is delivery address different from item 1? Yes	1. Article Addressed to:	D. Is delivery address different from item 1? Li Yes
1	. []	LO, Onter delivery address below: Lat NO	3 25	If YES, enter delivery address below: No	(1 / Hillor Flag edge to.	If YES, enter delivery address below: No
,	IDST SELECTMAN					
20070	IRST SELECTMAN VOODSTOCK TOWN OFFICE BUILDING		MAYOR YAVOON		CITY MANAGER	
20 228	15 ROUTE 169	***************************************	ROCKY HILL TOWN HALL		NORWIGH CITY HALL	
833	=	0 0-1-7	761 OLD MAIN STREET		100 BROADWAY STREET	
V'	VOODSTOOK OT 00201	3. Service Type	ROCKY HILL CT 06067	3. Service Type	NORWICH CT 06360	3. Service Type
		☑ Certified Mail ☐ Express Mail ☐ Registered ☑ Return Receipt for Merchandise		Certified Mail		☐ Certified Mail ☐ Express Mail
	1	☐ Insured Mail ☐ C.O.D.		Registered Receipt for Merchandise		☐ Registered ☐ Return Receipt for Merchandis
				☐ Insured Mail ☐ C.O,D.		☐ Insured Mail ☐ C.O.D.
0.4.0	de Niveren			4. Restricted Delivery? (Extra Fee) ☐ Yes		4. Restricted Delivery? (Extra Fee) Yes
698	cle Number rester from service label) 7008 0500	0000 8809 5901	2. Article Number 700A 05	00 0000 8809 5383	2. Article Number 700A 0500	0000 8809 5222
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1 PS For	m 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-15-
				PARTICULAR PROPERTY OF THE PARTICULAR PROPERTY OF THE PARTICULAR P		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 ☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Print your name and address on the reverse 	A. Signature A. Signature Agent Addressee	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature A. Signature Agent Addressee	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by Printed Name) C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delive
1. Article Addressed to:	D. Is delivery address different from item 1?	1. Article Addressed to:	D. Is delivery address different from item 1?	Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
FIRST SELECTMAN LEBANON TOWN HALL		MAYOR DERBY CITY HALL		MAYOR GROTON MUNICIPAL BUILDING	
579 EXETER ROAD LEBANON CT 06249	3. Service Type ACCertified Mail Registered Insured Mail C.O.D.	1 ELIZABETH STREET DERBY CT 06418	3. Service Type KI Certified Mail Registered Insured Mail C.O.D.	295 MERIDIAN STREET GROTON OT 06340	3. Service Type ***Certified Mall
	4. Restricted Delivery? (Extra Fee) Yes		4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7008	0150 0003 2915 6261	2. Article Number (Transfer from service label) 7 🗆 🖰	0150 0003 2915 6735	2. Article Number 7008 0	150 0003 2915 6490
PS Form 3811, February 2004 Domestic Re	eturn Recelpt 102595-02-M-1540	PS Form 3811, February 2004 Domestic R	leturn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	sturn Receipt 102595-02-M-15
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X Agent Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Signature X MAN AN AN Addressee	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X. M. E. Mand Agent Addresse
so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	D. Is delivery address different from item 1? Yes	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Regelved by (Printed Name) (C. Date of Delivery	so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deliver D. Is delivery address different from item 1? Yes
I. Article Addressed to:	If YES, enter delivery address below: No	1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	1. Article Addressed to:	If YES, enter delivery address below: No
FIRST SELECTMAN ANDOVER TOWN OFFICE BUILDING 17 SCHOOL ROAD		FIRST SELECTMAN PORTLAND TOWN HALL		MAYOR LEDYARD TOWN HALL	
ANDOVER CT 06232	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D.	33 MAIN STREET PO BOX 71 PORTLAND CT 06480	3. Service Type Sample Certified Mail Express Mail Registered Express Mail Registered Express Mail Insured Mail C.O.D.	741 COL LEDYARD HIGHWAY LEDYARD CT 06339	3. Service Type IM-Certified Mail
2. Article Number	4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label) 7008	0150 0003 2915 6704	2. Article Number 7008 0500	0000 8809 5321	2. Article Number (Transfer from service label) 7008	0150 0003 2915 6278
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Ro	eturn Receipt , 102595-02-M-1540	PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-15
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	CENDED CONSISTS THE SHOP STORY	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature X	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature A. Signature Agent Addressee	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature Agent Addresse
Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to:	Rim Bona 122409 D. Is delivery address different from item 1? 94s	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B Received by (Printed Name) C. Date of Deliver
. Atticle Addressed to.	If YES, enter delivery address below: No	Article Addressed to:	If YES, enter delivery address below:	Article Addressed to:	D. Is delivery address different from item 1? Des
		to the content of the	:	FIDOT OF FORMAN	
FIRST SELECTMAN COLUMBIA YEOMANS HALL 323 ROUTE 87		MAYOR DANBURY CITY HALL 155 DEER HILL ROAD		FIRST SELECTMAN STAFFORD MEMORIAL TOWN HALL	
	3. Service Type 3. Certified Mail		3. Service Type 2 Certified Mail		3. Service Type 3. Certified Mail
COLUMBIA YEOMANS HALL 323 ROUTE 87 COLUMBIA CT 06237	Certified Mail Registered Express Mail Registered Receipt for Merchandise	DANBURY CITY HALL 155 DEER HILL ROAD	Certified Mail	STAFFORD MEMORIAL TOWN HALL 1 MAIN STREET P O BOX 11	☐ Registered ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ C.O.D.
COLUMBIA YEOMANS HALL 323 ROUTE 87 COLUMBIA CT 06237	Certified Mail Registered Receipt for Merchandise C.O.D.	DANBURY CITY HALL 155 DEER HILL ROAD DANBURY CT 06810 2. Article Number	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	STAFFORD MEMORIAL TOWN HALL 1 MAIN STREET P O BOX 11 STAFFORD SPRINGS CT 06076	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 mailplece, or on the front if space permits.	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery 1 2 26 64 D. Is delivery address different from item 1?
1. Article Addressed to:	If YES, enter delivery address below: No
FIRST SELECTMAN FRANKLIN TOWN HALL 7 MEETING HOUSE HILL ROAD	
FRANKLIN CT 06254	3. Service Type BL Certified Mail □ Express Mail □ Registered □ Express Mail □ Insured Mail □ C.O.D
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7008 01:50	0003 2915 6414
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-154