

**PULLMAN
&COMLEY LLC**
ATTORNEYS

Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
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f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

April 18, 2018

VIA EMAIL and US MAIL

Melanie Bachman
Acting Executive Director
Connecticut Siting Council
10 Franklin Square
New Britain, CT 06051

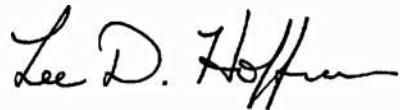
Re: GRE GACRUX LLC Petition for a Declaratory Ruling, Pursuant to Connecticut General Statutes §4-176 and §16-50k, for the Proposed Construction, Maintenance and Operation of a 4.98 MW AC Ground-mounted Solar Photovoltaic Electric Generating Facility Located on Middletown Avenue in North Haven, Connecticut

Dear Ms. Bachman:

My client, GRE GACRUX LLC, hereby submits an original and 15 copies of the abutter notification letters and the notification to municipal, state and federal officials regarding this Petition. These materials were inadvertently left out of the April 10 filing of Exhibit E to the Petition for a Declaratory Ruling with the Siting Council for the proposed construction, maintenance and operation of a 4.98 MW AC ground-mounted solar photovoltaic electric generating facility located on Middletown Avenue in North Haven, Connecticut.

If you have any questions concerning this submittal, please contact the undersigned at your convenience. I certify that copies of this submittal have been submitted to the Towns of North Haven, East Haven and North Branford.

Sincerely,



Lee D. Hoffman

Enclosures

ABUTTERS

**GREENSKIES NORTH HAVEN
ABUTTERS FOR 700 MIDDLETOWN AVENUE, NORTH HAVEN
LOT 48/51**

	<u>ABUTTER OWNER NAME/</u>	<u>OWNER ADDRESS / MAILING ADDRESS</u>	ABUTTING PROPERTY MAP ID	ABUTTING PROPERTY ADDRESS	MAILED From P & C via Certified Mail	RETURN RECEIPT BACK [Green Card]
1	THE ASSOCIATION OF CATHOLIC CEMETERIES	700 MIDDLETOWN AVE NORTH HAVEN, CT 06473	39/13	700 MIDDLETOWN AVE NORTH HAVEN, CT 06473	4/4/18	4/9/18
2	THE ASSOCIATION OF CATHOLIC CEMETERIES	700 MIDDLETOWN AVE NORTH HAVEN, CT 06473	48/47	700 MIDDLETOWN AVE NORTH HAVEN, CT 06473	4/4/18	4/9/18
3	GREGORY W. CROSS	229 RIMMON RD	48/5	229 RIMMON RD	4/4/18	4/9/18
4	THE ASSOCIATION OF CATHOLIC CEMETERIES	700 MIDDLETOWN AVE NORTH HAVEN, CT 06473	39/11	700 MIDDLETOWN AVE NORTH HAVEN, CT 06473	4/4/18	4/9/18
5	ALAN J & CAROLINE K DAVIS	23 STONEHEDGE DR NORTH HAVEN, CT 06473	48/57	23 STONEHEDGE DR	4/4/18	4/9/18
6	KATHLEEN K. RIZZO	7 STONEHEDGE DR NORTH HAVEN, CT 06473	48/53	7 STONEHEDGE DR NORTH HAVEN, CT 06473	4/4/18	4/9/18
7	THE ASSOCIATION OF CATHOLIC CEMETERIES	700 MIDDLETOWN AVE NORTH HAVEN, CT 06473	47/7	208 RIMMON RD NORTH HAVEN, CT 06473	4/4/18	4/9/18
8	GUY BIMONTE	1 STONEHEDGE DR NORTH HAVEN, CT 06473	48/52	1 STONEHEDGE DR NORTH HAVEN, CT 06473	4/4/18	
9	HANZ ALBERT & KATHLEEN ERIN ZIMMERMAN	15 STONEHEDGE DR NORTH HAVEN, CT 06473	48/55	15 STONEHEDGE DR NORTH HAVEN, CT 06473	4/4/18	4/9/18
10	THOMAS D. & DIANE E. MALLEY	11 STONEHEDGE DR NORTH HAVEN, CT 06473	48/54	11 STONEHEDGE DR NORTH HAVEN, CT 06473	4/4/18	4/9/18
11	KOPF RICHARD JOSEPH 1/3 MC CALL LYNN1/3	C/O RICHARD JOSEPH KOPF OXFORD, CT 06478	48/6	231 RIMMON RD NORTH HAVEN, CT 06473	4/4/18	4/9/18
12	CAROLE A. FRANCESCHET, TRUSTEE	235 RIMMON RD NORTH HAVEN, CT 06473	48/7	235 RIMMON RD NORTH HAVEN, CT 06473	4/4/18	4/13/18

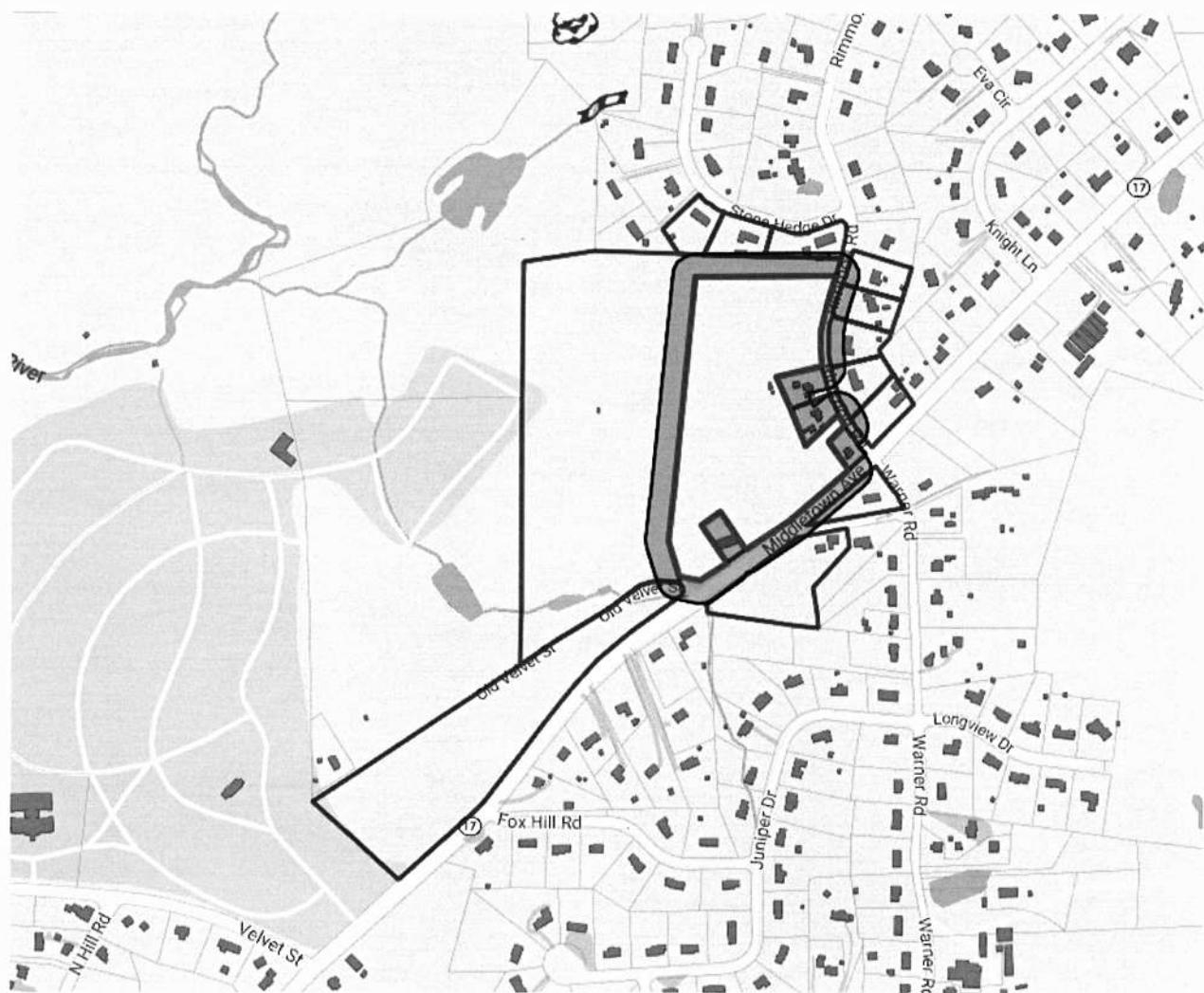
**GREENSKIES NORTH HAVEN
ABUTTERS FOR 700 MIDDLETOWN AVENUE, NORTH HAVEN
LOT 48/47**

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1	THE ASSOCIATION OF CATHOLIC CEMETERIES	700 MIDDLETOWN AVE NORTH HAVEN, CT 06473	48/51	232 RIMMON RD	4/4/18	4/9/18
2	SUSAN A. IVERSON	1 OLD TAVERN LN NORTH HAVEN, CT 06473	48/45	1 OLD TAVERN LN	4/4/18	4/9/18
3	THE ASSOCIATION OF CATHOLIC CEMETERIES	700 MIDDLETOWN AVE NORTH HAVEN, CT 06473	48/46	700 MIDDLETOWN AVE	4/4/18	4/9/18
4	PETER. MELCHIONNO	6 OLD TAVERN LN NORTH HAVEN, CT 06473	48/44	6 OLD TAVERN LN	4/4/18	4/9/18
5	THE ASSOCIATION OF CATHOLIC CEMETERIES	700 MIDDLETOWN AVE NORTH HAVEN, CT 06473	39/11	700 MIDDLETOWN AVE	4/4/18	4/9/18
6	RONALD JR & MARY C. SACCO	239 RIMMON RD NORTH HAVEN, CT 06473	48/8	239 RIMMON RD	4/4/18	4/9/18
7	ANDREW R. DEMEOLA	243 RIMMON RD NORTH HAVEN, CT 06473	48/9	243 RIMMON RD	4/4/18	4/9/18
8	KATHLEEN K. RIZZO	7 STONEHEDGE DR NORTH HAVEN, CT 06473	48/53	7 STONEHEDGE DR	4/4/18	4/9/18
9	EDWARD T. WARSAWSKI	830 MIDDLETOWN AVE NORTH HAVEN, CT 06473	48/10	830 MIDDLETOWN AVE	4/4/18	4/9/18
10	GUY BIMONTE	1 STONEHEDGE DR NORTH HAVEN, CT 06473	48/52	1 STONEHEDGE DR	4/4/18	
11	ALFONSO R. CAMARA (TRUSTEE)	242 RIMMON RD NORTH HAVEN, CT 06473	48/50	242 RIMMON RD	4/4/18	4/9/18
12	JOSHUA M. LUPOLI	252 RIMMON RD NORTH HAVEN, CT 06473	48/49	252 RIMMON RD	4/4/18	4/16/18
13	THOMAS D. & DIANE E. MALLEY	11 STONEHEDGE DR NORTH HAVEN, CT 06473	48/54	11 STONEHEDGE DR	4/4/18	4/9/18

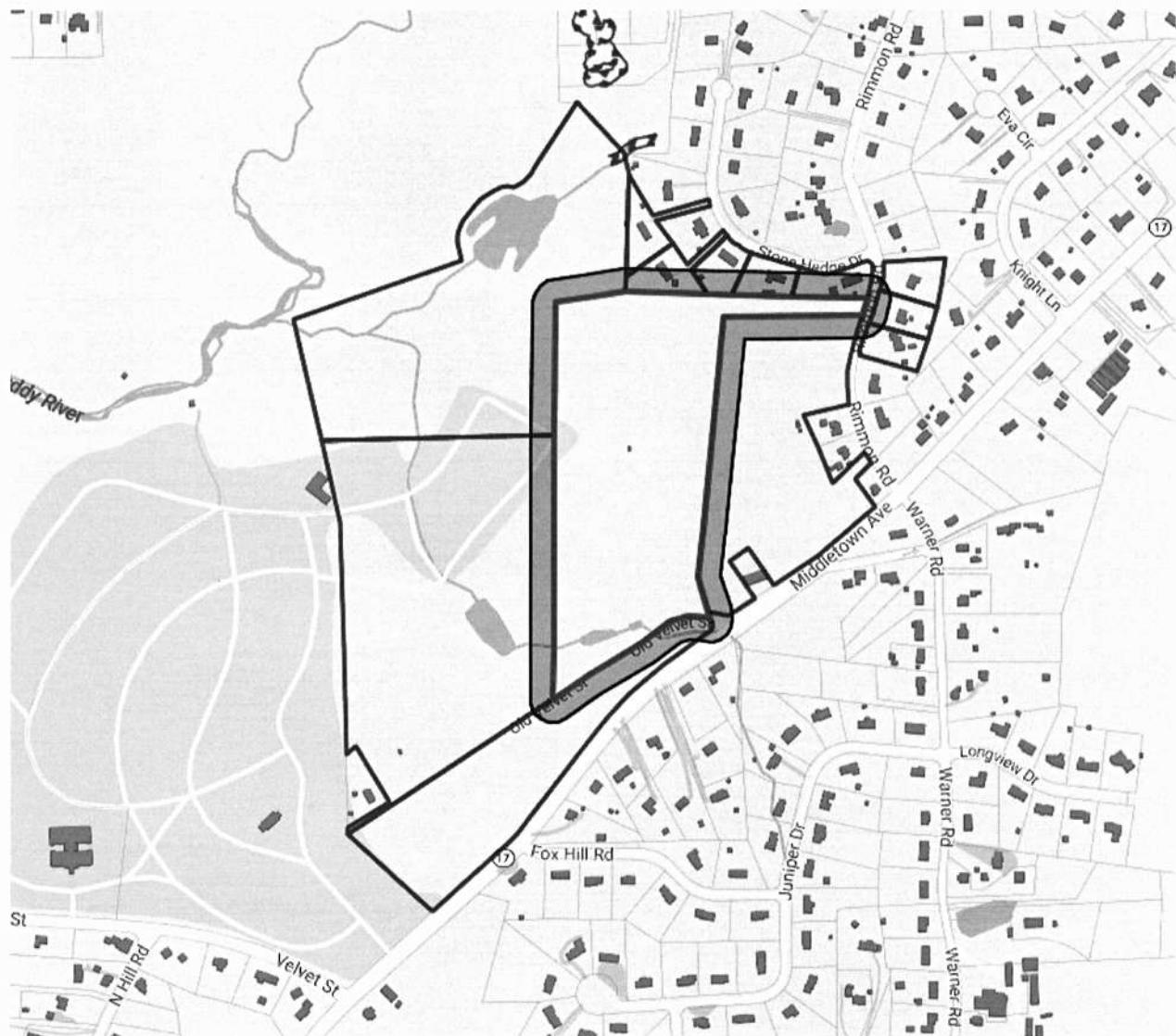
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15	GENARC 1 LLC	15 HOSLEY AVE BRANFORD, CT 06405	48/48	818 MIDDLETOWN AVE	4/4/18	4/9/18
16	CAROLE A. FRANCESCHET TRUSTEE	235 RIMMON RD NORTH HAVEN, CT 06473	48/7	235 RIMMON RD	4/4/18	4/13/18

**700 MIDDLETOWN AVENUE, NORTH HAVEN
LOT 48/47**



**700 MIDDLETOWN AVENUE, NORTH HAVEN
LOT 48/51**



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www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

The Association of Catholic Cemeteries
700 Middletown Avenue
North Haven, CT 06473

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

Dear Sir/Madam:

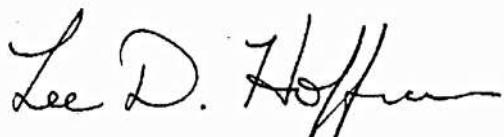
Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council (the "Council"), we are notifying you that GRE GACRUX LLC intends to file a petition for declaratory ruling with the Council on or shortly after April 6, 2018. This petition will request the Council's approval of the location and construction of a 4.98 megawatt alternating current ground-mounted solar photovoltaic system on two parcels of land in the Town of North Haven, Connecticut ("the Project").

The Project is located in southeast North Haven, on two lots that are located due North of Middletown Avenue. These lots are known as lot numbers 48/47 and 48/51, and are located between Middletown Avenue and Stonehedge Drive, near Rimmon Road in North Haven.

The Project consists of solar modules, string inverters; distribution level collector lines; electrical subpanels; step-up transformers; security fencing; and access roads. The Project will be interconnected with United Illuminating's electric distribution system.

Once filed, a full copy of the Petition will be placed on file with the Town of North Haven. If you have any questions regarding the Project, please contact the undersigned or the Council.

Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

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April 4, 2018

Via Certified Mail/Return Receipt Requested

Gregory W. Cross
229 Rimmon Road
North Haven, CT 06473

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

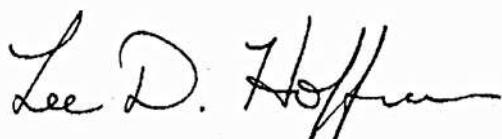
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Lee D. Hoffman
Attorney for GRE GACRUX LLC

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April 4, 2018

Via Certified Mail/Return Receipt Requested

Alan J. and Caroline K. Davis
23 Stonehedge Drive
North Haven, CT 06473

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

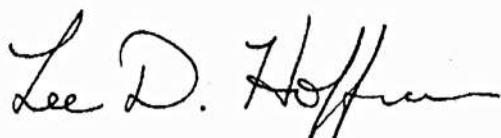
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Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

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90 State House Square
Hartford, CT 06103-3702
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Kathleen K. Rizzo
7 Stonehedge Drive
North Haven, CT 06473

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

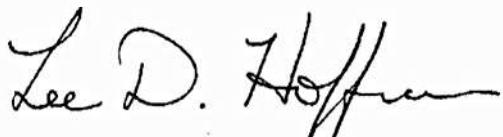
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Lee D. Hoffman
Attorney for GRE GACRUX LLC

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April 4, 2018

Via Certified Mail/Return Receipt Requested

Guy Bimonte
1 Stonehedge Drive
North Haven, CT 06473

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

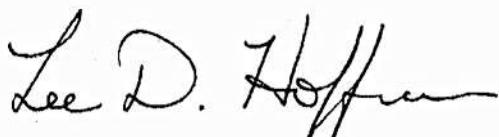
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Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

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April 4, 2018

Via Certified Mail/Return Receipt Requested

Hanz Albert
Kathleen Erin Zimmerman
15 Stonehedge Drive
North Haven, CT 06473

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

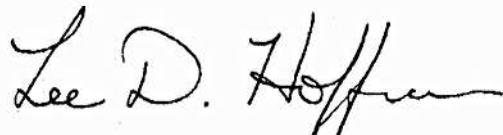
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Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

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Hartford, CT 06103-3702
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Thomas D. and Diane E. Malley
11 Stonehedge Drive
North Haven, CT 06473

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

Dear Sir/Madam:

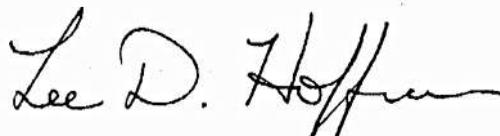
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Lee D. Hoffman
Attorney for GRE GACRUX LLC

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90 State House Square
Hartford, CT 06103-3702
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f 860 424 4370
lhoffman@pullcom.com
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Richard Joseph Kopf
581 Roosevelt Drive
Oxford, CT 06478

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

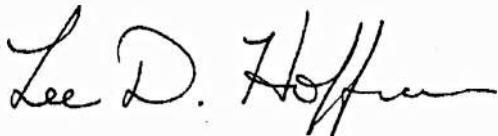
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Attorney for GRE GACRUX LLC

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April 4, 2018

Via Certified Mail/Return Receipt Requested

Carole E. Franceschet, Trustee
235 Rimmon Road
North Haven, CT 06473

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

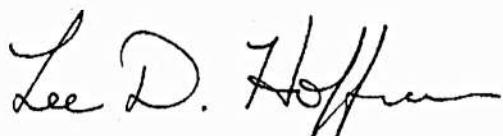
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Attorney for GRE GACRUX LLC

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April 4, 2018

Via Certified Mail/Return Receipt Requested

Susan A. Iverson
1 Old Tavern Lane
North Haven, CT 06473

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

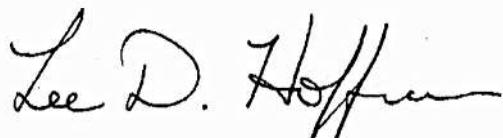
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Peter Melchionno
6 Old Tavern Lane
North Haven, CT 06473

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

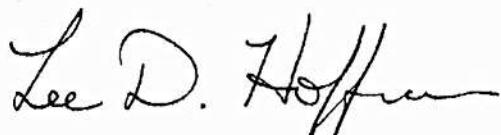
Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council (the "Council"), we are notifying you that GRE GACRUX LLC intends to file a petition for declaratory ruling with the Council on or shortly after April 6, 2018. This petition will request the Council's approval of the location and construction of a 4.98 megawatt alternating current ground-mounted solar photovoltaic system on two parcels of land in the Town of North Haven, Connecticut ("the Project").

The Project is located in southeast North Haven, on two lots that are located due North of Middleton Avenue. These lots are known as lot numbers 48/47 and 48/51, and are located between Middletown Avenue and Stonehedge Drive, near Rimmon Road in North Haven.

The Project consists of solar modules, string inverters; distribution level collector lines; electrical subpanels; step-up transformers; security fencing; and access roads. The Project will be interconnected with United Illuminating's electric distribution system.

Once filed, a full copy of the Petition will be placed on file with the Town of North Haven. If you have any questions regarding the Project, please contact the undersigned or the Council.

Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

**PULLMAN
&COMLEY_{LLC}**
ATTORNEYS

Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

Ronald & Mary C. Sacco, Jr.
239 Rimmon Road
North Haven, CT 06473

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

Dear Sir/Madam:

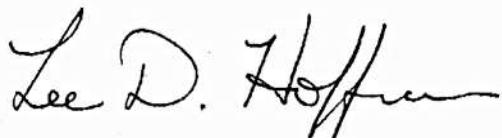
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Attorney for GRE GACRUX LLC

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&COMLEY_{LLC}**
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Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
lhoffman@pulcom.com
www.pulcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

Andrew R. Demeola
243 Rimmon Road
North Haven, CT 06473

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Located in North Haven, Connecticut**

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Lee D. Hoffman
Attorney for GRE GACRUX LLC

**PULLMAN
&COMLEY_{LLC}**
ATTORNEYS

Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

Genarc 1 LLC
15 Hosley Avenue
Branford, CT 06405

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

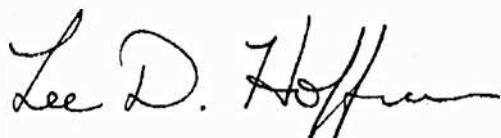
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Attorney for GRE GACRUX LLC

**PULLMAN
&COMLEY LLC**
ATTORNEYS

Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

Edward T. Warsawski
830 Middletown Avenue
North Haven, CT 06473

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

Dear Sir/Madam:

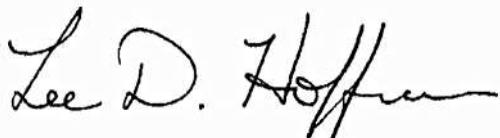
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Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

**PULLMAN
&COMLEY LLC**
ATTORNEYS

Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

Alfonso R. Camara, Trustee
242 Rimmon Road
North Haven, CT 06473

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

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Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

**PULLMAN
&COMLEY LLC**
ATTORNEYS

Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

Joshua M. Lupoli
252 Rimmon Road
North Haven, CT 06473

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

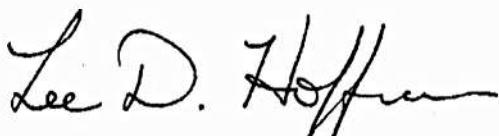
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Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

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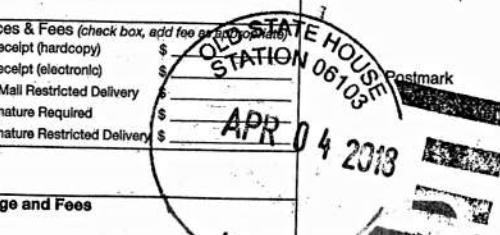
\$

Sent to: The Association of Catholic Cemeteries
700 Middletown Avenue
North Haven, CT 06473
City, State, ZIP+4*

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

See Reverse for Instructions

7016 2070 0001 0458 1125



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1. Article Addressed to:

The Association of Catholic Cemeteries
700 Middletown Avenue
North Haven, CT 06473



9590 9402 3389 7227 0661 19

2. Article Number (Transfer from service label)

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Agent
 Addressee

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 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Mail
 Mail Restricted Delivery
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 Registered Mail™
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 Signature Confirmation™
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PS Form 3811, July 2015 PSN 7530-02-000-9053

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

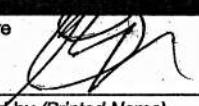
Postage
\$

Total Postage and Fees
\$

Sent To: Gregory W. Cross
229 Rimmer Road
Street and Apt. No., P.O. Box No.
North Haven, CT 06473
City, State, ZIP+4

OLD STATE HOUSE
STATION 06103
APR 04 2013
Postmark Here
USPS

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
<p>1. Article Addressed to:</p> <p>Gregory W. Cross 229 Rimmer Road North Haven, CT 06473</p>		<p>3. Service Type</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Adult Signature</td> <td style="width: 50%;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Mail		<input type="checkbox"/> Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
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<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																		
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<input type="checkbox"/> Mail																			
<input type="checkbox"/> Mail Restricted Delivery																			
<p>9590 9402 3389 7227 0661 26</p> <p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0001 0458 1132</p>		Domestic Return Receipt																	

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 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
\$

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Sent To Alan J. and Caroline K. Davis
 Street address: 23 Stonehedge Drive
 City, State, ZIP+4: North Haven, CT 06473

APR 04 2018
Postmark
OLD STATE HOUSE STATION 06103
USPS

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

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Caroline Davis <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: Alan J. and Caroline K. Davis 23 Stonehedge Drive North Haven, CT 06473</p> <p>9590 9402 3389 7227 0661 33</p> <p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0001 0458 1149</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (0)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811 July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>			

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Return Receipt (hardcopy) \$
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OLD STATE HOUSE
STATION

APR 04 2019

Postmark
Here

Postage

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Total Postage and Fees

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Sent To

Kathleen K. Rizzo
7 Stonehedge Drive
North Haven, CT 06473

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

See Reverse for Instructions

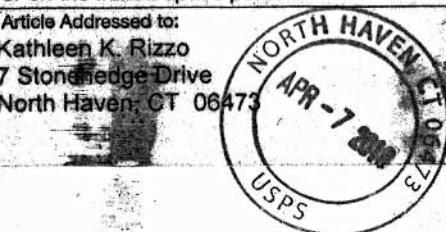
7014 2020 0000 0458 1156

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kathleen K. Rizzo
7 Stonehedge Drive
North Haven, CT 06473



9590 9402 3389 7227 0661 40

2. Article Number (Transfer from service label)

2016 2070 0001 0458 1156

COMPLETE THIS SECTION ON DELIVERY

A. Signature

K. Rizzo

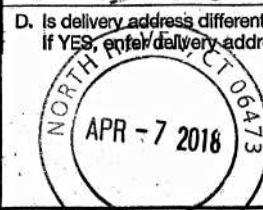
Agent
 Addressee

B. Received by (Printed Name)

K. Rizzo

C. Date of Delivery

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



3. Service Type

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

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- Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

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Sent To Guy Bimonte
Street and Apartment Number
North Haven, CT 06473
City, State, Zip Code



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

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

Postage

\$

Total Postage and Fees

\$

Hanz Albert

Sent To Kathleen Erin Zimmerman

Street and Address

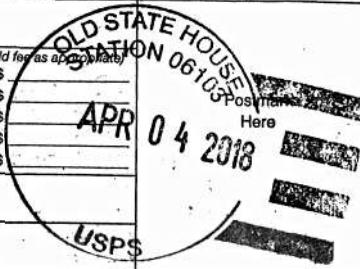
15 Stoneledge Drive

North Haven, CT 06473

City, State, ZIP+4*

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

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Hanz Albert
Kathleen Erin Zimmerman
15 Stoneledge Drive
North Haven, CT 06473



9590 9402 3389 7227 0661 95

2. Article Number (Transfer from service label)

7016 2070 0001 0458 1170

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

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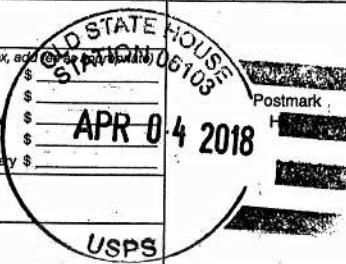
Postage

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Total Postage and Fees

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Sent To: Thomas D. and Diane E. Malley
 11 Stonehedge Drive
 North Haven, CT 06473
 City, State, ZIP+4*



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

See Reverse for Instructions

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1. Article Addressed to:

Thomas D. and Diane E. Malley
 11 Stonehedge Drive
 North Haven, CT 06473



9590 9402 3009 7124 0782 36

2. Article Number (Transfer from service label)

7016 2070 0001 0458 1187

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Priority Mail Express®
- Adult Signature
- Registered Mail™
- Adult Signature Restricted Delivery
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Return Receipt for Merchandise
- Collect on Delivery Restricted Delivery
- Signature Confirmation™
- Insured Mail
- Signature Confirmation Restricted Delivery
- All Restricted Delivery

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

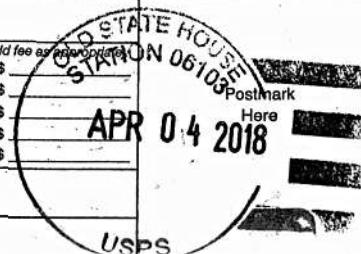
Postage

\$

Total Postage and Fees

\$

Sent To Richard Joseph Kopf
 Street and Apt. No.: 581 Roosevelt Drive
 City, State, ZIP+4: Oxford, CT 06478



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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard Joseph Kopf
 581 Roosevelt Drive
 Oxford, CT 06478



9590 9402 1188 5246 0634 46

2. Article Number (Transfer from service label)

2016 2070 0001 0458 1194

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

Richard Kopf

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Carole Franceschet</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Carole Franceschet 4/10/18</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Carole E. Franceschet, Trustee 235 Rimon Road North Haven CT 06473</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 1188 5246 0634 22</p>		<p>4. Article Number (Transfer from service label)</p> <p>7016 2070 0001 0458 1200</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>			

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
<p>7016 2070 0001 0458 1200</p> <p>Certified Mail Fee</p> <p>\$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ <i>0.50</i></p> <p><input type="checkbox"/> Return Receipt (electronic) \$ <i>0.50</i></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ <i>0.50</i></p> <p><input type="checkbox"/> Adult Signature Required \$ <i>0.50</i></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ <i>0.50</i></p>	
<p>Postage</p> <p>\$</p> <p>Total Postage and Fees</p> <p>\$</p> <p>Sent To Carole E. Franceschet, Trustee 235 Rimon Road Street and Apt. No. or P.O. Box No. <i>North Haven, CT 06473</i> City, State, ZIP+4</p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047</p> <p style="text-align: right;">See Reverse for Instructions</p>	

ROUTE 1 APR 04 2018
06105 Postmark Here

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

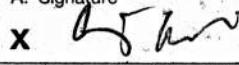
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

COSTA RICA APR 04 2018 Postmark Here

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To Susan A. Iverson	
1 Old Tavern Lane	
Street and Apt. No., or PO Box No.	
North Haven, CT 06473	
City, State, ZIP+4*	

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Susan A. Iverson 1 Old Tavern Lane North Haven, CT 06473</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (\$r \$500)</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 1188 5246 0634 15</p> <p>7016 2070 0001 0458 1217</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

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OFFICIAL USE

Certified Mail Fee
\$

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

Postage
\$

Total Postage and Fees
\$

Sent To Peter Melchionno
6 Old Tavern Lane
Street and Apt. No. or P.O. Box No.
North Haven, CT 06473
City, State, ZIP+4*

APR 04 2013

OLD STATE STATION
HOUSE 06103
Hartford, CT

USPS

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Klein <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <input type="checkbox"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: Peter Melchionno 6 Old Tavern Lane North Haven, CT 06473</p>		<p>3. Service Type</p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery <input type="checkbox"/> (0) </p> <p> <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Restricted Delivery </p>	
<p>2. Article Number (Transfer from service label) 7016 2070 0001 0458 1224</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	
Domestic Return Receipt			

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OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, and fee if appropriate)

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

Postage

\$

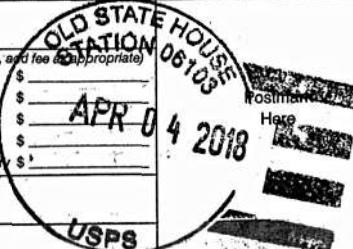
Total Postage and Fees

\$

Sent To Ronald & Mary C. Sacco, Jr.
239 Rimmon Road
Street and Apt. No., or P.O. Box No.
North Haven, CT 06473
City, State, ZIP+4®

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

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ronald & Mary C. Sacco, Jr.
239 Rimmon Road
North Haven, CT 06473



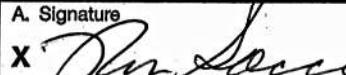
9590 9402 3009 7124 0791 03

2. Article Number (Transfer from service label)

7016 2070 0001 0458 1231

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

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

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

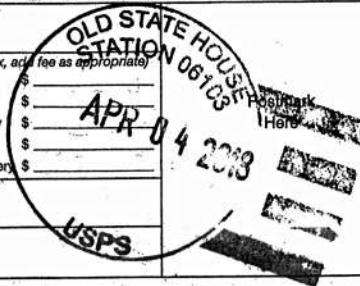
\$

Sent To Andrew R. Demeola

Street and Zip Code

North Haven, CT 06473

City, State, ZIP+4*



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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Andrew R. Demeola
243 Rimmon Road
North Haven, CT 06473



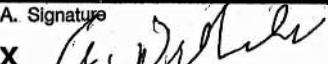
9590 9402 3009 7124 0790 97

2. Article Number (Transfer from service label)

7016 2070 0001 0458 1248

COMPLETE THIS SECTION ON DELIVERY

A. Signature



Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>E. Warsawski</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/></p> <p>C. Date of Delivery <input type="checkbox"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <small>*all</small> <small>*all Restricted Delivery</small></p>	
 <p>9590 9402 3009 7124 0790 73</p> <p>2. Article Number. (Transfer from service label)</p> <p>7016 2070 0001 0458 1262</p>			

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OFFICIAL USE

7016 2070 0001 0458 0906

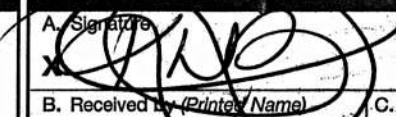
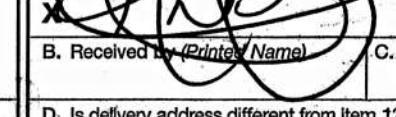
Certified Mail Fee
\$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage
\$
Total Postage and Fees
\$

Sent To Genarc 1 LLC
15 Hosley Avenue
Branford, CT 06405
Street and Apt. No., or PO Box No.
City, State, Zip+4

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

OLD STATE HOUSE
STATION 06103
APR 04 2018
Postman Here
USPS

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery 9-6-18</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Genarc 1 LLC 15 Hosley Avenue Branford, CT 06405</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0001 0458 0906</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

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

OFFICIAL USE

Certified Mail Fee

\$ APR 04 2018

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

Return Receipt (hardcopy) Postmark
 Return Receipt (electronic) Here
 Certified Mail Restricted Delivery OLD STATE HOUSE STATION 06103
 Adult Signature Required 04 2018
 Adult Signature Restricted Delivery USPS

Postage

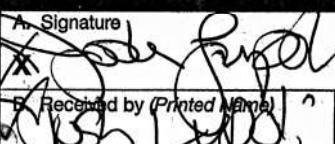
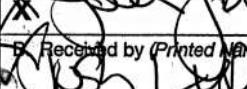
\$

Total Postage and Fees

\$

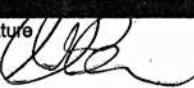
Sent To Joshua M. Lupoli
 Street and ZIP Code: 252 Rimmer Road
 City, State, ZIP+4: North Haven, CT 06473

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  C. Date of Delivery 4/13/18</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Joshua M. Lupoli 252 Rimmer Road North Haven, CT 06473</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® Priority Mail <input type="checkbox"/> Certified Mail Restricted Delivery Registered Mail <input type="checkbox"/> Collect on Delivery Priority Mail <input type="checkbox"/> Collect on Delivery Restricted Delivery Registered Mail <input type="checkbox"/> Mail Priority Mail <input type="checkbox"/> Mail Restricted Delivery Registered Mail</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0001 0458 1293</p>		<p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Alfonso R. Camara, Trustee 242 Rimmon Road North Haven, CT 06473</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3009 7124 0790 59</p>		<p>7016 2070 0001 0458 1279</p>	

LOCAL, STATE & FEDERAL OFFICIALS

GREENSKIES NORTH HAVEN
CERTIFICATION OF SERVICE TO GOVERNMENT ENTITIES
CT SITING COUNCIL

<u>GOVERNMENT NAME / ENTITY</u>	MAILED From P & C via Certified Mail	RETURN RECEIPT BACK [Green Card]
<u>NORTH HAVEN</u>		
First Selectman, Michael J. Freda Town of North Haven 18 Church Street North Haven, CT 06473	4/4/18	4/9/18
Town Clerk Town of North Haven 18 Church Street North Haven, CT 06473	4/4/18	4/9/18
Land Use Administrator, Alan Fredricksen Town of North Haven 18 Church Street North Haven, CT 06473	4/4/18	4/9/18
Building Official, Elio Floriano Town of North Haven 18 Church Street North Haven, CT 06473	4/4/18	4/9/18
Town Engineer, Jonathan Bodwell, P.E. Town of North Haven 18 Church Street North Haven, CT 06473	4/4/18	4/11/18
Vern Carlson, Chairman Planning and Zoning Commission Town of North Haven 18 Church Street North Haven, CT 06473	4/4/18	4/9/18
Chairman Economic Development Commission Town of North Haven 18 Church Street North Haven, CT 06473	4/4/18	4/9/18

GREENSKIES NORTH HAVEN
CERTIFICATION OF SERVICE TO GOVERNMENT ENTITIES
CT SITING COUNCIL

<u>GOVERNMENT NAME / ENTITY</u>	MAILED From P & C via Certified Mail	RETURN RECEIPT BACK [Green Card]
Chair Inland Wetlands and Watercourses Commission Town of North Haven 18 Church Street North Haven, CT 06473	4/4/18	4/9/18
<u>NORTH BRANFORD</u>		
Michael T. Paulhus, Town Manager Town of North Branford 909 Foxon Road North Branford CT 06471	4/4/18	4/9/18
Carey Duques, Planning and Zoning Administrator/Town Planner Town of North Branford 909 Foxon Road North Branford CT 06471	4/4/18	4/9/18
Thomas Cowell, Building Official Town of North Branford 909 Foxon Road North Branford CT 06471	4/4/18	4/9/18
Town Clerk's Office Town of North Branford 909 Foxon Road North Branford CT 06471	4/4/18	4/9/18
Kurt Weiss, P.E., Town Engineer Town of North Branford 909 Foxon Road North Branford CT 06471	4/4/18	4/9/18
Stephen Scavo, Chairperson Conservation & Inland Wetlands & Watercourses Agency Town of North Branford 909 Foxon Road North Branford CT 06471	4/4/18	4/9/18

GREENSKIES NORTH HAVEN
CERTIFICATION OF SERVICE TO GOVERNMENT ENTITIES
CT SITING COUNCIL

<u>GOVERNMENT NAME / ENTITY</u>	MAILED From P & C via Certified Mail	RETURN RECEIPT BACK [Green Card]
Harry Dulak, Chairperson Planning and Zoning Commission Town of North Branford 909 Foxon Road North Branford CT 06471	4/4/18	4/9/18
Chairperson Jan Finch Economic Development Commission Town of North Branford 909 Foxon Road North Branford CT 06471	4/4/18	4/9/18
South Central Region Council of Governments 127 Washington Avenue 4th Floor West North Haven, CT 06473	4/4/18	4/9/18
<u>EAST HAVEN</u>		
Mayor Joseph Maturo, Jr. Town of East Haven 250 Main Street, East Haven, CT 06512	4/4/18	4/9/18
James A. Bassett Building Official Town of East Haven 250 Main Street, East Haven, CT 06512	4/4/18	4/9/18
Sal Brancati Director of Administration & Mgmt. & Director of Economic Development Town of East Haven 250 Main Street, East Haven, CT 06512	4/4/18	4/9/18
Christopher Soto Planning & Zoning Enforcement Officer Town of East Haven 250 Main Street, East Haven, CT 06512	4/4/18	4/9/18

GREENSKIES NORTH HAVEN
CERTIFICATION OF SERVICE TO GOVERNMENT ENTITIES
CT SITING COUNCIL

<u>GOVERNMENT NAME / ENTITY</u>	MAILED From P & C via Certified Mail	RETURN RECEIPT BACK [Green Card]
Kevin White Town Engineer Town of East Haven 250 Main Street, East Haven, CT 06512	4/4/18	4/9/18
Chairman Jeffrey Jaffe Inland Wetlands and Watercourse Commission Town of East Haven 250 Main Street, East Haven, CT 06512	4/4/18	4/9/18
Chairman Demayo Planning and Zoning Commission Town of East Haven 250 Main Street, East Haven, CT 06512	4/4/18	4/9/18
Economic Development Commission Sal Brancati, Director Town of East Haven 250 Main Street, East Haven, CT 06512	4/4/18	4/9/18
<hr/>		
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<u>STATE GOVERNMENT</u>		
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Office of the Attorney General State of Connecticut Attorney General George Jepsen 55 Elm Street Hartford, CT 06106	4/4/18	4/9/18
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Senator Richard Blumenthal 90 State House Square, 10 th Floor Hartford, CT 06103	4/4/18	4/9/18
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GREENSKIES NORTH HAVEN
CERTIFICATION OF SERVICE TO GOVERNMENT ENTITIES
CT SITING COUNCIL

<u>GOVERNMENT NAME / ENTITY</u>	MAILED From P & C via Certified Mail	RETURN RECEIPT BACK [Green Card]
Senator Christopher Murphy Colt Gateway 120 Huyshope Avenue Suite 401 Hartford, CT 06106	4/4/18	
The Honorable Rosa L. DeLauro 59 Elm Street New Haven, CT 06510	4/4/18	4/9/18
Sen. Leonard Fasano 7 Sycamore Lane North Haven, CT 06473	4/4/18	4/12/18
James M. Albis Deputy Majority Leader Legislative Office Building, Room 4023 Hartford, CT 06106-1591	4/4/18	4/11/18
State Representative Roland Lemar Majority Caucus Chair Legislative Office Building, Room 2103 Hartford, CT 06106-1591	4/4/18	4/11/18
Sen. Martin M. Looney Legislative Office Building Room 3300 Hartford, CT 06106-1591	4/4/18	4/11/18
Dave Yacarino Legislative Office Building 300 Capitol Avenue Hartford, CT 06106-1591	4/4/18	4/11/18
State Senator Ted Kennedy Legislative Office Building Room 3300 Hartford, CT 06106-1591	4/4/18	4/11/18

GREENSKIES NORTH HAVEN
CERTIFICATION OF SERVICE TO GOVERNMENT ENTITIES
CT SITING COUNCIL

<u>GOVERNMENT NAME / ENTITY</u>	MAILED From P & C via Certified Mail	RETURN RECEIPT BACK [Green Card]
State Representative Vincent Candelora Legislative Office Building 300 Capitol Avenue Hartford, CT 06106-1591	4/4/18	4/11/18
<u>STATE AGENCIES</u>		
State of Connecticut Department of Energy and Environmental Protection Robert Klee, Commissioner 79 Elm Street Hartford, CT 06106	4/4/18	4/11/18
State of Connecticut Department of Public Health c/o Dr. Raul Pino, Commissioner 410 Capitol Avenue, PO Box 340308 Hartford, CT 06134	4/4/18	4/12/18
State of Connecticut Council on Environmental Quality c/o Susan D. Merrow, Chair 79 Elm Street Hartford, CT 06106	4/4/18	4/11/18
State of Connecticut Department of Agriculture c/o Steven K. Reviczky, Commissioner Department of Agriculture 450 Columbus Blvd, Suite 701 Hartford, CT 06103	4/4/18	4/9/18
State of Connecticut Public Utility Regulatory Authority c/o Katie Dykes, Chair Ten Franklin Square New Britain, CT 06051	4/4/18	4/9/18

GREENSKIES NORTH HAVEN
CERTIFICATION OF SERVICE TO GOVERNMENT ENTITIES
CT SITING COUNCIL

<u>GOVERNMENT NAME / ENTITY</u>	MAILED From P & C via Certified Mail	RETURN RECEIPT BACK [Green Card]
State of Connecticut Office of Policy and Management Benjamin Barnes, Secretary Office of Policy and Management 450 Capitol Avenue Hartford, CT 06106	4/4/18	4/11/18
State of Connecticut Department of Economic and Community Development Catherine Smith, DECD Commissioner 450 Columbus Boulevard, Suite 5 Hartford, CT 06103	4/4/18	4/9/18
State of Connecticut Department of Transportation c/o James P. Redeker, Commissioner 2800 Berlin Turnpike Newington, CT 06111	4/4/18	4/9/18
Connecticut Department of Emergency Services and Public Protection Dora B. Schriro, Commissioner 1111 Country Club Road Middletown, CT 06457	4/4/18	4/9/18
State of Connecticut Department of Consumer Protection Michelle Seagull, Commissioner 450 Columbus Boulevard, Suite 901 Hartford, Connecticut 06103-1840	4/4/18	4/9/18
Connecticut Department of Administrative Services Melody A. Currey, Commissioner Department of Administrative Services 450 Columbus Boulevard Hartford CT, 06103	4/4/18	4/9/18
State of Connecticut Department of Labor Scott D. Jackson, Commissioner 200 Folly Brook Boulevard Wethersfield, CT 06109	4/4/18	4/9/18

**PULLMAN
&COMLEY LLC**
ATTORNEYS

Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

First Selectman, Michael J. Freda
Town of North Haven
18 Church Street
North Haven, CT 06473

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

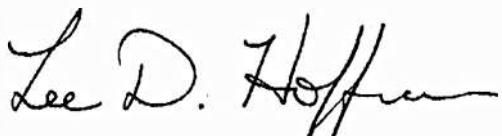
Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council (the "Council"), we are notifying you that GRE GACRUX LLC intends to file a petition for declaratory ruling with the Council on or shortly after April 6, 2018. This petition will request the Council's approval of the location and construction of a 4.98 megawatt alternating current ground-mounted solar photovoltaic system on two parcels of land in the Town of North Haven, Connecticut ("the Project").

The Project is located in southeast North Haven, on two lots that are located due North of Middleton Avenue. These lots are known as lot numbers 48/47 and 48/51, and are located between Middletown Avenue and Stonehedge Drive, near Rimmon Road in North Haven.

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Once filed, a full copy of the Petition will be placed on file with the Town of North Haven. If you have any questions regarding the Project, please contact the undersigned or the Council.

Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

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&COMLEY_{LLC}
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Hartford, CT 06103-3702
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lhoffman@pullcom.com
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Town Clerk
Town of North Haven
18 Church Street
North Haven, CT 06473

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

Dear Sir/Madam:

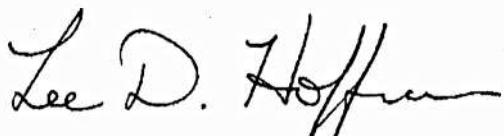
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Attorney for GRE GACRUX LLC

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Hartford, CT 06103-3702
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www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

Land Use Administrator, Alan Fredricksen
Town of North Haven
18 Church Street
North Haven, CT 06473

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

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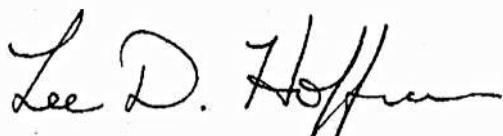
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Attorney for GRE GACRUX LLC

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April 4, 2018

Via Certified Mail/Return Receipt Requested

Building Official, Elio Floriano
Town of North Haven
18 Church Street
North Haven, CT 06473

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Located in North Haven, Connecticut**

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Lee D. Hoffman
Attorney for GRE GACRUX LLC

**PULLMAN
&COMLEY LLC**
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Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

Town Engineer, Jonathan Bodwell, P.E.
Town of North Haven
18 Church Street
North Haven, CT 06473

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

Dear Sir/Madam:

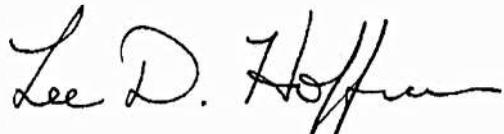
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Attorney for GRE GACRUX LLC

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April 4, 2018

Via Certified Mail/Return Receipt Requested

Vern Carlson, Chairman
Planning and Zoning Commission
Town of North Haven
18 Church Street
North Haven, CT 06473

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

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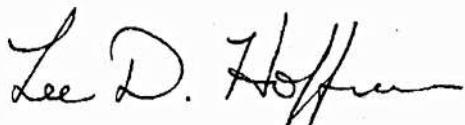
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Lee D. Hoffman
Attorney for GRE GACRUX LLC

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90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
lhoffman@pulcom.com
www.pulcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

Chairman
Economic Development Commission
Town of North Haven
18 Church Street
North Haven, CT 06473

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

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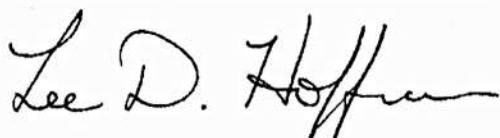
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Attorney for GRE GACRUX LLC

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April 4, 2018

Via Certified Mail/Return Receipt Requested

Chair
Inland Wetlands and Watercourses Commission
Town of North Haven
18 Church Street
North Haven, CT 06473

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

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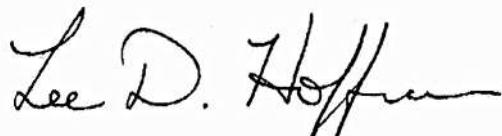
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Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
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www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

Michael T. Paulhus, Town Manager
Town of North Branford
909 Foxon Road
North Branford, CT 06471

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

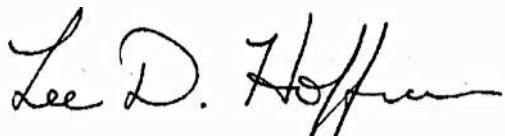
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Carey Duques, Planning and Zoning
Administrator/Town Planner
Town of North Branford
909 Foxon Road
North Branford, CT 06471

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

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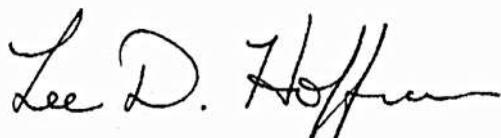
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Thomas Cowell, Building Official
Town of North Branford
909 Foxon Road
North Branford, CT 06471

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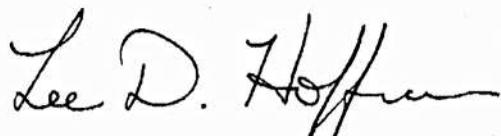
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April 4, 2018

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Town Clerk's Office
Town of North Branford
909 Foxon Road
North Branford, CT 06471

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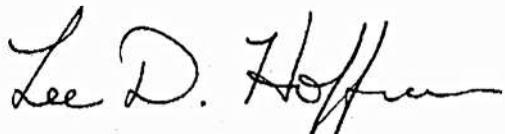
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Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

**PULLMAN
&COMLEY^{LLC}
ATTORNEYS**

Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
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lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

Kurt Weiss, P.E., Town Engineer
Town of North Branford
909 Foxon Road
North Branford, CT 06471

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

Dear Sir/Madam:

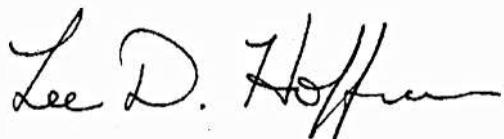
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Stephen Scavo, Chairperson
Conservation & Inlands Wetlands & Watercourses Agency
Town of North Branford
909 Foxon Road
North Branford, CT 06471

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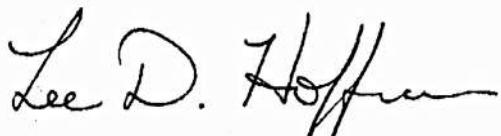
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Harry Dulak, Chairperson
Planning and Zoning Commission
Town of North Branford
909 Foxon Road
North Branford, CT 06471

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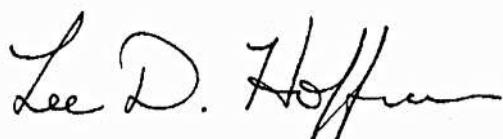
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Chairperson Jan Finch
Economic Development Commission
Town of North Branford
909 Foxon Road
North Branford, CT 06471

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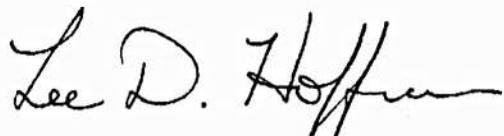
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April 4, 2018

Via Certified Mail/Return Receipt Requested

South Central Region Council of Governments
127 Washington Ave., 4th Floor West
North Haven, CT 06473

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

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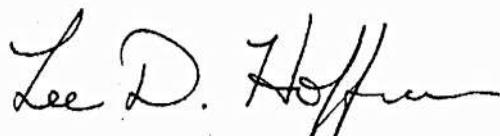
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Mayor Joseph Maturo, Jr.
Town of East Haven
250 Main Street
East Haven, CT 06512

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

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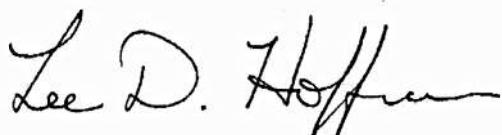
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April 4, 2018

Via Certified Mail/Return Receipt Requested

James A. Bassett, Building Official
Town of East Haven
250 Main Street
East Haven, CT 06512

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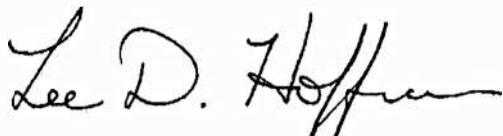
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April 4, 2018

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Sal Brancati
Director of Administration & Mgmt. &
Director of Economic Development
Town of East Haven
250 Main Street
East Haven, CT 06512

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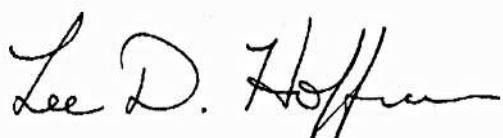
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Christopher Soto, Planning & Zoning
Enforcement Officer
Town of East Haven
250 Main Street
East Haven, CT 06512

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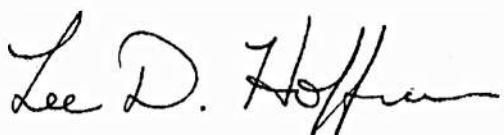
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April 4, 2018

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Kevin White, Town Engineer
Town of East Haven
250 Main Street
East Haven, CT 06512

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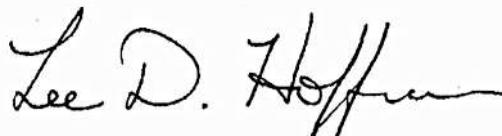
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Chairman Jeffrey Jaffe
Inland Wetlands and Watercourse Commission
Town of East Haven
250 Main Street
East Haven, CT 06512

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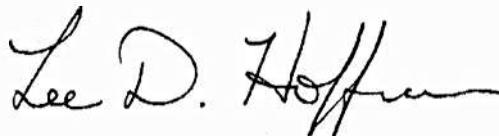
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Planning and Zoning Commission
Town of East Haven
250 Main Street
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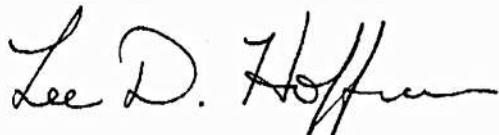
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Office of the Attorney General
State of Connecticut
Attorney General George Jepsen
55 Elm Street
Hartford, CT 06016

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

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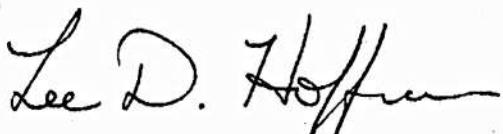
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Senator Richard Blumenthal
90 State House Square, 10th Floor
Hartford, CT 0103

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

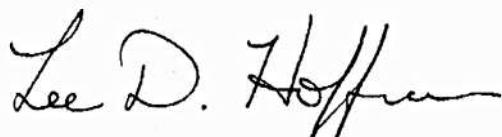
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April 4, 2018

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Senator Christopher Murphy
Colt Gateway
120 Huyushope Avenue
Suite 401
Hartford, CT 06106

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

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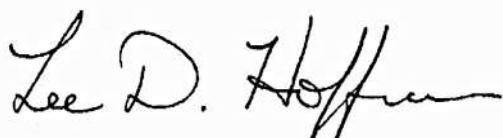
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Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

**PULLMAN
&COMLEY LLC**
ATTORNEYS

Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
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lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

The Honorable Rosa L. DeLauro
59 Elm Street
New Haven, CT 06510

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

Dear Sir/Madam:

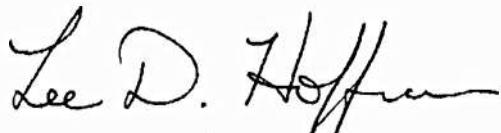
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Senator Leonard Fasano
7 Sycamore Lane
North Haven, CT 06473

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

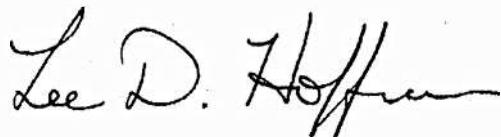
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April 4, 2018

Via Certified Mail/Return Receipt Requested

James M. Albis
Deputy Majority Leader
Legislative Office Building, Room 4023
Hartford, CT 01606

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

Dear Sir/Madam:

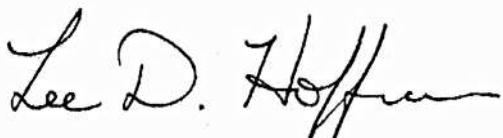
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April 4, 2018

Via Certified Mail/Return Receipt Requested

State Representative Roland Lemar
Majority Caucus Chair
Legislative Office Building, Room 2103
Hartford, CT 06106

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

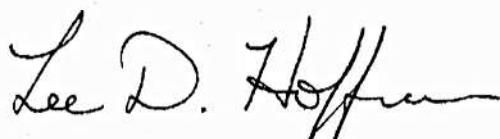
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Senator Martin M. Looney
Legislative Office Building, Room 3300
Hartford, CT 06106

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

Dear Sir/Madam:

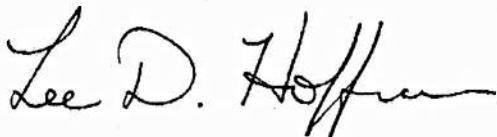
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April 4, 2018

Via Certified Mail/Return Receipt Requested

Dave Yacarino
Legislative Office Building
300 Capitol Avenue
Hartford, CT 06106

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

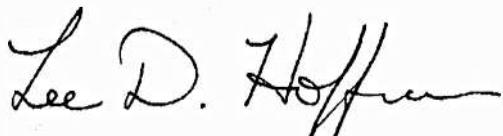
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April 4, 2018

Via Certified Mail/Return Receipt Requested

State Senator Ted Kennedy
Legislative Office Building
Room: 3300
Hartford, CT 06106

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

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April 4, 2018

Via Certified Mail/Return Receipt Requested

State Representative Vincent Candelora
Legislative Office Building
300 Capitol Avenue
Hartford, CT 06106

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

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April 4, 2018

Via Certified Mail/Return Receipt Requested

State of Connecticut
Department of Energy and Environmental Protection
Robert Klee, Commissioner
79 Elm Street
Hartford, CT 06106

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

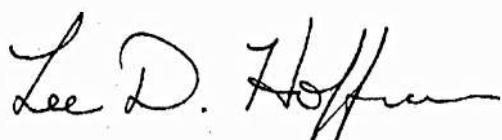
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Hartford, CT 06103-3702
p 860 424 4315
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lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

State of Connecticut
Department of Public Health
c/o Dr. Raul Pino, Commissioner
410 Capitol Avenue, PO Box 340308
Hartford, CT 06134

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

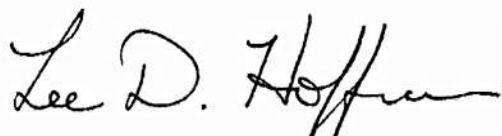
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April 4, 2018

Via Certified Mail/Return Receipt Requested

State of Connecticut
Council on Environmental Quality
c/o Susan D. Merrow, Chair
79 Elm Street
Hartford, CT 06106

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

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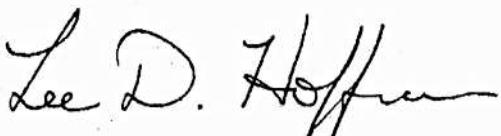
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April 4, 2018

Via Certified Mail/Return Receipt Requested

State of Connecticut
Department of Agriculture
c/o Steven K. Reviczky, Commissioner
165 Capitol Avenue
Hartford, CT 06106

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

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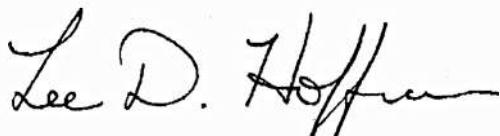
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April 4, 2018

Via Certified Mail/Return Receipt Requested

State of Connecticut
Public Utility Regulatory Authority
c/o Katie Dykes, Chairman
Ten Franklin Square
New Britain, CT 06051

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

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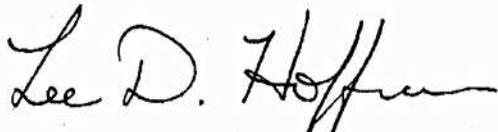
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April 4, 2018

Via Certified Mail/Return Receipt Requested

State of Connecticut
Office of Policy and Management
Benjamin Barnes, Secretary
Office of Policy and Management
450 Capitol Avenue
Hartford, CT 06106

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April 4, 2018

Via Certified Mail/Return Receipt Requested

State of Connecticut
Department of Economic and Community Development
Catherine Smith, DECD Commissioner
450 Columbus Boulevard, Suite 5
Hartford, CT 06103

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

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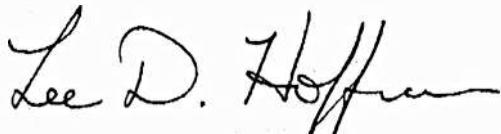
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p 860 424 4315
f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

State of Connecticut
Department of Transportation
c/o James P. Redeker, Commissioner
2800 Berlin Turnpike
Newington, CT 06111

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

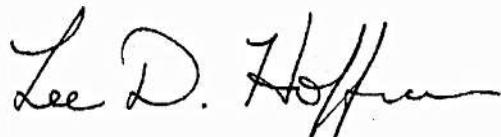
Pursuant to section 16-50j-40(a) of the regulations of the Connecticut Siting Council (the "Council"), we are notifying you that GRE GACRUX LLC intends to file a petition for declaratory ruling with the Council on or shortly after April 6, 2018. This petition will request the Council's approval of the location and construction of a 4.98 megawatt alternating current ground-mounted solar photovoltaic system on two parcels of land in the Town of North Haven, Connecticut ("the Project").

The Project is located in southeast North Haven, on two lots that are located due North of Middleton Avenue. These lots are known as lot numbers 48/47 and 48/51, and are located between Middletown Avenue and Stonehedge Drive, near Rimmon Road in North Haven.

The Project consists of solar modules, string inverters; distribution level collector lines; electrical subpanels; step-up transformers; security fencing; and access roads. The Project will be interconnected with United Illuminating's electric distribution system.

Once filed, a full copy of the Petition will be placed on file with the Town of North Haven. If you have any questions regarding the Project, please contact the undersigned or the Council.

Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

**PULLMAN
&COMLEY^{LLC}
ATTORNEYS**

Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

Connecticut Department of Emergency Services and Public Protection
Dora B. Schriro, Commissioner
1111 Country Club Road
Middletown, CT 06457

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

Dear Sir/Madam:

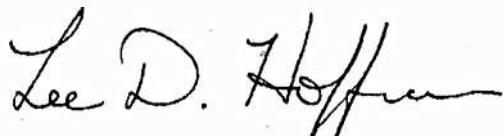
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Lee D. Hoffman
Attorney for GRE GACRUX LLC

**PULLMAN
&COMLEY_{LLC}**
ATTORNEYS

Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

State of Connecticut Department of Consumer Protection
Michelle Seagull, Commissioner
450 Columbus Boulevard, Suite 5
Hartford, CT 06103

Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be Located in North Haven, Connecticut

Dear Sir/Madam:

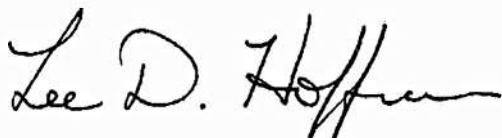
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Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

**PULLMAN
&COMLEY^{LLC}
ATTORNEYS**

Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

Connecticut Department of Administrative Services
Melody A. Currey, Commissioner
450 Columbus Boulevard
Hartford, CT 06103

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

Dear Sir/Madam:

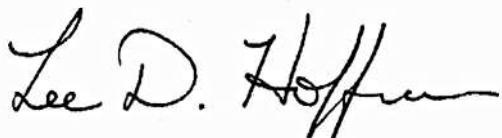
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Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

**PULLMAN
&COMLEY LLC**
ATTORNEYS

Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

April 4, 2018

Via Certified Mail/Return Receipt Requested

State of Connecticut Department of Labor
Scott D. Jackson, Commissioner
200 Folly Brook Boulevard
Wethersfield, CT 06109

**Re: GRE GACRUX LLC Petition for Declaratory Ruling for a Solar Project to Be
Located in North Haven, Connecticut**

Dear Sir/Madam:

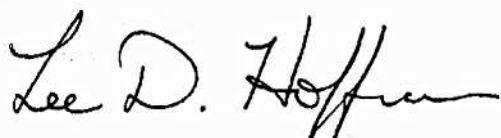
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Sincerely,



Lee D. Hoffman
Attorney for GRE GACRUX LLC

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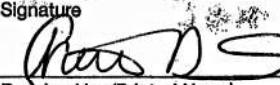
Certified Mail Fee
\$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage
\$
Total Postage and Fees
\$

First Selectman, Michael J. Freda
Sent To
Town of North Haven
Street and Apartment Number
18 Church Street
City, State, Zip
North Haven, CT 06473

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

APR 04 2018
OLD STATE HOUSE STATION 06108
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USPS

<p>SENDER: COMPLETE THIS SECTION</p> <p> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to: First Selectman, Michael J. Freda Town of North Haven 18 Church Street North Haven, CT 06473 </p> <p style="text-align: center;">  9590 9402 3009 7124 0790 28 </p> <p>2. Article Number (<i>Transfer from service label</i>) 7016 2070 0001 0458 0913</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p> A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p> B. Received by (Printed Name)  C. Date of Delivery  </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p> 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Domestic Mail <input type="checkbox"/> International Mail <input type="checkbox"/> Mail Restricted Delivery (O) </p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>
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PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) <input type="checkbox"/> Return Receipt (electronic) <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$	
Total Postage and Fees	
Town Clerk <i>Sent To</i> Town of North Haven <i>18 Church Street</i> <i>Street and Number</i> <i>18 Church Street</i> <i>City, State, Zip</i> <i>North Haven, CT 06473</i>	

See Reverse for Instructions

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

APR 04 2013

STATE HOUSE STATION 06103

Postmark

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Reed D</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p><i>9/10</i></p>																	
<p>1. Article Addressed to:</p> <p>Town Clerk Town of North Haven 18 Church Street North Haven, CT 06473</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
 <p>9590 9402 3009 7124 0790 11</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery-Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery-Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail			
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																		
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																		
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																		
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																		
<input type="checkbox"/> Collect on Delivery-Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																		
<input type="checkbox"/> Insured Mail																			
<p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0001 0458 1309</p>																			

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

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

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

Postage

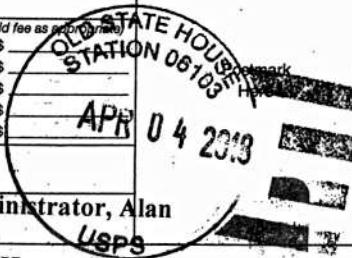
\$

Total Postage **Land Use Administrator, Alan
\$ Fredricksen**

Sent To **Town of North Haven**

Street and Box Number **18 Church Street**

City, State, Zip **North Haven, CT 06473**



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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Land Use Administrator, Alan
Fredricksen
Town of North Haven
18 Church Street
North Haven, CT 06473**



9590 9402 3389 7227 0652 80

2. Article Number (Transfer from service label)

7016 2070 0001 0458 1316

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

Agent
 Addressee

B. Received by (Printed Name)

4/10

C. Date of Delivery

4/10

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

3. Service Type

Priority Mail Express®
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Mail Restricted Delivery
 Registered Mail™
 Registered Mail Restricted Delivery
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 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

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

Return Receipt (hardcopy)
 Return Receipt (electronic)
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Postage

\$

Total Postage and Fees

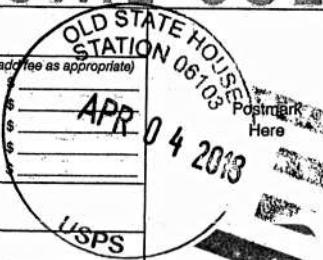
\$

Building Official, Elio Floriano

Sent To **Town of North Haven**

Street and Apartment Number

City, State, Zip Code



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

See Reverse for Instructions

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Building Official, Elio Floriano
Town of North Haven
18 Church Street
North Haven, CT 06473**



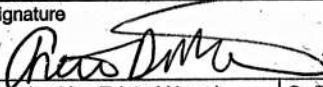
9590 9402 3389 7227 0652 73

2. Article Number (Transfer from service label)

7016 2070 0001 0458 1323

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/10/18

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

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

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

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

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

OLD STATE HOUSE
STATION 06103

Postmark
Here

APR 04 2018

Postage

\$

Total Postage and Fees

\$

Sent To **Town Engineer, Jonathan Bodwell, P.E.**
Town of North Haven
 Street and Apt. No., or PO Box No.
18 Church Street
 City, State **North Haven, CT 06473**

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

See Reverse for Instructions

DEET 9540 1000 0202 9102 9102

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Town Engineer, Jonathan Bodwell, P.E.
 Town of North Haven
 18 Church Street
 North Haven, CT 06473**



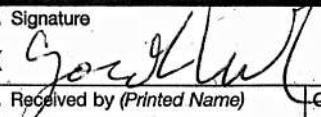
9590 9402 3389 7227 0652 66

2. Article Number (Transfer from service label)

2016 2070 0001 0458 1330

COMPLETE THIS SECTION ON DELIVERY

A. Signature


X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/9

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Certified Mail®
- Collect on Delivery
- Signature Confirmation™
- Adult Signature
- Collect on Delivery Restricted Delivery
- Signature Confirmation Restricted Delivery
- Adult Signature Restricted Delivery
- Mail Restricted Delivery
- Mail Restricted Delivery 00

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

Domestic Return Receipt

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Certified Mail Fee

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Extra Services & Fees (check box and fee as appropriate)

Return Receipt (hard copy) \$ *0.40*
 Return Receipt (electronic) \$ *0.30*
 Certified Mail Restricted Delivery \$ *0.30*
 Adult Signature Required \$ *0.30*
 Adult Signature Restricted Delivery \$ *0.30*

Postage

\$

Total Postage and Fees

\$

Vern Carlson, Chairman

Sent To Planning and Zoning Commission

Town of North Haven

Street and Apt. No. of P.O. Box No.

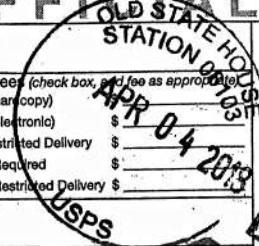
18 Church Street

City, State, Zip Code

North Haven, CT 06473

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

See Reverse for Instructions



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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**Vern Carlson, Chairman
Planning and Zoning Commission
Town of North Haven
18 Church Street
North Haven, CT 06473**



9590 9402 3389 7227 0652 59

2. Article Number (Transfer from service label)

7016 2070 0001 0458 1347

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Vern Carlson

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/16

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail

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

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

Postage

\$
Total Postage and Fees

\$ **Chairman**
Economic Development Commission
Sent To
Town of North Haven
Street and Apartment or P.O. Box No.
18 Church Street
City, State, Zip
North Haven, CT 06473

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

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chairman
Economic Development Commission
Town of North Haven
18 Church Street
North Haven, CT 06473



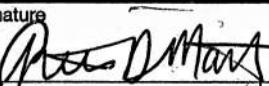
9590 9402 3389 7227 0652 42

2. Article Number (Transfer from service label)

7016 2070 0001 0458 1354

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
4/4

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation-Restricted Delivery

all
all Restricted Delivery

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

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Chair, Inland Wetlands and Watercourses

\$

Sent To Commission

Town of North Haven

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

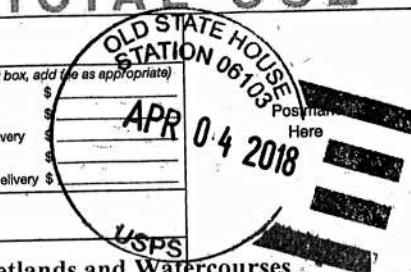
18 Church Street

City, State, ZIP+4

North Haven, CT 06473

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

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2 and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chair
Inland Wetlands and Watercourses
Commission
Town of North Haven
18 Church Street
North Haven, CT 06473



9590 9402 3389 7227 0652 35

2. Article Number. (Transfer from service label)

2016 2070 0001 0458 1361

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail
- Mail Restricted Delivery 500

Domestic Return Receipt

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

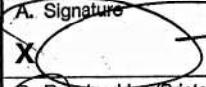
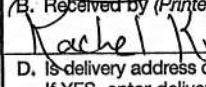
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

2016 2070 0001 0458 1668

Certified Mail Fee \$	Extra Services & Fees (check all that apply) <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$	Postmark Here APR 04 2018
Postage \$	Total Postage and Fees \$	U.S. POSTAL SERVICE
Sent To Michael T. Paulhus, Town Manager Town of North Branford 909 Foxon Road North Branford, CT 06471		Street and Apartment Number City, State, Zip Code

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <input type="checkbox"/> C. Date of Delivery 4/4/16</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: Michael T. Paulhus, Town Manager Town of North Branford 909 Foxon Road North Branford, CT 06471</p> <p>9590 9402 3009 7124 0785 33</p> <p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0001 0458 1668</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (\$500)</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

Carey Duques, Planning and Zoning

Administrator/Town Planner

Town of North Branford

Street and Apt. No., or PO Box No.

909 Foxon Road

City, State, ZIP

North Branford, CT 06471

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

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Carey Duques, Planning and Zoning
Administrator/Town Planner
Town of North Branford
909 Foxon Road
North Branford, CT 06471**



9590 9402 3389 7227 0654 26

2. Article Number (Transfer from service label)

7016 2070 0001 0458 1675

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

Rachel Krenkel

4/6

C. Date of Delivery

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	
(00)	

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

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OFFICIAL USE

OLD STATE HOUSE STATION 06103

APR 04 2018

Postma [redacted] here

Certified Mail Fee \$ [redacted]

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

Return Receipt (hardcopy) \$ [redacted]

Return Receipt (electronic) \$ [redacted]

Certified Mail Restricted Delivery \$ [redacted]

Adult Signature Required \$ [redacted]

Adult Signature Restricted Delivery \$ [redacted]

Postage \$ [redacted]

Total Postage and Fees \$ [redacted]

Thomas Cowell, Building Official
Town of North Branford
Street and Apt. 909 Roxon Road
City, State, Zip: North Branford, CT 06471

PS Form 3800, April 2015 PSN 7630-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Rachel Kronke C. Date of Delivery 4/6</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Thomas Cowell, Building Official Town of North Branford 909 Roxon Road North Branford, CT 06471</p> <p></p> <p>9590 9402 3389 7227 0654 19</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail-Restricted Delivery (\$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0001 0458 1682</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

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OFFICIAL USE

Certified Mail Fee

\$

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

Postage

\$

Total Postage and Fees

\$

Town Clerk's Office

Sent To Town of North Branford

Street and Apartment Number

909 Foxon Road

City, State, Zip Code

North Branford, CT 06471

See Reverse for Instructions

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



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Town Clerk's Office
Town of North Branford
909 Foxon Road
North Branford, CT 06471



9590 9402 3389 7227 0654 02

2. Article Number (Transfer from service label)

7016 2070 0001 0458 1699

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

Rachel Krentel

C. Date of Delivery

4/4/18

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

3. Service Type

- Priority Mail Express®
- Adult Signature
- Registered Mail™
- Adult Signature Restricted Delivery
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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

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OFFICIAL USE

Certified Mail Fee
\$

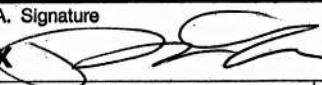
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees \$	Kurt Weiss, P.E., Town Engineer
Sent To	Town of North Branford
Street and Apt. No	909 Foxon Road
City, State, ZIP+4	North Branford, CT 06471

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

OLD STATE STATION APR 04 2015 Postmark Here

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																					
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p>  <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name)</p> <p><i>Rachel Krentel</i></p> <p>C. Date of Delivery</p> <p><i>4/6</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																					
<p>1. Article Addressed to:</p> <p style="text-align: center;">Kurt Weiss, P.E., Town Engineer Town of North Branford 909 Foxon Road North Branford, CT 06471</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insurance</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 100</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insurance		<input type="checkbox"/> Mail		<input type="checkbox"/> Mail Restricted Delivery		<input type="checkbox"/> 100	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																						
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																						
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																						
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																						
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																						
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																						
<input type="checkbox"/> Insurance																							
<input type="checkbox"/> Mail																							
<input type="checkbox"/> Mail Restricted Delivery																							
<input type="checkbox"/> 100																							
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7016 2070 0001 0458 1705</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>																					

7016 2070 0001 0458 1712

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OFFICIAL OLD STATE HOUSE STATION 06103

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Stephen Scavo, Chairperson
Conservation & Inlands Wetlands &
Watercourses Agency
Town of North Branford
909 Foxon Road
North Branford, CT 06471

Street and Apt. No. or P.O. Box No.
City, State, ZIP+4

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

APR 04 2018
Postmark
Hartford
USPS

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

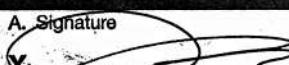
■ Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**Stephen Scavo, Chairperson
Conservation & Inlands Wetlands &
Watercourses Agency
Town of North Branford
909 Foxon Road
North Branford, CT 06471**

2. Article Number (Transfer from service label)
9590 9402 3389 7227 0653 89

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee
Rachel Krentel

B. Received by (Printed Name) C. Date of Delivery 9/8

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

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

7016 2070 0001 0458 1712

Domestic Return Receipt

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OFFICIAL

STATIONERY

APR 04 2013
Postmark
Here

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

Harry Dulak, Chairperson

Sent To Planning and Zoning Commission

Town of North Branford

Street and Apt. No. or PO Box No.

909 Foxon Road

City, State, Zip

North Branford, CT 06471

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Harry Dulak, Chairperson
Planning and Zoning Commission
Town of North Branford
909 Foxon Road
North Branford, CT 06471**



2. Article Number (Transfer from service label)

7018 0040 0001 1091 2770

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

Rachel Krenzler

C. Date of Delivery

4/6

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

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Mail Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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OFFICIAL USE
OLD STATE STATION 06102
APR 04 2010
Postmark Here

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and ~~and~~ Chairperson Jan Finch

\$ Economic Development Commission

Sent To

Town of North Branford

Street and Apt. No. 909 Foxon Road

City, State, ZIP+4 North Branford, CT 06471

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

See Reverse for Instructions

7016 2070 0001 0458 1736

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Chairperson Jan Finch
Economic Development Commission
Town of North Branford
909 Foxon Road
North Branford, CT 06471**



9590 9402 3389 7227 0653 65

2. Article Number (Transfer from service label)

7016 2070 0001 0458 1736

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

Rachel K. Venreil 4/6

C. Date of Delivery

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

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation-Restricted Delivery
 Restricted Delivery

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

Domestic Return Receipt

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

OFFICIAL USE

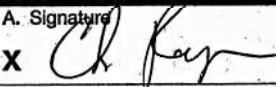
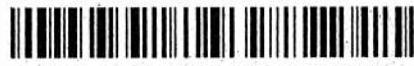
For delivery information, visit our website at www.usps.com®.

7016 2070 0001 0458 1743

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
South Central Region Council of	
Governments	
Street and Apt. No. 127 Washington Ave., 4 th Floor West	
City, State, ZIP+4 North Haven, CT 06473	

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

OLD STATE STATION APR 04 2018

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Chris Rapp C. Date of Delivery 4-6-18</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">South Central Region Council of Governments 127 Washington Ave., 4th Floor West North Haven, CT 06473</p> <p style="text-align: center;"> 9590 9402 3389 7227 0653 58</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7016 2070 0001 0458 1743</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>			

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

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

Mayor Joseph Maturo, Jr.

\$

Sent To **Town of East Haven**

250 Main Street

East Haven, CT 06512

City, State, ZIP+4*

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

See Reverse for Instructions

7016 2070 0001 0458 1750

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Mayor Joseph Maturo, Jr.
Town of East Haven
250 Main Street
East Haven, CT 06512**



9590 9402 3389 7227 0653 41

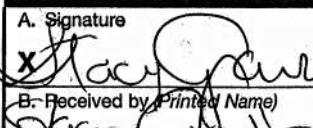
2. Article Number (Transfer from service label)

7016 2070 0001 0458 1750

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

COMPLETE THIS SECTION ON DELIVERY

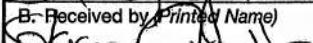
A. Signature


Stacy Curran

Agent

Addressee

B. Received by (Printed Name)


Stacy Curran

C. Date of Delivery

4/6/18

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Return Receipt for Merchandise
- Certified Mail Restricted Delivery
- Signature Confirmation™
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Signature Confirmation
- Insured Mail
- Mail Restricted Delivery (0)
- Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

Postage

\$

Total Postage and Fees

\$

James A. Bassett, Building Official

Town of East Haven

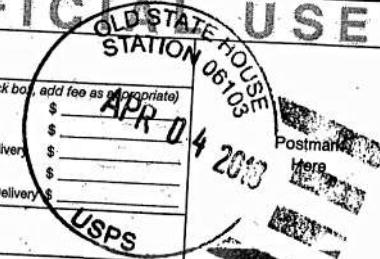
250 Main Street

City, State, Zip Code: East Haven, CT 06512

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

See Reverse for Instructions

2016 2070 0001 0458 1767



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James A. Bassett, Building Official
 Town of East Haven
 250 Main Street
 East Haven, CT 06512



9590 9402 3389 7227 0653 34

2. Article Number (Transfer from service label)

2016 2070 0001 0458 1767

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Stacy Grav Agent
 Stacy Grav Addressee

B. Received by (Printed Name)

X Stacy Grav 4/6/13 C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

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**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

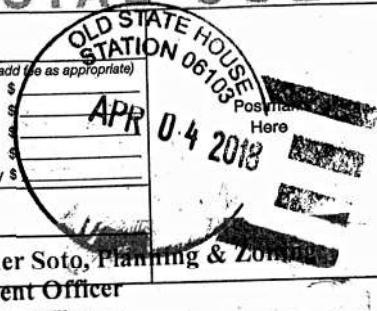
Total Postage and Fees

\$

Christopher Soto, Planning & Zoning
Enforcement Officer
Town of East Haven
Street and Apt. No. of PO Box No.
250 Main Street
City, State, ZIP+4
East Haven, CT 06512

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

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Christopher Soto, Planning & Zoning
Enforcement Officer
Town of East Haven
250 Main Street
East Haven, CT 06512



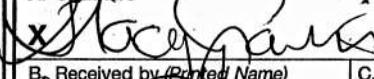
9590 9402 3389 7227 0653 10

2. Article Number (Transfer from service label)

2016 2070 0001 0458 1774

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

 C. Date of Delivery

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

3. Service Type

<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature
<input type="checkbox"/> Adult Signature Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail®
<input type="checkbox"/> Certified Mail Restricted Delivery
<input type="checkbox"/> Collect on Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery
<input type="checkbox"/> Insured Mail
<input type="checkbox"/> Mail Restricted Delivery 00

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

Domestic Return Receipt

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Domestic Mail Only

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

OFFICIAL USE



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

Postage

\$

Total Postage and Fees

\$

Kevin White, Town Engineer

Sent To Town of East Haven

Street and Apt. No. 250 Main Street

City, State, ZIP+4 East Haven, CT 06512

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

See Reverse for Instructions

2016 2070 0001 0458 1781

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kevin White, Town Engineer
Town of East Haven
250 Main Street
East Haven, CT 06512



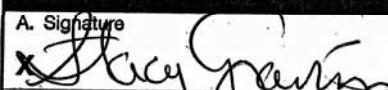
9590 9402 3389 7227 0653 03

2. Article Number (Transfer from service label)

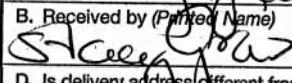
2016 2070 0001 0458 1781

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

 C. Date of Delivery
4/6/18

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

3. Service Type

- Priority Mail Express®
- Adult Signature
- Registered Mail™
- Adult Signature Restricted Delivery
- Registered Mail Restricted Delivery
- Certified Mail®
- Return Receipt for Merchandise
- Certified Mail Restricted Delivery
- Signature Confirmation™
- Collect on Delivery
- Signature Confirmation Restricted Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery (00)

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

Domestic Return Receipt

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7016 2070 0001 0458 1798

Certified Mail Fee

\$

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

Postage

\$

Chairman Jeffrey Jaffe
Inland Wetlands & Watercourse

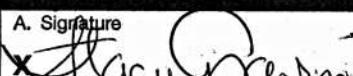
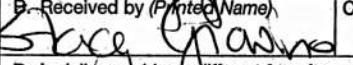
Total Postage and Fees

\$

Sent To Commissioner
Town of East Haven
Street and Apt. No., or P.O. Box No.
250 Main Street
City, State, ZIP+4[®]
East Haven, CT 06512

APR 04 2018
Postmark Here
OLD STATE HOUSE STATION 06103
USPS

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <input type="checkbox"/> Stacy Gravino 4/6/18</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Chairman Jeffrey Jaffe Inland Wetlands & Watercourse Commissioner Town of East Haven 250 Main Street East Haven, CT 06512</p> <p></p> <p>9590 9402 3389 7227 0652 97</p> <p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0001 0458 1798</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> End Mail <input type="checkbox"/> End Mail Restricted Delivery (\$500)</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Chairman Demayo

Planning and Zoning Commission

Town of East Haven

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

250 Main Street

City, State, ZIP+4

East Haven, CT 06512

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chairman Demayo
Planning and Zoning Commission
Town of East Haven
250 Main Street
East Haven, CT 06512



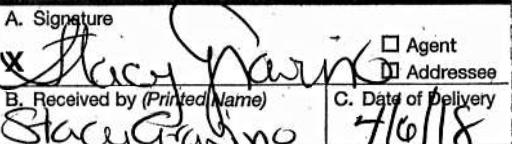
9590 9402 3929 8060 6400 01

2. Article Number (Transfer from service label)

7018 0040 0001 1091 2718

COMPLETE THIS SECTION ON DELIVERY

A. Signature


Stacy Gravino

Agent
 Addressee

B. Received by (Printed Name)

Stacy Gravino

C. Date of Delivery

7/6/18

D. Is delivery address different from item 1?

If YES, enter delivery address below: Yes
 No

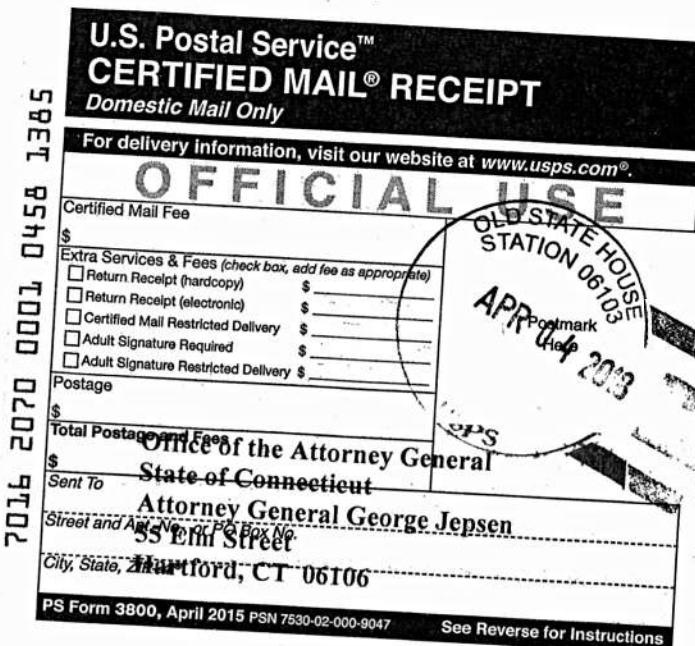
3. Service Type

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

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

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

Domestic Return Receipt



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <input type="checkbox"/> 4/6/18</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Office of the Attorney General State of Connecticut Attorney General George Jepsen 55 Elm Street Hartford, CT 06106</p> <p style="text-align: center;"></p> <p>9590 9402 3389 7227 0652 11</p> <p>2. Article Number (Transfer from service label) 7016 2070 0001 0458 1385</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery 500</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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

Domestic Return Receipt

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OFFICIAL USE

7016 2070 0001 0458 1392

Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage \$	
Total Postage and Fees \$	
Sent To Senator Richard Blumenthal <i>Street and Apt. No. of PO Box No.</i> 90 State House Square, 10th Floor Hartford, CT 06103 <i>City, State, Zip+4*</i>	

APR 04 2018

USPS

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Picked up by (Printed Name) </p> <p>C. Date of Delivery APR 06 2018</p> <p>D. Is delivery address different from mailing address? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p>	
<p>1. Article Addressed to:</p> <p>Senator Richard Blumenthal 90 State House Square, 10th Floor Hartford, CT 06103</p> <p></p> <p>9590-9402-3389-7227-0652-04</p> <p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>7016 2070 0001 0458 1392</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check boxes to indicate all applicable)

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

Postage

\$

Total Postage and Fees

\$

Senator Christopher Murphy

Sent To

Colt Gateway

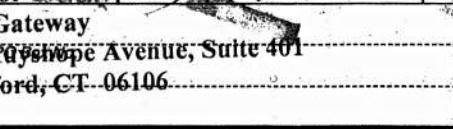
Street and Apt. 1200 Main Street, Suite 401

City, State, ZIP Hartford, CT 06106

PS Form 3800, April 2015 PSN 7630-02-000-9047

See Reverse for Instructions

2016 2017 2018 2019 2020 2021 2022



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OFFICIAL USE

7016 2070 0001 0464 0549

Certified Mail Fee
\$

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

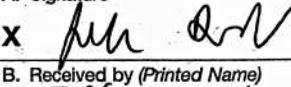
Postage
\$

Total Postage and Fees
\$

Sent To **The Honorable Rosa L. DeLauro**
59 Elm Street
Street and Apt. No., or P.O. Box No.
East Haven, CT 06510
City, State, ZIP+4*

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

OLD STATE HOUSE
STATION 06105
APR 6 Postmark
Hartford, CT

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY															
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Jeff Bombar C. Date of Delivery 4/6/18</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>															
<p>1. Article Addressed to:</p> <p style="text-align: center;">The Honorable Rosa L. DeLauro 59 Elm Street East Haven, CT 06510</p> <p style="text-align: center;"></p> <p style="text-align: center;">9590 9402 3929 8060 6399 75</p>		<p>3. Service Type</p> <table border="0"> <tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr> <tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr> <tr><td><input type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr> <tr><td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Restricted Delivery</td><td></td></tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Restricted Delivery																	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7016 2070 0001 0464 0549</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>															

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

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

OFFICIAL USE

Certified Mail Fee
\$

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

Postage
\$

Total Postage and Fees
\$

Sent To **Sen. Leonard Fasano**
Street and Apt. **7 Sycamore Lane**
City, State, ZIP+4 **North Haven, CT 06473**

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



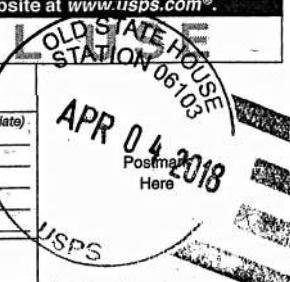
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p>X</p> <p>B. Received by (Printed Name) Len Fasano</p> <p>C. Date of Delivery 9/10/18</p>	
<p>1. Article Addressed to:</p> <p>Sen. Leonard Fasano 7 Sycamore Lane North Haven, CT 06473</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 3389 7227 0651 74</p> <p><small>Printed from service label</small></p> <p>7016 2070 0001 0458 1422</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery <input type="checkbox"/> \$500</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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

Domestic Return Receipt

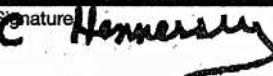
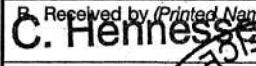
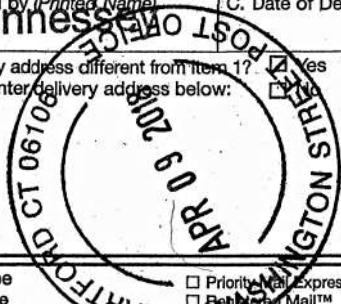
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL	
<p>Certified Mail Fee \$ <input type="text"/></p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="text"/></p> <p><input type="checkbox"/> Return Receipt (electronic) \$ <input type="text"/></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="text"/></p> <p><input type="checkbox"/> Adult Signature Required \$ <input type="text"/></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ <input type="text"/></p>	
<p>Postage \$ <input type="text"/></p> <p>Total Postage and Fees \$ <input type="text"/></p>	
<p>Janis M. Albis Sent To Depute Majority Leader Legislative Office Bldg., Room 4023 Hartford, CT 06106</p>	

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

See Reverse for Instructions

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Janis M. Albis Depute Majority Leader Legislative Office Bldg., Room 4023 Hartford, CT 06106</p> <p style="margin-left: 20px;"> 9590 9402 3929 8060 6399 51</p> <p>2. Article Number (Transfer from service label)</p> <p style="margin-left: 20px;">7016 2070 0001 0464 0563</p>		<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature  <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  C. Hennessy <input type="checkbox"/> Date of Delivery</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below:</p> <p style="text-align: center;"></p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
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PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

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

Postage

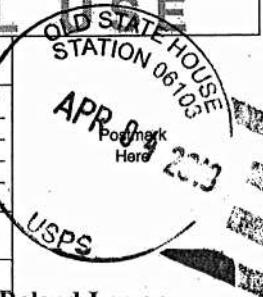
\$

Total Postage and Fees

\$

State Representative Roland Lemar
Sent To
Majority Caucus Chair
Street and Apt. No. 1000
Legislative Office Bldg., Room 2103
City, State, ZIP+4 Hartford, CT 06106

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



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>C. Hennessy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>C. Hennessy</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">State Representative Roland Lemar Majority Caucus Chair Legislative Office Bldg., Room 2103 Hartford, CT 06106</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label) 7016 2070 0001 0464 0570</p>		<p>APR 09 2013 HARTFORD CT 06106 WASHING STREET POST OFFICE</p>	

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

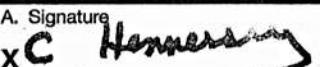
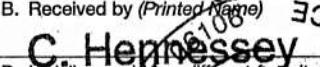
**U.S. Postal Service™
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OFFICIAL USE

Postmark
Here

7016	2070	0001	0464	0587	
Certified Mail Fee					\$
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____					
Postage					\$
Total Postage and Fees					\$
Sent to Sen. Martin M. Looney Street and Apt. Legislative Office Building Room 3300 City, State, Zip+4 Hartford, CT 06106					
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions					

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Sen. Martin M. Looney Legislative Office Building Room 3300 Hartford, CT 06106</p> <p style="text-align: center;">9590 9402 3929 8060 6399 37</p> <p style="text-align: center;">2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7016 2070 0001 0464 0587</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature x C. Hennessy  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Hennessy  D. Date of Delivery APR 09 2015</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery </p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>
---	---

WASHBURN STREET PO

HARTFORD, CT 06106

APR 09 2015

OFFICE

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

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

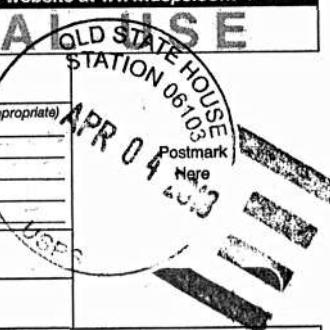
\$

Dave Yacarino

Sent To **Legislative Office Building**
Street and Apt. No. **300 Capitol Avenue**
City, State, Zip **Hartford, CT 06106**

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

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Dave Yacarino
Legislative Office Building
300 Capitol Avenue
Hartford, CT 06106**



9590 9402 3929 8060 6399 20

2. Article Number (Transfer from service label)

2016 2070 0001 0464 0594

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

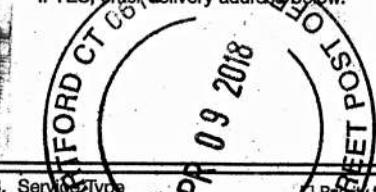
Agent
 Addressee

B. Received by (Printed Name)

C. Hennessey

C. Date of Delivery

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



3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> all Restricted Delivery	

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

State Senator Ted Kennedy
Sent To

Legislative Office Building

Street and Apartment No.

Room 3300

City, State, Zip Code

Hartford, CT 06106

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

See Reverse for Instructions

7016 2070 0001 0464 0600

OLD STATE HOUSE
STATION 06106

APR 09 2015 Postmark Here

USPS

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																			
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p>x C. Hennessy <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Hennessy <input type="checkbox"/> Date of Delivery</p> <p>OFFICE</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below</p> <p>WASHINGT STREET PO</p> <p>APR 09 2015</p>																			
<p>1. Article Addressed to:</p> <p>State Senator Ted Kennedy Legislative Office Building Room 3300 Hartford, CT 06106</p> <p>9590 9402 3929 8060 6399 13</p> <p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0001 0464 0600</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> First Class Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td></td> <td>500</td> </tr> <tr> <td></td> <td>Mail Restricted Delivery</td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> First Class Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail			500		Mail Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																				
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> First Class Mail™																				
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																				
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																				
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																				
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																				
<input type="checkbox"/> Insured Mail																					
	500																				
	Mail Restricted Delivery																				

PS Form 3811, July 2015 PSN 7530-02-000-9058

Domestic Return Receipt

**U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL OLD STATE HOUSE STATION

7018 0040 0001 1091 2725

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

State Representative Vincent Candelora

Sent To Legislative Office Building
300 Capitol Avenue
Hartford, CT 06106

Street and Apt. No., or P.O. Box No.
City, State, ZIP/PL4

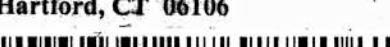
APR 04 2018
Postmark
Hartford, CT 06103
U.S. POSTAL SERVICE

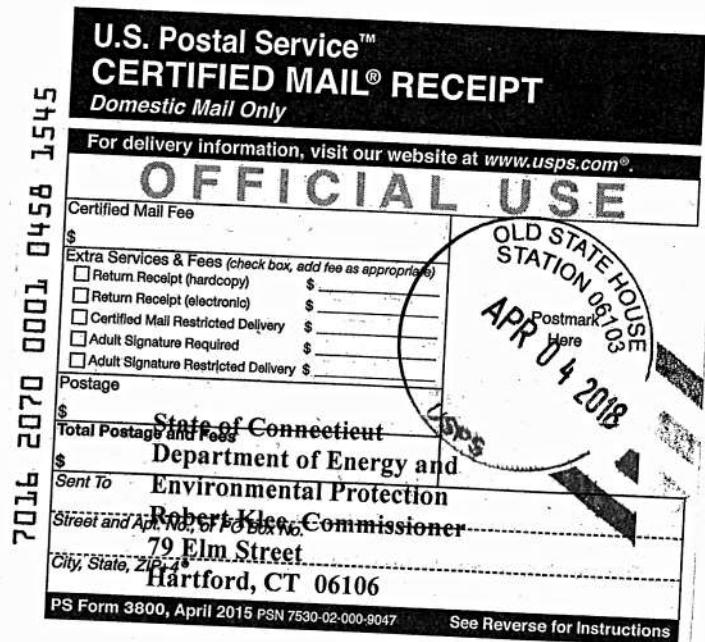
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">State Representative Vincent Candelora Legislative Office Building 300 Capitol Avenue Hartford, CT 06106</p> <p style="text-align: center;"> 9590 9402 3929 8060 6399 06</p> <p>2. Article Number (Transfer from service label) 7018 0040 0001 1091 2725</p>		<p>A. Signature XC C. Hennessy</p> <p>B. Received By (Printed Name) <input type="text"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Hennessy <input type="checkbox"/> Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below: <input type="text"/></p> <p style="text-align: center;"> HARTFORD, CT 06103 WASHINGTON STREET</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>			

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>M. Ferrai</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 4/16/18</p>	
<p>1. Article Addressed to:</p> <p>State of Connecticut Department of Energy and Environmental Protection Robert Klee, Commissioner 79 Elm Street Hartford, CT 06106</p> <p></p> <p>9590 9402 3009 7124 0783 59</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0001 0458 1545</p>			



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

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (harcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

State of Connecticut

Sent To Department of Public Health
 c/o Dr. Raul Pino, Commissioner
 Street and Apt. No. or PO Box No. 410 Capitol Avenue, PO Box 340308
 City, State, ZIP 06134

APR 04
 OLD STATE HOUSE STATION 06103
 Postmark Here
 USPS

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>C. G. Pino</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">  678910 1234567890 1415161718 293031 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 </p> <p>BARRY SQ POST OFFICE HARTFORD, CT 06114 APR 2018</p> <p>JISPS</p>	
<p>1. Article Addressed to:</p> <p>State of Connecticut Department of Public Health c/o Dr. Raul Pino, Commissioner 410 Capitol Avenue, PO Box 340308 Hartford, CT 06134</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p style="text-align: center;"> 678910 1234567890 1415161718 293031 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 </p> <p>4. Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation™ Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3009 7124 0783 42</p>		<p>7016 2070 0001 0458 1552</p> <p style="text-align: center;"> 678910 1234567890 1415161718 293031 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 1112131415161718 </p>	

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

OFFICIAL USE

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

7016 2070 0001 0458 1569

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

Postage
\$
Total Postage and Fees \$

State of Connecticut
Sent To
Council on Environmental Quality
c/o Susan D. Merrow, Chair
Street address: 79 Elm Street
City, State: Hartford, CT 06106

OLD STATE HOUSE
STATION 06106
Postmark
Hartford, CT 06106
USPS

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>m. fern</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X</p> <p>B. Received by (Printed Name) <input type="text"/> C. Date of Delivery <input type="text"/> 4.9.18</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">State of Connecticut Council on Environmental Quality c/o Susan D. Merrow, Chair 79 Elm Street Hartford, CT 06106</p> <p style="text-align: center;"> 9590 9402 3009 7124 0783 35</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7016 2070 0001 0458 1569</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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OFFICIAL USE

Certified Mail Fee

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

Postage

\$
State of Connecticut **SPS**
Department of Agriculture

Total Postage and Fees
\$
c/o Steven K. Reviczky, Commissioner

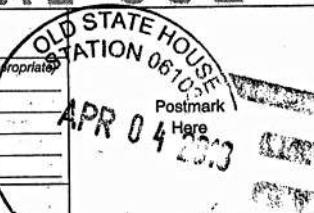
Department of Agriculture
450 Columbus Blvd, Suite 701

City, State, ZIP Code

Hartford, CT 06103

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

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
State of Connecticut
Department of Agriculture
c/o Steven K. Reviczky, Commissioner
Department of Agriculture
450 Columbus Blvd, Suite 701
Hartford, CT 06103



9590 9402 3009 7124 0783 28

2. Article Number (Transfer from service label)

2016 2070 0001 0458 1576

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received By

EILEEN GRIFFIN

C. Date of Delivery

4/6/18

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: **Eileen Griffin** No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL <small>STATIONERY</small>	
Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
State of Connecticut	
Public Utility Regulatory Authority	
c/o Katie Dykes, Chair	
Street and Apt. No. or P.O. Box No.	
Ten Franklin Square	
City, State, ZIP+4	
New Britain, CT 06051	

APR 04 2015
Postmark
Held
USPS

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Katie Dykes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p><i>APR 06 REC'D</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>State of Connecticut Public Utility Regulatory Authority c/o Katie Dykes, Chair Ten Franklin Square New Britain, CT 06051</p> <p>9590 9402 3009 7124 0783 11</p> <p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0001 0458 1583</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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

Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

State of Connecticut

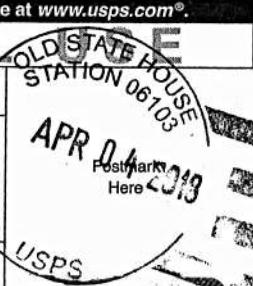
Office of Policy and Management

Sent To Benjamin Barnes, Secretary

Office of Policy and Management

450 Capitol Avenue

City, State, ZIP: Hartford, CT 06106



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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
State of Connecticut
Office of Policy and Management
Benjamin Barnes, Secretary
Office of Policy and Management
450 Capitol Avenue
Hartford, CT 06106



9590 9402 3009 7124 0783 04

2. Article Number (Transfer from service label)

7018 0040 0001 1091 2732

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

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

Domestic Return Receipt

**U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee

\$

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

Postage

\$

Total Postage and Fees

\$

State of Connecticut

Department of Economic and

Sent To **Community Development**

Catherine Smith, DECD Commissioner

Street and Apt. No. (Optional)
450 Columbus Boulevard, Suite 5

City, State, Zip Code
Hartford, CT 06103

*OLD STATE HOUSE
STATION 06103
APR 04 2016
Postmark Here*

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p>X EILEEN GRIFFIN</p> <p>B. Received by (Printed Name)</p> <p><i>Eileen Griffin</i></p> <p>C. Date of Delivery</p> <p>If delivery address differs from item 2, enter delivery address below:</p> <p>If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>State of Connecticut Department of Economic and Community Development Catherine Smith, DECD Commissioner 450 Columbus Boulevard, Suite 5 Hartford, CT 06103</p> <p></p> <p>9590 9402 3009 7124 0782 98</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0001 0458 1606</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

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OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

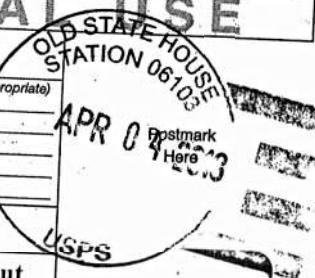
Total Postage and Fees
\$

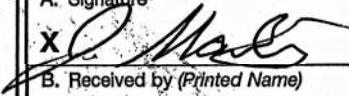
State of Connecticut

Sent To Department of Transportation
c/o James P. Redeker, Commissioner
Street and Apt. No. or PO Box No. 2800 Berlin Turnpike
City, State, ZIP+4 Newington, CT 06111

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

7016 2070 0001 0458 1613



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>State: Connecticut Department of Transportation c/o James P. Redeker, Commissioner 2800 Berlin Turnpike Newington, CT 06111</p> <p>9590 9402 3009 7124 0782 81</p> <p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0001 0458 1613</p>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="text"/> C. Date of Delivery <input type="text"/> 4/16/18</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="text"/></p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9059 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postmark
Here

Postage

\$

Total Postage and Fees

\$ **Connecticut Department of Emergency
Services and Public Protection**

Sent To

Dora B. Schriro, Commissioner

Street and Apt. No. or PO Box No.

1111 Country Club Road

City, State, ZIP: Middletown, CT 06457

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Connecticut Department of Emergency
Services and Public Protection
Dora B. Schriro, Commissioner
1111 Country Club Road
Middletown, CT 06457**



9590 9402 3009 7124 0782 74

2. Article Number (Transfer from service label)

2016 2070 0001 0458 1620

COMPLETE THIS SECTION ON DELIVERY

A. Signature

RECEIVED BY

X STATE OF CT

B. Received by (Printed Name)

DEPT. OF SAFETY

Agent

Addressee

C. Date of Delivery

4/6/18

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

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

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

Domestic Return Receipt

**U.S. Postal Service™
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OFFICIAL MAIL

7016 2070 0001 0458 1637

Certified Mail Fee
\$

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

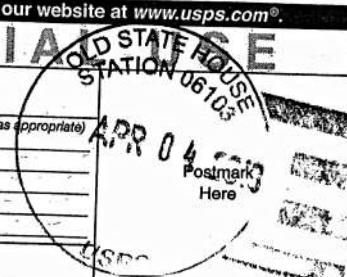
Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

**State of Connecticut Department of
Consumer Protection**
Michelle Seagull, Commissioner
Street and Apt. No. of PO Box No.
450 Columbus Boulevard, Suite 901
City, State, ZIP Code
Hartford, Connecticut 06103-1840

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



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> EILEEN GRIFFIN <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Eileen Griffin</i> C. Date of Delivery</p> <p>D. Is delivery address different from line 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: State of Connecticut Department of Consumer Protection Michelle Seagull, Commissioner 450 Columbus Boulevard, Suite 901 Hartford, Connecticut 06103-1840</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Add Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label) 7016 2070 0001 0458 1637</p>		<p>Restricted Delivery</p>	

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

Domestic Return Receipt

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

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Connecticut Department of

Administrative Services

Sent To

Melody A. Currey, Commissioner

Department of Administrative Services

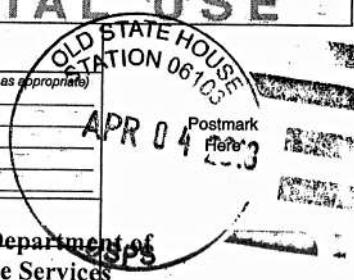
450 Columbus Boulevard

City, State, ZIP+

Hartford CT, 06103

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

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Connecticut Department of
Administrative Services
Melody A. Currey, Commissioner
Department of Administrative Services
450 Columbus Boulevard
Hartford CT, 06103**



9590 9402 3009 7124 0782 50

2. Article Number (Transfer from service label)

2016 2070 0001 0458 1644

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

EILEEN GRIFFIN

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Eileen Griffin

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

3. Service Type

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Mail
 Mail Restricted Delivery (\$500)

Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

State of Connecticut Department of

Labor

Sent To

Scott D. Jackson, Commissioner

200 Folly Brook Boulevard

Wethersfield, CT 06109

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

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

State of Connecticut Department of
Labor
Scott D. Jackson, Commissioner
200 Folly Brook Boulevard
Wethersfield, CT 06109



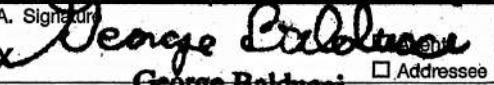
9590 9402 3009 7124 0781 99

2. Article Number (Transfer from service label)

7016 2070 0001 0458 1651

COMPLETE THIS SECTION ON DELIVERY

A. Signature


George Baldacci Addressee

B. Received by (Print or Name) Date of Delivery

200 Folly Brook Boulevard

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



3. Service Type

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

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

Domestic Return Receipt