



May 7, 2019

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

**RE: Petition No. 1368, Petition of Bloom Energy Corporation, as agent for the City of Milford, for a Declaratory Ruling, pursuant to Connecticut General Statutes §4-176 and §16-50k, for the proposed construction, maintenance and operation of a customer-side 900-kilowatt fuel cell facility and associated equipment to be located at the Beaverbrook Wastewater Treatment Plant, 75 Deerwood Avenue, Milford, CT**

Dear Ms. Bachman:

We are submitting an original and fifteen (15) copies of responses to the Council's interrogatories dated May 3, 2019.

Should you have any questions, concerns, or require additional information, please contact me at (860) 839-8373.

Respectfully,

A handwritten signature in black ink, appearing to read "Justin Adams".

Justin Adams  
[justin.adams@bloomenergy.com](mailto:justin.adams@bloomenergy.com)

Enclosure

**Petition No. 1368**  
**Bloom Energy – Beaverbrook Wastewater Treatment Plant**  
**Milford, CT**

**Interrogatories - Responses of Petitioner**

1. Referring to the Emergency Response Plan, p. 12 – Training (Section 10). Does Bloom intend to provide on-site training to local emergency responders?

Answer: The City of New London Fire Department will review the project as standard procedure during the building permit application phase of the project. At that time, Bloom will offer to provide on-site training for the Fire Department.

2. Provide an estimate of the total cost of the proposed project. Break down the total cost into categories the Petitioner deems appropriate.

Answer: The estimated total cost of the proposed project is \$1,307,000.

<b>Projected Project Cost Estimates April 5, 2019</b>	
Install Labor	\$ 132,000
Ancillary Equipment	\$120,000
Design	\$ 65,000
Construction	\$ 748,000
Shipping/Rigging	\$35,000
Other (utility fees, contingency)	\$207,000
<b>Total</b>	<b>\$ 1,307,000</b>

3. What is the height and type of the proposed retaining wall (e.g., block, poured concrete)?

Answer: The retaining wall will extend above ground approximately 3.5 to 4.0 feet. It will be constructed with a poured footing below grade and block above grade.

4. Is the fuel cell compound area asphalt, gravel or turf?

Answer: The service area and access ramp will be concrete, with gravel surrounding it. Graded areas surrounding the gravel area will be seeded and stabilized.

5. Is a fence proposed around the proposed facility/asphalt pad? If so, provide fence detail.

Answer: No fence is proposed around the proposed facility/pad.

6. Is the site location within the 500-year flood zone? If so, what is the flood elevation of such zone? Could the proposed facility be installed to one-foot above the 500-year flood elevation? If so,

explain how this can be accomplished. If not, please indicate why not. What is the additional approximate cost to install the facility one foot above the 500 year flood elevation?

Answer: The site is not located within a 500-year flood zone; it is located within the AE zone. In compliance with City of Milford regulations, the facility design provides for raising the equipment pad to a 13' elevation, which is 2' above the AE zone (100-year flood) ground elevation of 11' in that location.

7. Referring to Petition *Section C.ii*, has DEEP responded to Bloom's NDDDB review request? If so, please submit.

Answer: DEEP's response, dated May 7, 2019, is attached. As indicated, no negative impact to State-listed species is anticipated from the proposed project.

8. Is any portion of the project on prime farmland soils? If so, what is the area of prime farmland soils that would be impacted by the proposed project?

Answer: No portion of the project is on prime farmland soils.

9. Please confirm the owner of the host property (or others) was provided notice of the proposed project and provide information regarding certified mail receipts.

Answer: The owner of the host property is the City of Milford. Notice was mailed on March 18, 2019 to all those listed in Exhibit 11, including the City. Attached are return receipt cards or the USPS certified mail receipt evidencing mailing. In addition, Exhibit 13 contains minutes of the meeting of the City's Board of Aldermen at which the project was discussed and approved.



Connecticut Department of

**ENERGY &  
ENVIRONMENTAL  
PROTECTION**

May 7, 2019

Dean Gustafson  
All-Points Technology Corporation, PC  
3 Saddlebrook Dr  
Killingworth, CT 06419  
[dgustafson@allpointstech.com](mailto:dgustafson@allpointstech.com)

**NDDB DETERMINATION NUMBER:** 201905375

**Project:** BEAVERBROOK WASTEWATER TREATMENT PLANT FUEL CELL FACILITY, 75 DEERWOOD AVE., IN MILFORD, CT

I have reviewed Natural Diversity Database (NDDB) maps and files regarding this project. I do not anticipate negative impacts to State-listed species (RCSA Sec. 26-306) resulting from your proposed activity at the site. **This determination is good for 2 years.**

Natural Diversity Database information includes all information regarding critical biological resources available to us at the time of the request. This information is a compilation of data collected over the years by the Department of Energy and Environmental Protection's Natural History Survey and cooperating units of DEEP, private conservation groups and the scientific community. This information is not necessarily the result of comprehensive or site-specific field investigations. Consultations with the Database should not be substitutes for on-site surveys required for environmental assessments. Current research projects and new contributors continue to identify additional populations of species and locations of habitats of concern, as well as, enhance existing data. Such new information is incorporated into the Database as it becomes available. The result of this review does not preclude the possibility that listed species may be encountered on site and that additional action may be necessary to remain in compliance with certain state permits.

Please contact me if you have further questions at [shannon.kearney@ct.gov](mailto:shannon.kearney@ct.gov) . Thank you for consulting the Natural Diversity Database.

Sincerely,

/s/ Shannon B. Kearney  
Wildlife Biologist



**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:

Ismailbhai K. & Aminaben I. Vohra  
64 Deerwood Ave.  
Milford, CT 06460



9590 9402 4624 8323 8141 44

2. Article Number (Transfer from service label)

7017 1070 0000 5182 8085

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

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

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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.
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1. Article Addressed to:

Lakeview Loan Servicing LLC, c/o M&T  
1 Fountain Plaza  
Buffalo, NY 14203



9590 9402 4624 8323 8141 99

2. Article Number (Transfer from service label)

7017 1070 0000 5182 8139

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

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A. Signature

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- ☐
- Agent
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- ☒
- 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

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| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

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

1. Article Addressed to:

Christopher & Cheryl Williams  
54 Turnor Ave.  
Milford, CT 06460



9590 9402 4624 8323 8141 75

2. Article Number (Transfer from service label)

7017 1070 0000 5182 8115

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

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- ☐
- Agent
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- ☒
- 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

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| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

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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.

Article Addressed to:

Tammy L. Ward  
86 Deerwood Ave.  
Milford, CT 06460



9590 9402 4624 8323 8142 29

A. Signature

**X** *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

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

2. Article Number (Transfer from service label)

7017 1070 0000 5182 8023

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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.
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1. Article Addressed to:

Maria F. Knapp  
245 Ford St.  
Milford, CT 06460



9590 9402 4624 8323 8142 05

2. Article Number (Transfer from service label)

7017 1070 0000 5182 8030

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A. Signature

**X** *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

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

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1. Article Addressed to:

Raymond W. Swift III  
65 Deerwood Ave.  
Milford, CT 06460



9590 9402 4624 8323 8142 36

2. Article Number (Transfer from service label)

7017 1070 0000 5182 8016

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

A. Signature

**X** *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

If YES, enter delivery address below: ☐ No

3. Service Type

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

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1. Article Addressed to:

James M. & Symantha E. Galasso  
82 Deerwood Ave.  
Milford, CT 06460



9590 9402 4624 8323 8142 98

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7958

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Symantha Galasso

C. Date of Delivery

3/25/19

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

If YES, enter delivery address below:

☐ No

3. Service Type

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

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

1. Article Addressed to:

Martha Merk, Harriett Ackerman &  
James R. Beard  
762 Wheelers Farms Rd.  
Milford, CT 06461



9590 9402 4624 8323 8142 81

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7965

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

James R. Beard

C. Date of Delivery

m3-20-19

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

If YES, enter delivery address below:

☐ No

3. Service Type

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

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1. Article Addressed to:

Michelle H. Seagull, Commissioner  
Department of Consumer Protection  
450 Columbus Blvd., Suite 901  
Hartford, CT 06103



9590 9402 4624 8323 8147 17

2. Article Number (Transfer from service label)

7018 1130 0001 6584 6883

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Michael Pierce☐ Agent☐ Addressee

B. Received by (Printed Name)

Michael Pierce

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☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation☐ Restricted Delivery

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1. Article Addressed to:

Melissa McCaw, Secretary  
Office of Policy and Management  
450 Capitol Ave.  
Hartford, CT 06106



9590 9402 4624 8323 8147 55

2. Article Number (Transfer from service label)

7018 1130 0001 6584 8047

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

3/20/19

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®  
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☐ Collect on Delivery  
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☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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1. Article Addressed to:

Joseph Giulietti, Commissioner  
Department of Transportation  
2800 Berlin Turnpike  
Newington, CT 06111



9590 9402 4624 8323 8147 48

2. Article Number (Transfer from service label)

018 1130 0001 6584 8054

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

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- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

C. Bolonin

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®  
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☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to:

Susan D. Merrow, Chair  
Council on Environmental Quality  
79 Elm St.  
Hartford, CT 06106



9590 9402 4624 8323 8147 79

2. Article Number (Transfer from service label)

7018 1130 0001 6584 8023

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

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A. Signature

X

- ☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-21-19

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®  
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☐ Collect on Delivery Restricted Delivery  
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☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
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☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to:

South Central Regional Council of Governments  
127 Washington Ave.  
North Haven, CT 06473



9590 9402 4624 8323 8146 87

2. Article Number (Transfer from service label)

7018 1130 0001 6584 8085

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## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Eugene Livshits

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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|--|---|
| <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 |

☐ Insured Mail  
☐ Registered Mail Restricted Delivery  
 (over \$500)

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1. Article Addressed to:

Melody A. Currey, Acting Comm'r.  
Department of Agriculture  
450 Columbus Blvd., Suite 701  
Hartford, CT 06103



9590 9402 4624 8323 8147 62

2. Article Number (Transfer from service label)

7018 1130 0001 6584 8030

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Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Michael Pierce

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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| <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 |

☐ Insured Mail  
☐ Registered Mail Restricted Delivery  
 (over \$500)

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

1. Article Addressed to:

Katie Dykes, Commissioner  
Department of Energy and Environmental Protection  
79 Elm St.  
Hartford, CT 06106=5127



9590 9402 4624 8323 8148 09

2. Article Number (Transfer from service label)

7018 1130 0001 6584 7996

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Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-21-19

 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 |

☐ Insured Mail  
☐ Registered Mail Restricted Delivery  
 (over \$500)



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

1. Article Addressed to:

Raul Rino, M.D., Commissioner  
Department of Public Health  
410 Capitol Ave., PO Box 340308  
Hartford, CT 06134



9590 9402 4624 8323 8147 86

2. Article Number (Transfer from service label)

7018 1130 0001 6584 8016

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Clifford*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-20-19

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

3. Service Type

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

(over \$500)

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

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John W. Betkoski III, Vice-Chairman  
Public Utilities Regulatory Authority  
10 Franklin Square  
New Britain, CT 06051



9590 9402 4624 8323 8147 93

2. Article Number (Transfer from service label)

018 1130 0001 6584 8009

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John W. Betkoski III*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAR 20 REC'D

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

3. Service Type

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

(over \$500)

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

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Hon. James J. Maroney  
State Senator, 14<sup>th</sup> District  
Legislative Office Building, Room 2000  
Hartford, CT 06106-1591



9590 9402 4624 8323 8148 30

2. Article Number (Transfer from service label)

7018 1130 0001 6584 7965

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *C. Hennessy*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/20/19

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

3. Service Type

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

(over \$500)

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

Domestic Return Receipt



## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Hon. Kim Rose  
Representative, 118<sup>th</sup> District  
Legislative Office Building, Room 4002  
Hartford, CT 06106-1591



9590 9402 4624 8323 8148 23

2. Article Number (Transfer from service label)

7018 1130 0001 6584 7972

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Hennessey

C. Date of Delivery

3/20/19

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

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

## 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:

Hon. William Tong  
Attorney General  
55 Elm St.  
Hartford, CT 06106



9590 9402 4624 8323 8148 16

2. Article Number (Transfer from service label)

7018 1130 0001 6584 7989

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

George Baldacci

C. Date of Delivery

3/20/19

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

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

## 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:

Kurt Westby, Commissioner  
Department of Labor  
200 Folly Brook Blvd.  
Wethersfield, CT 06109



9590 9402 4624 8323 8146 94

2. Article Number (Transfer from service label)

7018 1130 0001 6584 6869

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

George Baldacci

C. Date of Delivery

3/20/19


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


3. Service Type


- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <input checked="" type="checkbox"/> <u>Michael Pierce</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Michael Pierce</u> 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>	
1. Article Addressed to:  Josh Geballe, Commissioner Department of Administrative Services 450 Columbus Blvd. Hartford, CT 06103			
 9590 9402 4624 8323 8147 00			
2. Article Number (Transfer from service label) <u>7018 1130 0001 6584 6876</u>		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <input checked="" type="checkbox"/> <u>F. Delia</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>FRANDELIA</u> C. Date of Delivery <u>3-20-19</u></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>	
1. Article Addressed to:  Inland Wetlands Agency 70 West River St. Milford, CT 06460			
 9590 9402 4624 8323 8148 85			
2. Article Number (Transfer from service label) <u>7018 1130 0001 6584 8122</u>		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <input checked="" type="checkbox"/> <u>F. Delia</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>FRANDELIA</u> C. Date of Delivery <u>3-20-19</u></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>	
1. Article Addressed to:  Planning & Zoning Board 70 West River St. Milford, CT 06460			
 9590 9402 4624 8323 8148 92			
2. Article Number (Transfer from service label) <u>7018 1130 0001 6584 8115</u>		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	



## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mr. David B. Sulkis  
70 West River St.  
Milford, CT 06460



9590 9402 4624 8323 8149 08

2. Article Number (Transfer from service label)

18 1130 0001 6584 8108

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *F. Delia*☒ Agent☐ Addressee

B. Received by (Printed Name)

FRANDELIA

C. Date of Delivery

3-20-19

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

If YES, enter delivery address below:

☐ No

3. Service Type

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

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Conservation Commission  
70 West River St.  
Milford, CT 06460



9590 9402 4624 8323 8148 78

2. Article Number (Transfer from service label)

7018 1130 0001 6584 8139

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *F. Delia*☒ Agent☐ Addressee

B. Received by (Printed Name)

FRANDELIA

C. Date of Delivery

3-20-19

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

If YES, enter delivery address below:

☐ No

3. Service Type

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

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Hon. Benjamin G. Blake, Mayor  
City of Milford  
70 West River St.  
Milford, CT 06460



9590 9402 4624 8323 8142 12

2. Article Number (Transfer from service label)

7018 1130 0001 6584 8092

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *F. Delia*☒ Agent☐ Addressee

B. Received by (Printed Name)

FRANDELIA

C. Date of Delivery

3-20-19

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

If YES, enter delivery address below:

☐ No

3. Service Type

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

Domestic Return Receipt



## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elaine R. Bataille  
16 Turnor Ave.  
Milford, CT 06460



9590 9402 4624 8323 8141 37

2. Article Number (Transfer from service label)

7017 1070 0000 5182 8078

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Elaine Bataille

☐ Agent☒ Addressee

B. Received by (Printed Name)

Elaine Bataille

C. Date of Delivery

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

3. Service Type

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

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Hon. Chris Murphy  
Senator  
B40A Dirksen Senate Office Building  
Washington, DC 20510



9590 9402 4624 8323 8148 54

2. Article Number (Transfer from service label)

7017 1070 0001 6594 7701

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Anthony Reyes

☐ Agent☒ Addressee

B. Received by (Printed Name)

Anthony Reyes

C. Date of Delivery

3/28/19

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

3. Service Type

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

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

City of Milford  
70 West River St.  
Milford, CT 06460



9590 9402 4624 8323 8141 68

2. Article Number (Transfer from service label)

7017 1070 0000 5182 8108

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X FRANDELIA

☒ Agent☐ Addressee

B. Received by (Printed Name)

FRANDELIA

C. Date of Delivery

3-20-19

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

3. Service Type

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

Domestic Return Receipt



## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

City of Milford  
River St.  
Milford, CT 06460



9590 9402 4624 8323 8142 74

2. Article Number (Transfer from service label)

7017 1070 0000 5182 7972

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☒ Agent☐ Addressee

B. Received by (Printed Name)

FRANDELLA

C. Date of Delivery

3-20-19

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

If YES, enter delivery address below:

☐ No

3. Service Type

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

Domestic Return Receipt

# U.S. Postal Service™

## CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

MILFORD, CT 06460

Certified Mail Fee \$3.50

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

☐ Return Receipt (hardcopy) \$2.80  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

\$6.85

Joseph Gallo  
87 Deerwood Ave.  
Milford, CT 06460

RET'D TO SENDER  
UNDELIVERED  
4/23  
UNCLAIMED

03/18/2019

for Instructions

# U.S. Postal Service™

## CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

HARTFORD, CT 06106

Certified Mail Fee \$3.50

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

☐ Return Receipt (hardcopy) \$2.80  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

\$6.85

David Lehman, Commissioner  
Department of Economic and  
Community Development  
450 Capitol Ave.  
Hartford, CT 06103

RET'D  
TO SENDER

03/18/2019

for Instructions

# U.S. Postal Service™

## CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

MILFORD, CT 06460

Certified Mail Fee \$3.50

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

☐ Return Receipt (hardcopy) \$2.80  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

\$6.85

Janet C., aka Janet L. Ryan  
29 Turnor Ave.  
Milford, CT 06460

RET'D TO  
SENDER  
UNCLAIMED

03/18/2019

for Instructions

# U.S. Postal Service™

## CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

MILFORD, CT 06460

Certified Mail Fee \$3.50

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

☐ Return Receipt (hardcopy) \$2.80  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

\$6.85

Jeffrey S. Pastor  
66 Birch Ave.  
Milford, CT 06460

DEL'D  
3/20/19  
4:42 pm

03/18/2019

for Instructions



7017 1070 0000 5182 8054  
7017 1070 0000 5182 7989

U.S. Postal Service<sup>™</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

MILFORD, CT 06460

Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.55

Total Postage and Fees \$6.85

0891 06  
MAR 18 2019  
Postmark Here

03/18/2019

To: Curtis E. Fogler  
40 Turnor Ave.  
Milford, CT 06460

DEL'D  
3/20/19  
4:41 pm

For Instructions

U.S. Postal Service<sup>™</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

MILFORD, CT 06460

Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.55

Total Postage and Fees \$6.85

0891 06  
MAR 18 2019  
Postmark Here

03/18/2019

To: Steve & Lynn Kinross  
25 Turnor Ave.  
Milford, CT 06460

DEL'D  
3/20/19  
4:45 pm

For Instructions

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Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.55

Total Postage and Fees \$6.85

0891 06  
MAR 18 2019  
Postmark Here

03/18/2019

To: Jason S. Springer  
98 Turnor Ave.  
Milford, CT 06460

DEL'D  
3/20/19  
4:46 pm

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Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.55

Total Postage and Fees \$6.85

0891 06  
MAR 18 2019  
Postmark Here

03/18/2019

To: Steven L. Raucci  
68 Turnor Ave.  
Milford, CT 06460

DEL'D  
3/20/19  
4:37 pm

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\$2.80  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

\$6.85

Thomas W. & Kelly A. Hanson

19 Turnor Ave.

Milford, CT 06460

DEL'D  
3/20/19  
4:44 pm

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WASHINGTON, DC 20515

Certified Mail Fee \$3.50  
\$2.80  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

\$6.85

Hon. Rosa DeLauro

U.S. Representative

2413 Rayburn House Office Building

Washington, DC 20515

DEL'D 3/25/19  
10:46 AM

or Instructions

U.S. Postal Service™  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

WASHINGTON, DC 20510

Certified Mail Fee \$3.50  
\$2.80  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

\$6.85

Hon. Richard Blumenthal

Senator

702 Hart Senate Office Building

Washington, DC 20510

DEL'D  
3/25/19  
11:33 am

or Instructions

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MIDDLETOWN, CT 06457

Certified Mail Fee \$3.50  
\$2.80  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

\$6.85

Regina Rush-Kittle, Dep. Comm'r.

Division of Emergency Management

and Homeland Security

1111 Country Club Rd.

Middletown, CT 06457

DEL'D  
3/20/19  
11:34 am

Instructions