



May 10, 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

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 Milford 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.

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

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

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 . 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

H. Vohra

03-22-15

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

3. Service Type

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

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

☐ Insured Mail
☐ Registered 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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

T Bank

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

M&T Bank

Buffalo, NY 14203

3/21/15

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

3. Service Type

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

- ☐ Priority Mail Express®
- ☐ Registered Mail™
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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:

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

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Christopher Williams

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

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

☐ Insured Mail
☐ Registered 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

☐ 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
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☐ Collect on Delivery Restricted Delivery
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☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

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

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

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

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☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
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☐ Signature Confirmation Restricted Delivery

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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:

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

☒ 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
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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 *Symantha Galasso*

- ☐ 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®
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☐ Registered Mail Restricted Delivery
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☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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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 *James R. Beard*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

James R. Beard

C. Date of Delivery

*03-20-19*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 Restricted Delivery
☐ Insured Mail
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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 *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
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☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

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

X

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

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

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COMPLETE THIS SECTION ON DELIVERY

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®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
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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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Domestic Return Receipt

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

- | | |
|--|---|
| <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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- 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:

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

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Michael Pierce

☐ 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

- | | |
|--|---|
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| <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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- 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

Katie Dykes

☒ 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 |

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>Clifford</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 3-20-19</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: 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		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 (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">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>John W. Betkoski III</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery MAR 20 REC'D</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: 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		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 (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">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) C. Date of Delivery 3/20/19</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: Hon. James J. Maroney State Senator, 14 th 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		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 (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:

Hon. Kim Rose
Representative, 118th 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 Balducci

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 Balducci

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:

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)

7018 1130 0001 6584 6876

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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

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:

Inland Wetlands Agency
70 West River St.
Milford, CT 06460



9590 9402 4624 8323 8148 85

2. Article Number (Transfer from service label)

7018 1130 0001 6584 8122

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?

☐ 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

(\$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:

Planning & Zoning Board
70 West River St.
Milford, CT 06460



9590 9402 4624 8323 8148 92

2. Article Number (Transfer from service label)

7018 1130 0001 6584 8115

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?

☐ 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:

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☐ Registered Mail Restricted Delivery☐ Signature Confirmation®☐ 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. 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☐ Registered Mail Restricted Delivery☐ Signature Confirmation®☐ 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:

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 FRANDERICA

☒ Agent☐ Addressee

B. Received by (Printed Name)

FRANDERICA

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☐ Registered Mail Restricted Delivery☐ Signature Confirmation®☐ 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:

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

☒ 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®.

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®.

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®.

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®.

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[™]
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

For delivery information, visit our website at 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
Postmark Here
MAR 18 2019

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[™]
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

For delivery information, visit our website at 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
Postmark Here
MAR 18 2019

03/18/2019

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

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

For Instructions

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

For delivery information, visit our website at 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
Postmark Here
MAR 18 2019

03/18/2019

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

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

For Instructions

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

For delivery information, visit our website at 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
Postmark Here
MAR 18 2019

03/18/2019

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

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

For Instructions

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

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MILFORD, CT 06460

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Thomas W. & Kelly A. Hanson
19 Turnor Ave.
Milford, CT 06460

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

or Instructions

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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

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WASHINGTON, DC 20510

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Postage \$0.55

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Hon. Richard Blumenthal
Senator
702 Hart Senate Office Building
Washington, DC 20510

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

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☐ 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

or Instructions