

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
NEW CANAAN  
77 MAIN STREET P O BOX 447  
NEW CANAAN CT 06840

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Werner*  Agent  Addressee  
B. Received by (Printed Name) *WERNER* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) **7008 0500 0000 8809 5086**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
EASTON TOWN HALL  
225 CENTER ROAD P O BOX 61  
EASTON CT 06612

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Jerry Taylor*  Agent  Addressee  
B. Received by (Printed Name) *Jerry Taylor* C. Date of Delivery *12-28-09*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) **7008 0150 0003 2915 6353**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
WARREN TOWN HALL  
7 SACKETT HILL ROAD  
WARREN CT 06754

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *James P. ...*  Agent  Addressee  
B. Received by (Printed Name) *James P. ...* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) **7008 0500 0000 8809 5703**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
CROMWELL TOWN HALL  
41 WEST STREET  
CROMWELL CT 06416

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Lisa Oiso*  Agent  Addressee  
B. Received by (Printed Name) *Lisa Oiso* C. Date of Delivery *12-28-09*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) **7008 0150 0003 2915 7138**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
MAYOR  
NEWINGTON  
131 CEDAR STREET  
NEWINGTON CT 06111

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Kerry Towne*  Agent  Addressee  
B. Received by (Printed Name) *Kerry Towne* C. Date of Delivery *12-28-2009*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) **7008 0500 0000 8809 5147**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
MAYOR  
MILFORD CITY HALL  
110 RIVER STREET  
MILFORD CT 06460

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Karl ...*  Agent  Addressee  
B. Received by (Printed Name) *Karl ...* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) **7008 0500 0000 8809 5024**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
COLEBROOK  
P O BOX 5  
COLEBROOK CT 06021

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Lee Clark*  Agent  Addressee  
B. Received by (Printed Name) *LEE CLARK* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) **7008 0150 0003 2915 7053**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
MADISON MADISON TOWN CAMPUS  
8 CAMPUS DRIVE  
MADISON CT 06443

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Mary C. Baque*  Agent  Addressee  
B. Received by (Printed Name) *Mary C. Baque* C. Date of Delivery *12/28/09*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) **7008 0150 0003 2915 6537**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
CITY MANAGER  
NEW LONDON MUNICIPAL BUILDING  
181 STATE STREET  
NEW LONDON CT 06320

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *David ...*  Agent  Addressee  
B. Received by (Printed Name) *David ...* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) **7008 0500 0000 8809 5123**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
EURLINGTON  
200 SPIELMAN HIGHWAY  
BURLINGTON CT 06013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Christa L. Romatta*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Christa L. Romatta* *12 28 09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
BLOOMFIELD  
800 BLOOMFIELD AVE BOX 337  
BLOOMFIELD CT 06002

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Joe Rhodes*  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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
CANTON  
4 MARKET STREET PO BOX 168  
COLLINSVILLE CT 06022

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Manic Karnal*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Manic Karnal* *12/28/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7008 0150 0003 2915 6919

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number  
(Transfer from service label) 7008 0150 0003 2915 6827

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number  
(Transfer from service label) 7008 0150 0003 2915 6940

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

FIRST SELECTMAN  
BRIDGEWATER  
44 MAIN STREET SOUTH P O BOX 216  
BRIDGEWATER CT 06752

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Roberta & Sinatra*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Roberta & Sinatra* *12 28 09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

FIRST SELECTMAN  
SALEM TOWN OFFICE BUILDING  
270 HARTFORD ROAD  
SALEM CT 06420

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*D M Tigue*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*D M Tigue*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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

FIRST SELECTMAN  
WASHINGTON DEPOT BRYAN MEMORIAL  
TOWN HALL  
2 BRYAN PLAZA PO BOX 383  
WASHINGTON DEPOT CT 06794

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Sheila M. Anson*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Sheila M. Anson* *12/28/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7008 0150 0003 2915 6872

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5406

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5710

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
WEST HAVEN CITY HALL  
355 MAIN STREET P O BOX 526  
WEST HAVEN CT 06516

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*A. Reuby*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*S. Reuby*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
BEACON FALLS TOWN HALL  
10 MAPLE AVENUE  
BEACON FALLS CT 06403

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Jane Chadderton*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Jane Chadderton* *12/28*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
EAST HAMPTON TOWN HALL  
20 EAST HIGH STREET  
EAST HAMPTON CT 06424

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Donna J Long*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Donna J Long* *12/28*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5765

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number  
(Transfer from service label) 7008 0150 0003 2915 6766

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number  
(Transfer from service label) 7008 0150 0003 2915 6292

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
TORRINGTON MUNICIPAL BUILDING  
140 MAIN STREET  
TORRINGTON CT 06790

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Laurie Abbott

C. Date of Delivery  
 12/28/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7008 0500 0000 8809 5628

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
LITCHFIELD  
74 WEST STREET P O BOX 488  
LITCHFIELD CT 06759

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 WAA LOBE

C. Date of Delivery  
 12/28/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7008 0150 0003 2915 6513

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
HARWINTON TOWN HALL  
100 BENTLEY DRIVE  
HARWINTON CT 06791

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Deborah Dowd

C. Date of Delivery  
 12-28-09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7008 0150 0003 2915 6216

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
EAST GRANBY  
9 CENTER STREET P O BOX 1858  
EAST GRANBY CT 06026

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Diane Mucha

C. Date of Delivery

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7008 0150 0003 2915 6759

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
NORWALK CITY HALL  
125 EAST AVENUE P O BOX 5125  
NORWALK CT 068565125

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7008 0500 0000 8809 5215

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
EASTFORD  
16 WESTFORD ROAD P O BOX 98  
EASTFORD CT 062420098

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Johanna Wolfe

C. Date of Delivery  
 1/12/10

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7008 0150 0003 2915 6346

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
SHELTON  
54 HILL STREET P O BOX 364  
SHELTON CT 06484

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 J. D. D'Amore

C. Date of Delivery  
 1-5-10

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7008 0500 0000 8809 5451

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
WESTBROOK WESTBROOK TOWN HALL  
866 BOSTON POST ROAD  
WESTBROOK CT 06498

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 J. Bruner

C. Date of Delivery  
 1/5/10

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7008 0500 0000 8809 5772

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
EAST HADDAM TOWN OFFICE BUILDING  
7 MAIN STREET P O BOX K  
EAST HADDAM CT 06423

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Linda Zempleni-Ruski

C. Date of Delivery  
 12/28/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7008 0150 0003 2915 626

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
 NAUGATUCK TOWN HALL  
 229 CHURCH STREET  
 NAUGATUCK CT 06770

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Debbie Lichwally

C. Date of Delivery  
 12/29/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
 OXFORD TOWN HALL  
 486 OXFORD ROAD  
 OXFORD CT 06478

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Kelly M Wejmer

C. Date of Delivery  
 12/28/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
 PRESTON  
 389 ROUTE 2  
 PRESTON CT 06365

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 N. Moore USPS

C. Date of Delivery  
 12/29/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5062

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5260

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5338

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
 MARLBOROUGH  
 26 NORTH MAIN STREET P O BOX 29  
 MARLBOROUGH CT 06447

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Ann M. Kilby

C. Date of Delivery  
 12/29/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CHIEFOPERATING OFFICER  
 HARTFORD MUNICIPAL BUILDING  
 550 MAIN STREET  
 HARTFORD CT 06103

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 M. J. ...

C. Date of Delivery  
 12/29

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
 SUFFIELD TOWN HALL  
 83 MOUNTAIN ROAD  
 SUFFIELD CT 06078

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 John D. Kulek

C. Date of Delivery  
 12/28/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5151

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6193

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5581

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
 PLYMOUTH TOWN HALL BUILDING  
 80 MAIN STREET  
 TERRYVILLE CT 06786

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 PATY HALE

C. Date of Delivery  
 12/28

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
 HARTFORD MUNICIPAL BUILDING  
 550 MAIN STREET  
 HARTFORD CT 06103

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 M. J. ...

C. Date of Delivery  
 12/29

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
 COVENTRY TOWN OFFICE BUILDING  
 1712 MAIN STREET  
 COVENTRY CT 06238

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Anderson

C. Date of Delivery  
 12/28

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5307

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6179

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 7121

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
SHERMAN MALLORY TOWN HALL  
9 ROUTE 39 NORTH P O BOX 39  
SHERMAN CT 06784

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Kath Byrnes*  Agent  Addressee

B. Received by (Printed Name) *Kath Byrnes* C. Date of Delivery *12/29/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5468

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
KENT  
41 KENT GREEN BLVD P O BOX 678  
KENT CT 06757

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Donna Hall*  Agent  Addressee

B. Received by (Printed Name) *Donna Hall* C. Date of Delivery

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6230

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
MIDDLEBURY  
1212 WHITTEMORE ROAD P O BOX 392  
MIDDLEBURY CT 06762

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Bonnie Brunswick*  Agent  Addressee

B. Received by (Printed Name) *B. Brunswick* C. Date of Delivery *12-28-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6575

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
WOLCOTT TOWN HALL  
10 KENEA AVENUE  
WOLCOTT CT 06716

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Dacey Pagnon*  Agent  Addressee

B. Received by (Printed Name) *Dacey Pagnon* C. Date of Delivery

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5871

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
NEW FAIRFIELD TOWN HALL ROUTE 39  
4 BRUSH HILL ROAD  
NEW FAIRFIELD CT 06810

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Alison M Peck*  Agent  Addressee

B. Received by (Printed Name) *DIANA M PECK* C. Date of Delivery *12/28/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5093

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
PLAINVILLE  
1 CENTRAL SQUARE  
PLAINVILLE CT 06062

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Chris Aude*  Agent  Addressee

B. Received by (Printed Name) *Chris Aude* C. Date of Delivery *12-29-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5284

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
RIDGEFIELD TOWN HALL  
400 MAIN STREET  
RIDGEFIELD CT 06877

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Caitlin Bennett*  Agent  Addressee

B. Received by (Printed Name) *Caitlin Bennett* C. Date of Delivery *12-29-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5376

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
STERLING  
1114 PLAINFIELD PIKE P O BOX 157  
ONECO CT 06373

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Erica M Rogers*  Agent  Addressee

B. Received by (Printed Name) *Erica M Rogers* C. Date of Delivery *12-29-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5550

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
BOZRAH TOWN HALL  
1 RIVER ROAD  
FITCHVILLE CT 06334

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Lynne Skinner*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery *12-28*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6841

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**  
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
ASHFORD  
5 TOWN HALL ROAD  
ASHFORD CT 06278

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature  
X *James E. Martin*  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
JANE E MARTIN 12-29-09  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**  
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
LISBON  
ONE NEWENT ROAD  
LISBON CT 06351

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature  
X *Sal Zybul*  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
Sal Zybul 12/28  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**  
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
ESSEX  
29 WEST AVENUE P O BOX 98  
ESSEX CT 06426

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature  
X *James D. Mohr*  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
James D Mohr 12-28-09  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6681  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6506  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6384  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**  
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
MAYOR  
STAMFORD STAMFORD GOV CENTER  
888 WASHINGTON BLVD  
STAMFORD CT 06904

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature  
X *Whitney*  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
Whitney 12/28/09  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**  
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
WATERFORD HALL OF RECORDS  
15 ROPE FERRY ROAD  
WATERFORD CT 06385

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature  
X *Michael Savage*  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
Michael Savage 12/28/09  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**  
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
NORTH STONINGTON TOWN HALL  
40 MAIN STREET  
NORTH STONINGTON CT 06359

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature  
X *Robert Kertu*  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
R. Kertu 12/28/09  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5543  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5734  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5208  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**  
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
MAYOR  
STRATFORD TOWN HALL  
2725 MAIN STREET ROOM 205  
STRATFORD CT 06497

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature  
X *Debbie Brunson*  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
DEBBIE BRUNSON 12-29  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**  
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
BETHLEHEM  
36 MAIN STREET SOUTH P O BOX 160  
BETHLEHEM CT 06751

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature  
X *Gene Heineprent*  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
GENE HEINEPRENT 12/29  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**  
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
TOWN MANAGER  
HEBRON TOWN OFFICE BUILDING  
15 GILEAD STREET P O BOX 156  
HEBRON CT 06248

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature  
X *Deborah Reed*  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
Deborah Reed 12-29-09  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5574  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6810  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6223  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>		A. Signature <input checked="" type="checkbox"/> <i>Time</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
FIRST SELECTMAN SHARON MAIN STREET 63 MAIN STREET P O BOX 224 SHARON CT 06069		<i>THAITCHER</i>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7008 0500 0000 8809 5444		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>		A. Signature <input checked="" type="checkbox"/> <i>Dorothy A. Paves</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
FIRST SELECTMAN NORTH CANAAN TOWN HALL 100 PEASE STREET PO BOX 338 CANAAN CT 060180338		<i>Dorothy A. Paves</i>	<i>12/25/09</i>
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7008 0500 0000 8809 5185		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>		A. Signature <input checked="" type="checkbox"/> <i>adwnt</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
TOWN MANAGER FARMINGTON TOWN HALL 1 MONTEITH DRIVE FARMINGTON CT 06034		<i>C. Pinto</i>	<i>12/27</i>
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7008 0150 0003 2915 6407		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>		A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
FIRST SELECTMAN PLAINFIELD TOWN HALL 8 COMMUNITY AVENUE PLAINFIELD CT 06374		<i>Army</i>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7008 0500 0000 8809 5277		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>		A. Signature <input checked="" type="checkbox"/> <i>RH Swan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
FIRST SELECTMAN EAST LYME 108 PENNSYLVANIA AVE P O BOX 519 NIANTIC CT 06357		<i>RH SWAN</i>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7008 0150 0003 2915 6322		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>		A. Signature <input checked="" type="checkbox"/> <i>BR</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
FIRST SELECTMAN BRANFORD 1019 MAIN STREET P O BOX 150 BRANFORD CT 06405		<i>BR</i>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7008 0150 0003 2915 6858		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>		A. Signature <input checked="" type="checkbox"/> <i>Beth Taylor</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
FIRST SELECTMAN VOLUNTOWN 115 MAIN STREET P O BOX 96 VOLUNTOWN CT 06384		<i>Beth Taylor</i>	<i>12/28/09</i>
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7008 0500 0000 8809 5680		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>		A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
FIRST SELECTMAN CANAAN TOWN HALL 108 MAIN STREET P O BOX 47 FALLS VILLAGE CT 060310047			
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7008 0150 0003 2915 6926		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>		A. Signature <input checked="" type="checkbox"/> <i>K FAVREAU</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
FIRST SELECTMAN NEWTOWN EDMOND TOWN HALL 45 MAIN STREET NEWTOWN CT 06470			
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7008 0500 0000 8809 5154		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
NEW HAVEN CITY HALL  
165 CHURCH STREET  
NEW HAVEN CT 06510

**COMPLETE THIS SECTION ON DELIVERY**

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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
LYME TOWN HALL  
480 HAMBURG ROAD  
LYME CT 06371

**COMPLETE THIS SECTION ON DELIVERY**

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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
GROTON TOWN HALL  
45 FORT HILL ROAD  
GROTON CT 06340

**COMPLETE THIS SECTION ON DELIVERY**

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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5116  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6520  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6483  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
WESTPORT TOWN HALL  
110 MYRTLE AVENUE  
WESTPORT CT 06880

**COMPLETE THIS SECTION ON DELIVERY**

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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
EAST HARTFORD TOWN HALL  
740 MAIN STREET  
EAST HARTFORD CT 06108

**COMPLETE THIS SECTION ON DELIVERY**

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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
CANTERBURY  
1 MUNICIPAL DRIVE P O BOX 27  
CANTERBURY CT 063310027

**COMPLETE THIS SECTION ON DELIVERY**

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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5796  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6315  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6933  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
PLEASANT VALLEY  
67 RIPLEY HILL ROAD P O BOX 558  
PLEASANT VALLEY CT 060630558

**COMPLETE THIS SECTION ON DELIVERY**

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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
THOMASTON TOWN HALL  
158 MAIN STREET P O BOX 136  
THOMASTON CT 06787

**COMPLETE THIS SECTION ON DELIVERY**

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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
STONINGTON  
ELM STREET P O BOX 362  
STONINGTON CT 06378

**COMPLETE THIS SECTION ON DELIVERY**

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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5291  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5598  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5567  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
WINDHAM TOWN BUILDING  
979 MAIN STREET P O BOX 94  
WILLIMANTIC CT 06226

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*DE VAREAS*

C. Date of Delivery  
*12-28-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5840

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
PROSPECT TOWN HALL  
36 CENTER STREET  
PROSPECT CT 06712

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*ROSALYN ROSSO*

C. Date of Delivery  
*12-28-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5345

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
SEYMOUR  
ONE FIRST STREET  
SEYMOUR CT 06483

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*LINDY*

C. Date of Delivery  
*12-28-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5437

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
WINCHESTER TOWN HALL  
338 MAIN STREET  
WINSTED CT 06098

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*JCLOSSON*

C. Date of Delivery  
*12-28-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5833

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
WATERTOWN TOWN HALL ANNEX  
424 MAIN STREET  
WATERTOWN CT 06795

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*LYNN LA FORNE*

C. Date of Delivery  
*12-28-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5741

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
WOODBURY  
275 MAIN ST SOUTH P O BOX 369  
WOODBURY CT 06798

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*DAVID WYATT*

C. Date of Delivery  
*12-28-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5895

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
GOSHEN  
42 NORTH STREET P O BOX 187  
GOSHEN CT 06756

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*Kate Breakell*

C. Date of Delivery  
*12-28-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7008 0150 0003 2915 6438

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
FAIRFIELD OLD TOWN HALL  
611 OLD POST ROAD  
FAIRFIELD CT 06430

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*[Signature]*

C. Date of Delivery  
*12-28-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7008 0150 0003 2915 6391

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
WETHERSFIELD TOWN HALL  
505 SILAS DEANE HIGHWAY  
WETHERSFIELD CT 06109

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*Schroeder*

C. Date of Delivery  
*12-28-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5802

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
CHESTER  
203 MIDDLESEX AVENUE PO BOX 218  
CHESTER CT 06412

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Debra Germini Calamari*  Agent  Addressee

B. Received by (Printed Name) *Debra Germini Calamari* C. Date of Delivery *12/29*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 7046

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
KILLINGLY  
172-MAIN-STREET P O BOX 6000  
KILLINGLY CT 06239

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Charles Lucid*  Agent  Addressee

B. Received by (Printed Name) *Charles Lucid* C. Date of Delivery

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6254

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
SCOTLAND  
9 DEVOTION ROAD P O BOX 288  
SCOTLAND CT 06264

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Nancy Rivers*  Agent  Addressee

B. Received by (Printed Name) *NANCY RIVERS* C. Date of Delivery *12-28-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5420

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
SALISBURY TOWN HALL  
P O BOX 548 27 MAIN STREET  
SALISBURY CT 06068

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *D. Maxwell*  Agent  Addressee

B. Received by (Printed Name) *Denna Maxwell* C. Date of Delivery *12/28/09*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below: *PO Box 548*  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5413

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
MORRIS  
3 EAST STREET P O BOX 66  
MORRIS CT 06763

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Ann E Carr*  Agent  Addressee

B. Received by (Printed Name) *Ann E Carr* C. Date of Delivery *12/28/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5055

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
OLD SAYBROOK TOWN HALL  
302 MAIN STREET  
OLD SAYBROOK CT 06475

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Wendy M...*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery *12/28*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5246

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
NEW HARTFORD  
530 MAIN STREET P O BOX 426  
NEW HARTFORD CT 06057

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *DM Ventre*  Agent  Addressee

B. Received by (Printed Name) *D.M. Ventre* C. Date of Delivery *12/28/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5109

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
CLINTON TOWN HALL  
54 EAST MAIN STREET  
CLINTON CT 06413

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *M Pudem*  Agent  Addressee

B. Received by (Printed Name) *M Pudem* C. Date of Delivery *12/28/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 7077

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
WESTON  
56 NORFIELD ROAD P O BOX 1007  
WESTON CT 06883

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Ray Marsh*  Agent  Addressee

B. Received by (Printed Name) *Ray Marsh* C. Date of Delivery

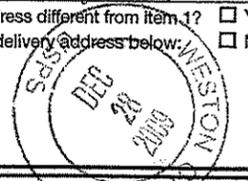
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5789

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
TRUMBULL TOWN HALL  
5866 MAIN STREET  
TRUMBULL CT 06611

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
*Down M Co's*

C. Date of Delivery  
*12-28-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
WOODBRIDGE TOWN HALL  
11 MEETINGHOUSE LANE  
WOODBRIDGE CT 06525

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
*SHAW*

C. Date of Delivery  
*12-28*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
PUTNAM TOWN HALL  
126 CHURCH STREET  
PUTNAM CT 06260

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
*CAROLINE PERRON*

C. Date of Delivery  
*12/28/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 0500 0000 8809 5659**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) **7008 0500 0000 8809 5888**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) **7008 0500 0000 8809 5352**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
KILLINGWORTH TOWN OFFICE BUILDING  
323 ROUTE 81  
KILLINGWORTH CT 06417

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
*Down Moore*

C. Date of Delivery  
*12/28/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
REDDING TOWN OFFICE BUILDING  
100 HILL ROAD P O BOX 1028  
REDDING CT 06875

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
*AIRNO'S*

C. Date of Delivery  
*12/29/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
WILTON TOWN HALL  
238 DANBURY ROAD  
WILTON CT 06897

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
*Robert Whiteside*

C. Date of Delivery  
*12/28/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 0150 0003 2915 6247**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) **7008 0500 0000 8809 5369**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) **7008 0500 0000 8809 5826**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
ORANGE TOWN HALL  
617 ORANGE ROAD  
ORANGE CT 06477

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
*Patrick Sullivan*

C. Date of Delivery  
*12/24/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
HARTLAND  
22 SOUTH ROAD P O BOX 297  
EAST HARTLAND CT 06027

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
*Elizabeth P. Essel*

C. Date of Delivery  
*12/28/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
DARIEN  
2 RENSRAW ROAD  
DARIEN CT 06820

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
*[Signature]*

C. Date of Delivery  
*12-28-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 0500 0000 8809 5253**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) **7008 0150 0003 2915 6209**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) **7008 0150 0003 2915 6711**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
BROOKFIELD CENTER MUNICIPAL CENTER  
100 POCANO ROAD P O BOX 5106  
BROOKFIELD CENTER CT 06804

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*Cartin O'Reilly*

B. Received by (Printed Name) C. Date of Delivery  
 Martin O'Reilly 12-24-09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
EAST WINDSOR  
11 RYE STREET  
BROAD BROOK CT 06015

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*J. Browne*

B. Received by (Printed Name) C. Date of Delivery  
 J. Browne 12-24-09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
BRIDGEPORT CITY HALL  
999 BROAD STREET  
BRIDGEPORT CT 06604

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*J. Browne*

B. Received by (Printed Name) C. Date of Delivery  
 J. Browne 12-24-09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6896

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6339

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6865

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
BOLTON  
222 BOLTON CENTER ROAD  
BOLTON CT 06043

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*C. Gudechm*

B. Received by (Printed Name) C. Date of Delivery  
 C. Gudechm DEC 24 2009

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
BRISTOL CITY HALL 3RD FLOOR  
111 NORTH MAIN STREET  
BRISTOL CT 06010

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*John Michael*

B. Received by (Printed Name) C. Date of Delivery  
 John Michael

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
CHAPLIN TOWN HALL  
495 PHOENIXVILLE RD P O BOX 286  
CHAPLIN CT 06235

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*Karen O'Gorman*

B. Received by (Printed Name) C. Date of Delivery  
 Karen O'Gorman

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6834

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6889

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 7060

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
BERLIN TOWN HALL  
240 KENSINGTON ROAD  
BERLIN CT 06037

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
 [Name] 12/24

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
WALLINGFORD MUNICIPAL BUILDING  
45 SOUTH MAIN STREET ROOM #108  
WALLINGFORD CT 06492

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
 [Name] 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
TOLLAND TOWN HALL  
21 TOLLAND GREEN  
TOLLAND CT 06084

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
 Sue Litwin 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6780

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5697

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5611

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
CHESHIRE TOWN HALL  
84 SOUTH MAIN STREET  
CHESHIRE CT 06410

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Eric Nelson*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Eric Nelson* 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELETMAN  
GRANBY TOWN HALL  
15 NORTH GRANBY ROAD  
GRANBY CT 060352125

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *S. Christian*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*S. Christian* 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
THOMPSON TOWN OFFICE BUILDING  
815 RIVERSIDE DRIVE P O BOX 899  
NORTH GROSVENORDALE CT 06255

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Elizabeth Vega*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Elizabeth Vega*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 7091  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6445  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5604  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
OLD LYME  
52 LYME STREET  
OLD LYME CT 06371

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Vicki Urbowicz*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Vicki Urbowicz* 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
WINDSOR LOCKS TOWN OFFICE BUILDING  
50 CHURCH STREET  
WINDSOR LOCKS CT 06096

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*[Signature]* 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
BROOKLYN TOWN HALL  
4 WOLF DEN ROAD P O BOX 356  
BROOKLYN CT 06234

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *J. Ruffo*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*J. Ruffo* 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5239  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5864  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6902  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GENERAL MANAGER  
MANCHESTER  
41 CENTER STREET P O BOX 191  
MANCHESTER CT 06040

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*[Signature]* 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
MERIDEN CITY HALL ROOM 124  
142 EAST MAIN STREET  
MERIDEN CT 06450

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *B. Shem*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*B. Shem* 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
MONROE TOWN HALL  
7 FAN HILL ROAD  
MONROE CT 06468

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*[Signature]* 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6186  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6568  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5031  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
ROXBURY  
P O BOX 203 29 NORTH STREET  
ROXBURY CT 06783

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5390

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *J.A. Hall*  Agent  Addressee

B. Received by (Printed Name) James A. Hall C. Date of Delivery 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
NORFOLK  
19 MAPLE AVENUE P O BOX 592  
NORFOLK CT 06058

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5161

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *James A. Hall*  Agent  Addressee

B. Received by (Printed Name) James A. Hall C. Date of Delivery 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
WINDSOR  
275 BROAD STREET P O BOX 472  
WINDSOR CT 06095

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5857

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *James A. Hall*  Agent  Addressee

B. Received by (Printed Name) James A. Hall C. Date of Delivery 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
NORTH BRANFORD TOWN HALL  
1599 FOXON ROAD P O BOX 287  
NORTH BRANFORD CT 064710287

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5178

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *James A. Hall*  Agent  Addressee

B. Received by (Printed Name) James A. Hall C. Date of Delivery 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
HAMDEN GOVERNMENT  
CENTERHALL  
2750 DIX WELL AVE  
HAMDEN CT 06518

2. Article Number  
(Transfer from service label) 7008 0150 0003 2915 6155

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *James A. Hall*  Agent  Addressee

B. Received by (Printed Name) James A. Hall C. Date of Delivery 12-24-09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
SOUTHINGTON TOWN OFFICE BUILDING  
75 MAIN STREET P O BOX 610  
SOUTHINGTON CT 06489

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5512

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Y. Fecteau*  Agent  Addressee

B. Received by (Printed Name) Y. FECTEAU C. Date of Delivery 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
BETHANY TOWN HALL  
40 PECK ROAD  
BETHANY CT 06525

2. Article Number  
(Transfer from service label) 7008 0150 0003 2915 6797

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *H.B. Russell*  Agent  Addressee

B. Received by (Printed Name) H. B. Russell C. Date of Delivery 12/23/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
EAST HAVEN TOWN HALL  
250 MAIN STREET  
EAST HAVEN CT 06512

2. Article Number  
(Transfer from service label) 7008 0150 0003 2915 6308

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *H.B. Russell*  Agent  Addressee

B. Received by (Printed Name) H. B. Russell C. Date of Delivery 12/24

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
NEW MILFORD TOWN HALL  
10 MAIN STREET  
NEW MILFORD CT 06776

2. Article Number  
(Transfer from service label) 7008 0500 0000 8809 5130

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *H.B. Russell*  Agent  Addressee

B. Received by (Printed Name) H.B. Russell C. Date of Delivery 12/24/09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
DURHAM TOWN HALL  
30 TOWN HOUSE ROAD P O BOX 428  
DURHAM CT 06422

2. Article Number

(Transfer from service label)

7008 0150 0003 2915 6742

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  
X *Ben Moncata*  Agent  Addressee
- B. Received by (Printed Name) *Ben Moncata* C. Date of Delivery *12/24/09*
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
ENFIELD  
820 ENFIELD STREET  
ENFIELD CT 06082

2. Article Number

(Transfer from service label)

7008 0150 0003 2915 6377

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  
X *C. McGuire*  Agent  Addressee
- B. Received by (Printed Name) *C. McGuire* C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
BETHEL MUNICIPAL CENTER  
1 SCHOOL STREET  
BETHEL CT 06801

2. Article Number

(Transfer from service label)

7008 0150 0003 2915 6803

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  
X *Wendy Smith*  Agent  Addressee
- B. Received by (Printed Name) *W. Smith* C. Date of Delivery *12/24/09*
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
WATERBURY CHASE BUILDING  
236 GRAND STREET  
WATERBURY CT 06710

2. Article Number

(Transfer from service label)

7008 0500 0000 8809 5727

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  
X *Keith Baran*  Agent  Addressee
- B. Received by (Printed Name) *KEITH BARAN* C. Date of Delivery *12/24/09*
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
WILLINGTON TOWN OFFICE BUILDING  
40 OLD FARMS ROAD  
WILLINGTON CT 06279

2. Article Number

(Transfer from service label)

7008 0500 0000 8809 5819

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  
X *Edin Campbell*  Agent  Addressee
- B. Received by (Printed Name) *Edin Campbell* C. Date of Delivery *12/24/09*
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
COLCHESTER TOWN HALL  
127 NORWICH AVENUE  
COLCHESTER CT 06415

2. Article Number

(Transfer from service label)

7008 0150 0003 2915 7107

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  
X *[Signature]*  Agent  Addressee
- B. Received by (Printed Name) *[Signature]* C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
POMFRET  
5 HAVEN ROAD P O BOX 286  
POMFRET CENTER CT 06259

2. Article Number

(Transfer from service label)

7008 0500 0000 8809 5314

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  
X *Nora Johnson*  Agent  Addressee
- B. Received by (Printed Name) *N. Johnson* C. Date of Delivery *12-24-09*
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
GREENWICH  
101 FIELD POINT ROAD P O BOX 2540  
GREENWICH CT 06830

2. Article Number

(Transfer from service label)

7008 0150 0003 2915 6469

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  
X *Mark Calabrese*  Agent  Addressee
- B. Received by (Printed Name) *MARK CALABRESE* C. Date of Delivery *12-24-09*
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
NORTH HAVEN TOWN HALL  
18 CHURCH STREET  
NORTH HAVEN CT 06473

2. Article Number

(Transfer from service label)

7008 0500 0000 8809 5192

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  
X *[Signature]*  Agent  Addressee
- B. Received by (Printed Name) *[Signature]* C. Date of Delivery *12/24/09*
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
SOUTH WINDSOR TOWN HALL  
1540 SULIVAN AVENUE  
SOUTH WINDSOR CT 060742786

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*[Signature]*

C. Date of Delivery  
*12/24/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 0500 0000 8809 5499**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
SIMSBURY  
933 HOPMEADOW STREET  
SIMSBURY CT 06070

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*[Signature]*

C. Date of Delivery  
*12/24/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 0500 0000 8809 5475**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
HAMPTON  
164 MAIN STREET P O BOX 143  
HAMPTON CT 06247

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*Nancy Bam*

C. Date of Delivery  
*12/24/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 0150 0003 2915 6162**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
AVON  
60 WEST MAIN STREET  
AVON CT 06001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*[Signature]*

C. Date of Delivery  
*12/24/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 0150 0003 2915 6698**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
SOUTHBURY TOWN HALL  
501 MAIN STREET SOUTH  
SOUTHBURY CT 06488

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*[Signature]*

C. Date of Delivery  
*12/24/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 0500 0000 8809 5505**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
DEEP RIVER TOWN HALL  
174 MAIN STREET  
DEEP RIVER CT 06417

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*DANA J. NOVONO*

C. Date of Delivery  
*12/24*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 0150 0003 2915 6728**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
SOMERS TOWN HALL  
600 MAIN STREET P O BOX 308  
SOMERS CT 06071

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*[Signature]*

C. Date of Delivery  
*12/24/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 0500 0000 8809 5482**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
CORNWALL TOWN OFFICE  
26 PINE STREET P O BOX 97  
CORNWALL CT 06753

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*BARBARA E HELBST*

C. Date of Delivery  
*12/24/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 0150 0003 2915 7114**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
GRISWOLD  
28 MAIN STREET P O BOX 369  
JEWETT CITY CT 06351

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
*[Signature]*

C. Date of Delivery  
*12/24/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7008 0150 0003 2915 6476**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
MIDDLEFIELD  
393 JACKSON HILL RD P O BOX 179  
MIDDLEFIELD CT 06455

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5017

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X Fran Pae Agent Addressee  
B. Received by (Printed Name) FRAN PAE C. Date of Delivery 12/24/09

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

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  
4. Restricted Delivery? (Extra Fee) Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
TOWN MANAGER  
MANSFIELD AUDREY P BECK MUNICIPAL BUILDING  
4 SOUTH EAGLEVILLE ROAD  
MANSFIELD CT 06268

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6544

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X C Hawthorn Agent Addressee  
B. Received by (Printed Name) C Hawthorn C. Date of Delivery

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

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  
4. Restricted Delivery? (Extra Fee) Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
ELLINGTON  
55 MAIN STREET P O BOX 187  
ELLINGTON CT 06029

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6360

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X Marie Saune Agent Addressee  
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  
4. Restricted Delivery? (Extra Fee) Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
MAYOR  
MIDDLETOWN MUNICIPAL BUILDING  
P O BOX 1300 245 DEKOVEN DRIVE  
MIDDLETOWN CT 06457

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6582

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X K Robertson Agent Addressee  
B. Received by (Printed Name) C. Date of Delivery 12/24

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

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  
4. Restricted Delivery? (Extra Fee) Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
SPRAGUE  
ONE MAIN STREET P O BOX 677  
BAL TIC CT 06330

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5529

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X C Hoffman Agent Addressee  
B. Received by (Printed Name) C Hoffman C. Date of Delivery 12/24/09

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

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  
4. Restricted Delivery? (Extra Fee) Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
UNION TOWN HALL  
RT 171 1043 BUCKLEY HIGHWAY  
UNION CT 06076

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5666

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X Carol O'Connell Agent Addressee  
B. Received by (Printed Name) CAROL O'CONNOR C. Date of Delivery 12/24/09

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

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  
4. Restricted Delivery? (Extra Fee) Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
FIRST SELECTMAN  
HADDAM  
30 FIELD PARK DRIVE P O BOX 87  
HADDAM CT 06438

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6148

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X G Huffstetler Agent Addressee  
B. Received by (Printed Name) G Huffstetler C. Date of Delivery 12/24/09

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

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  
4. Restricted Delivery? (Extra Fee) Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
MAYOR  
MONTVILLE TOWN HALL  
310 NORWICH NEW LONDON ROAD  
UNCASVILLE CT 06382

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5048

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X Cathy Cabilan Agent Addressee  
B. Received by (Printed Name) Cathy Cabilan C. Date of Delivery 12/23/09

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

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  
4. Restricted Delivery? (Extra Fee) Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
TOWN MANAGER  
WEST HARTFORD TOWN HALL  
50 SOUTH MAIN STREET  
WEST HARTFORD CT 06107

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5758

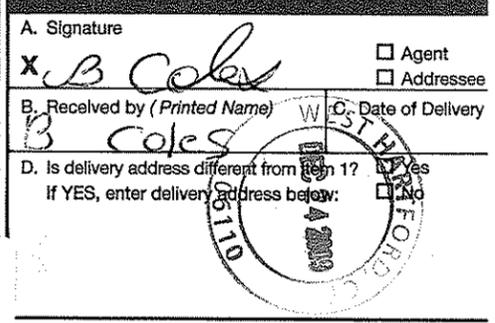
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X B Cole Agent Addressee  
B. Received by (Printed Name) B Cole C. Date of Delivery

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

3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  
4. Restricted Delivery? (Extra Fee) Yes



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
GLASTONBURY  
2155 MAIN STREET P O BOX 6523  
GLASTONBURY CT 06033

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
VERNON MEMORIAL BUILDING  
14 PARK PLACE  
VERNON CT 06066

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
ANSONIA TOWN HALL  
253 MAIN STREET  
ANSONIA CT 06401

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6421

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5673

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6674

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN MANAGER  
GRANBY TOWN HALL  
15 NORTH GRANBY ROAD  
GRANBY CT 060352125

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
GUILFORD TOWN HALL  
31 PARK STREET  
GUILFORD CT 06437

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
NEW BRITAIN CITY HALL  
27 WEST MAIN STREET  
NEW BRITAIN CT 06051

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6452

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6131

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5079

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
WOODSTOCK TOWN OFFICE BUILDING  
415 ROUTE 169  
WOODSTOCK CT 06281

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
ROCKY HILL TOWN HALL  
761 OLD MAIN STREET  
ROCKY HILL CT 06067

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CITY MANAGER  
NORWICH CITY HALL  
100 BROADWAY STREET  
NORWICH CT 06360

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5901

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5383

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5222

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
LEBANON TOWN HALL  
579 EXETER ROAD  
LEBANON CT 06249

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Mary Ellen Weir*

B. Received by (Printed Name) C. Date of Delivery  
*Mary Ellen Weir* *12/24/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
DERBY CITY HALL  
1 ELIZABETH STREET  
DERBY CT 06418

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*S. Donnad*

B. Received by (Printed Name) C. Date of Delivery  
*S. Donnad* *12/24/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
GROTON MUNICIPAL BUILDING  
295 MERIDIAN STREET  
GROTON CT 06340

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*J.unicatano*

B. Received by (Printed Name) C. Date of Delivery  
*J.unicatano* *12/24/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6261  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6735  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6490  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
ANDOVER TOWN OFFICE BUILDING  
17 SCHOOL ROAD  
ANDOVER CT 06232

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*John E. Maslin*

B. Received by (Printed Name) C. Date of Delivery  
*John E. Maslin* *12-26-9*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
PORTLAND TOWN HALL  
33 MAIN STREET P O BOX 71  
PORTLAND CT 06480

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Charles Brown*

B. Received by (Printed Name) C. Date of Delivery  
*Charles Brown* *12-24-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
LEDYARD TOWN HALL  
741 COL LEDYARD HIGHWAY  
LEDYARD CT 06339

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*John E. Maslin*

B. Received by (Printed Name) C. Date of Delivery  
*STEVEN F. MASLIN* *12-24-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6704  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5321  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 6278  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
COLUMBIA YEOMANS HALL  
323 ROUTE 87  
COLUMBIA CT 06237

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Kim Bona*

B. Received by (Printed Name) C. Date of Delivery  
*Kim Bona* *12/24/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAYOR  
DANBURY CITY HALL  
155 DEER HILL ROAD  
DANBURY CT 06810

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*John E. Maslin*

B. Received by (Printed Name) C. Date of Delivery  
*John E. Maslin* *12-24-09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIRST SELECTMAN  
STAFFORD MEMORIAL TOWN HALL  
1 MAIN STREET P O BOX 11  
STAFFORD SPRINGS CT 06076

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*John E. Maslin*

B. Received by (Printed Name) C. Date of Delivery  
*John E. Maslin* *12/24/09*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0150 0003 2915 7062  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0150 0003 2915 7145  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7008 0500 0000 8809 5536  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) TRACI HASTINGS	C. Date of Delivery 12-26-09
FIRST SELECTMAN FRANKLIN TOWN HALL 7 MEETING HOUSE HILL ROAD FRANKLIN CT 06254	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <small>(Transfer from service label)</small>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
7008 0150 0003 2915 6414	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004    Domestic Return Receipt    102595-02-M-1540		