

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Preston Town Clerk  
 Preston Town Hall  
 389 Route 2  
 Preston, CT 06365



9590 9402 9487 5069 1192 87

2. Article Number (Transfer from service label):

7021 2720 0001 3209 8022

PS Form 3811, July 2020 PSN 7530-02-000-9053

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Bozrah Town Clerk  
 Bozrah Town Hall  
 1 River Road  
 Bozrah, CT 06334



9590 9402 9487 5069 1188 08

2. Article Number (Transfer from service label):

9589 0710 5270 2386 6326 36

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent
- B. Received by (Printed Name)  Addressee
- C. Date of Delivery  Yes  No

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent
- B. Received by (Printed Name)  Addressee
- C. Date of Delivery  Yes  No

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

TOWN OF MONTVILLE - PZC  
Department of Land Use & Development  
310 Norwich-New London Tpke.  
Uncasville, Connecticut 06382

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

**OFFICIAL USE**

Certified Mail Fee

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

Postage \$

Total Postage and Fees \$

Sent To

Street and

City/State

Preston Town Clerk  
 Preston Town Hall  
 389 Route 2  
 Preston, CT 06365

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

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

TOWN OF MONTVILLE - PZC  
Department of Land Use & Development  
310 Norwich-New London Tpke.  
Uncasville, Connecticut 06382

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

**OFFICIAL USE**

Certified Mail Fee

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

Postage \$

Total Postage and Fees \$

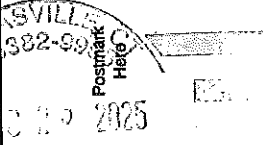
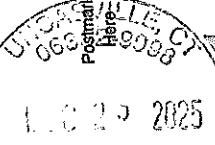
Sent To

Street

City

Bozrah Town Clerk  
 Bozrah Town Hall  
 1 River Road  
 Bozrah, CT 06334

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

Salem Town Clerk  
Salem Town Hall  
270 Hartford Rd  
Salem, CT 06420



9590 9402 9487 5069 1192 94

**2. Article Number (Transfer from service label)**

7021 2720 0001 3209 8114

PS Form 3811, July 2020 PSN 7530-02-000-9053

**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:**

Waterford Town Clerk  
Waterford Town Hall  
15 Rope Ferry Road  
Waterford, CT 06385



9590 9402 9487 5069 1192 70

**2. Article Number (Transfer from service label)**

7021 2720 0001 3209 8121

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name) John Doe
- C. Date of Delivery 10/2/20
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name) John Doe
- C. Date of Delivery 10/2/20
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service**  
**CERTIFIED MAIL**  
Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To  
Salem Town Clerk  
Salem Town Hall  
270 Hartford Rd  
Salem, CT 06420

City, State, ZIP

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

7021 2720 0001 3209 8114

**U.S. Postal Service**  
**CERTIFIED MAIL**  
Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To  
Waterford Town Clerk  
Waterford Town Hall  
15 Rope Ferry Road  
Waterford, CT 06385

City, State, ZIP

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

7021 2720 0001 3209 8121

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Norwich City Clerk  
Norwich City Hall  
100 Broadway, Room 215  
Norwich, CT 06360



9590 9402 9487 5069 1193 00

2. Article Number (Transfer from service label)

9589 0710 5270 2386 6326 43

PS Form 3811, July 2020 PSN 7530-02-000-9053

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

East Lyme Town Clerk  
East Lyme Town Hall  
P.O. Box 519  
Niantic, CT 06357



9590 9402 9487 5069 1193 24

2. Article Number (Transfer from service label)

9589 0710 5270 2386 6326 67

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name) [Signature]
- C. Date of Delivery DEC 26 2025

D. Is delivery address different from item 1?  Yes  No

IF YES, enter delivery address below:

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name) Karen Galbraith
- C. Date of Delivery 12/26/25
- D. Is delivery address different from item 1?  Yes  No
- IF YES, enter delivery address below:

3. Service Type
- Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail (over \$500)
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service**  
**CERTIFIED MAIL**  
*Domestic Mail Only*

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

**OFFICIAL USE**

Certified Mail Fee

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

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

Postage \$ 1.45

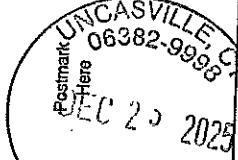
Total Postage and Fees \$ 1.45

Sent To

Norwich City Clerk  
Norwich City Hall  
100 Broadway, Room 215  
Norwich, CT 06360

Street and Apt.  
City, State, ZIP

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions



**U.S. Postal Service**  
**CERTIFIED MAIL**  
*Domestic Mail Only*

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

**OFFICIAL USE**

Certified Mail Fee

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

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

Postage \$ 1.45

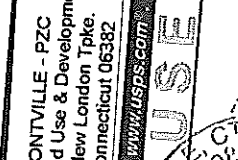
Total Postage and Fees \$ 1.45

Sent To

East Lyme Town Clerk  
East Lyme Town Hall  
P.O. Box 519  
Niantic, CT 06357

Street and Apt.  
City, State, ZIP

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Fred Oliver, Environmental Analyst  
Land and Water Resources Division  
79 Elm Street  
Hartford, CT 06106-5127



9590 9402 9487 5069 1192 56

2. Article Number (Transfer from service label)

9589 0710 5270 2386 6326 29

PS Form 3811, July 2020 PSN 7530-02-000-9053

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Amanda Kennedy, AICP, Executive Director  
Southeastern Council of Governments  
5 Connecticut Ave.  
Norwich, CT 06360



9590 9402 9487 5069 1192 63

2. Article Number (Transfer from service label)

7021 2720 0001 3209 8015

PS Form 3811, July 2020 PSN 7530-02-000-9053

**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  No

If YES, enter delivery address below:

**RECEIVED**

DEC 26 2025

3. **DEEP** Purchasing Unit
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature
- Wendy Leclair*  Agent  Addressee
- B. Received by (Printed Name)
- Wendy Leclair*  Agent  Addressee
- C. Date of Delivery
- 12/26/25*
- D. Is delivery address different from item 1?  Yes  No
- If YES, enter delivery address below:

3. Service Type
- Priority Mail Express®
  - Registered Mail™
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

**U.S. Postal Serv**  
**CERTIFIED M**  
*Domestic Mail Only*

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

**OFFICIAL USE**

Certified Mail Fee

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

Postage

Total Postage and Fees

Sent To  
Fred Oliver, Environmental Analyst  
Land and Water Resources Division  
79 Elm Street  
Hartford, CT 06106-5127

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

**U.S. Postal S**  
**CERTIFIED**  
*Domestic Mail Only*

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

**OFFICIAL USE**

Certified Mail Fee

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

Postage

Total Postage and Fees

Sent To  
Amanda Kennedy, AICP, Executive Director  
Southeastern Council of Governments  
5 Connecticut Ave.  
Norwich, CT 06360

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

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

TOWN OF MONTVILLE - PZC  
 Department of Land Use & Development  
 310 Norwich-New London Tpke.  
 Uncasville, Connecticut 06382

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

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

Sent to  
 Street and A1 Ledyard Town Hall  
 Ledyard Town Hall  
 741 Colonel Ledyard Highway  
 Ledyard, CT 06339  
 City, State, ZIP

PS Form 3800, January 2023 PSN 7530-02-000-9037 See Reverse for Instructions

9589 0710 5270 2386 6326 50

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Ledyard Town Clerk  
 Ledyard Town Hall  
 741 Colonel Ledyard Highway  
 Ledyard, CT 06339

2. Article Number (transfer from service label)  
 9590 9402 9487 5069 1193 17

3. Service Type  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Certified Mail®  
 Certified Mail® Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

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

5. Article Addressed to:  
 Ledyard Town Clerk  
 Ledyard Town Hall  
 741 Colonel Ledyard Highway  
 Ledyard, CT 06339

6. A. Signature  
 X *[Signature]*  
 B. Received by (Printed Name)  
 Ledyard Town Clerk  
 C. Date of Delivery  
 12-11-23  
 D. Is delivery address different from item 1? Yes  No

**COMPLETE THIS SECTION ON DELIVERY**

Domestic Return Receipt  
 PS Form 3811, July 2020 PSN 7530-02-000-9053