

Brownfields Program
File Room Document Transmittal Sheet

Your Name: Shirley Liggins
Project ID: 0800304036
Facility Name: Chester Street
Document Group: Land Use Restriction Updates (LURU)
Document Type: Correspondence (C)
Description: Verification Mail Card for Amendment of LURU sent to PD
Date of Doc: 5/17/2012
Author of Doc: Shirley Liggins

File Room Use Only

Date Recieved by File Room:

Date Scanned:

| Month | Day | Year |
|-------|-----|------|
| | | |
| 06 | 28 | 2012 |

0800304036

Scanner's Initials: *sal*

080030436

7008 0500 0001 4785 0793

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

| | | |
|---|----|---|
| Postage | \$ | City of Gastonia LIRU Amendment Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |

To: Myra Messer
 City of Gastonia
 PO Box 1748
 Gastonia, NC 28053

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:

Myra Messer
 City of Gastonia
 PO Box 1748
 Gastonia, NC 28053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Richard Berry Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 2/12

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 0001 4785 0793