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**Environmental Health Services
Environmental Protection
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
Attn: Paresh, RO# 2939**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature X. <i>ANASTASIA N.</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <p style="text-align: center;">GINGER RUSSEL CITY OF DUBLIN 100 CIVIC PLAZA DUBLIN, CA 94568-2619</p>	B. Received by (Printed Name) ANASTASIA N.	C. Date of Delivery 10/31/08
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	
PS Form 3811, February 2004	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.	
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