

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.

Article Addressed to:

Mr. Bob Pasicznyuk  
Douglas County Library District  
100 Wilcox Street  
Castle Rock, CO 80104



9590 9402 2789 7069 2009 47

Article Number (Transfer from service label)  
**RE 505 299 789 US**

PS Form 3811, July 2015 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.
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Article Addressed to:

Ms. Diane Lundquist  
E-470 Public Highway Authority  
22470 E. 6th Pkwy., Ste. 100  
Aurora, CO 80018



9590 9402 2789 7069 2009 16

Article Number (Transfer from service label)  
**05 299 815 US**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*Bob Pasicznyuk*

B. Received by (Printed Name)  Agent  Addressee

C. Date of Delivery

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
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*Evelyn Galindo*

B. Received by (Printed Name)  Agent  Addressee  
*Evelyn Galindo*

C. Date of Delivery

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
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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Article Addressed to:

Mr. Ken MacKenzie, P.E.  
Urban Drainage & Flood Control District  
2480 West 26th Avenue, Ste. 156B  
Denver, CO 80211



9590 9402 2789 7069 2009 23

Article Number (Transfer from service label)  
**RE 505 299 801 US**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*Ken MacKenzie*

B. Received by (Printed Name)  Agent  Addressee  
*Ken MacKenzie*

C. Date of Delivery

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
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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Article Addressed to:

Mr. Tony Spurlock  
Douglas County Law Enforcement Authority  
4000 Justice Way  
Castle Rock, CO 80109



9590 9402 2789 7069 2009 92

Article Number (Transfer from service label)  
**RE 505 299 735 US**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*Ken MacKenzie*

B. Received by (Printed Name)  Agent  Addressee  
*Ken MacKenzie*

C. Date of Delivery

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
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt



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1. Article Addressed to:

Mr. Chuck Reid  
Cherry Creek Basin Water Quality  
Authority  
c/o Cliffon Larson Allen, LLC  
8390 E. Crescent Pkwy, #300  
Greenwood Village, CO 80111



9590 9402 2789 7069 2008 79

Article Number (Transfer from service label)  
RE 505 299 850 US

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

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent
- X  Received by (Printed Name)  Addressee  
Laura Larson
- G. Date of Delivery  
3-12-21
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type
- |                                                                        |                                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input checked="" type="checkbox"/> Registered Mail™                |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |                                                                     |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |                                                                     |

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent
- X  Received by (Printed Name)  Addressee  
Laura Larson
- C. Date of Delivery  
3-12-21
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type
- |                                                                        |                                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input checked="" type="checkbox"/> Registered Mail™                |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |                                                                     |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |                                                                     |

Domestic Return Receipt

■ Complete items 1, 2, and 3.

■ 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:

Mr. Kevin Milan  
South Metro Fire Rescue Authority  
9195 E. Mineral Avenue  
Centennial, CO 80112



9590 9402 2789 7069 2009 30

Article Number (Transfer from service label)  
RE 505 299 792 US

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

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ms. Pam Brewster  
Douglas County Conservation District  
P.O. Box 688  
Franktown, CO 80116



9590 9402 2789 7069 2009 61

Article Number (Transfer from service label)  
RE 505 299 761 US

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

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent
- X  Received by (Printed Name)  Addressee  
Linda M. Pollack
- C. Date of Delivery  
3/16/21
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type
- |                                                                        |                                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input checked="" type="checkbox"/> Registered Mail™                |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |                                                                     |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |                                                                     |

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent
- X  Received by (Printed Name)  Addressee  
C. Borden
- C. Date of Delivery  
3-16-21
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type
- |                                                                        |                                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input checked="" type="checkbox"/> Registered Mail™                |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |                                                                     |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |                                                                     |

Domestic Return Receipt

■ Complete items 1, 2, and 3.

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

1. Article Addressed to:

Clerk to Douglas County Commissioners  
Douglas County  
100 Third Street  
Castle Rock, CO 80104



9590 9402 2789 7069 2009 54

Article Number (Transfer from service label)  
RE 505 299 775 US

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

USPS TRACKING #



9590 9402 2789 7069 2009 54

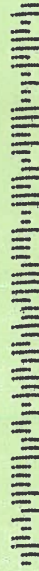
United States  
Postal Service

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

**TOWN OF PARKER**  
20120 E. MAIN ST.  
PARKER, CO 80138  
MAR 22 2021

Attn: S. Neger



USPS TRACKING #



9590 9402 2789 7069 2009 6J

United States  
Postal Service

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

**TOWN OF PARKER**  
20120 E. MAIN ST.  
PARKER, CO 80138  
MAR 22 2021

Attn: S. Neger

USPS TRACKING #



9590 9402 2789 7069 2009 30

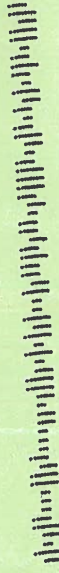
United States  
Postal Service

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

**TOWN OF PARKER**  
20120 E. MAIN ST.  
PARKER, CO 80138  
MAR 16 2021

Attn: S. Neger



USPS TRACKING #



9590 9402 2789 7069 2008 79

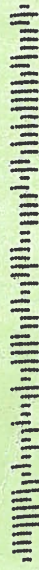
United States  
Postal Service

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

**TOWN OF PARKER**  
20120 E. MAIN ST.  
PARKER, CO 80138  
MAR 16 2021

Attn: Stacy Neger



**SENDER: COMPLETE THIS SECTION**

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

**1. Article Addressed to:**

Mr. Lance J. Ingalls, Esq.  
 Douglas County  
 Office of the County Attorney  
 100 Third Street  
 Castle Rock, CO 80104



9590 9402 2789 7069 2009 09

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

RE 505 299 829 US

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *Cindy Hancock*  Agent  
 Address

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

*Cindy Hancock*

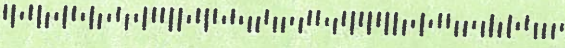
**C. Date of Delivery**

*3/16/21*

**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
- Return Receipt for Merchandise
- Signature Confirmation<sup>1</sup>
- Signature Confirmation Restricted Delivery



Attn: S. Norder

• Sender: Please print your name, address, and ZIP+4® in this box.

**TOWN OF PARKER**  
**20120 E. MAIN ST.**  
**PARKER, CO 80138**

Received  
 Town of Parker  
 MAR 22 2009

United States  
Postal Service

9590 9402 2789 7069 2009 09



USPS TRACKING#



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10