

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.

**CURTIS STAFFORD
GEORGE STAFFORD & SONS INC.
231 COURT STREET
LACONIA NH 03247**

199602042



9590 9402 2840 7069 6320 90

2. Article Number (Transfer from mailing label)

7018 0680 0000 7428 7855

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Kp Mariano

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

Kp Mariano

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

YES, enter delivery address below:

☐ No

RECEIVED
NOV 07 2022

3. Service type

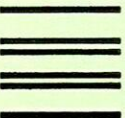
- ☐ Adult Signature Restricted Delivery
- ☒ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™

DEPARTMENT OF ENVIRONMENTAL SERVICES

WASTE MANAGEMENT

Domestic Return Receipt

USPS TRACKING #



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

9590 9402 2840 7069 6320 90

United States
Postal Service

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

STATE OF NEW HAMPSHIRE
DEPT OF ENVIRONMENTAL SERVICES
29 HAZEN DRIVE
CONCORD NH 03302

WMD MESA

