

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

2399+2400



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

**SENDER:** \_\_\_\_\_ **NOTATION ON DELIVERY**

<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <u>Maria Rodriguez</u></p> <p>C. Signature <u>x Maria Rodriguez</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____</p>	<p>B. Date of Delivery <u>3-5-01</u></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
	<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0010105</p> <p>TROPICAL CLEANERS JOHN W EVERSON 402 NW 13TH STREET GAINESVILLE FL 32601</p>	<p>3. Service Type</p> <p><input checked="" 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.</p>

7000 0600 0026 4125 7877 Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

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

7000 0600 0026 4125 7877

\_\_\_\_\_

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Total Postage: \_\_\_\_\_ AIRS ID # 0010105

Recipient's: TROPICAL CLEANERS  
JOHN W EVERSON  
Street, Apt.: 402 NW 13TH STREET  
City, State: GAINESVILLE FL 32601