

# Department of Environmental Protection

Jeb Bush  
Governor

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

David B. Struhs  
Secretary

August 17, 2001

Mr. Mel Feathers  
Feathers' Dry Cleaners  
161 South Commerce Avenue  
Sebring, Florida 33870

Re: Facility No.: 0550039-002

Dear Mr. Feathers:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 16, 2001.

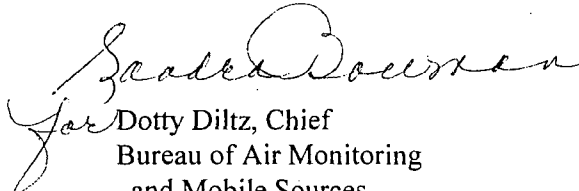
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Sherrill Culliver, South District

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

Fees Paid  
SOC 3  
Compliance IN

055 0039-002

p15

1(a) (RC) should be circled under Control  
Device Required.  
mark out circle for None Required.

p16

4. New machines at small area source  
should be marked.

mark out and initial "X" by existing  
machine at small area source.

p17

Responsible official sign and date for  
changes made

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

\_\_\_\_ DISCUSS WITH ME

\_\_\_\_ COMMENTS/ADVISE

\_\_\_\_ REVIEW AND RETURN

\_\_\_\_ SET UP MEETING

\_\_\_\_ FOR YOUR INFORMATION

\_\_\_\_ HANDLE APPROPRIATELY

\_\_\_\_ INITIAL AND FORWARD

\_\_\_\_ SHARE WITH STAFF

\_\_\_\_ FOR YOUR FILES

COMMENTS:

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

JUL 16 2001

RECEIVED

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	M+S Feathers, Inc.		
2. Site Name (For example, plant name or number):	Feathers' Dry Cleaners		
3. Hazardous Waste Generator Identification Number:	FLR 00007054		
4. Facility Location:	Street Address: 161 South Commerce Ave		
	City: Sebring, FL	County: Highlands	Zip Code: 33870
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0550039-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: Mel Feathers Title: Pres.		
7. Responsible Official Mailing Address:	Organization/Firm: M+S Feathers, Inc.		
	Street Address: 161 South Commerce Ave		
	City: Sebring, FL	County: Highlands	Zip Code: 33870
8. Responsible Official Telephone Number:	Telephone: (863) 382-8771 Fax: (863) 385-6641		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Sue or Daniel Feathers		
10. Facility Contact Address:	Street Address: 161 South Commerce Ave.		
	City: Sebring, FL	County: Highlands	Zip Code: 33870
11. Facility Contact Telephone Number:	Telephone: (863) 382-0771 Fax: (863) 385-6641		

Bureau of Air Monitoring  
& Mobile Sources

JUL 16 2001

RECEIVED

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1/11/00	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC/CA/None <input checked="" type="radio"/> required <input type="radio"/>	same
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

gallons (You must fill this in)

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  Did not keep records:

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt  OR  
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are  
AIRS ID # 0550039
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Mel Feathers  
Print name of responsible official

Mel Feathers  
Signature

7/16/01  
Date



RECEIVED

JUL 23 2001

Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

JUL 16 2001

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4. Facility Location: Street Address: 161 South Commerce Ave City: Sebring, FL County: Highlands Zip Code: 33870	
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6. Name and Title of Responsible Official: Name: Mel Feathers Title: Pres.
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Bureau of Air Monitoring  
& Mobile Sources

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<u>1/11/00</u>	Existing/ <u>New</u>	RC/CA/ <u>None required</u>	<u>same</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

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_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

gallons (You must fill this in)

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  Did not keep records:

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Transfer only on-site (used less than 200 gallons of perc per year)

Both machine types on-site (used less than 140 gallons of perc per year)

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Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing machines at small area source

(NONE REQUIRED)

New machines at small area source

Refrigerated condenser

Existing machines at large area source

Carbon adsorber

New machines at large area source

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How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use?

propane

natural gas

No. 2 fuel oil

No. 4 fuel oil

No. 6 fuel oil

Other (please list) \_\_\_\_\_

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*I will promptly notify the Department of any changes to the information contained in this notification.*

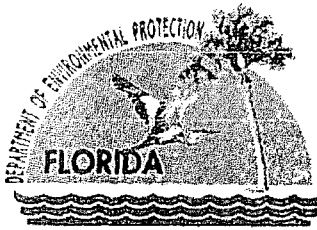
Mel Feathers

Print name of responsible official

Mel Feathers  
Signature

7/16/01  
Date

7/20/01



# Department of Environmental Protection

Jeb Bush  
Governor

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

David B. Struhs  
Secretary

July 17, 2001

Mr. Mel Feathers  
Feathers' Dry Cleaners  
161 South Commerce Avenue  
Sebring, Florida 33870

Dear Mr. Feathers:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 16.

In reviewing your submittal, it was noted that Feathers' Dry Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0550039). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

*I do not want to  
surrender Title V Air permit,  
so did as you instructed.  
THANK you very much for  
noting my error in completing  
the form.*

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

*Sandra Bowman*  
Sandra Bowman  
Bureau of Air Monitoring  
and Mobile Sources

SB/jw  
Enclosure  
cc: Mr. Sherrill Culliver, South District

"More Protection, Less Process"

**FEATHERS' DRY CLEANERS**  
181 S. Commerce Ave.  
Sebring, FL 33870



General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

32399-2400



-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

458303 JAN 20 2006

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

550039            10  
FEATHERS' DRY CLEANING  
161 S Commerce Ave  
SEBRING, FL        33870

FLAIR ACCT. CODE 3720350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 00200

**FOR GOVERNMENT USE ONLY**  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

*Printed on recycled paper.*

Bureau of Air  
& Mobile  
Operations  
Sebring

JAN 20 2006

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<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
To: AIRS ID# 550039 1stC FEATHERS' DRY CLEANING 161 S Commerce Ave SEBRING, FL 33870	
PS Form 3811, June 2002	See Reverse for Instructions

2595 4440 0000 0050 6002  
 7003 0500 0004 0144 5852

**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:

AIRS ID# 550039 1stC  
 FEATHERS' DRY CLEANING  
 161 S Commerce Ave  
 SEBRING, FL 33870

2. Article Number

(Transfer from service label)

7003 0500 0004 0144 5852

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Courtney Ross*

- Agent  
 Addressee

B. Received by (Printed Name)

C. ROSS

C. Date of Delivery

2-7-05

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



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 •

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED

MAR 1 2005

Mobile Sources





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

BEST AVAILABLE COPY

423466 FEB24 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#0550039  
FEATHERS' DRY CLEANING  
MEL FEATHERS  
161 SOUTH COMMERCE AVENUE  
SEBRING FL  
33870

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

Bureau of Air Monitoring  
& Mobile Sources

FEB 28 2003

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

447450 FEB 24 2005

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 550039 10  
FEATHERS' DRY CLEANING  
161 S Commerce Ave  
SEBRING, FL 33870

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

RECEIVED  
FEB 28 2005

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436453 FEB17 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

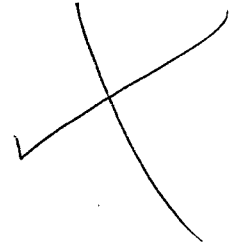
ID# 550039  
MEL FEATHERS  
FEATHERS' DRY CLEANING  
161 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

Bureau of Air Monitoring  
& Mobile Sources

FEB 20 2004

RECEIVED



*M & S Feathers, Inc.*

Dept. Of Environmental Protection  
6271 · Permit/Registration

2002 Title V Air permit, AIRS #055039

02/22/2002

5584

50.00

Bank of America-Gen. Acc Title V Air General Permit for 2001, AIRS ID #0550039

50.00

414469 FEB25 2002

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**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0550039  
FEATHERS' DRY CLEANING  
MEL FEATHERS  
161 SOUTH COMMERCE AVENUE  
SEBRING FL  
33870

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

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OFFICIAL USE

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

Postmark  
Here

T ID# 550039  
**MEL FEATHERS**

Sei FEATHERS' DRY CLEANING

Str 1161 SOUTH COMMERCE AVENUE

or SEBRING, FL 33870

Cit

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 0872

**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:

ID# 550039  
 MEL FEATHERS  
 FEATHERS' DRY CLEANING  
 161 SOUTH COMMERCE AVENUE  
 SEBRING, FL 33870

2. Article Number  
 (Transfer from service label)

7003 2260 0003 5650 0872

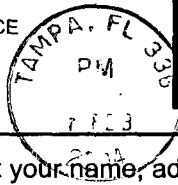
**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name) C. Date of Delivery  
 Mel Feathers 2/6/04
- 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

STATES POSTAL SERVICE



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

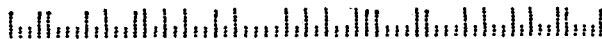
• Sender: Please print your name, address, and ZIP+4 in this box. •

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

Bureau of Air Monitoring  
Mobile Sources

FEB 9 2004

RECEIVED



<b>U.S. Postal Service</b>						
<b>CERTIFIED MAIL RECEIPT</b>						
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>						
<table border="1"> <tr> <td>Postage \$</td> <td rowspan="4">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> </tr> </table>		Postage \$	Postmark Here	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)
Postage \$	Postmark Here					
Certified Fee						
Return Receipt Fee (Endorsement Required)						
Restricted Delivery Fee (Endorsement Required)						
AIRS ID # 0550039						
Total Postage <b>FEATHERS' DRY CLEANING</b>						
Recipient <b>MEL FEATHERS</b>						
Street, Apt. <b>161 SOUTH COMMERCE AVENUE</b>						
City, State <b>SEBRING FL</b>						
City, State <b>33870</b>						
PS Form 3800, February 2000 See Reverse for Instructions						

<b>U.S. Postal Service</b>						
<b>CERTIFIED MAIL RECEIPT</b>						
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>						
<b>OFFICIAL USE</b>						
<table border="1"> <tr> <td>Postage \$</td> <td rowspan="4">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> </tr> </table>		Postage \$	Postmark Here	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)
Postage \$	Postmark Here					
Certified Fee						
Return Receipt Fee (Endorsement Required)						
Restricted Delivery Fee (Endorsement Required)						
AIRS ID#0550039						
Total Postage <b>FEATHERS' DRY CLEANING</b>						
Sent To <b>MEL FEATHERS</b>						
Street, Apt. <b>161 SOUTH COMMERCE AVENUE</b>						
City, State <b>SEBRING FL</b>						
City, State <b>33870</b>						
PS Form 3800, February 2000 See Reverse for Instructions						

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <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>1. Article Addressed to:          AIRS ID # 0550039  <b>FEATHERS' DRY CLEANING</b>  <b>MEL FEATHERS</b>  <b>161 SOUTH COMMERCE AVENUE</b>  <b>SEBRING FL</b>  <b>33870</b></p> <p>2. Article Number (Copy from service label)  <u>7000 0600 0002 6412 86594</u></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>2-11-02</u></p> <p>C. Signature  <u>x Tracy Burdett</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below: _____</p> <p>3. Service Type  <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> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952	