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:

ANDREW & LORI ZUCARO
28 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV 01

9590 9402 5609 9274 9171 73

2. Article Number (Transfer from service label)
7019 1120 0001 5460 3567

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
7/8

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
500)

Domestic Return Receipt

7019 1120 0001 5460 3567

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$
Sent T
Street
City, S

Postmark Here

POST OFFICE 9666-9998 NJ 07656 JUN - 5 2020 01

ANDREW & LORI ZUCARO
28 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 1120 0001 5460 3642

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$
Tota
$
Sen
Stre
City,

Postmark Here

POST OFFICE 9666-9998 NJ 07656 JUN - 5 2020 02

JOHN F. X. SMITH
29 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

MICHAEL & BARBARA KAUFMAN
30 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV 03

9590 9402 5609 9274 9171 59

2. Article Number *(Transfer from service label)*
7019 1120 0001 5460 3659

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 6/18

D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ ed Mail
☐ ed Mail Restricted Delivery $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
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Total P
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Sent To
Street a
City, St

Postmark Here

MICHAEL & BARBARA KAUFMAN
30 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV 03

7019 1120 0001 5460 3659

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

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City

Postmark Here

ALAN & BARBARA WAIN
31 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV 04

7019 1120 0001 5460 3666

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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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:

ALAN & BARBARA WAIN
31 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV 04

9590 9402 5609 9274 9171 42

2. Article Number *(Transfer from service label)*
7019 1120 0001 5460 3666

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 6/18

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery 00)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

PAUL & ESTHER BAKER
32 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV 05

9590 9402 5609 9274 9171 35

2. Article Number *(Transfer from service label)*
7019 1120 0001 5460 3673

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 6/8

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

7019 1120 0001 5460 3673

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total
$
Sent
Street
City,

Postmark Here

PAUL & ESTHER BAKER
32 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV 05

JUN - 5 2020

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 1120 0001 5460 3673

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total
$
Sent
Street
City,

Postmark Here

NICHOLAS & GRACE VELIOTIS
33 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV 06

JUN - 5 2020

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 1120 0001 5460 3680

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:

NICHOLAS & GRACE VELIOTIS
33 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV 06

9590 9402 5609 9274 9171 28

2. Article Number *(Transfer from service label)*
7019 1120 0001 5460 3680

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 6/8

D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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:

MICHELE LOWY
34 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV 07

9590 9402 5609 9274 9171 11

2. Article Number *(Transfer from service label)*
7019 1120 0001 5460 3697

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 6/8

D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

7019 1120 0001 5460 3697

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total
$
Sent
Street
City,

Postmark Here

POST OFFICE JUN - 5 2015 NEW JERSEY 07645

MICHELE LOWY
34 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV 07

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 1120 0001 5460 3703

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total
$
Sent
Street
City,

Postmark Here

POST OFFICE JUN - 5 2015 NEW JERSEY 07645

GILAT EPSTEIN
35 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV 08

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

GILAT EPSTEIN
35 SHERWOOD DOWNS
PARK RIDGE, NJ 07656
180034/ADV 08

9590 9402 5609 9274 9171 04

2. Article Number *(Transfer from service label)*
7019 1120 0001 5460 3703

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 6/8

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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:

MICHAEL & LISA BIRNBAUM
41 WHITNEY HILL
PARK RIDGE, NJ 07656
180034/ADV 09

9590 9402 5609 9274 9170 98

2. Article Number *(Transfer from service label)*
7017 0660 0000 9810 5064

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 9/8

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

7017 0660 0000 9810 5064

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Pos
$
Sent To
Street and
City, State

Postmark Here

MICHAEL & LISA BIRNBAUM
41 WHITNEY HILL
PARK RIDGE, NJ 07656
180034/ADV 09

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1830 0002 1624 7518

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total
$
Sent
Street
City, S

Postmark Here

PAUL & SUSAN MENDELOWITZ
42 WHITNEY HILL
PARK RIDGE, NJ 07656
180034/ADV 10

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.

ROBERT & CLAIRE CALLEN
43 WHITNEY HILL
PARK RIDGE, NJ 07656
180034/ADV 11

9590 9402 5609 9274 9170 74

2. Article Number *(Transfer from service label)*
7017 0660 0000 9810 5071

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X RB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 4/8

D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No

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
☐ Mail Restricted Delivery
500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
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Total P
$
Sent To
Street a
City, St

Postmark Here

ROBERT & CLAIRE CALLEN
43 WHITNEY HILL
PARK RIDGE, NJ 07656
180034/ADV 11

7017 0660 0000 9810 5071

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$
Total P
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Sent To
Street a
City, St

Postmark Here

DAVID & MICHELE KNAPEL
44 WHITNEY HILL
PARK RIDGE, NJ 07656
180034/ADV 12

7017 0660 0000 9810 5088

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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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:

DAVID & MICHELE KNAPEL
44 WHITNEY HILL
PARK RIDGE, NJ 07656
180034/ADV 12

9590 9402 5609 9274 9170 67

2. Article Number *(Transfer from service label)*
7017 0660 0000 9810 5088

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X RB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 4/8

D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

JACK TRISTER
47 WITNEY IIILL
PARK RIDGE, NJ 07656
180034/ADV 13

9590 9402 5609 9274 9186 51

2. Article Number *(Transfer from service label)*
7017 0660 0000 9810 5095

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 7/8

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
00)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7017 0660 0000 9810 5095

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Stree
City,

Postmark Here

5 2020

JACK TRISTER
47 WITNEY HILL
PARK RIDGE, NJ 07656
180034/ADV 13

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 9810 5101

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Stree
City,

Postmark Here

5 2020

SALLY KLEINMAN
48 WHITNEY HILL
PARK RIDGE, NJ 07656
180034/ADV 14

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

SALLY KLEINMAN
48 WHITNEY HILL
PARK RIDGE, NJ 07656
180034/ADV 14

9590 9402 5609 9274 9186 44

2. Article Number *(Transfer from service label)*
7017 0660 0000 9810 5101

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 7/8

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ ed Mail
☐ ed Mail Restricted Delivery
$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

DAVID TINTLE CAREY ETAL
49 WHITNEY HILL
PARK RIDGE, NJ 07656
180034/ADV 15

9590 9402 5609 9274 9186 37

2. Article Number *(Transfer from service label)*
7019 1120 0001 5460 3710

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
6/8

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total
$
Sent
Street
City,

Postmark Here

JUN - 5 2020

DAVID TINTLE CAREY ETAL
49 WHITNEY HILL
PARK RIDGE, NJ 07656
180034/ADV 15

7019 1120 0001 5460 3710

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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$
Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total
$
Sent
Street
City,

Postmark Here

JUN - 5 2020

BETH RAUCH-KRYGER
260 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 16

7019 1120 0001 5460 3727

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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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:

BETH RAUCH-KRYGER
260 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 16

9590 9402 5609 9274 9186 20

2. Article Number *(Transfer from service label)*
7019 1120 0001 5460 3727

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
Rt #4 6/9

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

ELLEN ALLEN
261 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 17

9590 9402 5609 9274 9186 13

2. Article Number (Transfer from service label)
7019 1120 0001 5460 3734

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) KB RT 4 C-19 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total
Sent
Street
City,

Postmark Here

ELLEN ALLEN
261 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 17

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 1120 0001 5460 3734

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total
Sent
Street
City,

Postmark Here

MATTHEW FLEISSIG & FAWN
SCHOENBERG
262 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 18

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 1120 0001 5460 3741

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:

MATTHEW FLEISSIG & FAWN
SCHOENBERG
262 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 18

9590 9402 5609 9274 9186 06

2. Article Number (Transfer from service label)
7019 1120 0001 5460 3741

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) KB RT 4 C-19 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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:

JOHN & CAROL KILKEARY
263 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 19

9590 9402 5609 9274 9185 90

2. Article Number (Transfer from service label)
7019 0700 0002 0198 7094

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) KB RT4 C-19 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total F
$
Sent T
Street
City, S

Postmark Here

JOHN & CAROL KILKEARY
263 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 19

7019 0700 0002 0198 7094

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total
$
Sent
Street
City,

Postmark Here

JAMES, JR & PHYLLIS RUSSELL
264 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 20

7019 0700 0002 0198 7100

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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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:

JAMES, JR & PHYLLIS RUSSELL
264 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 20

9590 9402 5609 9274 9185 83

2. Article Number (Transfer from service label)
7019 0700 0002 0198 7100

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☐ Addressee

B. Received by (Printed Name) KB KT4-C-19 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
00)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

7019 0700 0002 0198 7117

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To

Street a

City, St

Postmark Here

EUGENE & DONNA HEANEY REV. TRST
265 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 0700 0002 0198 7124

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Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To

Street a

City, St

Postmark Here

RAYMOND JR. & SUSAN DROP
266 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

GEORGE & GENARA CARBALLO
267 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 23

9590 9402 5609 9274 9191 15

2. Article Number (Transfer from service label)
7019 0700 0002 0198 7131

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by (Printed Name) KB RH 4-C-18 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

7019 0700 0002 0198 7131

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total
$
Sent
Street
City,

Postmark Here

GEORGE & GENARA CARBALLO
267 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 23

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 0700 0002 0198 9968

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total
$
Sent
Street
City,

Postmark Here

268 HAMPSHIRE RIDGE, LLC
23 NEWPORT DR.
NANUET, NY 10954
180034/ADV 24

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

ETHAN BRODSKY
269 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 25

9590 9402 5609 9274 9190 92

2. Article Number (Transfer from service label)
7019 0700 0002 0198 9975

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rt 4 C-19 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here

ETHAN BRODSKY
269 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 25

7019 0700 0002 0198 9975

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$
Total

Postmark Here

IRENE RAUSCHER
290 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 26

7019 0700 0002 0198 9982

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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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:

IRENE RAUSCHER
290 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 26

9590 9402 5609 9274 9190 85

2. Article Number (Transfer from service label)
7019 0700 0002 0198 9982

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X CEN C4 C19 ☒ Agent ☐ Addressee

B. Received by (Printed Name) CEN C4 C19 C. Date of Delivery 6-10-2020

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No
290 FORESTER WAY

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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:

JOSEPH & CARRIE MEYERS
271 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 27

9590 9402 5609 9274 9190 61

2. Article Number *(Transfer from service label)*
7019 0700 0002 0198 9999

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* RTU 6-19 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

7019 0700 0002 0198 9999

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total P
$
Sent T
Street
City, S

Postmark Here

JOSEPH & CARRIE MEYERS
271 HAMPSHIRE RIDGE
PARK RIDGE, NJ 07656
180034/ADV 27

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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7019 0700 0002 0199 2500

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total P
$
Sent T
Street
City, S

Postmark Here

BERGEN COUNTY PLANNING BOARD
1 BERGEN COUNTY PLAZA, 4TH FL.
HACKENSACK, NJ 07601
180034/ADV 28

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 0700 0002 0198 8121

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Street
City,

Postmark Here

DOMINIC L. DISALVO
DIRECTOR OF ENGINEERING
BERGEN COUNTY UTILITIES AUTHORITY
FOOT OF MEHRHOF RD
BOX 9
LITTLE FERRY, NJ 07643
180034/ADV

29

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 0700 0002 0198 8138

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To
Street
City, St

Postmark Here

PARK RIDGE UTILITIES (ELECTRIC & WATER)
53 PARK AVENUE
PARK RIDGE, NJ 07656
180034/ADV

30

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

PARK RIDGE UTILITIES (ELECTRIC & WATER)
53 PARK AVENUE
PARK RIDGE, NJ 07656
180034/ADV

30

9590 9402 5609 9274 9190 30

2. Article Number (Transfer from service label)
7019 0700 0002 0198 8138

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Chris Wheeler
C. Date of Delivery 6-4

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- red Mail
- red Mail Restricted Delivery
- r $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7018 1830 0002 1624 8836

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ _____
- ☐ Return Receipt (electronic) $ _____
- ☐ Certified Mail Restricted Delivery $ _____
- ☐ Adult Signature Required $ _____
- ☐ Adult Signature Restricted Delivery $ _____

Postage
$
Total I
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VERIZON
ATTN: CORPORATE SECRETARY
540 BROAD STREET
NEWARK, NJ 07101
180034/ADV

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1830 0002 1624 9222

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ _____
- ☐ Return Receipt (electronic) $ _____
- ☐ Certified Mail Restricted Delivery $ _____
- ☐ Adult Signature Required $ _____
- ☐ Adult Signature Restricted Delivery $ _____

Postage
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Stre
City

Postmark Here

PSE&G (GAS SERVICE)
ATTN: CORPORATE SECRETARY
80 PARK PLAZA
NEWARK, NJ 07101
180034/ADV

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

PSE&G (GAS SERVICE)
ATTN: CORPORATE SECRETARY
80 PARK PLAZA
NEWARK, NJ 07101
180034/ADV

9590 9402 5609 9274 9190 16

2. Article Number *(Transfer from service label)*
7018 1830 0002 1624 9222

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

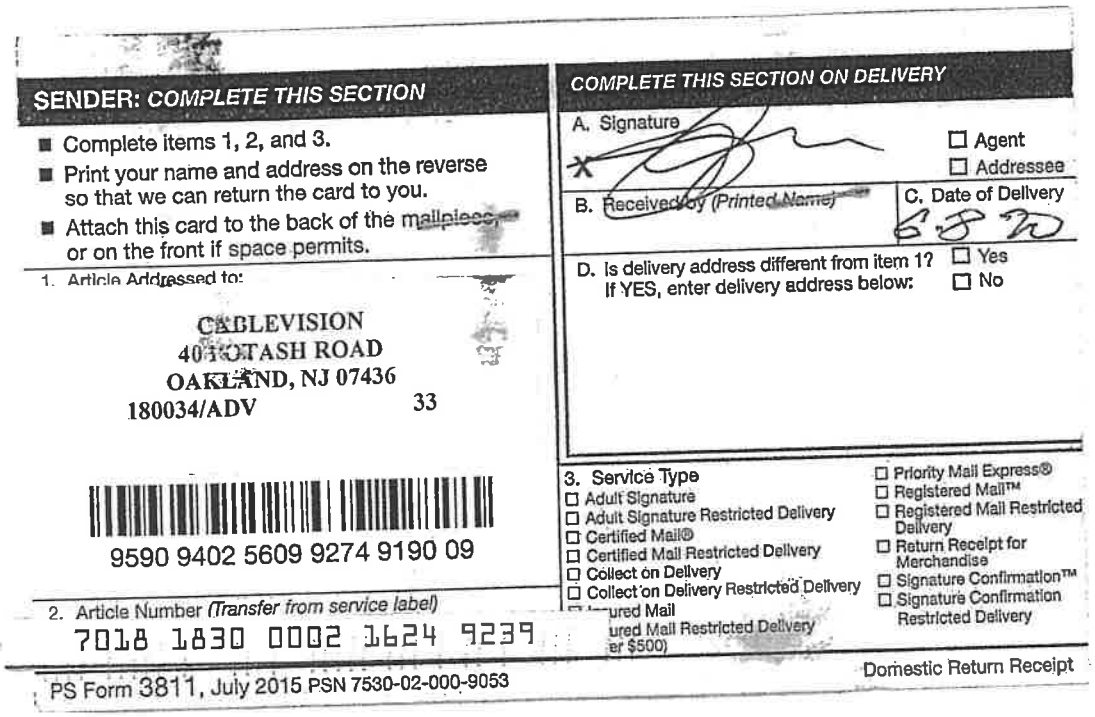
COMPLETE THIS SECTION ON DELIVERY

A. Signature
X PSEG Mail ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* JUN 12 2020 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery 500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery



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:

CABLEVISION
40 POTASH ROAD
OAKLAND, NJ 07436
180034/ADV 33

9590 9402 5609 9274 9190 09

2. Article Number *(Transfer from service label)*
7018 1830 0002 1624 9239

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

COMPLETE THIS SECTION ON DELIVERY

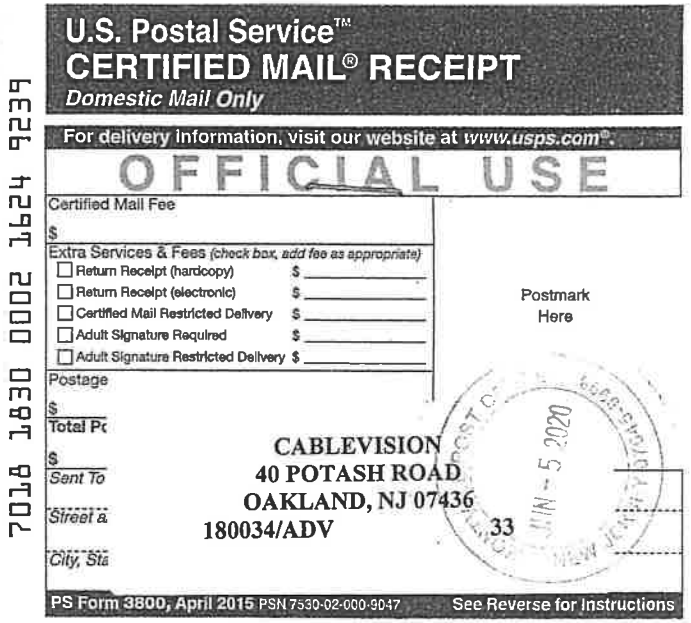
A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
6/8/20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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



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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
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Total Pc
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Sent To
Street a
City, Sta

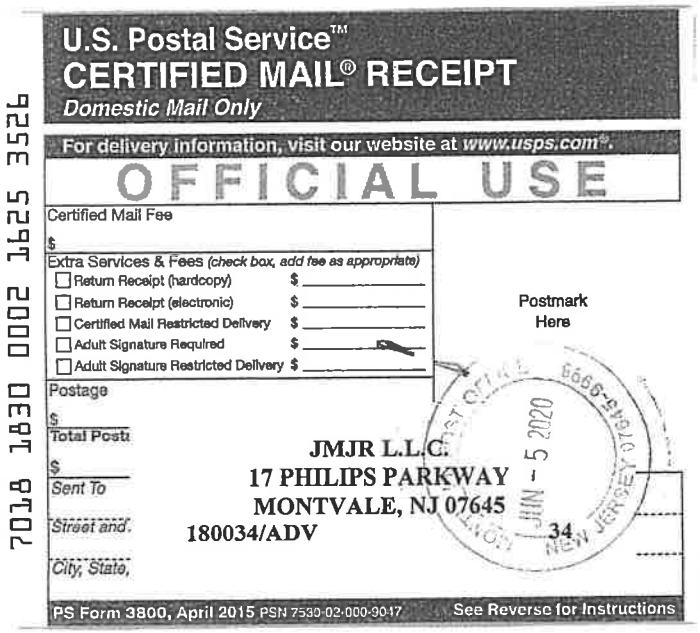
Postmark Here

CABLEVISION
40 POTASH ROAD
OAKLAND, NJ 07436
180034/ADV 33

JUN - 5 2020

7018 1830 0002 1624 9239

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

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Sent To
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City, State,

Postmark Here

JMJR L.L.C.
17 PHILIPS PARKWAY
MONTVALE, NJ 07645
180034/ADV 34

JUN - 5 2020

7018 1830 0002 1625 3526

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

14 PHILIPS PKWY LLC
14 PHILIPS PKWY
MONTVALE, NJ 07645
180034/ADV 35

9590 9402 5609 9274 9189 89

2. Article Number (Transfer from service label)
7018 1130 0000 7914 4822

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) PJ C19 | C. Date of Delivery 6.9.20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total
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Sent
Street
City,

Postmark Here

14 PHILIPS PKWY LLC
14 PHILIPS PKWY
MONTVALE, NJ 07645
180034/ADV 35

7018 1130 0000 7914 4822

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
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RIDGECREST REALTY C/O MARCUS ASSOC
90 MAIN STREET SUITE 301
HACKENSACK, NJ 07601
180034/ADV 36

7018 1130 0000 7914 4839

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

---

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:

RIDGECREST REALTY C/O MARCUS ASSOC
90 MAIN STREET SUITE 301
HACKENSACK, NJ 07601
180034/ADV 36

9590 9402 5609 9274 9189 72

2. Article Number (Transfer from service label)
7018 1130 0000 7914 4839

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) A Marcus | C. Date of Delivery 6.9.20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7018 1130 0000 7914 4853

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ _____
- ☐ Return Receipt (electronic) $ _____
- ☐ Certified Mail Restricted Delivery $ _____
- ☐ Adult Signature Required $ _____
- ☐ Adult Signature Restricted Delivery $ _____

Postage
$

Total Pi
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Sent To

Street a

City, St

Postmark Here

MENDELOWITZ PAUL & MEYER SUSAN
42 WHITNEY HILL
PARK RIDGE NJ 07656
180034/ADV

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1130 0000 7914 4846

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Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ _____
- ☐ Return Receipt (electronic) $ _____
- ☐ Certified Mail Restricted Delivery $ _____
- ☐ Adult Signature Required $ _____
- ☐ Adult Signature Restricted Delivery $ _____

Postage
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Sent To

Street a

City, Sta

Postmark Here

MHP REAL ESTATE C/O SEBASTIAN CAP
417 FIFTH AVE., PH 8
NEW YORK, NY 10016
180034/ADV

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

RUSSELL JAMES JR & PHYLLIS H
264 HAMPSHIRE RIDGE
PARK RIDGE NJ 07656
180034/ADV 39

9590 9402 5609 9274 9189 41

2. Article Number (Transfer from service label)
7018 1130 0000 7914 4860

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X —
☐ Agent
☐ Addressee

B. Received by (Printed Name) KB Rt. 4 C-19
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

7018 1130 0000 7914 4860

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
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RUSSELL JAMES JR & PHYLLIS H
264 HAMPSHIRE RIDGE
PARK RIDGE NJ 07656
180034/ADV 39

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1130 0000 7914 4860

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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
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Postmark Here

ALLEN ELLEN S
261 HAMPSHIRE RIDGE
PARK RIDGE NJ 07656
180034/ADV 40

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1130 0000 7914 4877

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:

ALLEN ELLEN S
261 HAMPSHIRE RIDGE
PARK RIDGE NJ 07656
180034/ADV 40

9590 9402 5609 9274 9189 34

2. Article Number (Transfer from service label)
7018 1130 0000 7914 4877

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X —
☐ Agent
☐ Addressee

B. Received by (Printed Name) KB Rt 4 C-19
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

7018 1830 0002 1312 2955

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ _____
- ☐ Return Receipt (electronic) $ _____
- ☐ Certified Mail Restricted Delivery $ _____
- ☐ Adult Signature Required $ _____
- ☐ Adult Signature Restricted Delivery $ _____

Postage
$

Total
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Sent
Stree
City,

Postmark Here

BEAR'S NEST DEVELOPERS LLC
820 MORRIS TPKE-STE 301
SHORTH HILLS NJ 07078
180034/ADV 41

JUN - 5 2020
NEW JERSEY

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1830 0002 1312 2962

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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ _____
- ☐ Return Receipt (electronic) $ _____
- ☐ Certified Mail Restricted Delivery $ _____
- ☐ Adult Signature Required $ _____
- ☐ Adult Signature Restricted Delivery $ _____

Postage
$

Total
$

Sent
Stree
City,

Postmark Here

WAIN ALAN P & BARBARA
31 SHERWOOD DOWNS
PARK RIDGE NJ 07656
180034/ADV 42

JUN - 5 2020
NEW JERSEY

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

WAIN ALAN P & BARBARA
31 SHERWOOD DOWNS
PARK RIDGE NJ 07656
180034/ADV 42

9590 9402 5609 9274 9189 10

2. Article Number *(Transfer from service label)*
7018 1830 0002 1312 2962

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
6/8

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ d Mail
- ☐ d Mail Restricted Delivery
- 500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

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:

HEKEMIAN, SAMUEL ETALS
10 STERLING BLVD #401
ENGLEWOOD, NJ 07631
180034/ADV 43

9590 9402 5609 9274 9189 03

2. Article Number (Transfer from service label)
7018 1830 0002 1312 3389

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 6/8/20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
ed Mail
ed Mail Restricted Delivery
$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

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City,

Postmark Here

HEKEMIAN, SAMUEL ETALS
10 STERLING BLVD #401
ENGLEWOOD, NJ 07631
180034/ADV 43

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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7018 1830 0002 1312 3396

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
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Stre
City,

Postmark Here

ATTN: CORPORATE SECRETARY
VERIZON
P.O. BOX 4835
TRENTON, NJ 08650-4835
180034/ADV 44

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

ATTN: MGR. CORPORATE PROPERTIES
PUBLIC SERVICE ELECTRIC & GAS
80 PARK PLACE
NEWARK, NJ 07101
180034/ADV 45

9590 9402 5609 9274 9188 80

2. Article Number (Transfer from service label)
7018 1830 0002 1312 3402

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X PSEG Mail ☐ Agent ☐ Addressee

B. Received by (Printed Name) JUN 1 2 2020 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
Mail
Mail Restricted Delivery
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7018 1830 0002 1312 3402

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
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Postmark Here

ATTN: MGR. CORPORATE PROPERTIES
PUBLIC SERVICE ELECTRIC & GAS
80 PARK PLACE
NEWARK, NJ 07101
180034/ADV 45

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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7018 1830 0002 1312 3419

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OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
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Postmark Here

ATTN: GENERAL MANAGER
CABLEVISION
235 WEST NYACK ROAD
WEST NYACK, NY 10994
180034/ADV 46

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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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:

ATTN: GENERAL MANAGER
CABLEVISION
235 WEST NYACK ROAD
WEST NYACK, NY 10994
180034/ADV 46

9590 9402 5609 9274 9188 73

2. Article Number (Transfer from service label)
7018 1830 0002 1312 3419

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
red Mail
red Mail Restricted Delivery
r $500)

7018 1830 0002 1312 3426

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ _____
- ☐ Return Receipt (electronic) $ _____
- ☐ Certified Mail Restricted Delivery $ _____
- ☐ Adult Signature Required $ _____
- ☐ Adult Signature Restricted Delivery $ _____

Postage
$

Total P
$

Sent To

Street a

City, St

Postmark Here

ATTN: CORPORATE SECRETARY
SUEZ-NORTH AMERICA
461 FROM ROAD #400
PARAMUS, NJ 07652
180034/ADV

47

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1830 0002 1312 3433

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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ _____
- ☐ Return Receipt (electronic) $ _____
- ☐ Certified Mail Restricted Delivery $ _____
- ☐ Adult Signature Required $ _____
- ☐ Adult Signature Restricted Delivery $ _____

Postage
$

Total Pc
$

Sent To

Street a

City, St

Postmark Here

PLANNING BOARD
COUNTY OF BERGEN
ONE BERGEN PLAZA
HACKENSACK, NJ 07601
180034/ADV

48

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

ATTN: CLERK'S OFFICE
BOROUGH OF MONTVALE
12 MERCEDES DRIVE 2ND FLR
MONTVALE, NJ 07645-1816
180034/ADV 49

9590 9402 5609 9274 9192 21

2. Article Number (Transfer from service label)
7018 1830 0002 1312 3440

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) RUSS ELLDRLAND C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ d Mail
☐ d Mail Restricted Delivery
(500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

7018 1830 0002 1312 3440

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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

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City, S

Postmark Here

ATTN: CLERK'S OFFICE
BOROUGH OF MONTVALE
12 MERCEDES DRIVE 2ND FLR
MONTVALE, NJ 07645-1816
180034/ADV 49

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1830 0002 1312 3457

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
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Total
$
Sent
Street
City,

Postmark Here

DOMINIC L. DISALVO PE, BCEE
DIRECTOR OF ENGINEERING
BERGEN COUNTY UTILITIES AUTHORITY
FOOT OF MERHOF ROAD
P.O. BOX NINE
LITTLE FERRY, NJ 07643
180034/ADV 50

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1830 0002 1312 3464

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Total Pos
$
Sent To
Street and
City, State

Postmark Here

TENNECO, INC.
TENNESSEE GAS PIPELINE DIVISION
P.O. BOX 4372
HOUSTON, TX 77210
180034/ADV 51

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1830 0002 1312 3471

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total I
$
Sent T
Street
City, S

Postmark Here

NJ TRANSIT CORP. HEADQUARTERS
ONE PENN PLAZA
NEWARK, NJ 07105
180034/ADV 52

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

NJ TRANSIT CORP. HEADQUARTERS
ONE PENN PLAZA
NEWARK, NJ 07105
180034/ADV 52

9590 9402 5609 9274 9191 91

2. Article Number *(Transfer from service label)*
7018 1830 0002 1312 3471

COMPLETE THIS SECTION ON DELIVERY

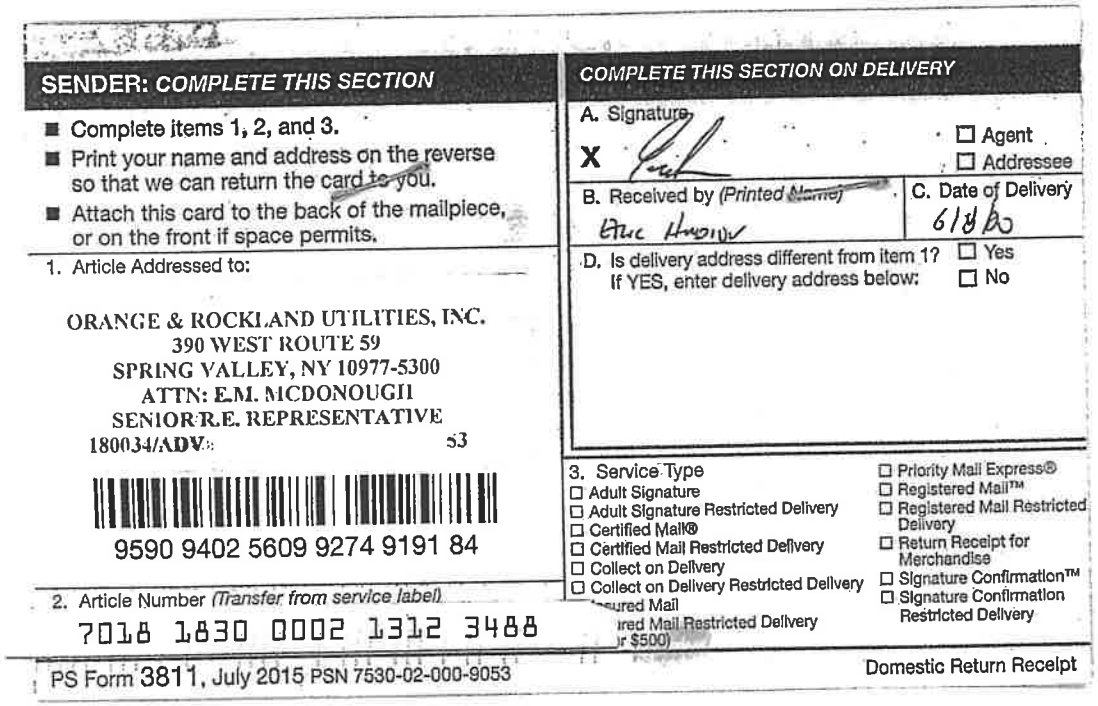
A. Signature
X E Recinos ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* PWe-19 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- red Mail
- red Mail Restricted Delivery
- r $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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



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:

ORANGE & ROCKLAND UTILITIES, INC.
390 WEST ROUTE 59
SPRING VALLEY, NY 10977-5300
ATTN: E.M. MCDONOUGH
SENIOR R.E. REPRESENTATIVE
180034/ADV 53

9590 9402 5609 9274 9191 84

2. Article Number (Transfer from service label)
7018 1830 0002 1312 3488

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Eric Hudson
C. Date of Delivery 6/18/20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
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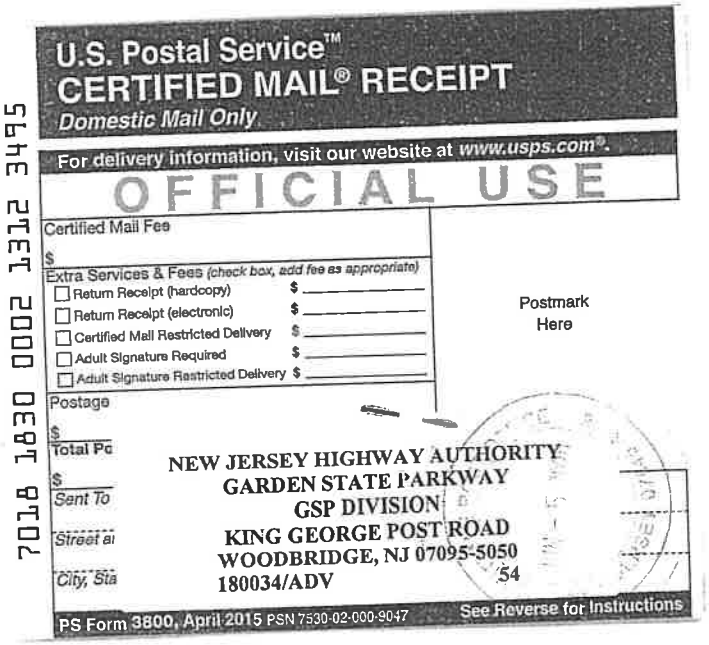
Street a
City, St

Postmark Here

ORANGE & ROCKLAND UTILITIES, INC.
390 WEST ROUTE 59
SPRING VALLEY, NY 10977-5300
ATTN: E.M. MCDONOUGH
SENIOR R.E. REPRESENTATIVE
180034/ADV 53

7018 1830 0002 1312 3488

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
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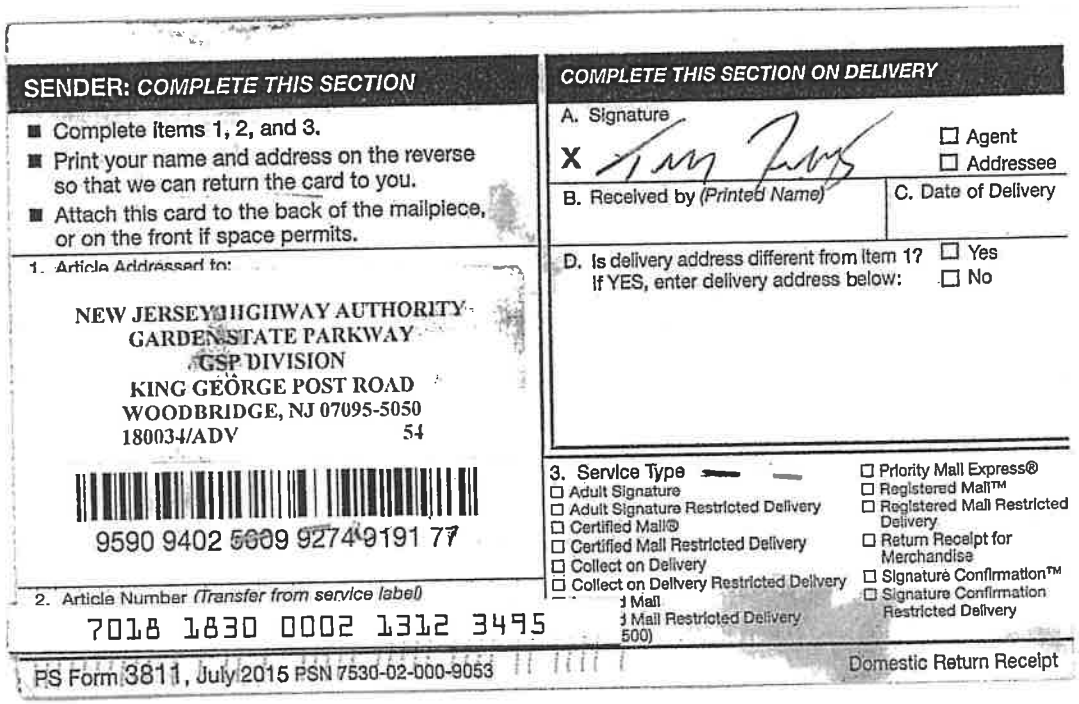
City, Sta

Postmark Here

NEW JERSEY HIGHWAY AUTHORITY
GARDEN STATE PARKWAY
GSP DIVISION
KING GEORGE POST ROAD
WOODBRIDGE, NJ 07095-5050
180034/ADV 54

7018 1830 0002 1312 3495

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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:

NEW JERSEY HIGHWAY AUTHORITY
GARDEN STATE PARKWAY
GSP DIVISION
KING GEORGE POST ROAD
WOODBRIDGE, NJ 07095-5050
180034/ADV 54

9590 9402 5609 9274 9191 77

2. Article Number (Transfer from service label)
7018 1830 0002 1312 3495

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

NJ DEPT OF TRANSPORTATION
1035 PARKWAY AVENUE
TRENTON, NJ 08625
10034/ADV 55

9590 9402 5609 9274 9191 60

2. Article Number (Transfer from service label)
7018 1830 0002 1312 3501

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
RECEIVED NJDOT Mail Room ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 6/8

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7018 1830 0002 1312 3501

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$
Total
$
Sent
Street
City,

Postmark Here
JUN - 5 2020

NJ DEPT OF TRANSPORTATION
1035 PARKWAY AVENUE
TRENTON, NJ 08625
10034/ADV 55

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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7018 1830 0002 1312 3518

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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage
$
Total
$
Sent
Street
City,

Postmark Here
JUN - 5 2020

ATTN: CLERK'S OFFICE
BOROUGH OF PARK RIDGE
MUNICIPAL BUILDING
53 PARK AVENUE
PARK RIDGE, NJ 07656
180034/ADV 56

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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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:

ATTN: CLERK'S OFFICE
BOROUGH OF PARK RIDGE
MUNICIPAL BUILDING
53 PARK AVENUE
PARK RIDGE, NJ 07656
180034/ADV 56

9590 9402 5609 9274 9191 53

2. Article Number (Transfer from service label)
7018 1830 0002 1312 3518

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Chris Wheeler ☐ Agent ☐ Addressee

B. Received by (Printed Name) Chris Wheeler | C. Date of Delivery 6/9/20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt