

7019 2970 0000 4773 5720

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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)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage
\$
Tr
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Cit

Smith, Martin V & Linda
50 Normandie Place
Sea Bright, NJ 07760



7019 2970 0000 4773 5744

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CERTIFIED MAIL® RECEIPT
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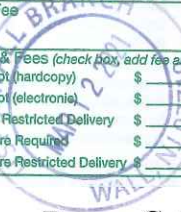
OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

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Cit

Larsen, Donna G & Gregory
422 73rd St
Brooklyn, NY 11209



7019 2970 0000 4773 5824

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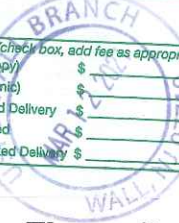
OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage
\$
Total Po:
\$
Sent To
\$
Street an
\$
City, State

Largey, Thomas P. & Joan C
PO BOX 802
New Monmouth, NJ 07748



7019 2970 0000 4773 5812

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Giannatasio, Nicholas
101 Tyrellan Ave S-110
Staten Island, NY 10309

7019 2970 0000 4773 5713

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Logan, Janet
42 Normandie Place
Sea Bright, NJ 07760

7019 2970 0000 4773 5706

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Salzano, John
45 Normandie Place
Sea Bright, NJ 07760

7019 2970 0000 4773 5737

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$

Postmark
Here

Khachaturian, Kathleen Carol
265 Forest Avenue
Glen Ridge, NJ 07028

City, State, ZIP+4®

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

7019 2970 0000 4773 5805

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Farrell, John M & Patricia A
110 Glen Valley Road
Yardley, PA 19067

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

7019 2970 0000 4773 5775

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Mohr, Barry & Sandra
43 Normandie Place
Sea Bright, NJ 07760

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

7019 2970 0000 4773 5843

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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 \$

McCauley, Theresa & John F
8 Lookout Place
Ardsley, NY 10502

City, State, ZIP+4®

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.

McCauley, Theresa & John F
8 Lookout Place
Ardsley, NY 10502



9590 9402 6613 1028 2095 72

2. Article Number (Transfer from service label)

7019 2970 0000 4773 5843

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Theresa McCauley Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 3/14/21

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
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7020 1610 0000 7297 5692

U.S. Postal Service™
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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 \$

Postmark Here

Viggiano, Thomas M. & Laura
25 Little Brook Road
Wilton, CT 06897

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7014 2970 0000 4773 5848

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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 \$

Postmark Here

Monmouth County Planning Board
Hall of Records Annex -2nd Floor
1 East Main Street
Freehold, NJ 07728

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 **Welty, Michael D. Sarah D.**
49 Bellevue Place
Sea Bright, NJ 07760

City _____

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 **Two Rivers Water Reclamation Authority**
1 Highland Avenue
Monmouth Beach, NJ 07750

City _____

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

COMPLETE THIS SECTION

SE ss Ma & Fe

- 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:

Two Rivers Water Reclamation Authority
1 Highland Avenue
Monmouth Beach, NJ 07750

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X

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

Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

2. Article Number (Transfer from service label) **9590 9402 6613 1028 2099 09**

7019 2970 0000 4773 5690

PS Form 3811, July 2020 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 \$ _____

Postage \$ _____

Total \$ _____

Sent \$ _____

Street **Allocca, Joseph**
Atlantic Way
Sea Bright, NJ 07760

City _____

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

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 \$

Jersey Central Power & Light
Area Manager Central New Jersey
1500 Florance Avenue
Union Beach, NJ 07735

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:

Jersey Central Power & Light
Area Manager Central New Jersey
1500 Florance Avenue
Union Beach, NJ 07735



9590 9402 6613 1028 2099 16

2. Article Number (Transfer from service label)

7019 2970 0000 4773 5683

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
 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
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
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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 \$

Postmark Here

Verizon
175 W. Main St
Freehold, NJ 07728
Attn: Corporate Secretary/ Right of
Way Agent

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:

State of New Jersey (For State Hwy 36)
Commissioner, Department of
Transportation 1035 Parkway Avenue
PO BOX 600
Trenton, NJ 08625



9590 9401 0196 5234 6967 72

2. Article Number (Transfer from service label)

7020 1810 0000 7297 9654

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
 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

RECEIVED

MAR 15 2021
6:33 AM

U.S. Postal Service™
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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 \$

Postmark Here

State of New Jersey (For State Hwy 36)
Commissioner, Department of
Transportation 1035 Parkway Avenue
PO BOX 600
Trenton, NJ 08625

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

Domestic Return Receipt

7019 2970 0000 4773 5751

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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 \$

Postmark
Here

Postage \$

Total **Briggs, Richard E & Margaret A**

534 Ocean Ave

Sea Bright, NJ 07760

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

7020 1810 0000 7297 9609

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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 \$

Postmark
Here

Postage \$

Total **Hourihan, James W. & Maureen**

A.

526 Ocean Avenue

Sea Bright, NJ 07760

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

COMPLETE THIS SECTION

Items 1, 2, and 3.

Your name and address on the reverse of this card to the back of the mailpiece, the front if space permits.

Addressed to:

Hourihan, James W. & Maureen

526 Ocean Avenue

Sea Bright, NJ 07760



7020 1810 0000 7297 9609

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

Adult Signature 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™

Signature Confirmation Restricted Delivery Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7019 2970 0000 4773 5689

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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 \$

Postmark
Here

Postage \$

Total **Brooks, Catherine P.**

1175 York Ave Apt. 1L

New York, NY 10021

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

7020 1810 0000 7297 9678

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

\$ Total **Myers, Samuel**

\$ Sent To **18 Ave De Louveciennes**

\$ Street **St Cloud, Paris, France 78170**

\$ City, State

7020 1810 0000 7297 9616

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)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

\$ Total P **Lepis, Joseph Jr & Sarah**

\$ Sent To **532 Ocean Avenue**

\$ Street a **Sea Bright, NJ 07760**

\$ City, State

7020 1810 0000 7297 9593

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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)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

\$ Total **Lanza, Thomas J. & Deborah K**

\$ Sent **1009 Maple Avenue**

\$ Str **South Plainfield, NJ 07080**

\$ Cit

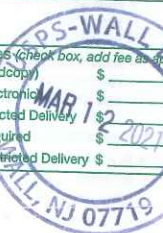
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OFFICIAL USE

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 \$

Postmark
Here



Postage \$
 Total \$
 Sent To **Comcast**
Concast Center
1701 John F. Kennedy Blvd.
Philadelphia, Pa 19103

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

7020 1810 0000 7297 9667

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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 \$

Postmark
Here



Postage \$
 Total \$
 Sent To **Zang, Edward & Privette,**
Demetra
522 Ocean Avenue
Sea Bright, NJ 07760

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

7020 1810 0000 7297 9667

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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 \$

Postmark
Here



Postage \$
 Total \$
 Sent To **Earnst, Chad Alan**
520 Montauk Drive
Westfield, NJ 07090

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

7020 1810 0000 4773 5782

COMPLETE THIS SECTION

Items 1, 2, and 3.
 name and address on the reverse
 can return the card to you.
 s card to the back of the mailpiece,
 front if space permits.
 ressed to:

Chad Alan
Montauk Drive
Westfield, NJ 07090

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X DM6308 Agent
 Addressee
 B. Received by (Printed Name) **C19** C. Date of Delivery
 D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No



9402 6613 1028 2095 65
 7019 2970 0000 4773 5782

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
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7020 1810 0000 7297 4647

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)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark Here

Postage \$ _____

Total Postage \$ _____

Sent To

Street or P.O. Box _____

City, State, ZIP+4® _____

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

Notaro, Ralph & John Vincent
518 Ocean Avenue
Sea Bright, NJ 07760

7019 2970 0000 4773 5799

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OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark Here

Postage \$ _____

Total Postage \$ _____

Sent To

Street or P.O. Box _____

City, State, ZIP+4® _____

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

Robinson, Danon & Hanssen,
Heather
4 Tennis Court Lane
Rumson, NJ 07760

7014 2470 0000 4773 5768

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)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postmark Here

Postage \$ _____

Total Postage \$ _____

Sent To

Street or P.O. Box _____

City, State, ZIP+4® _____

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

Liberatore, Louis & Christin
5 Atlantic Way
Sea Bright, NJ 07760

7020 1810 0000 7297 9708

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Tot.	\$

Postmark
Here

Wray, Karolyn
7 Atlantic Way
Sea Bright, NJ 07760

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

7020 1810 0000 7297 4685

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$

Postmark
Here

Parker, Timothy J. & Nicola J
92-1027 Koio Dr. Apt. D.
Kapolei, HI 96707

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

7019 2970 0000 4773 5836

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$

Postmark
Here

SB Ocean House, LLC
2954 Tincup Circle
Boulder, CO 80305

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

7019 2970 0000 4773 5881

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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 \$

Postmark Here

New Jersey Natural Gas Company
1415 Wyckoff Road
Wall, NJ 07719

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 Natural Gas Company
1415 Wyckoff Road
Wall, NJ 07719



9590 9402 6613 1028 2097 32

2. Article Number (Transfer from service label)

7019 2970 0000 4773 5881

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Luis R* Agent Addressee

B. Received by (Printed Name)

Luis R

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7019 2970 0000 4773 5881

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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 \$

Postmark Here

Borough of Sea Bright
1099 Ocean Avenue
Sea Bright, NJ 07760

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