	ON		ECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also of item 4 if Restricted Delivery is desi Print your name and address on the so that we can return the card to y Attach this card to the back of the or on the front if space permits. 	ired. ne reverse rou.	A. Signature Received by (Prin	ichaut 1	☐ Agent☐ Addressee te of Delivery
Article Addressed to:		D. Is delivery a library	different from item 1?	□ Yes
Me. Charles Gregg, GREATER CONSTRUCTION	President	M/	AY N 2 26.5	⊒ No
Tensington ;	PARK DR.		PDS	÷.
Altamonte Spaings	PARK DR.	ALTA	PDS MONTE SVC. VIII	a
1105 Kensington ; Altamonte Spaings	PARK DR.	Service Type Certified Mail Registered Insured Mail	,	-
Altamonte Spaings	PARK DR. ,6-2 3271 4 3	Service Type Certified Mail Registered	Express Mail Return Receipt for C.O.D.	-
2. Article Number	PARK DR	B. Service Type Certified Mail Registered Insured Mail	Express Mail Return Receipt for C.O.D.	Merchandise

United States Postal Service



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

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

ST. JOHNS WATER MANAGEMENT DISTRICT
975 Keller Road
Altamonte Springs, FL 32714