

**STATE OF ILLINOIS
COUNTY OF DUPAGE
BEFORE THE CITY OF WEST CHICAGO**

**In Re: THE APPLICATION OF)
LAKESHORE RECYCLING SYSTEMS, LLC,)
FOR SITING APPROVAL OF A NEW)
POLLUTION CONTROL FACILITY)**

AFFIDAVIT OF COMPLIANCE WITH 415 ILCS 5/39.2(d)

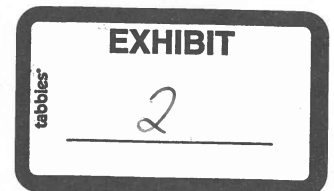
JOHN E. HOCK, being first duly sworn on oath, deposes and states as follows:

1. I am a professional engineer licensed to practice in the State of Illinois and am employed by Civil & Environmental Consultants, Inc., (CEC) as part of their office located at 1230 East Diehl Road, Suite 200, Naperville, Illinois, 60563.

2. I am CEC's principal for the preparation of the local siting application for the West DuPage Recycling and Transfer Station and it was my responsibility to prepare, publish and serve pre-hearing notices as required in 415 ILCS 5/39.2(d).

3. 415 ILCS 5/39.2(d) requires that no later than 14 days prior to such hearing, notice shall be published in a newspaper of general circulation published in the county of the proposed site, and delivered by certified mail to all members of the General Assembly from the district in which the proposed site is located, to the governing authority of every municipality contiguous to the proposed site or contiguous to the municipality in which the proposed site is to be located, to the county board of the county where the proposed site is to be located, if the proposed site is located within the boundaries of a municipality, and to the Agency.

4. The Notice prepared and served in connection with the aforesaid requirement is attached hereto and made a part hereof as Exhibit A. Said Notice conforms to the requirements of Section 415 ILCS 5/39.2(d).



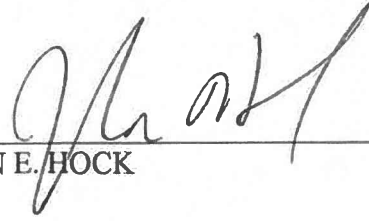
5. I caused a copy of the Notice to be published in the Daily Herald, a newspaper of general circulation in the county in which the application is pending on December 15, 2022. A copy of the actual publication and proof of publication is attached hereto and made a part hereof as Exhibit B.

6. Attached hereto and made a part hereof as Exhibit C is the list of all public officials and entities which were provided notice of the siting hearing herein, said list including all members of the General Assembly from the legislative district in which the proposed site is located, the governing authority of every municipality contiguous to the proposed site, the governing body of DuPage County and the Environmental Protection Agency. I identified the names and address of all members of the General Assembly from the legislative district in which the proposed facility is located by using information publically maintained and available on the Illinois General Assembly internet website www.ilga.gov. Some entities entitled to notice were sent an additional notice at a secondary address.

7. On December 12, 2022, certified mail notice was sent to all of the public officials and entities identified in Exhibit C. Attached hereto and made a part hereof as Exhibit D are the certified mail receipts issued by the U.S. Postal Service. Attached hereto and made a part hereof as Exhibit E are the signed returns from the recipients (green cards).

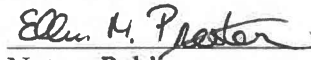
8. All of the foregoing complies fully and completely with the pre-hearing notice requirements of 415 ILCS 5/39.2(d).

FURTHER AFFIANT SAYETH NOT.



JOHN E. HOCK

Sworn to and subscribed before me
this 30th day of December 2022.


Notary Public



John E. Hock, P.E.
Civil & Environmental Consultants, Inc.
1230 East Diehl Road, Suite 200
Naperville, Illinois 60563
Telephone (630) 963-6026
Facsimile (630) 963-6027

EXHIBIT A

WEST DUPAGE RTS NOTICE OF PUBLIC HEARING

**NOTICE OF PUBLIC HEARING ON THE REQUEST
FOR APPROVAL OF A SITE FOR A NEW
POLLUTION CONTROL FACILITY
FOR A WASTE TRANSFER STATION**

PLEASE TAKE NOTICE that on the 16th day of September, 2022, an application for siting approval for a "pollution control facility" (as defined by Section 3.330 of the Illinois Environmental Protection Act) consisting of a waste "transfer station" (as defined by Section 3.500 of the Illinois Environmental Protection Act) was filed with the City of West Chicago, Illinois Clerk by Lakeshore Recycling Systems, LLC ("LRS"). The transfer station shall be referred to in this notice as the "Transfer Station".

- **PLEASE TAKE FURTHER NOTICE THAT A PUBLIC HEARING WILL BE HELD** regarding said application beginning at 6:00 p.m. on the 3rd day of January, 2023, at Wheaton Academy, 900 Prince Crossing Rd., West Chicago, Il. 60185. Illinois. The public hearing, if not completed on January 3rd, shall resume on January 4th, 2023 at 6:00 p.m., and if further hearings are necessary, on January 5th, January 10th and January 12th, 2023, all at 6:00 p.m. All hearings will continue to be held at Wheaton Academy except the hearing scheduled for January 12, if necessary, which shall be held at West Chicago Community High School, 326 Joliet St., West Chicago, Il. 60185. Additional hearing dates shall be scheduled and conducted as needed and will be announced at the close of each hearing day until the hearing is complete as determined by the Hearing Officer appointed to preside over this matter.

MEMBERS OF THE PUBLIC MAY SPEAK AND PRESENT THEIR COMMENTS AT THE PUBLIC HEARING AND/OR DO SO IN WRITING. THOSE WISHING TO OFFER ORAL PUBLIC COMMENT MUST FILE A NOTICE WITH THE CITY CLERK PRIOR TO THE PUBLIC HEARING OR REGISTER WITH THE HEARING OFFICER ON THE FIRST DAY OF THE PUBLIC HEARING. HOWEVER, IN ORDER TO PARTICIPATE AS A PARTY IN THE HEARING WITH THE RIGHT TO, AMONG OTHER THINGS, BE REPRESENTED BY AN ATTORNEY, OFFER EVIDENCE AND PRESENT WITNESSES, A PERSON MUST FILE AN APPEARANCE AS A PUBLIC PARTICIPANT WITH THE CITY CLERK AT LEAST TEN (10) DAYS PRIOR TO THE PUBLIC HEARING. THE PARTICIPATION REQUIREMENTS ARE SPECIFIED IN THE CITY SITING ORDINANCE. A COPY OF THE CITY SITING ORDINANCE MAY BE OBTAINED FROM THE CITY CLERK. SEE **POLLUTION CONTROL FACILITY SITE APPROVAL PROCEDURES**, ARTICLE VII, SECTIONS 14-94 AND 14-95.

Some pertinent details of the application for the Transfer Station are as follows:

Name and Address of Applicants:	Lakeshore Recycling Systems, LLC, 5500 Pearl St., Rosemont, Il. 60018
---------------------------------	-----------------------------------------------------------------------

Transfer Station Location: West DuPage Recycling and Transfer Station, 1655 Powis Road, West Chicago, DuPage County, Illinois, 60185.

Nature of Activity: The proposed facility would be a non-hazardous solid waste transfer station which will accept non-hazardous waste, for temporary storage, sorting, solidification and consolidation, and further transfer to a waste disposal/treatment facility. The Applicant will develop and operate the transfer station only as approved by the Illinois Environmental Protection Agency, other applicable regulatory agencies, and as authorized by applicable statutes and regulations. The waste accepted for transfer will be general municipal solid waste, Hydro Excavation waste, recyclables and construction or demolition debris generated by residential, commercial and industrial sources. The facility proposes to handle a maximum of 1950 tons per day of material, of which no more than 650 tons per day will be municipal solid waste, no more than 300 tons per day will be hydro excavation waste, no more than 750 tons per day will be construction or demolition debris, and no more than 250 tons per day will be single stream recyclables. The facility will not accept hazardous waste.

Probable Life of the Proposed Activity: Twenty years to Indefinite.

PLEASE TAKE FURTHER NOTICE that copies of the siting application and public record are available for review by the public in the West Chicago City Clerk's office, located at 475 W. Main St., West Chicago, Illinois, 60185. Copies of the siting application and any public record will be available for copying at the City Clerk's Office upon payment of the cost and fees requested by the City for such reproduction which are not inconsistent with Illinois law.

This **NOTICE** is prepared, served and published pursuant to 415 ILCS 5/39.2(d). Dated this 12th day of December, 2022.

George Mueller
Mueller Anderson & Assoc.
3015 Ashbury Dr.
Naperville, Il. 60564
(630) 235-0606
George@muelleranderson.com
Attorney for Applicants

EXHIBIT B

DAILY HERALD CERTIFICATION

NOTICE OF PUBLIC HEARING ON THE REQUEST FOR APPROVAL OF A SITE FOR A NEW POLLUTION CONTROL FACILITY FOR A WASTE TRANSFER STATION

PLEASE TAKE NOTICE that on the 16th day of September, 2022, an application for siting approval for a "pollution control facility" (as defined by Section 3.330 of the Illinois Environmental Protection Act) consisting of a waste "transfer station" (as defined by Section 3.360 of the Illinois Environmental Protection Act) was filed with the City of West Chicago, Illinois Clerk by Lakeshore Recycling Systems, LLC ("LRS"). The transfer station shall be referred to in this notice as the "Transfer Station".

PLEASE TAKE FURTHER NOTICE THAT A PUBLIC HEARING WILL BE HELD regarding said application beginning at 6:00 p.m. on the 3rd day of January, 2023, at Wheaton Academy, 900 Prince Crossing Rd., West Chicago, IL 60185, Illinois. The public hearing, if not completed on January 3rd, shall resume on January 4th, 2023 at 6:00 p.m., and if further hearings are necessary, on January 5th, January 10th and January 12th, 2023, all at 6:00 p.m. All hearings will continue to be held at Wheaton Academy except the hearing scheduled for January 12, if necessary, which shall be held at West Chicago Community High School, 326 Joliet St., West Chicago, IL 60185. Additional hearing dates shall be scheduled and conducted as needed and will be announced at the close of each hearing day until the hearing is complete as determined by the Hearing Officer appointed to preside over this matter.

MEMBERS OF THE PUBLIC MAY SPEAK AND PRESENT THEIR COMMENTS AT THE PUBLIC HEARING AND/OR DO SO IN WRITING. THOSE WISHING TO OFFER ORAL PUBLIC COMMENT MUST FILE A NOTICE WITH THE CITY CLERK PRIOR TO THE PUBLIC HEARING OR REGISTER WITH THE HEARING OFFICER ON THE FIRST DAY OF THE PUBLIC HEARING. HOWEVER, IN ORDER TO PARTICIPATE AS A PARTY IN THE HEARING WITH THE RIGHT TO, AMONG OTHER THINGS, BE REPRESENTED BY AN ATTORNEY, OFFER EVIDENCE AND PRESENT WITNESSES, A PERSON MUST FILE AN APPEARANCE AS A PUBLIC PARTICIPANT WITH THE CITY CLERK AT LEAST TEN (10) DAYS PRIOR TO THE PUBLIC HEARING. THE PARTICIPATION REQUIREMENTS ARE SPECIFIED IN THE CITY SITING ORDINANCE. A COPY OF THE CITY SITING ORDINANCE MAY BE OBTAINED FROM THE CITY CLERK. SEE POLLUTION CONTROL FACILITY SITE APPROVAL PROCEDURES, ARTICLE VII, SECTIONS 14-94 AND 14-95.

Some pertinent details of the application for the Transfer Station are as follows:

Name and Address of Applicants: Lakeshore Recycling Systems, LLC, 5500 Pearl St., Rosemont, IL 60018

Transfer Station Location: West DuPage Recycling and Transfer Station, 1655 Powis Road, West Chicago, DuPage County, Illinois, 60185.

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This NOTICE is prepared, served and published pursuant to 415 ILCS 5/39.2(d). Dated this 12th day of December, 2022.

George Mueller
Mueller Anderson & Assoc.
3015 Ashbury Dr.
Naperville, IL 60564
(630) 235-0606
George@muelleranderson.com
Attorney for Applicants

Published in Daily Herald December 15, 2022 (4592741)

CERTIFICATE OF PUBLICATION

Paddock Publications, Inc.

DuPage County Daily Herald

Corporation organized and existing under and by virtue of the laws of the State of Illinois, DOES HEREBY CERTIFY that it is the publisher of the DuPage County DAILY HERALD. That said DuPage County DAILY HERALD is a secular newspaper, published in Naperville and has been circulated daily in the Village(s) of:

Addison, Aurora, Bartlett, Bensenville, Bloomingdale, Carol Stream, Darien, Downers Grove, Elmhurst, Glen Ellyn, Glendale Heights, Hanover Park, Hinsdale, Itasca, Keeneville, Lisle, Lombard, Medinah, Naperville, Oakbrook, Oakbrook Terrace, Plainfield, Roselle, Villa Park, Warrenville, West Chicago, Westmont, Wheaton, Willowbrook, Winfield, Wood Dale, Woodridge

County(ies) of DuPage

and State of Illinois, continuously for more than one year prior to the date of the first publication of the notice hereinafter referred to and is of general circulation throughout said Village(s), County(ies) and State.

I further certify that the DuPage County DAILY HERALD is a newspaper as defined in "an Act to revise the law in relation to notices" as amended in 1992 Illinois Compiled Statutes, Chapter 715, Act 5, Section 1 and 5. That a notice of which the annexed printed slip is a true copy, was published 12/15/2022 in said DuPage County DAILY HERALD.

IN WITNESS WHEREOF, the undersigned, the said PADDOCK PUBLICATIONS, Inc., has caused this certificate to be signed by, this authorized agent, at Arlington Heights, Illinois.

PADDOCK PUBLICATIONS, INC.
DAILY HERALD NEWSPAPERS

BY

Designee of the Publisher and Officer of the Daily Herald

Control # 4592741

**West DuPage Recycling and Transfer Station
Pre-Hearing Notice Entities and Persons**

No.	Entity	Person	Title	Address	State	Zip Code
1	St. Charles	Lora Vitek	Mayor	2 E. Main Street	IL	60174
2	Wayne	Eileen Phipps	President	5N430 Railroad St.	IL	60184
3	Bartlett	Kevin Wallace	President	228 S. Main Street	IL	60103
4	Carol Stream	Frank Saverino	Mayor	500 N Gary Avenue	IL	60188
5	Winfield	Carl Sorgatz	President	27 W 465 Jewell Road	IL	60190
6	Warrenville	David Brummel	Mayor	3S258 Manning Avenue	IL	60555
7	Batavia	Jeffery Schielke	Mayor	100 N Island Avenue	IL	60510
8	Geneva	Kevin Burns	Mayor	22 S First St.	IL	60134
9	Fermi National Accelerator	Lia Merminga	Director	Fermilab PO Box 500, Batavia	IL	60510
10	DuPage County	Deborah Conroy	Chair	421 N County Farm Road, Wheaton	IL	60187
11	Illinois Senate District 25	Karina Villa	Senator	946 Neltor Blvd. #108, West Chicago	IL	60185
12	Illinois Senate District 25	Karina Villa	Senator	401 South Spring Street, Stratton Office Building - Section F - Room M, Springfield	IL	62706
13	Illinois Representative District 49	Maura Hirschauer	Representative	946 Neltor Blvd. #108, West Chicago	IL	60185
14	Illinois Representative District 49	Maura Hirschauer	Representative	401 South Spring Street, 276-S Stratton Bldg., Springfield	IL	62706
15	Illinois EPA	John Kim	Director	1021 North Grand Ave. East, Springfield, IL	IL	62794-9276

EXHIBIT D

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<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.25
<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	\$.57
Total Postage and Fees	\$ 7.82

Sent To

Mr Ms Eileen Phipps, President
Village of Wayne
5N430 Railroad Street
Wayne, Illinois 60184

163-899 (HN)

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

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



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Total Postage and Fees	\$ 7.82

Sent To

Mayor Lora Vitek
City of St. Charles
2 East Main Street
St. Charles, Illinois 60174

163-899 (HN)

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Sent To

Mr Kevin Wallace, President
Village of Bartlett
228 South Main Street
Bartlett, Illinois 60103

163-899 (HN)

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Sent To

Mayor Frank Saverino
Village of Carol Stream
500 North Gary Avenue
Carol Stream, Illinois 60188

163-899 (HN)

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Total Postage and Fees	\$ 7.82

Sent To

Mr. Carl Sorgatz, President
Village of Winfield
27W465 Jewell Road
Winfield, Illinois 60190

163-899 (HN)

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Sent To
Mayor Jeffery Schielke
City of Batavia
100 North Island Avenue
Batavia, Illinois 60510
163-899 (HN)

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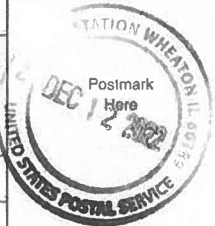
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Sent To
Mayor David Brummel
Village of Warrenville
3s258 Manning Avenue
Warrenville, Illinois 60555
163-899 (HN)

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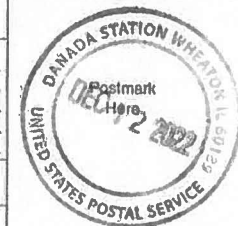
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Total Postage and Fees
\$ 7.82

Sent To
Ms Lia Merminga, Director
Fennilab - Fermi National Accelerator
P O Box 500
Batavia, Illinois 60510
163-899 (HN)

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

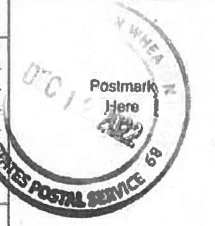
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 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage
\$.57
Total Postage and Fees
\$ 7.82

Sent To
Mayor Kevin Burns
City of Geneva
22 South First Street
Geneva, Illinois 60134
163-899 (HN)

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 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage
\$.57
Total Postage and Fees
\$ 7.82

Sent To
Ms. Deborah Conroy, Chair
DuPage County Board
421 North County Farm Road
Wheaton, Illinois 60187
163-899 (HN)

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- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage
\$ 1.57

Total Postage and Fees
\$ 7.82

Sent To

Ms. Karina Villa, Senator - Illinois Senator District 25
401 South Spring Street
The William G. Stratton Building
Section F-Room M
Springfield, Illinois 62706

163-899 (HN)

PS Form 3800, April 2015 PSN 7530-02-000-0047 See Reverse for Instructions



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- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage
\$ 1.57

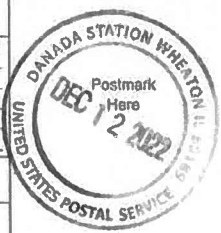
Total Postage and Fees
\$ 7.82

Sent To

Ms. Karina Villa, Senator
Illinois Senate District 25
946 Neltmor Boulevard, #108
West Chicago, Illinois 60185

163-899 (HN)

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



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OFFICIAL USE

Certified Mail Fee
\$ 4.00

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

- Return Receipt (hardcopy) \$ 3.25
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage
\$ 1.57

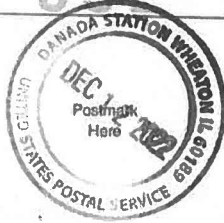
Total Postage and Fees
\$ 7.82

Sent To

Ms. Maura Hirschauer, Representative
Illinois Representative District 49
401 South Spring Street
276-S The William G. Stratton Building
Springfield, Illinois 62706

163-899 (HN)

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



7022 2410 0000 7125 6243

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
\$ 4.00

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

- Return Receipt (hardcopy) \$ 3.25
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- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage
\$ 1.57

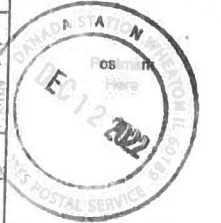
Total Postage and Fees
\$ 7.82

Sent To

Ms. Maura Hirschauer, Representative
Illinois Representative District 49
946 Neltmor Boulevard, #108
West Chicago, Illinois 60185

163-899 (HN)

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



7022 2410 0000 7125 6229

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
\$ 4.00

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

- Return Receipt (hardcopy) \$ 3.25
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage
\$ 1.57

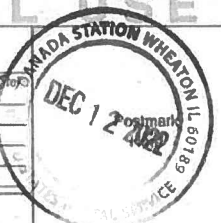
Total Postage and Fees
\$ 7.82

Sent To

Mr. John Kim, Director
Illinois EPA
1021 North Grand Avenue East
Springfield, Illinois 62794-9276

163-899 (HN)

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:

Ms. Eileen Phipps, President
Village of Wayne
5N430 Railroad Street
Wayne, Illinois 60184



9590 9402 7803 2152 2056 98

2. Article Number (Transfer from service label)

7022 2410 0000 7125 6359

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *IN OF WAYNE* Agent Addressee

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

12/21/22

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
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

163-899 (HN)

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:

Mayor Lora Vitek
City of St. Charles
2 East Main Street
St. Charles, Illinois 60174



9590 9402 7803 2152 2057 04

2. Article Number (Transfer from service label)

7022 2410 0000 7125 6366

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mike Salter* Agent Addressee

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

Mike Salter

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
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

163-899 (HN)

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:

Mr. Kevin Wallace, President
Village of Bartlett
228 South Main Street
Bartlett, Illinois 60103



9590 9402 7803 2152 2056 81

2. Article Number (Transfer from service label)

7022 2410 0000 7125 6342

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *D. Selvaggi* 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
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

163-899 (HN)

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:

Mayor Frank Saverino
Village of Carol Stream
500 North Gary Avenue
Carol Stream, Illinois 60188



9590 9402 7803 2152 2056 74

2. Article Number (Transfer from service label)

7022 2410 0000 7125 6335

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sue Dominguez* Agent Addressee

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

SUE DOMINGUEZ 11/14/22

D. Is delivery address different from item 1? Yes No


If YES, enter delivery address below:

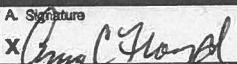
3. Service Type

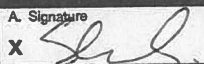
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery


Domestic Return Receipt

163-899 (HN)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Chuck Dallas</p> <p>C. Date of Delivery 12/15/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mr. Carl Sorgatz, President Village of Winfield 27W465 Jewell Road Winfield, Illinois 60190</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered MailTM <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail[®] <input checked="" type="checkbox"/> Signature ConfirmationTM <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7022 2410 0000 7125 6328</p>	<p>Barcode: 9590 9402 7803 2152 2056 67</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	163-899 (HN) Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Mayor Jeffery Schielke</p> <p>C. Date of Delivery 12/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mayor Jeffery Schielke City of Batavia 100 North Island Avenue Batavia, Illinois 60510</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered MailTM <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail[®] <input checked="" type="checkbox"/> Signature ConfirmationTM <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7022 2410 0000 7125 6304</p>	<p>Barcode: 9590 9402 7803 2152 2057 59</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	163-899 (HN) Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Sarah Schwertner</p> <p>C. Date of Delivery 12/14/2022</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mayor David Brummel Village of Warrenville 3s258 Manning Avenue Warrenville, Illinois 60555</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered MailTM <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail[®] <input checked="" type="checkbox"/> Signature ConfirmationTM <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7022 2410 0000 7125 6311</p>	<p>Barcode: 9590 9402 7803 2152 2057 66</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	163-899 (HN) Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Julius Borcher</p> <p>C. Date of Delivery 12-14-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Ms. Lia Merminga, Director Fermilab - Fermi National Accelerator P.O. Box 500 Batavia, Illinois 60510</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered MailTM <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail[®] <input checked="" type="checkbox"/> Signature ConfirmationTM <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7022 2410 0000 7125 6281</p>	<p>Barcode: 9590 9402 7803 2152 2057 35</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	163-899 (HN) 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:

Mayor Kevin Burns
City of Geneva
22 South First Street
Geneva, Illinois 60134



9590 9402 7803 2152 2057 42

2. Article Number (Transfer from service label)

7022 2410 0000 7125 6298

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Insured Mail
 Collect on Delivery Restricted Delivery Insured Mail Restricted Delivery (over \$500)

163-899 (HN) 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:

Ms. Deborah Conroy, Chair
DuPage County Board
421 North County Farm Road
Wheaton, Illinois 60187



9590 9402 7803 2152 2057 28

2. Article Number (Transfer from service label)

7022 2410 0000 7125 6274

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Insured Mail
 Collect on Delivery Restricted Delivery Insured Mail Restricted Delivery (over \$500)

163-899 (HN) 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:

Ms. Karina Villa, Senator
Illinois Senator District 25
401 South Spring Street
The William G. Stratton Building
Section F-Room M
Springfield, Illinois 62706



9590 9402 7803 2152 2058 03

2. Article Number (Transfer from service label)

7022 2410 0000 7125 6250

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Karina Villa 12/14/20

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

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Insured Mail
 Collect on Delivery Restricted Delivery Insured Mail Restricted Delivery (over \$500)

163-899 (HN) 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:

Ms. Karina Villa, Senator
Illinois Senate District 25
946 Neilson Boulevard, #108
West Chicago, Illinois 60185



9590 9402 7803 2152 2058 72

2. Article Number (Transfer from service label)

7022 2410 0000 7125 6267

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Karina Villa 12/16/20

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

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Insured Mail
 Collect on Delivery Restricted Delivery Insured Mail Restricted Delivery (over \$500)

163-899 (HN) 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:

Ms. Maura Hirschauer, Representative
 Illinois Representative District 49
 946 Neltner Boulevard, #108
 West Chicago, Illinois 60185



9590 9402 7803 2152 2057 97

2. Article Number (Transfer from service label)

7022 2410 0000 7125 6243

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Maura Hirschauer 12-14-22

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
 Collect on Delivery Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation™ Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail
 Insured Mail Restricted Delivery (over \$500)

163-899 (HN) 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:

Ms. Maura Hirschauer, Representative
 Illinois Representative District 49
 401 South Spring Street
 276-S The William G. Stratton Building
 Springfield, Illinois 62706



9590 9402 7803 2152 2057 80

2. Article Number (Transfer from service label)

7022 2410 0000 7125 6236

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Maura Hirschauer 12-14-22

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
 Collect on Delivery Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation™ Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail
 Insured Mail Restricted Delivery (over \$500)

163-899 (HN) 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:

Mr. John Kim, Director
 Illinois EPA
 1021 North Grand Avenue East
 Springfield, Illinois 62794-9276



9590 9402 7803 2152 2057 73

2. Article Number (Transfer from service label)

7022 2410 0000 7125 6229

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Illinois Dept. Of Public Health
 Division of Vital Records
 925 East Ruggely Avenue
 Springfield, IL 62702-2737

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
 Collect on Delivery Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation™ Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail
 Insured Mail Restricted Delivery (over \$500)

163-899 (HN) Domestic Return Receipt