

0001353365 APR 04 2018



9886 4460 0000 0747 E

NIXIE 806 DE 1 8604/12/18  
RETURN TO SENDER  
UNDELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BOISE IDAHO 83706

ADDRESS SERVICE  
REQUESTED

WATER RESOURCES  
WESTERN REGION

APR 16 2018

RECEIVED

SHIRLEY C HOVEN  
23792 E HINDSDALE  
AURORA CO 80016

Preliminary Order Voiding  
Permit 65-1339Z  
Sent 4/14/2018

**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. Addressee's Address

**SHIRLEY C HOVEN  
23792 E HINDSDALE  
AURORA CO 80016**



9590 9402 1765 6074 2824 53

2. Addressee's Telephone Number (from carrier label)

7009 1410 0001 0944 2886

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

**COMPLETE THIS SECTION ON DELIVERY**

|                                                                                                                                                 |                     |                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------|
| A. Signature                                                                                                                                    |                     | <input checked="" type="checkbox"/> Agent |
| <b>X</b>                                                                                                                                        |                     | <input type="checkbox"/> Addressee        |
| B. Received by (Printed Name)                                                                                                                   | C. Date of Delivery |                                           |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>if YES, enter delivery address below: <input type="checkbox"/> No |                     |                                           |

3. Service Type

|                                                                           |                                                                     |
|---------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                                  | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery              | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                                  | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Collect on Delivery                              | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery          | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Registered Mail Restricted Delivery              | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500) |                                                                     |

Domestic Return Receipt