

7018 3090 0001 7220 2334

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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

DEC 04 2023

Postage	\$
Total Postage and Fees	\$

Sent To Cheryl Parmelee
 Street and Apt. No., or PO Box No. 78 Parmelee Rd
 City, State, ZIP+4® Haddam CT 06438

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

7018 3090 0001 7220 2302

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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

DEC 04 2023

Postage	\$
Total Postage and Fees	\$

Sent To Paul + Megan Romick
 Street and Apt. No., or PO Box No. 101 Parmelee Rd
 City, State, ZIP+4® Haddam CT 06438

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

7018 3090 0001 7220 2327

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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

DEC 04 2023

Postage	\$
Total Postage and Fees	\$

Sent To Robert Myers
 Street and Apt. No., or PO Box No. 41 Parmelee Lane
 City, State, ZIP+4® Haddam CT 06438

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

7018 3090 0001 7220 2310

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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

DEC 04 2023

Postage	\$
Total Postage and Fees	\$

Sent To Haddam Elderly Housing Corp
 Street and Apt. No., or PO Box No. 2080 Dilas Deane Hwy Ste 102 B
 City, State, ZIP+4® Keeler Hill CT 06067

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

7020 0640 0002 0296 8448

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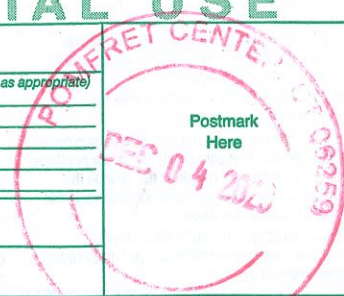
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
Camille Vansawn
Street and Apt. No., or PO Box No.
108 Farmeter Rd
City, State, ZIP+4®
Haddam CT 06438

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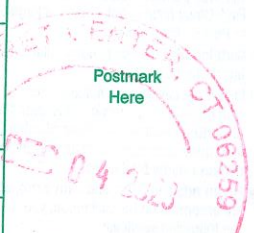
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
Otto Frederic Carlson
Street and Apt. No., or PO Box No.
36 Crab Apple Corners
City, State, ZIP+4®
Haddam CT 06438

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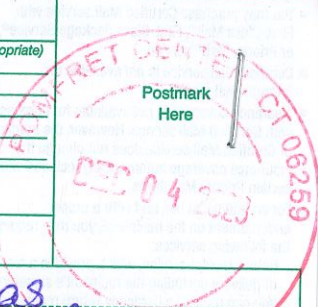
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
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Sent To
Ileana Douglas
Street and Apt. No., or PO Box No.
182 Walkley Hill Rd
City, State, ZIP+4®
Haddam CT 06438

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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 Postage and Fees
\$

Sent To
John + Lisa Parlapiano
Street and Apt. No., or PO Box No.
191 Seabrook Rd
City, State, ZIP+4®
Haddam CT 06438

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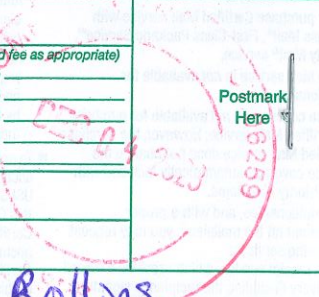
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
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Sent To
Wayne R Rollins
Street and Apt. No., or PO Box No.
27 Crab Apple Corners
City, State, ZIP+4®
Haddam CT 06438

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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 Postage and Fees
\$

Sent To
John L. Farmeter
Street and Apt. No., or PO Box No.
15 Little City Rd
City, State, ZIP+4®
Haddam CT 06438

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