From: Hill, Shannon

To: <u>Downtown West Project</u>

Subject: FW: Certified Mail Receipts (two each)

Date: Monday, November 16, 2020 6:03:47 PM

**Attachments:** 20201019123000139.pdf

From: Duba, Ron

Sent: Monday, October 19, 2020 3:09 PM

To: Hill, Shannon < Shannon. Hill@sanjoseca.gov>

Subject: Certified Mail Receipts (two each)

Hi Shannon,

I placed these on your office chair.

Take Care & Be Safe! {";+)

Ron

PBCE - Administration

City Hall, Tower Bldg. - 3rd Floor

Lobby Reception Desk: (408) 535-7806



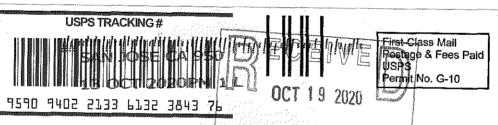
9590 9402 2133 6132 3844 06

CITY OF SAN JOSE

United States Postal Service Sender: Please print your name, address, and ZIP+4® in this box

Shannon Hill

Planner, City of San Jose
Department of Planning, Building and Code
Enforcement
200 E Santa Clara St, Tower 3F,
San Jose CA 95113



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Shannon Hill

Planner, City of San Jose
Department of Planning, Building and Code
Enforcement
200 E Santa Clara St, Tower 3F,
San Jose CA 95113

3-190599

սուրանականիկի իրանականին արարարական

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Addressee □ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery Hannah Tarling 10-6-2
1. Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
Town of Los Gatos, Community Dev. 110 E Main St Los Gatos, CA 95030	
- 	
9590 9402 2133 6132 3844 06  2. Article Number (Transfer from service label) 7009 2820 0002 0334 11	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Certified Mail® ☐ Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Signature Confirmation ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery ☐ Restricted Delivery ☐ Restricted Delivery
PS Form 3811, July 2015 PSN 7630-02-000-9053	
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,	A. Sigrifature  A. Sigrifature  A. Sigrifature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1?
Andrew Crabtree Director of Planning and Inspection City of Santa Clara 1500 Warburton Ave Santa Clara, CA 95050	If YES, enter delivery address below: ☐ No
9590 9402 2133 6132 3843 76  2. Article Number (Transfer from service label) 7009 2820 0002 0334 10	3. Service Type □ Priority Mail Express® □ Adult Signature □ Registered Mail™ □ Registered Mail Restricted Delivery □ Certified Mail® □ Delivery □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery □ Signature Confirmation ™ □ Signature Confirmation ™ □ Signature Confirmation Restricted Delivery \$500)
PS Form 3811 July 2015 PSN 7530-02-000-9053	