

From: [Hill, Shannon](#)
To: [Downtown West Project](#)
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

USPS TRACKING #



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

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

PLANNING, BUILDING AND CODE ENFORCEMENT

USPS TRACKING #



9590 9402 2133 6132 3843 76

OCT 19 2020

United States
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PLANNING, BUILDING AND CODE ENFORCEMENT

3-190599



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:

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 1108

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Hannah Tarling

C. Date of Delivery

10-6-2

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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:

Andrew Crabtree
Director of Planning and Inspection
City of Santa Clara
1500 Warburton Ave
Santa Clara, CA 95050



9590 9402 2133 6132 3843 76

2. Article Number (Transfer from service label)

7009 2820 0002 0334 1078

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Stephanie Davis

C. Date of Delivery

10/13/20

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

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt