

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:

New Jersey American Water Company
167 John F. Kennedy Parkway
Short Hills. NJ 07078



9590 9402 9643 5199 1537 35

2. Article Number (Transfer from service label)

9589 0710 5270 3450 1985 08

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

☐ Agent

☐ Addressee

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

4/06/26

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

Mail Restricted Delivery

(00)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation

Restricted Delivery

USPS TRACKING# LS NJ 070



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

9590 9402 9643 5199 1537 35

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box •



POST POLAK, P.A.
425 Eagle Rock Avenue - Suite 200
Roseland, NJ 07068-1717



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:

Zunnurhain, Kazi & Ahmed, Sabrin
61 Rock Spring Ave
West Orange, NJ 07052



9590 9402 9643 5199 1535 68

2. Article Number (Transfer from service label)

9589 0710 5270 3450 1984 23

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☐ Agent

☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

1 Mail

1 Mail Restricted Delivery

(over \$500)

Domestic Return Receipt

USPS TRACKING#



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

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •



POST POLAK, P.A.
425 Eagle Rock Avenue - Suite 200
Roseland, NJ 07068-1717



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:

Gajdek, Richard
64 Sheridan Ave
West Orange, NJ 07052



9590 9402 9643 5199 1536 81

2. Article Number (Transfer from service label)

9589 0710 5270 3450 1983 00

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *H. Richard*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-4-26

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail

Mail Restricted Delivery

Domestic Return Receipt

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

USPS TRACKING#



DY DANIELS NJ 070

6 APR 2025 PM 8 L



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

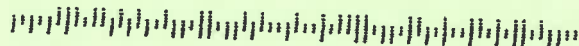
9590 9402 9643 5199 1536 81

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •



POST POLAK, P.A.
425 Eagle Rock Avenue - Suite 200
Roseland, NJ 07068-1717



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:

Clinton, Douglas Y. & Clotilde
62 Sheridan Avenue
West Orange, N.J. 07052



9590 9402 9643 5199 1536 98

2. Article Number (Transfer from service label)

9589 0710 5270 3450 1982 94

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

C. D.

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4.4.70

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes

☐ 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

Mail Restricted Delivery

(00)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation

Restricted Delivery

USPS TRACKING #

DV DANIELS NJ 070



6 APR 2028 PM 8 L



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

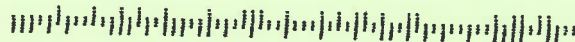
9590 9402 9643 5199 1536 98

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •



POST POLAK, P.A.
425 Eagle Rock Avenue - Suite 200
Roseland, NJ 07068-1717



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:

Bosco, Paul A. & Christine M.
4 Masson Place
West Orange, N.J. 07052



9590 9402 9643 5199 1536 36

2. Article Number (Transfer from service label)

9589 0710 5270 3450 1983 55

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X B. Paul

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/4/20

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
- ☐ Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

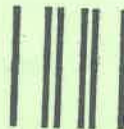
Domestic Return Receipt

USPS TRACKING#

DV DANIELS NJ 070



6 APR 2025 PM 8 L



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

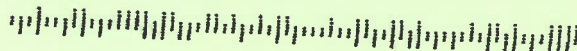
9590 9402 9643 5199 1536 36

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•



POST POLAK, P.A.
425 Eagle Rock Avenue - Suite 200
Roseland, NJ 07068-1717

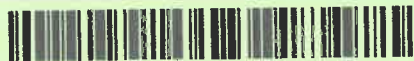


SENDER: COMPLETE THIS SECTION

- 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:

Beverly Reilly
56 Lenox Terrace
West Orange New Jersey 07052



9590 9402 9643 5199 1535 99

2. Article Number (Transfer from service label)

9589 0710 5270 3450 1983 93

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Reilly

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-4-20

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

Mail

Mail Restricted Delivery

000

Domestic Return Receipt

USPS TRACKING#

DV DANIELS NJ 070



0 APR 2010 PM 9 L



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

9590 9402 9643 5199 1535 99

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •



POST POLAK, P.A.

425 Eagle Rock Avenue - Suite 200
Roseland, NJ 07068-1717



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:

Verizon
1 Verizon Way
Basking Ridge, New Jersey 07920-1025



9590 9402 9643 5199 1542 13

2. Article Number (Transfer from service label)

9589 0710 5270 3450 1985 22

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☐ Agent

☐ Addressee

C. Date of Delivery

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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail
Restricted Delivery
(00)

Domestic Return Receipt

USPS TRACKING #

DV DANIELS NJ 070



5 449 2026 991 S L



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

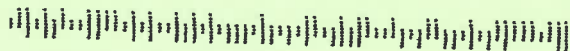
9590 9402 9643 5199 1542 13

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•



POST POLAK, P.A.
425 Eagle Rock Avenue - Suite 200
Roseland, NJ 07068-1717

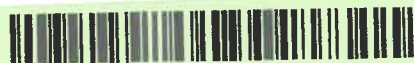


SENDER: COMPLETE THIS SECTION

- 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:

Val-Mar Realty Holding/Murro RBT
406 St. Cloud Avenue
West Orange, New Jersey 07052



9590 9402 9643 5199 1537 66

2. Article Number (Transit)

9589 0710 5270 3450 1984 78

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-4-76

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

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



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

9590 9402 9643 5199 1537 66

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •



POST POLAK, P.A.
425 Eagle Rock Avenue - Suite 200
Roseland, NJ 07068-1717

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:

Shahadi, Emile M & Teresa
49 Rock Spring Avenue
West Orange, NJ 07052



9590 9402 9643 5199 1537 80

2. Article Number (Transfer from service label)

9589 0710 5270 3450 1984 54

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Teresa Shahadi

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/4

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes

☐ 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 Restricted Delivery

(500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 9643 5199 1537 80

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•



POST POLAK, P.A.
425 Eagle Rock Avenue - Suite 200
Roseland, NJ 07068-1717

