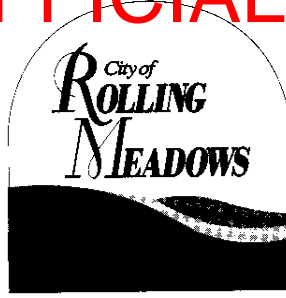


UNOFFICIAL COPY

Kenneth A. Nelson
Mayor



"PROGRESS THRU PARTICIPATION"



Doc#: 0520045120
Eugene "Gene" Moore Fee: \$110.50
Cook County Recorder of Deeds
Date: 07/19/2005 03:10 PM Pg: 1 of 44

State of Illinois)
County of Cook)

CERTIFICATION

I, Ginny Cotugno, do hereby certify that I am the duly appointed Deputy City Clerk of the City of Rolling Meadows, a municipal corporation in the County and State aforesaid, and as such Deputy City Clerk, I am the keeper of the records and files of the City Council of said City. I do further certify that attached hereto is a full, true and correct copy of:

Ordinance No. 05-28

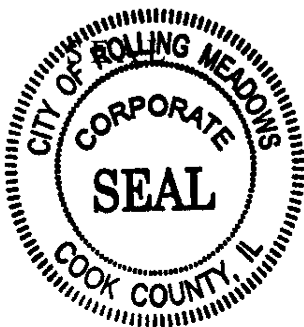
duly passed by the City Council at a legally convened meeting thereof held on the 28th day of June 2005, approved by the Mayor on the 28th day of June 2005 and published by the City Clerk on the 28th of June 2005; and at the time of adoption of said Ordinance No. 05-28 the City Council voted as follows:

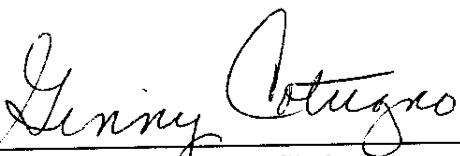
YEAS: Walton, Lusk, Buske, Rooney, Adams, Kwandras, Balek

NAYS: 0

ABSENT: 0

all as appears in the official records of said City in my care and custody. Given under my hand and the corporate seal of said City this 29th day of June 2005.




Ginny Cotugno, Deputy City Clerk

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ORDINANCE NO. 05-28

**AN ORDINANCE ESTABLISHING
SPECIAL SERVICE AREA NO. 2
(KIRCHOFF ROAD)**

WHEREAS, pursuant to the provisions of the 1970 Constitution of the State of Illinois (the "Constitution"), the City of Rolling Meadows, Cook County, Illinois (the "City"), is authorized to create special service areas in and for the City; and

WHEREAS, home rule municipalities are authorized to establish special service areas pursuant to Section 6(L)(2) of Article VII of the Constitution, which provides the following:

"The General Assembly may not deny or limit the power of home rule units . . . (2) to levy or impose additional taxes upon areas within their boundaries in the manner provided by law for the provision of special services to those areas and for the payment of debt incurred in order to provide those special services"; and

WHEREAS, the home rule municipalities are further authorized to establish special service areas pursuant to the provisions of the "Special Service Area Tax Law," as amended, 35 ILCS 200/27-5 *et seq.* (IL State Bar Ed. 2004) (the "Law"), and pursuant to the Revenue Act of 1939 of the State of Illinois, as amended; and

WHEREAS, the City of Rolling Meadows is a home rule municipality; and

WHEREAS, in the opinion of a majority of the Corporate Authorities of the City of Rolling Meadows, it is advisable, necessary and in the public interest that the City of Rolling Meadows consider the creation of a special service area in the area hereinafter described.

NOW, THEREFORE, BE IT ORDAINED by the City Council of the City of Rolling Meadows, Cook County, Illinois:

SECTION ONE: Findings of the Corporate Authorities. The Corporate Authorities of the City of Rolling Meadows find as follows:

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A. The question of the establishment of the Area hereinafter described as a Special Service Area was considered by the Mayor and City Council pursuant to an Ordinance No. 05-11, entitled "An Ordinance Proposing Establishment of a Special Service Area No. 2 (Kirchoff Road) in the City of Rolling Meadows, Cook County, Illinois, and Providing for a Public Hearing and Other Procedures in Connection Therewith," adopted March 22, 2005, and pursuant to a Public Hearing held on April 12, 2005, by the Mayor and City Council pursuant to newspaper notice duly published in the Daily Herald of Paddock Publications, having general circulation within the City of Rolling Meadows, on March 27, 2005, being at least fifteen (15) days prior to the Public Hearing, and pursuant to notice by mail addressed to the person or persons or trustee in whose name the general taxes for the last preceding year were paid on each lot, block, tract, or parcel of land lying within the proposed special service area. Said mail notice was given by depositing said mail notice in the United States Mail not less than ten (10) days prior to the time set for the Public Hearing. A Certificate of Publication of said newspaper notice and Receipts of Mailing of said mail notice are attached to this Ordinance as Exhibits 1 and 2. Said notices conform in all respects to the requirements of the Law.

B. A Public Hearing on the questions set forth in the notices was convened on April 12, 2005. All interested persons were given an opportunity to be heard on the question of the creation Special Service Area No. 2 (Kirchoff Road) to provide special municipal services to the proposed Special Service Area No 2 (Kirchoff Road), including, but not limited to, municipal services in connection with the construction, repair and replacement of storm sewers and grading improvements as set forth in the notices. The Public Hearing was

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adjourned at 7:38 p.m. on April 12, 2005.

C. The 60-day objection period provided for in Section 27-55 of the Law has expired. No petitions have been filed with the City in opposition to the establishment of the proposed Special Service Area No. 2 (Kirchoff Road).

D. After considering all written and/or oral testimony, if any, as presented at the Public Hearing, the City finds that it is in the public interest and in the interest of the City of Rolling Meadows that the proposed Special Service Area No. 2 (Kirchoff Road), as hereinafter described, be established.

E. The proposed Special Service Area No. 2 (Kirchoff Road) is compact and contiguous and constitutes a unique residential area of the City of Rolling Meadows.

F. It is in the best interests of the residents and real property within the proposed Special Service Area No. 2 (Kirchoff Road) that the furnishing of the municipal services proposed be considered for the common interests and the safety and welfare of the residents of the proposed Special Service Area No. 2 (Kirchoff Road).

SECTION TWO: Special Service Area No. 2 (Kirchoff Road) Established. A Special Service Area to the known and designated as "City of Rolling Meadows Special Service Area No. 2 (Kirchoff Road)" is hereby established and shall consist of the following described real property:

UNOFFICIAL COPY

LEGAL DESCRIPTION

LOTS 853 THRU 862 INCLUSIVE, LOTS 864 THRU 866 INCLUSIVE AND LOTS 892 THRU 908 INCLUSIVE IN ROLLING MEADOWS UNIT NO.5, BEING A SUBDIVISION IN THAT PART OF THE NORTH HALF OF SECTION 36, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 9, 1954 AS DOCUMENT NO.16011193 IN COOK COUNTY, ILLINOIS, BEING DESCRIBED AS FOLLOWS:
BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 853, SAID NORTHWEST CORNER ALSO BEING A POINT ON THE SOUTHERLY RIGHT OF WAY LINE OF PARK STREET AS DEDICATED BY SAID DOCUMENT NO. 16011193; THENCE SOUTHEASTERLY ALONG SAID SOUTHERLY RIGHT OF WAY LINE OF PARK STREET TO THE NORTHEASTERLY CORNER OF SAID LOT 862; THENCE SOUTHERLY ALONG THE EASTERLY LINE OF SAID LOT 862 TO THE NORTHWESTERLY CORNER OF SAID LOT 864; THENCE EASTERLY ALONG THE NORTHERLY LINE OF SAID LOT 864 TO THE NORTHEASTERLY CORNER OF SAID LOT 864, SAID NORTHEASTERLY CORNER OF LOT 864 BEING A POINT ON THE CIRCULAR RIGHT OF WAY LINE OF DOVE COURT; THENCE SOUTHEASTERLY AND NORTHEASTERLY ALONG SAID RIGHT OF WAY LINE OF DOVE COURT TO THE NORTHWESTERLY CORNER OF SAID LOT 866; THENCE SOUTHEASTERLY ALONG THE NORTHEASTERLY LINE OF SAID LOT 866 TO THE NORTHEASTERLY CORNER OF SAID LOT 866; THENCE SOUTHERLY ALONG THE EASTERLY LINE OF SAID LOT 866 TO THE SOUTHEASTERLY CORNER OF SAID LOT 866; THENCE NORTHWESTERLY ALONG THE SOUTHERLY LINE OF SAID LOT 866 TO THE NORTHEASTERLY CORNER OF SAID LOT 892; THENCE SOUTHWESTERLY ALONG THE EASTERLY LINE OF SAID LOT 892 TO THE SOUTHEASTERLY CORNER OF SAID LOT 892, SAID SOUTHEASTERLY CORNER ALSO BEING A POINT ON THE NORTHERLY RIGHT OF WAY LINE OF KIRCHOFF ROAD; THENCE NORTHWESTERLY ALONG SAID NORTHERLY RIGHT OF WAY LINE OF KIRCHOFF ROAD TO THE SOUTHWESTERLY CORNER OF SAID LOT 908; THENCE NORTHEASTERLY ALONG THE WESTERLY LINE OF SAID LOT 908 TO THE NORTHWESTERLY CORNER OF SAID LOT 908; THENCE NORTHWESTERLY ALONG THE SOUTHERLY LINE OF SAID LOT 853 TO THE SOUTHWESTERLY CORNER OF SAID LOT 853; THENCE NORTHEASTERLY ALONG THE WESTERLY LINE OF SAID LOT 853 TO THE POINT OF BEGINNING.

The above described real property is located in the City of Rolling Meadows, Cook County, Illinois. The approximate street location is north of Kirchoff Road, east of Oriole Lane, south of Park Street and west of Wilke Road and is commonly known as the 2100-2200 blocks of Kirchoff Road.

UNOFFICIAL COPY

SECTION THREE: Purpose of Area. City of Rolling Meadows Special Service Area No. 2 (Kirchoff Road) is established to provide special municipal services to said area in addition to services provided to the City generally. The purpose of the formation of the City of Rolling Meadows Special Service Area No. 2 (Kirchoff Road) in general is to provide special municipal services to said area, including, but not limited to, municipal services in connection with the construction, repair and replacement of storm sewers and grading improvements which provide benefits to Special Service Area No. 2 (Kirchoff Road) and such administrative costs incurred by the City in connection with the above services.

The City of Rolling Meadows Special Service Area No. 2 (Kirchoff Road) is also created so that annual taxes may be levied for the purposes provided for on the real property within Special Service Area No. 2 (Kirchoff Road) in addition to all other City taxes levied; provided that the special annual tax be limited so that the total of said tax does not exceed 0.00016 percent (\$0.016 per \$100.00) of the assessed value, as equalized, of the taxable property, but excluding all taxable personal property, in Special Service Area No. 2 (Kirchoff Road), said tax to be levied for a period of ten (10) years from the date of this Ordinance. Notwithstanding the foregoing, in no event shall the annual rate and tax levy for Special Service Area No. 2 (Kirchoff Road) produce, in the aggregate, more than Three Thousand Dollars (\$3,000.00) annually.

SECTION FOUR: This Ordinance shall be printed and published in pamphlet form by order of the City Council of the City of Rolling Meadows, Illinois.

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SECTION FIVE: This Ordinance shall be in full force and effect from and after its passage and approval as provided by law.

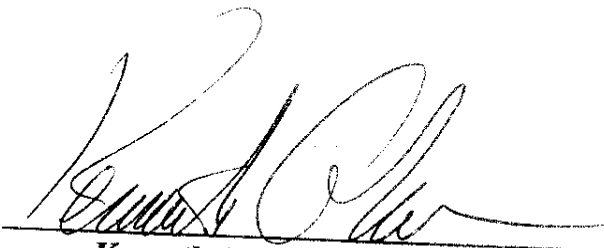
YEAS: Walton, Lusk, Buske, Rooney, Adams, Kwandras, Balek

NAYS: 0

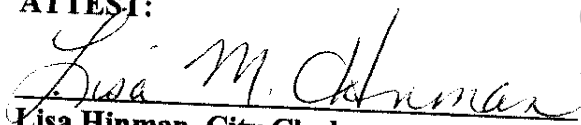
ABSENT: 0

Passed this 28th day of June 2005.

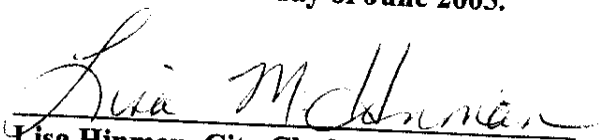
Approved this 28th day of June 2005.


Kenneth A. Nelson, Mayor

ATTEST:


Lisa Hinman, City Clerk

Published this 28th day of June 2005.


Lisa Hinman, City Clerk

Property of Cook County Clerk's Office

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EXHIBIT 1
Certificate of Publication

Property of Cook County Clerk's Office

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EXHIBIT 1

CERTIFICATE OF PUBLICATION

Paddock Publications, Inc.

Daily Herald

Corporation organized and existing under and by virtue of the laws of the State of Illinois, DOES HEREBY CERTIFY that it is the publisher of the **DAILY HERALD**. That said **DAILY HERALD** is a secular newspaper and has been circulated daily in the Village(s) of Algonquin, Arlington Heights, Barrington, Barrington Hills, Lake Barrington, North Barrington, South Barrington, Bartlett, Batavia, Buffalo Grove, Burlington, Carpentersville, Cary, Deer Park, Des Plaines, South Elgin, East Dundee, Elburn, Elgin, Elk Grove Village, Fox Lake, Fox River Grove, Geneva, Gilberts, Grayslake, Gurnee, Hampshire, Hainesville, Hanover Park, Hawthorn Woods, Hoffman Estates, Huntley, Inverness, Island Lake, Kildeer, Lake Villa, Lake in the Hills, Lake Zurich, Libertyville, Lincolnshire, Lindenhurst, Long Grove, Mt. Prospect, Mundelein, Palatine, Prospect Heights, Rolling Meadows, Schaumburg, Sleepy Hollow, St. Charles, Streamwood, Tower Lakes, Vernon Hills, Volo, Wauconda, Wheeling, West Dundee, Wildwood, Green Oaks

County(ies) of Cook, Kane, Lake, McHenry

and State of Illinois, continuously for more than one year prior to the date of the first publication of the notice hereinafter referred to and is of general circulation throughout said Village(s), County(ies) and State.

I further certify that the **DAILY HERALD** is a newspaper as defined in "an Act to revise the law in relation to notices" as amended in 1992 Illinois Compiled Statutes, Chapter 715, Act 5, Section 1 and 5. That a notice of which the annexed printed slip is a true copy, was published March 27, 2005 in said **DAILY HERALD**.

IN WITNESS WHEREOF, the undersigned, the said **PADDOCK PUBLICATIONS, Inc.**, has caused this certificate to be signed by, this authorized agent, at Arlington Heights, Illinois.

PADDOCK PUBLICATIONS, INC.
DAILY HERALD NEWSPAPERS

BY Kathleen Apple
Authorized Agent

Control # T3506215

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LEGAL NOTICES

EXHIBIT 1

Bid Notices

BID NOTICE
The Board of Education or Elementary School District #2, Bensenville, Illinois will accept bids for Custodial, Grounds & Maintenance services.

Sealed bids will be received by Bensenville School District 2 until 11:00 a.m. on Monday, April 25, 2005 at the Administration Center, 210 Church Road, Bensenville, Illinois 60106. A mandatory re-bid meeting will be held on April 18th, 2005 at 3:00 p.m. at 210 S. Church Road, Bensenville, Illinois.

The specifications for Custodial, Grounds & Maintenance services will be available starting April 6th, 2005 at 210 S. Church Road, Bensenville, IL 60106 at the Reception Desk.

A formal bid opening will be held at 11:00 a.m. on Monday, April 25, 2005 at 210 S. Church Road, Bensenville, IL 60106.

The School District reserves the right to reject any all bids, to negotiate contract terms with various Bidders, and to waive all formalities or irregularities to a bid when such is deemed the best interests.

James Steiner, Assistant Superintendent
BENSVILLE ELEMENTARY SCHOOL
DISTRICT #2
Bensenville, Illinois 60106
Published in Daily Herald
March 26, 27, 28, 2005
(3505845)S

Legal Notices

Legal Notice

To Customers of Illinois American Water Company

IAWC hereby gives notice to the public in accordance with 35 Ill. Administrative Code Subsection 855.60 (h) that a petition has been filed on March 15, 2005, with the Illinois Commerce Commission (Commission) to reconcile revenues collected and cost incurred for purchased water service and purchased sewer treatment service for 2004 and an information sheet has been filed on March 18, 2005, with the Commission to change the purchase water/sewage treatment surcharges.

Effective April 1, 2005, rates for purchased water service and purchased sewer treatment service will be changed to reflect current rates paid to suppliers of such services. A copy of IAWC's filing with the Commission may be inspected by any interested party at any business office of IAWC.

Interested parties may obtain information with respect thereto either directly from IAWC or by address to the Chief Clerk of the Commission, 527 E. Capitol Avenue, Springfield, IL 62701. Interested parties may intervene in any proceeding conducted by the Commission to consider the proposed change in rates pursuant to Commission rule 93 Ill. Adm. Code Section 200.200.

Published in Daily Herald
March 27, 2005 (3505888)NS

NOTICE OF HEARING
CITY OF ROLLING MEADOWS
SPECIAL SERVICE AREA NO. 2
NOTICE IS HEREBY GIVEN that on the 12th day of April, 2005 at 7:30 p.m., in the City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois, a hearing will be held by the Mayor and City Council of the City of Rolling Meadows, Cook County, Illinois to consider forming a special territory: No. 2 consisting of the following description:

LEGAL DESCRIPTION
LOTS 853 THRU 892 INCLUSIVE, LOTS 864 THRU 866 INCLUSIVE AND LOTS 892 THRU 908 INCLUSIVE IN ROLLING MEADOWS UNIT NO. 5, BEING A SUBDIVISION IN THAT PART OF THE NORTH HALF OF SECTION 36, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 9, 1954 AS DOCUMENT NO. 1601193 IN COOK COUNTY, ILLINOIS, BEING DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 853, SAID NORTHWEST CORNER ALSO BEING A POINT ON THE SOUTHERLY RIGHT OF WAY LINE OF PARK STREET AS DEDICATED BY SAID DOCUMENT NO. 1601193; THENCE SOUTHEASTERLY ALONG SAID SOUTHERLY RIGHT OF WAY LINE OF PARK STREET TO THE NORTHEASTERLY CORNER OF SAID LOT 862; THENCE SOUTHERLY ALONG THE EASTERLY LINE OF SAID LOT 862 TO THE NORTHWESTERLY CORNER OF SAID LOT 864; THENCE EASTERLY ALONG THE NORTHERLY LINE OF SAID LOT 864 TO THE NORTHEASTERLY CORNER OF SAID LOT 864, SAID NORTHEASTERLY CORNER OF SAID LOT 864 BEING A POINT ON THE CIRCULAR RIGHT OF WAY LINE OF DOVE COURT; THENCE SOUTHEASTERLY ALONG SAID EASTERLY LINE OF SAID LOT 864 TO THE NORTHWESTERLY CORNER OF SAID LOT 866; THENCE SOUTHEASTERLY ALONG THE NORTHEASTERLY LINE OF SAID LOT 866 TO THE NORTHEASTERLY CORNER OF SAID LOT 866; THENCE SOUTHERLY ALONG THE EASTERLY LINE OF SAID LOT 866 TO THE SOUTHEASTERLY CORNER OF SAID LOT 866; THENCE NORTHWESTERLY ALONG THE SOUTHERLY LINE OF SAID LOT 866 TO THE NORTHWESTERLY CORNER OF SAID LOT 892; THENCE SOUTHWESTERLY ALONG THE EASTERLY CORNER OF SAID LOT 892 TO THE SOUTHEASTERLY CORNER ALSO SAID LOT 892, SAID SOUTHEASTERLY CORNER ALSO BEING A POINT ON THE NORTHERLY RIGHT OF WAY LINE OF KIRCHOFF ROAD; THENCE NORTHWESTERLY ALONG SAID NORTHERLY RIGHT OF WAY LINE OF KIRCHOFF ROAD TO THE SOUTHWESTERLY CORNER OF SAID LOT 908; THENCE NORTHEASTERLY ALONG THE WESTERLY LINE OF SAID LOT 908 TO THE NORTHWESTERLY CORNER OF SAID LOT 908; THENCE NORTHWESTERLY ALONG THE SOUTHERLY LINE OF SAID LOT 908 TO THE SOUTHWESTERLY CORNER OF SAID LOT 853; THENCE NORTHEASTERLY ALONG THE WESTERLY LINE OF SAID LOT 853 TO THE POINT OF BEGINNING.

The above parcel being located in the City of Rolling Meadows, Cook County, Illinois. The approximate street location is north of Kirchoff Road, east of Oriole Lane, south of Park Street and west of Wake Road and is commonly known as the 2100-2200 blocks of Kirchoff Road.

A map of the proposed area is on file in the Office of the City Clerk, 3600 Kirchoff Road, Rolling Meadows, Illinois and is available for public inspection.

All interested persons, including all persons owning taxable real property located within Special Service Area No. 2 will be given an opportunity to be heard regarding the formation of and the boundaries of the Special Service Area and may object to the formation of the Area, the issuance of bonds, and the levy of taxes affecting the Area.

The purpose of the formation of the City of Rolling Meadows Special Service Area No. 2 is to provide special municipal services to the Area, including, but not limited to, municipal services in connection with the construction, repair and replacement of storm sewers and grading improvements which provide benefits to the special service area proposed and such administrative costs incurred by the City in connection with the above services.

At the hearing, all interested persons affected by the formation of such special service area, including all persons owning taxable real estate therein, will be given an opportunity to be heard. The hearing may be adjourned by the Council without further notice to another date without further notice if without further notice to be entered upon the minutes of its next meeting fixing the time and place of its adjournment. A special tax will be considered at the public hearing to be levied for a ten (10) year period and not to exceed \$0.15 per \$100.00 of assessed value, as equalized, not to exceed in the aggregate Three Thousand (\$3,000.00) Dollars annually, to be levied against the real property included in the Special Service Area.

If a petition signed by at least 51% of the electors residing within the special service area and by at least 51% of the owners of record of the land included within the boundaries of the special service area is filed with the municipal clerk within 60 days following the final adjournment of the public hearing objecting to the creation of the special service area, the enlargement thereof, the levy or imposition of a tax or the issuance of a bond for the provision of special services to the area or to a proposed increase in the tax rate, no such special service district as proposed may be created or enlarged, or tax may be levied or imposed nor the rate increased, or no such bonds may be issued, except as otherwise permitted by law.

Dated this 24th day of March, 2005.
Lisa M. Hinton, City Clerk
Published in Daily Herald March 27, 2005 (3504818)N

30 LOTS

LEGAL ADVERTISING DEADLINES

The final deadline for legal advertising copy (to email) is 11 a.m. two business days prior to the desired publication date. Copy received via e-mail (or other non-traditional means) will incur additional lead-time. Please consult a Legal Advertising representative during regular business hours (M-F) for details. Legal Advertising 847-427-4671

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Online order form: www.dailyherald.com

Please be sure to include your name, phone number and complete billing information. We'll call to confirm all orders received via fax or online.

SELL IT FAST! Call 847-427-4444 or 630-955-0008

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EXHIBIT 2
Mailing Receipts

Property of Cook County Clerk's Office

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EXHIBIT 2

12 1000 0005 0401 5610

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
Postage	\$
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total Postage & Fees	\$
Postmark Here	
Sent To <i>Mr & Mrs Carreno</i>	
Street, Apt. No., or PO Box No. <i>2104 Kirchoff</i>	
City, State, ZIP+4 <i>Rm. IL 60008</i>	
PS Form 3800, April 2002 See Reverse for Instructions	

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. and Mrs. J. Carreno
2104 Kirchoff Road
Rolling Meadows, Illinois 60008

Re: 2104 Kirchoff Road
Rolling Meadows, Illinois 60008
P.I.N. 02-36-211-049-0000

City of Rolling Meadows Notice of Public Hearing on April 17, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
City Clerk

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>x Lorenza Carreno</i></p> <p>B. Received by (Printed Name) C. Date of Deliv</p> <p><i>LORENZA CARRENO</i> <i>3-28-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Mr. & Mrs. J. Carreno 2104 Kirchoff Rd. Rolling Meadows, IL 60008</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <small>(Transfer from service label)</small></p> <p style="text-align: right;">7002 1000 0005 0401 5610</p>	

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7002 1000 0005 0401 5566

U.S. Postal Service
CERTIFIED MAIL RECEIPT

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Janice Anderson*
 Street, Apt. No., or PO Box No.: *2200 Kirchoff Rd*
 City, State, ZIP+4: *Rm IL 60008*

PS Form 3800, October 2002 See Reverse for Instructions

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Ms. Janice Anderson
 2200 Kirchoff Road
 Rolling Meadows, Illinois 60008

Re: 2200 Kirchoff Road
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-044-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER COMPLETES THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
*Ms. Janice Anderson
 2200 Kirchoff Road
 Rolling Meadows, IL 60008*

2. Article Number
 (Transfer from service label) **7002 1000 0005 0401 5566**

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchant
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature
[Signature] Agent
 Addressee

B. Received by (Printed Name)
Janice Anderson C. Date of Delivery
3-29-05

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

UNOFFICIAL COPY

102 1000 0005 0401 5627

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>			
Postage	\$	Postmark Here	
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent To <u>Paul Scharflein</u>			
Street, Apt. No., or PO Box No. <u>2102 Kirchoff</u>			
City, State, ZIP+4 <u>Rm, IL 60008</u>			
PS Form 3800, April 2002		See Reverse for Instructions	

March 28, 2005


NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Paul Scharflein
2102 Kirchoff Road
Rolling Meadows, Illinois 60008

Re: 2102 Kirchoff Road
Rolling Meadows, Illinois 60008
P.I.N. 02-36-211-050-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
City Clerk

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <u>Paul Scharflein</u> C. Date of Delivery <u>3-29-05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <u>Mr. Paul Scharflein</u> <u>2102 Kirchoff Road</u> <u>Rolling Meadows, IL</u> <u>60008</u></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7002 1000 0005 0401 5627</p>

UNOFFICIAL COPY

7002 1000 0005 0401 5535

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Use only for mail requiring a receipt)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To A.P. Garcia
 Street, Apt. No.,
 or PO Box No. 2206 Kirchoff Rd
 City, State, ZIP+4 Rolling Meadows IL 60008

March 28, 2005

PS Form 3811 April 2004 See Reverse for Instructions

NOTICE OF PUBLIC HEARING

ATTENTION: A.P. Garcia
 2206 Kirchoff Road
 Rolling Meadows, Illinois 60008

Re: 2206 Kirchoff Road
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-041-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER COMPLETE THIS SIDE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
A.P. Garcia
2206 Kirchoff Rd
Rolling Meadows, IL 60008

2. Article Number
(Transfer from service label) **7002 1000 0005 0401 5535**

A. Signature
 A.P. Garcia Agent Address

B. Received by (Printed Name)
Agustina Garcia Address

C. Date of Delivery
3/29/05

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811 February 2004 Domestic Return Receipt 102525-02-04

UNOFFICIAL COPY

7000 1670 0010 6538 4806

CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To Brian Bourke
 Street, Apt. No., or PO Box No. 2300 Kirchoff Rd.
 City, State, ZIP+4 Rm. 1L 60008

PS Form 3800, May 2000 See Reverse for Instructions

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Brian Bourke
 2300 Kirchoff Road
 Rolling Meadows, Illinois 60008

Re: 2300 Kirchoff Road
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-039-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		A. Signature x <u>Jane Bourke</u> <input type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) <u>Jane Bourke</u> C. Date of Deliv. <u>3-29-05</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: <u>Mr. Brian Bourke</u> <u>2300 Kirchoff Rd.</u> <u>Rolling Meadows, IL 60008</u>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <u>7000 1670 0010 6538 4806</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

UNOFFICIAL COPY

7000 1670 0010 6538 4806

CERTIFIED MAIL RECEIPT	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To Brian Bourke
 Street, Apt. No., or PO Box No. 2300 Kirchoff Rd
 City, State, ZIP+4 Rolling Meadows, IL 60008

March 28, 2005

PS Form 3811, May 2003

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Brian Bourke
 2300 Kirchoff Road
 Rolling Meadows, Illinois 60008

Re: 2300 Kirchoff Road
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-039-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER COMPLETE ON FRONT	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature <input checked="" type="checkbox"/> <u>Jane Bourke</u> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <u>Jane Bourke</u> C. Date of Deliv. <u>3-29-05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <u>Mr. Brian Bourke</u> <u>2300 Kirchoff Rd</u> <u>Rolling Meadows, IL 60008</u></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchant <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <u>7000 1670 0010 6538 4806</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

UNOFFICIAL COPY

02 1000 0005 0401 5528

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Michael Daley*
 Street, Apt. No., or PO Box No.: *2208 Kirchoff Rd*
 City, State, ZIP+4: *Rm IL 60008*

PS Form 3800, April 2002 See Reverse for Instructions

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Michael Daley
 2208 Kirchoff Road
 Rolling Meadows, Illinois 60008

Re: 2208 Kirchoff Road
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-040-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

*Mr. Michael Daley
 2208 Kirchoff Rd
 Rolling Meadows, IL 60008*

2. Article Number
 (Transfer from service label)

7002 1000 0005 0401 5528

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* Agent Address
- B. Received by (Printed Name) *Dannah M. Stage*
- C. Date of Delivery *3-29-05*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchand
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNOFFICIAL COPY

CERTIFIED MAIL RECEIPT

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: William Saikami
 Street, Apt. No., or PO Box No: 3105 Dove Street
 City, State, ZIP+4: Rolling Meadows, IL

PS Form 3800, Nov 2002 See Reverse for Instructions

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. William K. Saikami
 3105 Dove Street
 Rolling Meadows, Illinois 60008

Re: 3105 Dove Street
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-020-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

<p>SENDER'S RESPONSIBILITIES</p> <ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. <p>1. Article Addressed to: Mr. William K. Saikami 3105 Dove Street Rolling Meadows, Illinois 60008</p>	<p>A. Signature X <u>Karen Johnson</u> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <u>Karen Johnson</u> C. Date of Delivery <u>3/29/05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <u>7000 1670 0010 6538 4783</u></p>	

UNOFFICIAL COPY

1670 0010 6538 4776

CERTIFIED MAIL RECEIPT		(Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE			
Postage	\$	Postmark Here	
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent To <u>S. Kardon</u>			
Street, Apt. No., or PO Box No. <u>2301 Park Street</u>			
City, State, ZIP+4			
PS Form 3800, May 2000		See Reverse for Instructions	

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: S. Kardon
2301 Park Street
Rolling Meadows, Illinois 60008

Re: 2301 Park Street
Rolling Meadows, Illinois 60008
P.I.N. 02-36-211-009-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
City Clerk

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <u>Sam Kardon</u></p> <p>B. Received by (Printed Name) C. Date of Delivery <u>SAM KARDON</u> <u>3/29/05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>S. Kardon 2301 Park Street Rolling Meadows, IL 60008</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p><u>70001670 0010 6538 4776</u></p>			

UNOFFICIAL COPY

7000 1670 0010 6538 4707

CERTIFIED MAIL RECEIPT	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To	
<i>Laura Fry</i>	
Street, Apt. No., or PO Box No.	
<i>2100 Kirchoff</i>	
City, State, ZIP+4	

PS Form 3800, May 2002 See Reverse for Instructions

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Ms. Laura Byarley Fry
 2100 W. Kirchoff Road
 Rolling Meadows, Illinois 60008

Re: 2100 W. Kirchoff Road
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-051-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER INFORMATION																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">A. Signature <i>Laura Byarley Fry</i></td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Addre</td> </tr> <tr> <td>B. Received by (Printed Name) <i>Laura Byarley Fry</i></td> <td colspan="2">C. Date of Del <i>3-29-05</i></td> </tr> <tr> <td colspan="3">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="3">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Signature <i>Laura Byarley Fry</i>		<input type="checkbox"/> Agent			<input type="checkbox"/> Addre	B. Received by (Printed Name) <i>Laura Byarley Fry</i>	C. Date of Del <i>3-29-05</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes			If YES, enter delivery address below: <input type="checkbox"/> No		
A. Signature <i>Laura Byarley Fry</i>		<input type="checkbox"/> Agent														
		<input type="checkbox"/> Addre														
B. Received by (Printed Name) <i>Laura Byarley Fry</i>	C. Date of Del <i>3-29-05</i>															
D. Is delivery address different from item 1? <input type="checkbox"/> Yes																
If YES, enter delivery address below: <input type="checkbox"/> No																
1. Article Addressed to: Ms. Laura Byarley Fry 2100 W. Kirchoff Road Rolling Meadows, IL 60008	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merch <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.															
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes															

7000 1670 0010 6538 4707

UNOFFICIAL COPY

1694 959 0100 0291 1111

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

POSTAGE USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Harold Swoch*
 Street, Apt. No. or PO Box No.: *2205 Park*
 City, State, ZIP+4: _____

PS Form 3800, May 2000 See Reverse for Instructions

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Harold G. Swoch
 2205 Park Street
 Rolling Meadows, Illinois 60008

Re: 2205 Park Street
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-011-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. <p>1. Article Addressed to: Mr. Harold G. Swoch 2205 Park Street Rolling Meadows, IL 60008</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X <i>ANN SWOCH</i> 2005 <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name): <i>ANN SWOCH</i> C. Date of Deliv: <i>3-29-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchanc <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
--	--

UNOFFICIAL COPY

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only. Addressee's Country is mandatory.

7000 1670 0010 6538 4691

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Harold Swoch*
 Street, Apt. No., or PO Box No.: *2205 Park*
 City, State, ZIP+4

March 28, 2005

PS Form 3800, May 2002 See Reverse for Instructions

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Harold G. Swoch
 2205 Park Street
 Rolling Meadows, Illinois 60008

Re: 2205 Park Street
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-011-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER COMPLETE THIS SIDE

1. Article Addressed to:
 Mr. Harold G. Swoch
 2205 Park Street
 Rolling Meadows, IL 60008

2. Article Number
(Transfer from service label)
 7000 1670 0010 6538 4691

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature
 ANN SWOCH Agent Address
 2005

B. Received by (Printed Name)
ANN SWOCH

C. Date of Delivery
 3-29-05

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

PS Form 3811, February 2004 Domestic Return Receipt 102596-02-00

UNOFFICIAL COPY

7000 1670 0010 6538 4684

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To: James Kane
 Street, Apt. No., or PO Box No. 2304 Kirchoff
 City, State, ZIP+4 Rolling Meadows

PS Form 3800, May 2000 See Reverse for Instructions

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. and Mrs. James R. Kane
 2304 Kirchoff Road
 Rolling Meadows, Illinois 60008

Re: 2304 Kirchoff Road
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-037-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. <p>1. Article Addressed to: Mr. & Mrs. James R. Kane 2304 Kirchoff Road Rolling Meadows, IL</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <u>CHRISTINE ANAGAWA</u> C. Date of Deliv <u>3-29-05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
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Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

Restricted Delivery? (Extra Fee) Yes

6538 4684

UNOFFICIAL COPY

7000 1670 0010 6538 4660

U.S. Postal Service CERTIFIED MAIL RECEIPT												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">Postage</td> <td style="width: 15%; padding: 2px;">\$</td> <td rowspan="5" style="width: 10%; text-align: center; vertical-align: middle;">Postmark Here</td> </tr> <tr> <td style="padding: 2px;">Certified Fee</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Return Receipt Fee (Endorsement Required)</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Restricted Delivery Fee (Endorsement Required)</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Total Postage & Fees</td> <td style="padding: 2px;">\$</td> </tr> </table>	Postage	\$	Postmark Here	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	
Postage	\$	Postmark Here										
Certified Fee												
Return Receipt Fee (Endorsement Required)												
Restricted Delivery Fee (Endorsement Required)												
Total Postage & Fees	\$											
Sent To <u>R.S. Burns</u> Street, Apt. No., or PO Box No. <u>313 Rolling Meadows Dove</u> City, State, ZIP+4 _____												
PS Form 3800, July 2003 See Reverse for Instructions												

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: R.S. Burns
 3103 Dove Court
 Rolling Meadows, Illinois 60008

Re: 3103 Dove Court
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-019-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER'S COMPLETION SECTION							
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">A. Signature <u>X Robert S. Burns</u> <input type="checkbox"/> Agent</td> </tr> <tr> <td style="padding: 2px;">B. Received by (Printed Name) <u>ROBERT S. BURNS</u></td> <td style="padding: 2px;">C. Date of Deliv. <u>3-28-05</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Signature <u>X Robert S. Burns</u> <input type="checkbox"/> Agent		B. Received by (Printed Name) <u>ROBERT S. BURNS</u>	C. Date of Deliv. <u>3-28-05</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Signature <u>X Robert S. Burns</u> <input type="checkbox"/> Agent							
B. Received by (Printed Name) <u>ROBERT S. BURNS</u>	C. Date of Deliv. <u>3-28-05</u>						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No							
1. Article Addressed to: R.S. Burns 3103 Dove Court Rolling Meadows, IL 60008	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.						
2. Article Number (Transfer from service label) 7000 1670 0010 6538 4660	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes						

UNOFFICIAL COPY

7000 1670 0010 6538 4639

CERTIFIED MAIL RECEIPT	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <i>Mr. Trent Tolp</i>	
Street, Apt. No., or PO Box No. <i>2109 Park</i>	
City, State, ZIP+4	
PS Form 3811, May 2004 See Reverse for Instructions	

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Trent Tolp
2109 Park
Rolling Meadows, Illinois 60008

Re: 2109 Park
Rolling Meadows, Illinois 60008
P.I.N. 02-36-211-014-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
City Clerk

SENDER COMPLIANCE LABEL	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>LISA HINMAN</i></p> <p>C. Date of Delivery <i>3/29/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mr. Trent Tolp 2109 Park Rolling Meadows, Illinois 60008</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchant <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>7000 1670 0010 6538 4639</i></p>	
PS Form 3811, February 2004 Domestic Return Receipt 102585-02-N	

UNOFFICIAL COPY

2294 9E59 0T00 029T 0000

CERTIFIED MAIL RECEIPT		Postmark Here
(Domestic Mail Only; No Insurance Coverage Provided)		
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Sent To <i>George H. Bahe</i>		
Street, Apt. No., or PO Box No. <i>2201 Park</i>		
City, State, ZIP+4		
PS Form 3800, May 2000		See Reverse for Instructions

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. George H. Bahe
2201 Park Street
Rolling Meadows, Illinois 60008

Re: 2201 Park Street
Rolling Meadows, Illinois 60008
P.I.N. 02-36-211-013-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
City Clerk

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature <i>George H. Bahe</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>GEORGE H. BAHE</i> C. Date of Delivery <i>3-29-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mr. George H. Bahe 2201 Park Street Rolling Meadows, IL 60008</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <i>7000 1670 0010 65384622</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

UNOFFICIAL COPY

7002 1000 0005 0401 5573

CERTIFIED MAIL RECEIPT <small>Domestic Mail Only (Domestic Mail Only or Air Mail)</small>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To	Carl Honold
Street, Apt. No., or PO Box No.	2114 Kirchoff Rd.
City, State, ZIP	Rolling Meadows 60008

March 28, 2005


NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Carl Honold
 2114 Kirchoff Road
 Rolling Meadows, Illinois 60008

Re: 2114 Kirchoff Road
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-045-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER INFORMATION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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.		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Mr. Carl Honold 2114 Kirchoff Road Rolling Meadows, IL 60008		B. Received by (Printed Name) MANDY J. HONOLD
		C. Date of Delivery 3-29-05
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)		7002 1000 0005 0401 5573

UNOFFICIAL COPY

70 0010 6538 4752

U.S. Postal Service CERTIFIED MAIL RECEIPT <small>(Domestic Mail Only; No Insurance Coverage Provided)</small>		
Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Postage & Fees \$		
Sent To <i>Francis J Johnson</i> Street, Apt. No., or PO Box No. <i>2203 Park Street</i> City, State, ZIP+4		
PS Form 3800, May 2000		See Reverse for Instructions

March 28, 2005

NOTICE OF PUBLIC HEARING

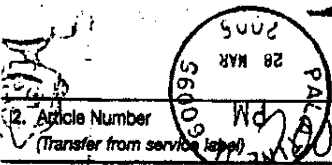
ATTENTION: Frances J. Johnson
 2203 Park Street
 Arlington Heights, Illinois 60008

Re: 2203 Park Street
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-012-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. 	A. Signature <i>Francis J Johnson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address
1. Article Addressed to: Frances J. Johnson 2203 Park Street Arlington Heights, Illinois 60008	B. Received by (Printed Name) <i>FRANCIS J. JOHNSON</i> C. Date of Deliv. <i>3/29/05</i>
2. Article Number <small>(Transfer from service label)</small>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchand <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



UNOFFICIAL COPY

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only

7000 1670 0010 6538 4790

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Janine Lindgren*
 Street, Apt. No., or PO Box No.: *2302 Kirchoff Rd*
 City, State, ZIP+4: *Rm Rolling Meadows 60008*

March 28, 2005

PS Form 3800, May 2003 See Reverse for Instructions

NOTICE OF PUBLIC HEARING

ATTENTION: Ms. Janine Lindgren
 2302 Kirchoff Road
 Rolling Meadows, Illinois 60008

Re: 2302 Kirchoff Road
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-038-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
*Ms Janine Lindgren
 2302 Kirchoff Rd
 Rolling Meadows, IL 60008*

2. Article Number
(Transfer from service label) *7000 1670 0010 6538 4790*

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature
J Lindgren Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
L. LINDGREN *3/30/05*

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M

UNOFFICIAL COPY

7002 1000 0005 0401 5542

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Richard A Tegtmeier
 Street, Apt. No. or PO Box No. 2204 Kirchoff Rd
 City, State, ZIP+4 Rm IL 60008

PS Form 3800, April 2002 See Reverse for Instructions

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Richard A. Tegtmeier
 2204 Kirchoff Road
 Rolling Meadows, Illinois 60008

Re: 2204 Kirchoff Road
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-042-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <u>[Signature]</u> <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <u>Richard A. Tegtmeier</u> C. Date of Delivery <u>3/30/05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <u>Mr. Richard A. Tegtmeier</u> <u>2204 Kirchoff Rd</u> <u>Rolling Meadows, IL 60008</u></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7002 1000 0005 0401 5542</p>

UNOFFICIAL COPY

7002 1000 0005 0401 5597

CERTIFIED MAIL RECEIPT
U.S. MAIL PERMITTED BY THE POSTAL SERVICE CORPORATION

OFFICIAL

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Mr. & Mrs. Cantieri*
 Street, Apt. No., or PO Box No.: *2108 Kirchoff Rd.*
 City, State, ZIP: *Rolling Meadows, IL 60008*

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. and Mrs. Dante Cantieri
 2108 Kirchoff Road
 Rolling Meadows, Illinois 60008

Re: 2108 Kirchoff Road
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-047-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
Mr. & Mrs. Dante Cantieri
2108 Kirchoff Road
Rolling Meadows, IL 60008

2. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

3. Restricted Delivery? (Extra Fee) Yes

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *LISA CANTIERI* C. Date of Delivery: *3/30/06*

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

Article Number: *7002 1000 0005 0401 5597*
 Transfer from service label

PALETTINE 111111
 56008
 28 MAR 05
 PM

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M

UNOFFICIAL COPY

7000 1670 0010 6538 4769

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To William Saikami
 Street, Apt. No., or PO Box No. 1120 Sprucewood Dr
 City, State, ZIP+4 Mt. Prospect, IL

PS Form 3800, May 2000 See Reverse for Instructions

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. William K. Saikami
 1120 Sprucewood Drive
 Mount Prospect, Illinois 60056

Re: 3105 Dove Street
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-020-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature X <u>William Saikami</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>WILLIAM SAIKAMI</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If Yes, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Mr. William K. Saikami 1120 Sprucewood Drive Mt. Prospect, IL 60056</p>	<p><input type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7000 1670 0010 6538 4769

UNOFFICIAL COPY

7000 1670 0010 6538 4677

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(This receipt is not valid unless signed by the addressee.)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Mr. Thomas Whiteley*
 Street, Apt. No., or PO Box No.: *3107 Dove Court*
 City, State, ZIP+4

PS Form 3800, May 2002 See Reverse for Instructions

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Thomas Whiteley
 3107 Dove Court
 Rolling Meadows, Illinois 60008

Re: 3107 Dove Court
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-029-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER COMPLETES THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 Mr. Thomas Whiteley
 3107 Dove Court
 Rolling Meadows, IL 60008

2. Article Number
(Transfer from service label) 7000 1670 0010 6538 4677

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *[Signature]* Agent Addressee
 B. Received by (Printed Name): *Thomas Whiteley* C. Date of Delivery: *3/28/05*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

UNOFFICIAL COPY

7002 1000 0005 0401 5603

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <i>M. J. Stastny</i>	
Street, Apt. No., or PO Box No. <i>2106 Kirchoff Rd</i>	
City, State, ZIP+4 <i>Rolling Meadows, IL 60008</i>	
PS Form 3811, April 2004 See Reverse for Instructions	

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: M.J. Stastny
2106 Kirchoff Road
Rolling Meadows, Illinois 60008

Re: 2106 Kirchoff Road
Rolling Meadows, Illinois 60008
P.I.N. 02-36-211-048-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
City Clerk

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. <p>1. Article Addressed to: <i>M. J. Stastny 2106 Kirchoff Road Rolling Meadows, IL 60008</i></p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <i>[Signature]</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>M. J. Stastny</i> <i>3/28/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number <i>(Transfer from service label)</i>	7002 1000 0005 0401 5603

UNOFFICIAL COPY

7000 1670 0010 6538 4585

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
Official Use	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	Postmark Here
Sent To <i>Greg Smith</i> Street, Apt. No., or PO Box No. <i>3303 Brookmeade</i> City, State, ZIP+4 <i>Rm IL</i>	
PS Form 3811, February 2004 See Reverse for Instructions	

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Gregory F. Smith
 3303 Brookmeade
 Rolling Meadows, Illinois 60008

Re: 2107 Park Street
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-015-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

SENDER COMPLETE THIS SIDE	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. 	A. Signature <i>X Gregory F. Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Mr. Gregory F. Smith 3303 Brookmeade Rolling Meadows, IL 60008	B. Received by (Printed Name) <i>Gregory F. Smith</i> 3/30/05
2. Article Number (Transfer from service label)	D. Is delivery address different from item B? If YES, enter delivery address below:
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7000 1670 0010 6538 4585	
PS Form 3811, February 2004 Domestic Return Receipt 102995-02-M	

UNOFFICIAL COPY

7 1670 0010 6538 4714

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <i>Robert Chipchak</i>	
Street, Apt. No., or PO Box No. <i>2008 Kirchoff Rd</i>	
City, State, ZIP+4	
PS Form 3800, May 2000 See Reverse for Instructions	

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Robert F. Chipchak
2008 Kirchoff Road
Rolling Meadows, Illinois 60008

Re: 2008 W. Kirchoff Road
Rolling Meadows, Illinois 60008
P.I.N. 02-36-211-052-0000

City of Rolling Meadows Notice of Public Hearing on April 17, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
City Clerk

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Elizabeth Chipchak</i> C. Date of Deliv. <i>4/2/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mr. Robert F. Chipchak 2008 Kirchoff Road Rolling Meadows, IL 60008</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>7000 1670 0010 6538 4714</i></p>	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M

UNOFFICIAL COPY

7000 1670 0010 6538

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent to *Mr. & Mrs. Jon Shaw*
Street, Apt. No., or PO Box No. *2103 Park Street*
City, State, ZIP+4

Postnet barcode

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. and Mrs. Jon Shaw
2103 Park Street
Rolling Meadows, Illinois 60008

Re: 2103 Park Street
Rolling Meadows, Illinois 60008
P.I.N. 02-36-211-017-0000

City of Rolling Meadows Notice of Public Hearing on April 17, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
City Clerk

SENDER: COMPLETE THIS SIDE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
**Mr. & Mrs. Jon Shaw
2103 Park Street
Rolling Meadows, IL 60008**

2. A. Signature X Agent Address
B. Received by (Printed Name) *Jon Shaw* C. Date of Deliv *4/2/05*
D. Is delivery address different from item 1? Yes No
if YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number *7000 1670 0010 6538 4653*
Transfer from Office Used

PS Form 3811, February 2002 Domestic Return Receipt 102595-02-M

UNOFFICIAL COPY

5559 1040 5000 0007 201

U.S. POSTAL SERVICE CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
[Redacted]	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <i>Alberto Arias</i>	
Street, Apt. No., or PO Box No. <i>2202 Kirchoff Road</i>	
City, State, Zip+4 <i>Rm, IL 60008</i>	
PS Form 3800, April 2002 See Reverse for Instructions	

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Alberto Arias
2202 Kirchoff Road
Rolling Meadows, Illinois 60008

Re: 2202 Kirchoff Road
Rolling Meadows, Illinois 60008
P.I.N. 02-36-211-043-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
City Clerk

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7002 1000 0005 0401 5580

U.S. POSTAL SERVICE		CERTIFIED MAIL RECEIPT	
Postage	\$	Postmark Here	
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent To: <i>Poduch</i>			
Street, Apt. No., or PO Box No. <i>2112 Kirchoff</i>			
City, State, ZIP+4 <i>Rm 11-60008</i>			
PS Form 3800, April 2004		See Reverse for Instructions	

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Poduch
2112 Kirchoff Road
Rolling Meadows, Illinois 60008

Re: 2112 Kirchoff Road
Rolling Meadows, Illinois 60008
P.I.N. 02-36-211-046-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
City Clerk

UNOFFICIAL COPY

1670 0010 6536 4615

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)			
Postage		\$	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees		\$	
Sent To			
<i>Timothy Condon</i>			
Street, Apt. No., or PO Box No.			
<i>2207 Park Street</i>			
City, State, ZIP+4			
PS Form 3800, May 2000 See Reverse for Instructions			

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Timothy Condon
2207 Park Street
Rolling Meadows, Illinois 60008

Re: 2207 Park Street
Rolling Meadows, Illinois 60008
P.I.N. 02-36-211-010-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
City Clerk

UNOFFICIAL COPY

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Postage and Fees to be paid by Addressee

7000 1670 0010 6538 4608

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *Mr. Frederick John Mock*
 Street, Apt. No., or PO Box No. *2303 Park Street*
 City, State, ZIP+4

PS Form 3800, May 2000 See Reverse for Instructions

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Frederick John Mock
 2303 Park Street
 Rolling Meadows, Illinois 60008

Re: 2303 Park Street
 Rolling Meadows, Illinois 60008
 P.I.N. 02-36-211-008-0000

City of Rolling Meadows Notice of Public Hearing on April 12, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
 City Clerk

UNOFFICIAL COPY

7000 3670 0010 6538 4721

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>			
Postage \$		Postmark Here	
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees \$			
Sent To <i>Manuel Ramirez</i>			
Street, Apt. No., or PO Box No. <i>2006 Kirchoff</i>			
City, State, ZIP+4			
PS Form 3800, May 2000		See Reverse for Instructions	

March 28, 2005

NOTICE OF PUBLIC HEARING

ATTENTION: Mr. Manuel Ramirez
2006 Kirchoff Road
Rolling Meadows, Illinois 60008

Re: 2006 W. Kirchoff Road
Rolling Meadows, Illinois 60008
P.I.N. 02-36-211-053-0000



City of Rolling Meadows Notice of Public Hearing on April 17, 2005 at 7:30 p.m., City Hall, 3600 Kirchoff Road, Rolling Meadows, Illinois to consider formation of Special Service Area No. 2. See attached Notice.

Lisa Hinman
City Clerk