

STATE OF CONNECTICUT
CONNECTICUT SITING COUNCIL

In Re:

REOPENING OF DOCKET 316 TO CONSIDER A)	
NEW CINGULAR WIRELESS PCS, LLC (“AT&T”))	DOCKET NO. 316A
PROPOSAL TO MODIFY THE EXISTING TOWER)	
AT 50 FAIRCHILD ROAD IN THE)	June 14, 2011
CITY OF MIDDLETOWN, CONNECTICUT)	

PROOF OF NOTICE TO ABUTTERS

SBA Towers II, Inc. (“SBA”) and New Cingular Wireless PCS, LLC (“AT&T”) submit the following documents evidencing Notice of the reopening of Docket 316A:

1. United States Postal Service domestic return receipt cards ;
2. Two unclaimed Notices; and
3. United States Postal Service documentation that Notice was left with the addresses of the unclaimed Notices.

Please note that Borrelli was sent two Notices and returned one receipt card and unclaimed one Notice.

CERTIFICATE OF SERVICE

I hereby certify that on this day, a copy of the foregoing was sent by electronic mail and overnight mail to the Connecticut Siting Council and:

Diane Whitney, Esq.,
Lee Hoffman, Esq.,
Pullman & Comley, LLC
90 State House Square
Hartford, CT 06103-3702
(860) 424-4312
dwhitney@pullcom.com

Thomas J, Regan, Esq.,
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185 Asylum Street, City Place I
Hartford, CT 06103-3402
(860) 509-6522
tregan@brownrudnick.com

Barbara Melia
379 Bow Lane
Middletown, CT 06457
(860) 346-4334
Bardebldave@yahoo.com

Debora Bagley
Michael Bagley
393 Bow Lane
Middletown, CT 06457
(860) 346-5373

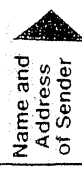
Earle Roberts
785 Bow Lane
Middletown, CT 06457
(860) 346-0068
Eroberts4675@sbcglobal.net

Dated: June 14, 2011

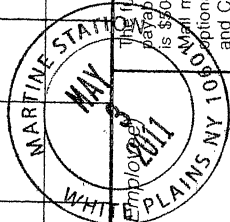

Lucia Chiochio

cc: Michele Briggs, AT&T
David Vivian, SAI

CUDDY & FEDER LLP
 445 HAMILTON AVENUE, 14TH FLOOR
 WHITE PLAINS, NY 10601



Line	Article Number	Name of Addressee, Street, and Post Office Address	Indicate type of mail			Check appropriate block for Registered Mail:			Affix stamp here if issued as certificate of mailing or for additional copies of this bill.									
			<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input type="checkbox"/> COD	<input type="checkbox"/> Certified	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Int'l Recorded Del.	<input type="checkbox"/> Express Mail	Handling Charge	Act. Value (If Regis.)	Insured Value	Due Sender If COD	R. R. Fee	S. D. Fee	S. H. Fee	Rest. Del. Fee	Remarks
1	7010 1670 0000	Russo Eugene E & Nancy E 145 Bartholomew Road Middletown, CT 06457																
2	2587 5177																	
3																		
4	7010 1670 0000	Michaud Daryl J 54 Virginia Drive Middletown, CT 06457																
5	2587 5184																	
6																		
7	7010 1670 0000	Sarcia Joseph F III & Rosemarie 93 Bartholomew Road Middletown, CT 06457																
8	2587 5191																	
9																		
10	7010 1670 0000	Borrelli Stephen G & Barbara L 58 Edgewood Drive Middletown, CT 06457																
11	2587 5207																	
12																		
13	7010 1670 0000																	
14	2587																	
15																		



Total Number of Pieces Listed by Sender: _____
 Total Number of Pieces Received at Post Office: _____
 Postmaster, Per (Name of Receiving Employee): _____
 Signature: _____

PS Form 3877, February 1994

Form Must be Completed by Typewriter, Ink or Ball Point Pen

CUDDY & FEDER LLP
 445 HAMILTON AVENUE, 14TH FLOOR
 WHITE PLAINS, NY 10601

Name and Address of Sender

Indicate type of mail
 Registered
 Insured
 COD
 Certified
 Return Receipt for Merchandise
 Int'l Recorded Del.
 Express Mail

Check appropriate block for Registered Mail:
 With Postal Insurance
 Without Postal Insurance

Affix stamp here if issued as certificate of mailing or for additional copies of this bill.

Postmark and Date of Receipt

Due Sender if COD
 R. R. Fee
 S. D. Fee
 S. H. Fee
 Rest. Del. Fee
 Remarks

Name of Addressee, Street, and Post Office Address

Line Article Number

Line	Article Number	Name of Addressee, Street, and Post Office Address	Postage	Fee	Handling Charge	Act. Value (If Regis.)	Insured Value	Due Sender if COD	R. R. Fee	S. D. Fee	S. H. Fee	Rest. Del. Fee	Remarks
1	7010 1670 0000												
2	2587 5219	Beaulieu Ronald T & Ann M 167 Bartholomew Road Middletown, CT 06457											
3													
4	7010 1670 0000												
5	2587 5221	Benavides Fredys & Nereyda 64 Virginia Drive Middletown, CT 06457											
6													
7	7010 1670 0000												
8	2587 5328	Calvary Cemetery of Middletown 79 South Main St Middletown, CT 06457											
9													
10	7010 1670 0000												
11	2587 5245	Klare Ronald 562 Saybrook Rd Middletown, CT 06457											
12													
13	7010 1670 0000												
14	2587												
15													



Total Number of Pieces Received at Post Office

Total Number of Pieces Listed by Sender

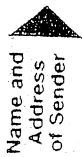
Postmaster, Per (Name of Receiving Employee)

The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail, sent with optional postal insurance. See Domestic Mail Manual R900, S913, and S921 for limitations of coverage on insured and COD mail. See International Mail Manual for limitations of coverage on international mail. Special handling charges apply only to third and fourth class parcels.

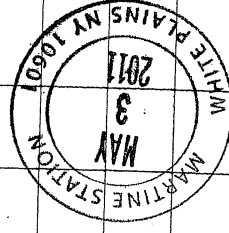
9

[Signature]

CUDDY & FEDER LLP
 445 HAMILTON AVENUE, 14TH FLOOR
 WHITE PLAINS, NY 10601



Line	Article Number	Name of Addressee, Street, and Post Office Address	Indicate type of mail			Check appropriate block for Registered Mail:			Postmark and Date of Receipt			Rest. Del. Fee	Remarks		
			<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input type="checkbox"/> COD	<input type="checkbox"/> Certified	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Int'l Recorded Del.	<input type="checkbox"/> Express Mail	Handling Charge	Act. Value (if Regis.)			Insured Value	Due Sender if COD
1	7010 1670 0000														
2	2587 5262	Labella Thomas R + Kathy H 44 Virginia Drive Middletown, CT 06457													
3															
4	7010 1670 0000														
5	2587 5269	Augeri Rebecca A & Christopher P 74 Virginia Drive Middletown, CT 06457													
6															
7	7010 1670 0000														
8	2587 5283	Borrelli Brenden G & Krystsina 58 Edgewood Drive Middletown, CT 06457													
9															
10	7010 1670 0000														
11	2587														
12															
13	7010 1670 0000														
14	2587														
15															



Total Number of Pieces listed by Sender: 3

Total Number of Pieces Received at Post Office: 3

Postmaster, Per (Name of Receiving Employee): *[Signature]*

The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail, sent with optional postal insurance. See Domestic Mail Manual R900, S913, and S921 for limitations of coverage on insured and COD mail. See International Mail Manual for limitations of coverage on international mail. Special handling charges apply only to third and fourth class parcels.

Form Must be Completed by Typewriter, Ink or Ball Point Pen


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Track & Confirm

Search Results

Label/Receipt Number: **7010 1670 0000 2587 5207**
 Service(s): **Certified Mail™**
 Status: **Delivered**

Track & Confirm

Enter Label/Receipt Number.

Your item was delivered at 11:30 am on May 10, 2011 in MIDDLETOWN, CT 06457.

Detailed Results:

- **Delivered, May 10, 2011, 11:30 am, MIDDLETOWN, CT 06457**
- **Notice Left, May 06, 2011, 3:48 pm, MIDDLETOWN, CT 06457**
- **Arrival at Unit, May 06, 2011, 7:30 am, MIDDLETOWN, CT 06457**
- **Processed through Sort Facility, May 06, 2011, 1:11 am, WALLINGFORD, CT 06492**

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

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[Business Customer Gateway](#)

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No FEAR Act EEO Data

FOIA



United States Postal Service
 Postal Service



United States Postal Service
 Postal Service

Boelli Stephen G + Barbara

58 Edgewood Drive

Middletown, CT 06457



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Track & Confirm

Search Results

Label/Receipt Number: 7010 1670 0000 2587 5269

Service(s): **Certified Mail™**

Status: **Notice Left**

Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

We attempted to deliver your item at 12:43 pm on May 04, 2011 in MIDDLETOWN, CT 06457 and a notice was left. No further information is available for this item.

Detailed Results:

- **Notice Left, May 04, 2011, 12:43 pm, MIDDLETOWN, CT 06457**
- **Arrival at Unit, May 04, 2011, 7:22 am, MIDDLETOWN, CT 06457**
- **Processed through Sort Facility, May 04, 2011, 2:35 am, WALLINGFORD, CT 06492**

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

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No FEAR Act EEO Data

FOIA



United States Postal Service



Inside Forms

Augeri Rebecca + Christopher
74 Virginia Drive
Middletown, CT 06457

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:

Labella Thomas R + Kathy H
 44 Virginia Drive
 Middletown, CT 06457

2. Article Number
(Transfer from)

7010 1670 0000 2587 5252

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) Thomas R. Labella C. Date of Delivery 5/4/11

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

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:

Borrelli Stephen G & Barbara L
 58 Edgewood Drive
 Middletown, CT 06457

2. Article Number
(Transfer from service label)

7010 1670 0000 2587 5207

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

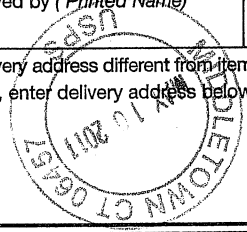
A. Signature  Agent
 Addressee

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

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



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, on the front if space permits.

1. Article Addressed to:

Benavides Fredys & Nereyda
64 Virginia Drive
Middletown, CT 06457

2. Article Number

(Transfer from service)

7010 1670 0000 2587 5221

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Fredys Benavides 5-3

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

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:

Russo Eugene E & Nancy E
145 Bartholomew Road
Middletown, CT 06457

2. Article Number

(Transfer from service)

7010 1670 0000 2587 5177

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Eugene Russo 5/15

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

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:

Calvary Cemetery of Middletown
79 South Main St
Middletown, CT 06457

2. Article Number

(Transfer from service)

7010 1670 0000 2587 5238

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Marie Kuezzoski 5/14

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

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:

Michaud Daryl J.
54 Virginia Drive
Middletown, CT 06457

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Daryl Michaud* Agent Addressee

B. Received by (Printed Name) *Daryl Michaud* C. Date of Delivery *5/9/11*

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

2. Article Number (Transfer from service label) **7010 1670 0000 2587 5184**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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:

Sarcia Joseph F III & Rosemarie
93 Bartholomew Road
Middletown, CT 06457

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *R. Sarcia* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery *5-5*

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

2. Article Number (Transfer from service label) **7010 1670 0000 2587 5191**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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:

Klare Ronald
562 Saybrook Rd
Middletown, CT 06457

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Ronald Klare* Agent Addressee

B. Received by (Printed Name) *RONALD KLARE* C. Date of Delivery *MAY - 9 2011*

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

2. Article Number (Transfer from service label) **7010 1670 0000 2587 5245**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154