



ZONING MAP DESIGNATIONS

Town of Cheswold
1856



EXHIBIT "B"

State of Delaware
1787

Cheswold Planning Commission
MEMORANDUM 2022-006
Page 1 of 3

To: *Town Council*

From: Cheswold Planning Commission

Date: October 21, 2022

RE: **ACTION TAKEN**
October 13, 2022 - Public Hearing Recommendation
Four, (4), Ordinances

Mayor and Council.

The Planning Commission conducted a properly posted Public Hearing on Thursday, October 13, 2022, at 5:00 p.m., at the Cheswold Town Hall, 691 Main St. There was a quorum of Commissioners present and throughout the meeting.

The purpose of the Public Hearing was for the Planning Commissioners to sit and hear comments and opinions from any concerned party regarding the following Ordinances and to obtain public opinion and legislative fact finding. Per the Town Charter, the Commissioners were in no way bound, to act in response to any information or comments offered at the Public Hearing.

Ordinances for Planning Commission Review:

- **08-29-22-067 Ordinance to Re-Zone Parcels with Outdated M-1 Designations to I-1, (Industrial) Designations Consistent with the Current Land Use Ordinance and the 2020 Comprehensive Plan**

Purpose: This Ordinance is in accordance with the Charter and the amendment of the current 2020 Comprehensive Plan of the Town of Cheswold and is intended to provide for the rezoning designations of Map ID's identified within the Ordinance, and located in the Central Delaware Business Park, from a M-1, (Industrial), zoning code to the specific designation of I-1, (Light Industrial), zoning code to comply with the rezoning designations currently applicable to the zoning codes of the Town's Land Use Ordinance.

Cheswold Planning Commission

MEMORANDUM 2022-006

Page 2 of 3

Ordinances for Planning Commission Review: "continued"

- **08-29-22-068 Ordinance to Re-Zone Parcels with Outdated M-1 Designations to I-2 (Industrial) Designations Consistent with the Current Land Use Ordinance and the 2020 Comprehensive Plan**

Purpose: This Ordinance is in accordance with the Charter and the amendment of the current 2020 Comprehensive Plan of the Town of Cheswold and is intended to provide for the rezoning designations of Map ID's identified within the Ordinance, and located in the Central Delaware Business Park, from a M-1, (*Industrial*), zoning code to the specific designation of I-2, (*Heavy Industrial*), zoning code to comply with the rezoning designations currently applicable to the zoning codes of the Town's Land Use Ordinance.

- **08-29-22-069 Ordinance to Re-Zone Parcels with Outdated M-1 Designations to C-2, (Commercial) Designations Consistent with the Current Land Use Ordinance and the 2020 Comprehensive Plan**

Purpose: This Ordinance is in accordance with the Charter and the amendment of the current 2020 Comprehensive Plan of the Town of Cheswold and is intended to provide for the rezoning designations of Map ID's identified within the Ordinance, and located in the Central Delaware Business Park, from a M-1, (*Industrial*), zoning code to the specific designation of C-2, (*Highway Commercial*), zoning code to comply with the rezoning designations currently applicable to the zoning codes of the Town's Land Use Ordinance.

- **08-29-22-070 Ordinance to Amend the Town of Cheswold Land Use Ordinance to Delete Section 16-6 in its Entirety**

Purpose: This Ordinance is in accordance with the Charter and the amendment of the current 2020 Comprehensive Plan of the Town of Cheswold and is intended to provide for the removal of Section 16-6 in its' entirety from the Town Land Use Ordinance which is no longer applicable due to the passage and approval of Ordinances 07-28-22-065 and 07-28-22-066

TOWN of CHESWOLD


P.O. Box 220 · Cheswold, Delaware 19936
Phone: (302) 734-6991 · Fax: (302) 734-1355

Cheswold Planning Commission

MEMORANDUM 2022-006

Page 2 of 3

PLANNING COMMISSION RECOMMENDATION: After reviewing the above Ordinances as submitted, the Commissioners voted unanimously to recommend the approval and passage of such Ordinances as presented without additional comments, questions, or suggestions for revision.



Carl Schultz, Chairperson
Cheswold Planning Commission

TOWN of CHESWOLD

P.O. Box 220 - Cheswold, Delaware 19936
Phone: (302) 734-6991 Fax: (302) 734-1355

EXHIBIT "C"



Town of Cheswold
1856

State of Delaware
1787

**PUBLIC NOTICE
Of
PUBLIC HEARING**

**PUBLIC HEARING for
REVIEW of FOUR, (4) ORDINANCES
by the TOWN COUNCIL
of the TOWN OF CHESWOLD**

A Public Hearing is scheduled to be held by the Planning Commission of the Town of Cheswold as follows:

**NOVEMBER 7, 2022
5:00 P.M.
CHESWOLD TOWN HALL
691 MAIN STREET
CHESWOLD, DELAWARE 19936**

In person attendance is limited to members of the Planning Commission and representatives of or for the Central Delaware Business Park. **FACE MARKS ARE REQUIRED.** All others may attend via the following ZOOM connection:

Via Computer: <https://us02web.zoom.us/j/9728359352> Meeting ID: 9728359352

Via Cell Phone: 1-929-205-6069 Meeting ID: 9728359352#

The following Ordinances will be reviewed:

- a. **08-29-22-067** Ordinance to Re-Zone Parcels with Outdated M-1 Designations to I-1, (Industrial) Designations Consistent with the Current Land Use Ordinance and the 2020 Comprehensive Plan
- b. **08-29-22-068** Ordinance to Re-Zone Parcels with Outdated M-1 Designations to I-2 (Industrial) Designations Consistent with the Current Land Use Ordinance and the 2020 Comprehensive Plan
- c. **08-29-22-069** Ordinance to Re-Zone Parcels with Outdated M-1 Designations to C-2, (Commercial) Designations Consistent with the Current Land Use Ordinance and the 2020 Comprehensive Plan
- d. **08-29-22-070** Ordinance to Amend the Town of Cheswold Land Use Ordinance to Delete Section 16-6 in its Entirety

Additional information may be obtained from Town Hall, 691 Main Street,
Cheswold, DE 19936

or

Please view a more detailed notice on the Town website at:
<http://cheswold.delaware.gov>

Anyone desiring to provide comments at the Public Hearing must submit their names to the Town Clerk at 302-734-6991, by close of business, (4:30 pm), on Friday, November 4, 2022.

DO-325729-48

Dover Post

Exhibit "D"

**RE-SCHEDULING
of
PUBLIC NOTICE
Of
PUBLIC HEARING**

**PUBLIC HEARING for
REVIEW of FOUR, (4) ORDINANCES
by the TOWN COUNCIL
of the TOWN OF CHESWOLD**

A Public Hearing is scheduled to be held by
the Planning Commission of the Town of
Cheswold as follows:

**DECEMBER 5, 2022
5:00 P.M.
CHESWOLD TOWN HALL
691 MAIN STREET
CHESWOLD, DELAWARE 19936**

In person attendance is limited to members of
the Planning Commission and representatives
of or for the Central Delaware Business Park.
FACE MARKS ARE REQUIRED. All others
may attend via the following ZOOM connec-
tion:

Via Computer:
<https://us02web.zoom.us/j/9728359352>
Meeting ID: 972 835 9352

Via Cell Phone: 1-929-205-6099
Meeting ID: 9728359352#

**The following Ordinances will be re-
viewed:**

- a. **08-29-22-067** Ordinance to Re-Zone
Parcels with Outdated M-1 Designations
to I-1, (Industrial) Designations Consis-
tent with the Current Land Use Ordina-
nce and the 2020 Comprehensive Plan
- b. **08-29-22-068** Ordinance to Re-Zone
Parcels with Outdated M-1 Designations
to I-2 (Industrial) Designations Consis-
tent with the Current Land Use Ordina-
nce and the 2020 Comprehensive Plan
- c. **08-29-22-069** Ordinance to Re-Zone
Parcels with Outdated M-1 Designations
to C-2, (Commercial) Designations Consis-
tent with the Current Land Use Ordina-
nce and the 2020 Comprehensive Plan
- d. **08-29-22-070** Ordinance to Amend the
Town of Cheswold Land Use Ordinance
to Delete Section 16-6 in its Entirety

Additional information may be obtained from
Town Hall
691 Main Street, Cheswold, DE 19936
or
Please view a more detailed notice on the
Town website at:
<http://cheswold.delaware.gov>

**Anyone desiring to provide comments
at the Public Hearing must submit their
names to the Town Clerk at 302-734-
6991, by close of business, (4:30 pm),
on Friday, December 2, 2022.**

569285 DSN 11/9/2022

DELAWARE STATE NEWS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

File Holly Oak Lane, LLC
do The Stewart Company
650 Smile Way
York, PA 17404



9590 9402 7374 2028 8981 18

7022 0410 0001 8511 8426

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Fadely*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

M. Fadely

C. Date of Delivery

9/20/22

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

3. Service Type

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

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

ured Mail
ured Mail Restricted Delivery
(over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Twin Oaks, Cheswold LLC
9871 Mashe Court
Naples, FL 34108



9590 9402 7374 2028 8981 01

2. Article Number (Transfer from sender label)

7022 0410 0001 8511 8525

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

10/8

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

3. Service Type

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

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

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(over \$500)

Domestic Return Receipt

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- 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:

Cheswold Enterprises, LLC
6 Robert Ct
Chadds Ford, PA 19317



9590 9402 7374 2028 8980 88

2. Article Number (Transfer from sender label)

7022 0410 0001 8511 8495

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

William Petriko

C. Date of Delivery

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

3. Service Type

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

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

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ured Mail Restricted Delivery
(over \$500)

Domestic Return Receipt

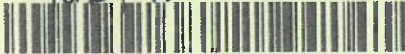
EXHIBIT
"E-1"

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

716 Holly Oak Lane, LLC
do The Stewart Company
650 Smile Way
York, PA 17404



9590 9402 7374 2028 8981 18

7022 0410 0001 8511 8426

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M Fadel

☐ Agent☐ Addressee

B. Received by (Printed Name)

M Fadel

C. Date of Delivery

9/20/22

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail☐ Registered Mail Restricted Delivery☐ (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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Naples, FL 34108



9590 9402 7374 2028 8981 01

2. Article Number (Transfer from service label)

7022 0410 0001 8511 8525

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☒ Agent☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

10/8

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail☐ Registered Mail Restricted Delivery☐ (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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1. Article Addressed to:

Cheswold Enterprises, LLC
6 Robert Ct
Chadds Ford, PA 19317



9590 9402 7374 2028 8980 88

2. Article Number (Transfer from service label)

7022 0410 0001 8511 8495

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

William Petri

C. Date of Delivery

[Blank]

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail☐ Registered Mail Restricted Delivery☐ (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tidewater Utilities
1500 Ronson Rd
Iselin, NJ 08830



9590 9402 7374 2028 8980 71

2. Article Number (Transfer from service label)

7022 0410 0001 8511 8532

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Paul Adams

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

PAUL ADAMS

C. Date of Delivery

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

SEP 27 2022

3. Service Type

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

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

☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Atlantic Concrete Co, Inc
P.O. Box 321
Mifflin, DE 19963



9590 9402 7374 2028 8981 49

7022 0410 0001 8511 8433

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

David H. Jones

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

David H. Jones

C. Date of Delivery

9/27/21

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

3. Service Type

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

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

☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Crossroads Church
4867 N. Dupont Hwy
Dover, DE 19901



9590 9402 7374 2028 8982 17

2. Article Number (Transfer from service label)

7022 0410 0001 8511 8396

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Debbie Johnson

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Debbie Johnson

C. Date of Delivery

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

3. Service Type

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

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

☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

EXHIBIT
"E-3"

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Donald K. Blaw Jr.
P.O. Box 311
Cheswold, DE 19936



9590 9402 7374 2028 8988 97

2. Article Number (Transfer from service label)

7022 0410 0001 8511 8518

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Donald K Blaw ☐ Agent ☒ Addressee

B. Received by (Printed Name)

X Donald K Blaw C. Date of Delivery 7-26-22

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

3. Service Type

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

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

☐ Insured Mail
☐ Insured Mail Restricted Delivery
(over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jan-Air, LLC
c/o Mr. Jeremy Norris
690 Winnow Dr.
Clayton, DE 19938



9590 9402 7374 2028 8980 95

7022 0410 0001 8511 8488

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jeremy Norris ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Jeremy Norris C. Date of Delivery 7/26/22

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

3. Service Type

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

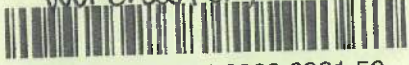
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery


☐ Insured Mail
☐ Insured Mail Restricted Delivery
(over \$500)

Domestic Return Receipt

EXHIBIT
"E-4"

Exhibit
"E-5"

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <input checked="" type="checkbox"/> <i>John Doyle</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JOAN BOYLE</i></p> <p>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: 440 Twin Oaks Dr. LP clo American Infrastructure, Inc. 1805 Berks Rd Worcester, PA 19490</p>  <p>9590 9402 7374 2028 8981 56</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>	
<p>2. Article Number (Transfer from service label) 7022 0410 0001 8511 8457</p>			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <input checked="" type="checkbox"/> <i>M. Boyle</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. Boyle</i></p> <p>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: Heritage Operating LP clo Amengas Propane LP P.O. Box 255 Valley Forge PA 19482</p>  <p>9590 9402 7374 2028 8981 25</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>	
<p>7022 0410 0001 8511 8501</p>			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	