

February 17, 2015

Docket No. A-2014-2421548

Dear Rosemary Chiavetta,

I have enclosed the signature form and 19 more Statements of Support. If there is anything else that I need to do, please let me know.

Thank you for all your help.

Sincerely,



Cynthia Sleva  
Cindy's Carriages LLC  
412-266-6190 Business phone  
412-592-7258 Cynthia's cell

**RECEIVED**

FEB 17 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Docket No. A-2014-2421548

I, Cynthia D. Slewa, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S 4904 (relating to unsworn falsification to authorities).

Cynthia D. Slewa - owner

**RECEIVED**

FEB 17 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

RECEIVED

FEB 17 2015

Please print or type.

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

MICHAEL HERTTRICH

Name of Supporter

160 SOUTH 18th Street Pgh Pa 15203 PA.

Street Address

City or Municipality

State

Zip

Code

CINDY'S CARRIAGES, LLC

Name of Applicant

- Describe the type of transportation service needed.

TAXI

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

SOUTHIDE / TOWN / OAKLAND / NORTHIDE

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

DAILY

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No Preference

- Have you supported similar applications in the past? If so, who was the applicant?

no

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

*Michael Herttrich*

(Signature of Supporter)

2/15/2015

(Date)

MICHAEL L. HERTTRICH

(Supporter's Name, printed or typed)



Please print or type.

Amanda Bundy  
Name of Supporter

1928 E. Carson st. Pittsburgh PA 15203  
Street Address City or Municipality State Zip Code

CINDY'S CARRIAGES LLC  
Name of Applicant

- Describe the type of transportation service needed. Taxi
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Restaurants + malls
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? weekly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? yes, Uber + Lyft
- Have you supported similar applications in the past? If so, who was the applicant? yes Uber + Lyft,

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

[Signature]  
(Signature of Supporter)

2-16-15  
(Date)

Amanda J. Bundy  
(Supporter's Name, printed or typed)

Please print or type.

Amanda Pagnello  
Name of Supporter

18th St  
Street Address

Pittsburgh  
City or Municipality

PA  
State

15203  
Zip Code

CINDY'S CARRIAGES  
Name of Applicant

- Describe the type of transportation service needed.

Taxi.

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Local venues, around the city.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

weekly to daily.

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Yes. I use all services available depending on timing / availability of the moment.

- Have you supported similar applications in the past? If so, who was the applicant?

No.

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

*Amanda Pagnello*

(Signature of Supporter)

Feb. 16 - 15  
(Date)

Amanda Pagnello

(Supporter's Name, printed or typed)

Please print or type.

Kate Colussy  
Name of Supporter

1411 E. CARSON ST      Pittsburgh      PA      15203  
Street Address      City or Municipality      State      Zip Code

CINDY'S CARRIAGES  
Name of Applicant

- Describe the type of transportation service needed.  
Taxis, car services
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
south side, Lawrenceville, strip district, north shore, downtown
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
daily, especially weekends
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
yellow cab, uber, lyft. Would like more options for service and price.
- Have you supported similar applications in the past? If so, who was the applicant?  
NO

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Kate Colussy  
(Signature of Supporter)

2-10-15  
(Date)

Kate E Colussy  
(Supporter's Name, printed or typed)

Please print or type.

Michael Brown

Name of Supporter

1009

Street Address

Pgh

City or Municipality

PA

State

15203

Zip

Code

CINDY'S CARRIAGES, LLC

Name of Applicant

- Describe the type of transportation service needed.

TAXIS

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Southside

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

daily

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

~~No~~ take forever

- Have you supported similar applications in the past? If so, who was the applicant?

No

### VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

M/E Brown

(Signature of Supporter)

2/16/15

(Date)

Michael J. E. Brown

(Supporter's Name, printed or typed)

Please print or type.

Pittsburgh Guitars / John Bechtold

Name of Supporter

1305 E. CARSON ST.

Street Address

PGH

City or Municipality

PA

State

15203

Zip

Code

CINDY'S CARRIAGES LLC

Name of Applicant

- Describe the type of transportation service needed.

TAXI

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Southside to Downtown PGH

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

DAILY

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

TAXES TOO LONG TO GET SERVICE

- Have you supported similar applications in the past? If so, who was the applicant?

NO

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

John M. Bechtold

(Signature of Supporter)

2/16/15

(Date)

John M. Bechtold

(Supporter's Name, printed or typed)

Please print or type.

Real McCoy Sandwich Shop Jennifer Gradnick  
 Name of Supporter (owner)  
1301 E Carson St Pah PA 15216  
 Street Address City or Municipality State Zip Code

CINDY'S CARRIAGES, LLC

Name of Applicant

- Describe the type of transportation service needed.

Taxi Service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

South side to Beachview Southside to N. Side

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

twice weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Yellow Cab is too expensive

- Have you supported similar applications in the past? If so, who was the applicant?

No

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

[Signature]  
 (Signature of Supporter)

2/10/15  
 (Date)

Jennifer Gradnick  
 (Supporter's Name, printed or typed)

Please print or type.

William Stanko

Name of Supporter

10 Fumble Ave

Street Address

Pittsburgh

City or Municipality

PA

State

15212

Zip

Code

CINDY'S CARRIAGES, LLC

Name of Applicant

- Describe the type of transportation service needed. Taxi
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Southside to Northshore
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? 6 days a week
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? yellow cab - unreliable
- Have you supported similar applications in the past? If so, who was the applicant? No

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

[Handwritten Signature]

(Signature of Supporter)

2/16/15

(Date)

William Stanko

(Supporter's Name, printed or typed)

Please print or type.

Eric Rumfelt

Name of Supporter

437 E. Carson St

Street Address

Pittsburgh

City or Municipality

PA

State

15203

Zip

Code

CINDY'S CARRIAGES, LLC

Name of Applicant

- Describe the type of transportation service needed.

A Reliable cab service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Pittsburgh South Side, & Downtown

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

By the time they arrive, I'm already walking because they were late.

- Have you supported similar applications in the past? If so, who was the applicant?

(None) N/A

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Eric Rumfelt

(Signature of Supporter)

2-16-15

(Date)

Eric Rumfelt

(Supporter's Name, printed or typed)

Please print or type.

David Frentzel

Name of Supporter

930 Berkshire Ave apt. 2

Pittsburgh

PA

15226

Street Address

City or Municipality

State

Zip

Code

CINDY'S CARRIAGES TAXIS, LLC

Name of Applicant

- Describe the type of transportation service needed.

taxi service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Brookline to Southside

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Daily

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

The bus

- Have you supported similar applications in the past? If so, who was the applicant?

NO

### VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

D. J. Frentzel  
(Signature of Supporter)

2/16/15  
(Date)

David J Frentzel  
(Supporter's Name, printed or typed)

Please print or type.

J. Eastley

Name of Supporter

1301 E Carson St

Attsburg

PA

15203

Street Address

City or Municipality

State

Zip

Code

CINDY'S CARRIAGES

Name of Applicant

- Describe the type of transportation service needed.

Taxi

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Southside

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

daily

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

No

- Have you supported similar applications in the past? If so, who was the applicant?

No

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

  
(Signature of Supporter)

2/16/15  
(Date)

James Eastley  
(Supporter's Name, printed or typed)

Please print or type.

HILARY BASTIN

Name of Supporter

2019 Sidney Street

Pittsburgh

PA

15203

Street Address

City or Municipality

State

Zip

Code

CINDY'S CARRIAGES

Name of Applicant

- Describe the type of transportation service needed.

Taxi

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

South side → South side  
→ downtown

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Yellow cab - takes long time  
Uber - surcharges

- Have you supported similar applications in the past? If so, who was the applicant?

NO

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Hilary Bastin

(Signature of Supporter)

2/16/14

(Date)

Hilary Bastin

(Supporter's Name, printed or typed)

Please print or type.

Melissa Marino

Name of Supporter

2000 E. Carson St

Street Address

Pitt

City or Municipality

PA

State

15202

Zip

Code

CINDY'S CARRIAGES LLC

Name of Applicant

- Describe the type of transportation service needed.

taxi

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Southside - Brookline

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

3 times a wk

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

takes too long to get a ride & they don't show up

- Have you supported similar applications in the past? If so, who was the applicant?

NO

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Melissa Marino

(Signature of Supporter)

2-16-17

(Date)

Melissa Marino

(Supporter's Name, printed or typed)

Please print or type.

Steven McDonald

Name of Supporter

2000 E. Carson

Street Address

Pittsburgh

City or Municipality

Pa

State

15202

Zip

Code

CINDY'S CARRIAGES

Name of Applicant

- Describe the type of transportation service needed.

taxies

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

south side to other boroughs in the city

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

weekly, the weekend cab service is horrible & congested

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

a few

- Have you supported similar applications in the past? If so, who was the applicant?

no

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Steven McDonald

(Signature of Supporter)

2/16/15

(Date)

Steven McDonald

(Supporter's Name, printed or typed)

Please print or type.

Adam Bellion

Name of Supporter

2202 E. Carson St

Street Address

City or Municipality

State

15203

Zip

Code

CINDY'S CARRIAGES LLC

Name of Applicant

- Describe the type of transportation service needed.

Taxi

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Southside Flat/Slopes

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Thur-Sunday

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

- Have you supported similar applications in the past? If so, who was the applicant?

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

[Handwritten Signature]

(Signature of Supporter)

2-16-15

(Date)

Adam Bellion

(Supporter's Name, printed or typed)

Please print or type.

20<sup>th</sup> Street Bon + Grill

Name of Supporter

2019 E CARLSON ST

PA

15203

15203

Street Address

City or Municipality

State

Code

Zip

CINDY'S CARRIAGES, LLC

Name of Applicant

- Describe the type of transportation service needed.

Tri Service for my patrons at my Bon + Grill

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

All over Pittsburgh

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Daily

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

- Have you supported similar applications in the past? If so, who was the applicant?

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

[Handwritten Signature]

(Signature of Supporter)

2-16-15

(Date)

Nico Dymel

(Supporter's Name, printed or typed)

Please print or type.

Ryan Shaw

Name of Supporter

1122 Tyn d9/1 St  
Street Address

Pittsburgh  
City or Municipality

Pa 15204  
State Zip Code

CINDY'S CARRIAGES

Name of Applicant

- Describe the type of transportation service needed.  
Taxi
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
Home to Casino, Casino to home  
Home to ballgame (Northside), Northside to home
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
Weekly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
cabs are difficult to get
- Have you supported similar applications in the past? If so, who was the applicant?  
No

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Ryan Shaw

(Signature of Supporter)

2-14-15

(Date)

Ryan Shaw

(Supporter's Name, printed or typed)

Please print or type.

Hollie V. H. Shaw

Name of Supporter

1122 Tyndall St

Street Address

Pittsburgh

City or Municipality

PA

State

15204

Zip

Code

CINDY'S CARRIAGES, LLC

Name of Applicant

- Describe the type of transportation service needed.

Taxis

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Home to Southside, Southside to home  
Home to Downtown, Downtown to home

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Yellow cab - unreliable

- Have you supported similar applications in the past? If so, who was the applicant?

No

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

*Hollie V. H. Shaw*

(Signature of Supporter)

2-16-15  
(Date)

Hollie V. H. Shaw

(Supporter's Name, printed or typed)



EK30228472BUS

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE (412) 266-1191  
(412)

CLING'S LAWNMOWERS  
11 SUNKIDNE DR  
CONROPSVILLE, PA 15108

PAYMENT BY ACCOUNT (if applicable)

INTERNATIONAL USE  
NO LABEL HERE



PRIORITY  
\* MAIL \*  
EXPRESS™

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- No Saturday Delivery (delivered next business day)
  - Sunday/Holiday Delivery Required (additional fee, where available\*)
  - 10:30 AM Delivery Required (additional fee, where available\*)
- \*Refer to USPS.com® or local Post Office™ for availability.

O: (PLEASE PRINT)

PHONE ( )

ROSEMARY CHIQUETTA, Secretary  
PENNSYLVANIA PUBLIC Utility, Comm.  
P.O. Box 3205  
HARRISBURG PA  
IP - 4\* (U.S. ADDRESSES ONLY)

17105-3265

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 Insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

<input checked="" type="checkbox"/> 1-Day		<input type="checkbox"/> 2-Day		<input type="checkbox"/> Military		<input type="checkbox"/> DPO	
PO ZIP Code 15244		Scheduled Delivery Date (MM/DD/YY) 2-18-15		Postage \$ 19.95			
Date Accepted (MM/DD/YY) 2-17-15		Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON		Insurance Fee \$		COD Fee \$	
Time Accepted 2:33 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		10:30 AM Delivery Fee \$		Return Receipt Fee \$		Live Animal Transportation Fee \$	
Weight 58 lbs.		<input type="checkbox"/> Flat Rate \$		Sunday/Holiday Premium Fee \$		Total Postage & Fees \$ 19.95	
		Accepted Employee Initials 102					

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) 02/18/15		Time 11:55 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		Employee Signature 	
Delivery Attempt (MM/DD/YY)		Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Employee Signature	