

ORIGINAL
ARIZONA CORPORATION COMM
DOCKET CONTROL CENTER



RECEIVED

CASE/COMPANY NAME:

 Morenci Water & Electric Company

DOCKET NO.: Arizona Corporation Commission

 L-00000N-99-0097

D/B/A or RESPONDENT:

DEC 8 1999
 AZ CORP COMMISSION
 DOCUMENT CONTROL
 DOCKETED BY [Signature]

NATURE OF ACTION OR DESCRIPTION OF DOCUMENT

Please mark the item that describes the nature of the case/filing:

01 UTILITIES - NEW APPLICATIONS

- | | |
|---|---|
| <input type="checkbox"/> NEW CC&N | <input type="checkbox"/> MAIN EXTENSION |
| <input type="checkbox"/> RATES | <input type="checkbox"/> CONTRACT/AGREEMENTS |
| <input type="checkbox"/> INTERIM RATES | <input type="checkbox"/> COMPLAINT (Formal) |
| <input type="checkbox"/> CANCELLATION OF CC&N | <input type="checkbox"/> RULE VARIANCE/WAIVER REQUEST |
| <input type="checkbox"/> DELETION OF CC&N (TERRITORY) | <input type="checkbox"/> SITING COMMITTEE CASE |
| <input type="checkbox"/> EXTENSION OF CC&N (TERRITORY) | <input type="checkbox"/> SMALL WATER COMPANY -SURCHARGE (Senate Bill 125) |
| <input type="checkbox"/> TARIFF - NEW (NEXT OPEN MEETING) | <input type="checkbox"/> SALE OF ASSETS & TRANSFER OF OWNERSHIP |
| <input type="checkbox"/> REQUEST FOR ARBITRATION | <input type="checkbox"/> SALE OF ASSETS & CANCELLATION OF CC&N |
| (Telecommunication Act) | <input type="checkbox"/> FUEL ADJUSTER/PGA |
| <input type="checkbox"/> FULLY OR PARTIALLY ARBITRATED | <input type="checkbox"/> MERGER |
| INTERCONNECTION AGREEMENT | <input type="checkbox"/> FINANCING |
| (Telecom. Act.) | <input type="checkbox"/> MISCELLANEOUS |
| <input type="checkbox"/> VOLUNTARY INTERCONNECTION | Specify |
| AGREEMENT (Telecom. Act) | _____ |

02 UTILITIES - REVISIONS/AMENDMENTS TO PENDING OR APPROVED MATTERS

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION | <input type="checkbox"/> TARIFF |
| <input type="checkbox"/> COMPANY _____ | <input type="checkbox"/> PROMOTIONAL |
| <input type="checkbox"/> DOCKET NO. _____ | <input type="checkbox"/> DECISION NO. _____ |
| | <input type="checkbox"/> DOCKET NO. _____ |
| | <input type="checkbox"/> COMPLIANCE |
| | <input type="checkbox"/> DECISION NO. _____ |
| | <input type="checkbox"/> DOCKET NO. _____ |

X SECURITIES or MISCELLANEOUS FILINGS

- | | |
|--|--|
| <input type="checkbox"/> 04 AFFIDAVIT | <input type="checkbox"/> 29 STIPULATION |
| <input type="checkbox"/> 12 EXCEPTIONS | <input type="checkbox"/> 38 NOTICE OF INTENT |
| <input type="checkbox"/> 18 REQUEST FOR INTERVENTION | (Only notification of future action/no action necessary) |
| <input type="checkbox"/> 48 REQUEST FOR HEARING | <input type="checkbox"/> 43 PETITION |
| <input type="checkbox"/> 24 OPPOSITION | <input type="checkbox"/> 46 NOTICE OF LIMITED APPEARANCE |
| <input type="checkbox"/> 50 COMPLIANCE ITEM FOR APPROVAL <input checked="" type="checkbox"/> | <input type="checkbox"/> 39 OTHER |
| <input type="checkbox"/> 32 TESTIMONY | Specify Notice of Hrg. on Appli. |
| <input type="checkbox"/> 30 COMMENTS | For CEC |

12/21/99
 Date

Morenci Water & Electric Company/ Jeffrey Guldner
 Print Name of Applicant/Company/Contact person/Respondent/Atty.
(602) 382-6271
 Phone

PLEASE SEE NOTICE ON REVERSE SIDE

ORIGINAL

BEFORE THE ARIZONA POWER PLANT AND TRANSMISSION LINE SITING COMMITTEE

RECEIVED
1999 DEC 21 P 4:27

AZ CORP COMMISSION
DOCUMENT CONTROL

CASE No. 97

DOCKET No. L-000004-99-0097

Arizona Corporation Commission
DOCKETED

DEC 21 1999

DOCKETED BY [Signature]

IN THE MATTER OF THE APPLICATION OF MORENCI WATER & ELECTRIC COMPANY, IN CONFORMANCE WITH THE REQUIREMENTS OF ARIZONA REVISED STATUTES 40-360.03 AND 40-360.06, FOR A CERTIFICATE OF ENVIRONMENTAL COMPATIBILITY AUTHORIZING CONSTRUCTION OF A 345kV TRANSMISSION LINE, A 345/230/24.9kV SUBSTATION AND EXPANDING THE TEP GREENLEE SUBSTATION IN GREENLEE COUNTY, ARIZONA. THE 345kV TEP TO COPPER VERDE TRANSMISSION LINE WILL BE BETWEEN THE TEP GREENLEE SUBSTATION (T5S, R31E, SECTION 29) EAST OF THE INTERSECTION OF SR191 AND SR 78 TO THE PROPOSED COPPER VERDE SUBSTATION (T5S, R29E, SECTION 1) SOUTH OF MORENCI, ARIZONA, A DISTANCE OF APPROXIMATELY 11 MILES.

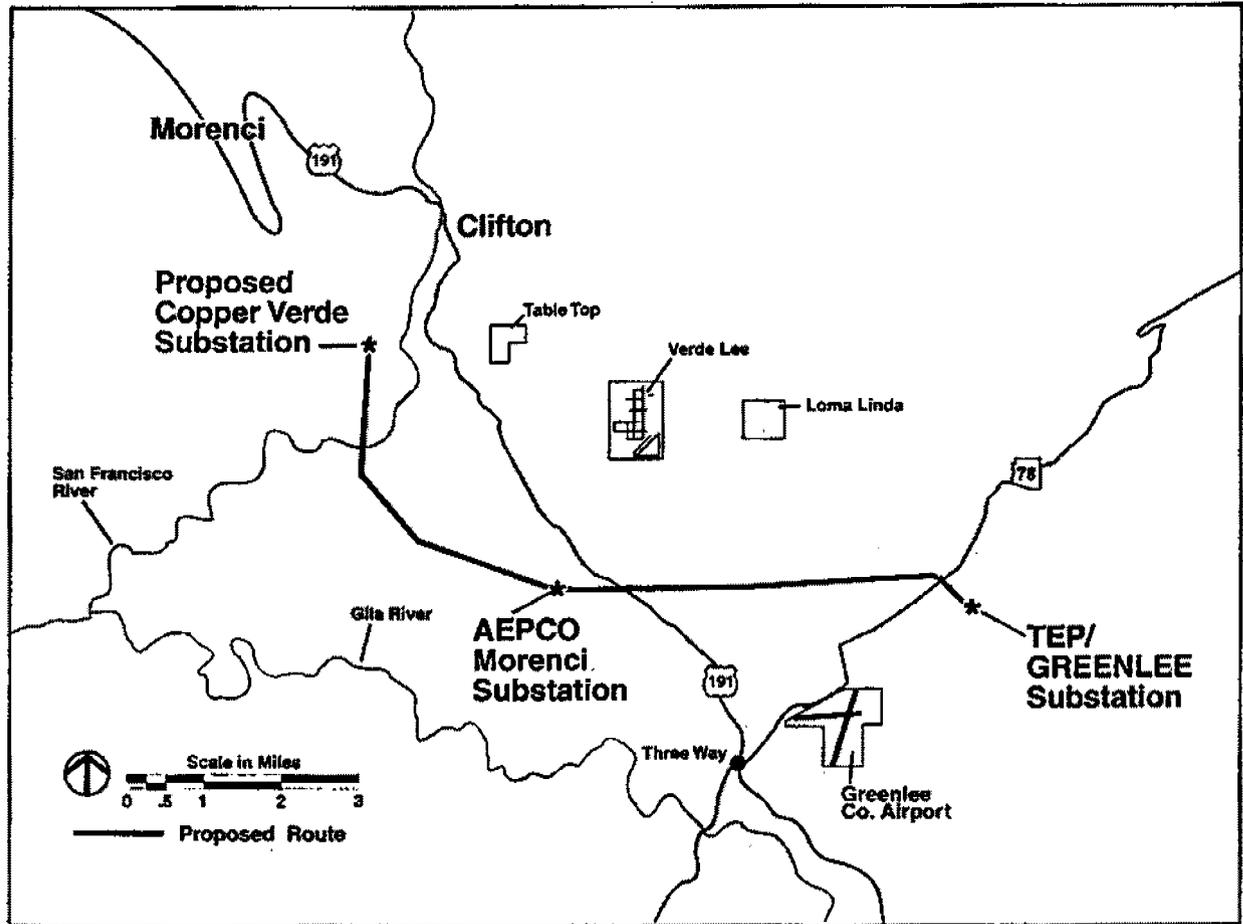
NOTICE OF HEARING

A public hearing will be held before the Power Plant and Transmission Line Siting Committee (the "Committee") at the Best Western Executive Park, 1100 North Central Avenue, Phoenix, Arizona, on February 2, 1999, at 1:00 p.m., or as soon thereafter as the matter can be heard, regarding the Application of Morenci Water & Electric Company for a Certificate of Environmental Compatibility from the Committee for construction of transmission lines which will originate at the Greenlee Substation located in Township 5 South, Range 31 East, Section 29 and will terminate at a new substation named the Copper Verde Substation to be constructed in Township 5 South, Range 29 East, Section 1, all in Greenlee County, Arizona. The Project will consist of 345kV transmission lines approximately 11 miles in length, the new Copper Verde 345/230 kV substation, an expansion of the existing Greenlee 345 kV substation, and related facilities.

The proposed site is shown on the map below:

Snell & Wilmer
L.L.P.
LAW OFFICES
One Arizona Center
Phoenix, AZ 85004-0001
(602) 382-6000

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The Application, including detailed maps of the proposed Morenci Water and Electric 345 kV Intertie Project, is on file with the Docket Control Center of the Arizona Corporation Commission, 1200 West Washington, Suite 108, Phoenix, Arizona 85007.

Depending upon the issues raised and the number of intervenors appearing during the hearing, the Committee may deem it appropriate at some point to recess the hearing to a time and place to be announced during the hearing. At the discretion of the Committee, such resumed hearing may be held at a date, time and place to be agreed upon by the Committee and parties of interest.

NOTE: No formal notice of such resumed hearing will be given.

Each county and municipal government and state agency interested in the proposed facilities and desiring to become a party to the certification proceeding, shall, not less than ten (10) days before the date set for hearing, file with the Director of Utilities, Arizona Corporation Commission, 1200 West Washington, Phoenix, Arizona 85007, a notice of its intent to be a party.

Any domestic, non-profit corporation or association, formed in whole or in part to promote conservation of natural beauty, to protect the environment, personal health or other biological values, to preserve historical sites, to promote consumer interests, to represent com-

1 mercial and industrial groups, or to promote the orderly development of the area in which the
2 facilities are to be located and desiring to become a party to the certification proceeding, shall,
3 not less than ten (10) days before the date set for hearing, file with the Director of Utilities,
4 Arizona Corporation Commission, 1200 West Washington, Phoenix, Arizona 85007, a notice
5 of its intent to be a party.

6 The Committee or hearing officer, at any time deemed appropriate, may make other
7 persons parties to the proceedings.

8 Any person may make a limited appearance at the hearing by filing a statement in writ-
9 ing with the Director of Utilities, Arizona Corporation Commission, 1200 West Washington,
10 Phoenix, Arizona 85007, not less than five (5) days before the date set for hearing. A person
11 making a limited appearance shall not be a party or have the right to present oral testimony or
12 cross-examine witnesses.

13 The written decision of the Commission shall be submitted to the Arizona Corporation
14 Commission pursuant to Arizona Revised Statutes Section 40-360.07. Any person intending to
15 be a party before the Commission must be a party to the certification proceedings.

16 ORDERED this 21st day of December, 1999.

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Director
Utilities Division
Arizona Corporation Commission
1200 West Washington
Phoenix, AZ 85007

Snell & Wilmer
L.L.P.
LAW OFFICES
One Arizona Center
Phoenix, AZ 85004-0001
(602) 382-6000

760210.1

L 0000 N-99-0097 / *Sensitivity* 51G

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Dennis Sundie
(for Rita Pearson, Director)
Dept. of Water Resources
500 N. 3rd Street
Phoenix, AZ 85004-3903

4a. Article Number *P 618 184 912*

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
[Signature]

6. Signature (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

P 618 184 910
 L-00000-N-99-0097

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to *Martin Sepulveda*

Street & Number *891 N. Madrid*

Post Office, State, & ZIP Code *Chandler AZ 85224*

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$

Postmark or Date

PS Form 3800 April 1995

5. Received By: (Print Name)
[Signature]

6. Signature (Addressee or Agent)
[Signature]

3. Article Addressed to:
Martin Sepulveda
Councilman, City of Chandler
891 N. Madrid
Chandler, AZ 85224

- SENDER:**
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

4a. Article Number *P 618 184 910*

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery *12/2/94*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

L 00000 N-99-0097 / *Sensitivity*

- I also wish to receive the following services (for an extra fee):
- 1. Addressee's Address
 - 2. Restricted Delivery

51G

P 618 184 912

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to *Dennis Sundie*

Street & Number *500 N. 3rd Street*

Post Office, State, & ZIP Code *Phoenix AZ 85004-3903*

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$

Postmark or Date

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

Postmark or Date	
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom, Date, & Addressee's Address	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$
Post Office, State, & ZIP Code	Phoenix, AZ 85007
Street & Number	155 15th Ave
Sent to	Charles Pearson

US Postal Service
 P 618 184 907
 7-00006N-99-0097

Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

SENDER: 100000 N-99-0097 / Pearson 57G

also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Steve Partridge
 Director Energy Office
 Dept. of Commerce
 3800 N. Central St. 1200
 Phoenix, AZ 85012

4a. Article Number

618-184-915

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise

Certified
 Insured
 COD

7. Date of Delivery

12-23-99

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)
 Charles Pearson

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

4a. Article Number	618 184 907
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	DEC 23 1999
8. Addressee's Address (Only if requested and fee is paid)	
5. Received By: (Print Name)	
3. Article Addressed to:	Charles Pearson Office of the Attorney General 15 South 15th Avenue Phoenix, AZ 85007
6. Signature (Addressee or Agent)	Charles Pearson

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return

P 618 184 915
 7-00006N-99-0097

US Postal Service
 Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	Steve Partridge
Street & Number	3800 N Central St 1200
Post Office, State, & ZIP Code	PHX, AZ 85012
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3811, April 1995

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to Jeff Maguire
 Street & Number P.O. Box 1046
 Post Office, State, & ZIP Code Sun City, AZ 85372
 Postage \$
 Certified Fee
 Special Delivery Fee
 Restricted Delivery Fee
 Return Receipt Showing to Whom & Date Delivered
 Return Receipt Showing to Whom, Date, & Addressee's Address
 TOTAL Postage & Fees \$
 Postmark or Date

P 618 184 909
 L0000N-99-0097

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to Robert Berger
 Street & Number P.O. Box 1000
 Post Office, State, & ZIP Code Scottsdale, AZ 85252
 Postage \$
 Certified Fee
 Special Delivery Fee
 Restricted Delivery Fee
 Return Receipt Showing to Whom & Date Delivered
 Return Receipt Showing to Whom, Date, & Addressee's Address
 TOTAL Postage & Fees \$
 Postmark or Date

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Jeff Maguire
P.O. Box 1046
Sun City, AZ 85372

4a. Article Number P 618 184 909
 4b. Service Type
 Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
[Signature]

6. Signature (Addressee or Agent)
[Signature]

7. Date of Delivery
 DEC 28 1999

8. Addressee's Address (Only if requested and fee is paid)
[Address]

102595-99-B-0223 Domestic Return Receipt
 PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Robert C. Berger
City of Scottsdale
P.O. Box 1000
Scottsdale, AZ 85252

4a. Article Number P 618 184 914
 4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
[Signature]

6. Signature (Addressee or Agent)
[Signature]

7. Date of Delivery
 12-27-99

8. Addressee's Address (Only if requested and fee is paid)
[Address]

102595-99-B-0223 Domestic Return Receipt
 PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

LO 0000 N-99-00971 *Denising* 51A

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

Wayne Smith
The Farm at South Mountain
6106 S. 32nd Street
Phoenix, AZ 85040

4a. Article Number

P 618 184 911

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD
- Certified
- Insured

7. Date of Delivery

2/29/99

5. Received By: (Print Name)

ADDRESSEE

6. Signature (Addressed to Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

Sent to	<i>Arlo Lee</i>
Street & Number	<i>P.O. Box 207</i>
Post Office, State, & ZIP Code	<i>St Johns, AZ 85936</i>
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

L00000-N-99-0097
 P 618 184 908

L-00000 N-99-0097 *Line items*

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

3. Article Addressed to:
Arlo Lee
P.O. Box 207
St. Johns, AZ 85936

4a. Article Number
P 618 184 908

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
1-4-2000

8. Addressee's Address (Only if requested and fee is paid)

5. Received By (Print Name)
Arlo Lee

6. Signature (Addressee or Agent)
Arlo Lee

102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

L-00000 N99-0097
Z 410 643 390

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to <i>Chairman</i>	
<i>Greenlee County Board of Supervisors</i>	
Street & Number <i>PO Box 908</i>	
Post Office, State, & ZIP Code <i>Clifton, AZ 85533</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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L-00000 N-99-0097

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back, if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

*Chairman
Greenlee County Board
of Supervisors
PO Box 908
Clifton, AZ 85533*

4a. Article Number

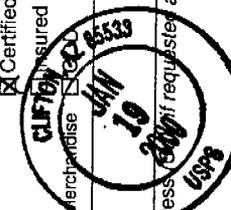
Z 410 643 390

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified Insured

7. Date of Delivery
4/11 1994

8. Addressee's Address (if requested and fee is paid)



5. Received By: (Print Name)

Carol Wecker

6. Signature (Address See or Agency)

Thank you for using Return Receipt Service.

5. Received By: (Print Name)
Shirley W. Adams

6. Signature (Addressee or Agent)
Shirley W. Adams

3. Article Addressed to:
 Bureau of Land Management
 Sedona Field Office
 711 - 14th Avenue
 Sedona, Arizona 85546-3321

4a. Article Number
 410 643 392

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Insured
 COD

7. Date of Delivery
 1/19/95

8. Addressee's Address (Only if requested and fee is paid)

SENDER:
 Complete items 1 and/or 2 for additional services:
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

I also wish to receive the following services (for an extra fee):

Postmark or Date	
TOTAL Postage & Fees	\$
Date, & Addressee's Address	
Return Receipt Showing to Whom	
Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$

US Postal Service
 Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail (Return Receipt Requested)

Sent to: *Sedona Field Office*
 711 - 14th Avenue
 Sedona, Arizona 85546-3321

Post Office, State, & ZIP Code
 Sedona, AZ 85546-3321

Postmark or Date

PS Form 3800, April 1995

5. Received By: (Print Name)
 Gordon Taylor - Director

6. Signature (Addressee or Agent)
Gordon Taylor

3. Article Addressed to:
 Arizona State Land Department
 Gordon Taylor - Director
 Asst. Management Division
 1616 W. Adams
 Phoenix, Arizona 85007

4a. Article Number
 410 643 391

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Insured
 COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

SENDER:
 Complete items 1 and/or 2 for additional services:
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
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 The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery

I also wish to receive the following services (for an extra fee):

Postmark or Date	
TOTAL Postage & Fees	\$
Date, & Addressee's Address	
Return Receipt Showing to Whom	
Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	
Postage	\$

US Postal Service
 Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to: *Arizona State Land Department*
 1616 W. Adams
 Phoenix, Arizona 85007

Post Office, State, & ZIP Code
 Phoenix, AZ 85007

Postmark or Date