

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

RON ROSS

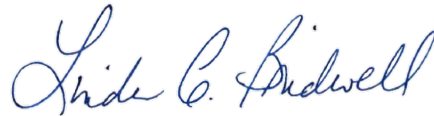
ALLEGED VIOLATION OF UNDERGROUND
FACILITY DAMAGE PREVENTION ACT

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CASE NO.
2020-00045

NOTICE OF FILING

Notice is given to all parties that evidence of successful service of process has been filed into the record of this proceeding.



Linda C. Bridwell, PE
Executive Director
Public Service Commission
P.O. Box 615
Frankfort, KY 40602

DATED MAR 16 2021

cc: Parties of Record

7020 0090 0000 3520 8699

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$ 3.60

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ 2.05
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage
\$ 1.60

Total Postage and Fees
\$ 8.05

Sent To **Ron Ross**
Street and Apt. No., or PO Box **1014 Woodway Ln.**
City, State, ZIP+4® **Louisville, KY 40211**

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:

Ron Ross
1014 Woodway Ln.
Louisville, KY 40211



9590 9402 5573 9274 5653 70

2. Article Number (Transfer from service label)

7020 0090 0000 3520 8699

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ron Ross*

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-4-21

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

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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

 fail
 fail Restricted Delivery

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 5573 9274 5653 70

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Public Service Commission
211 Sower Blvd
Frankfort KY 40601

Ron Ross
1014 Woodway Lane
Louisville, KENTUCKY 40211