

HEARING NOTIFICATION LISTING SERVICE - 792 ROSE AVE E

Legislative Hearing: **Tuesday, June 27, 2023**

Publication Dates: **June 1 and 5, 2023**

City Council Hearing: **Wednesday, August 2, 2023**

Owners, Interested Parties, etc.	US Mail	CERTIFIED MAIL		PERSONAL SERVICE		Resolution Mail Date	ENS Posting Date	OTA Mail Date
		Sent	Received	Sent	Received			
Map Home Buyers LLC 716 County Road 10 Ste 148 Blaine MN 55434-2331	5/26/23	5/26/23						4/18/23
Guardian Asset Management 2300 E Lincoln Hwy Suite 700 Longhorne PA 19047		5/26/23	5/30/23					4/18/23
PHH Mortgage Corp 4001 Leadenhall Road – Mailstop SV27 St Laurel NJ 08054		5/26/23	6/2/23					4/18/23
Halliday, Watkins & Mann, PC 1333 Northland Dr, Suite 205 Mendota Heights MN 55120		5/26/23						4/18/23
Payne Phalen District 5 Planning Council							5/26/23	

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:

Guardian Asset Management
 2300 E Lincoln Hwy Suite 700
 Longhorne PA 19047



9590 9402 4439 8248 1227 93

2. Article Number (Transfer from service label)

7007 3020 0000 0177 5942

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

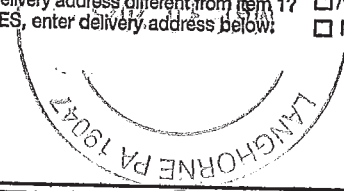
X  Agent
 Addressee

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

Amber Kelley 5/20/23

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 checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" 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 |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail 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:

PHH Mortgage Corp
 4001 Leadenhall Road
 Mailstop SV27
 St. Laurel NJ 08054



9590 9402 4439 8248 1227 86


2. Article Number (Transfer from service label)

7007 3020 0000 0177 5935

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent
 Addressee

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

JUN 02 2023

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 checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" 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 |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

Domestic Return Receipt