

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO: 2015-7381

DIVISION: A-15

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,  
OFFICE OF COMMUNITY DEVELOPMENT,  
DISASTER RECOVERY UNIT -  
HAZARD MITIGATION GRANT PROGRAM

VS.

WILLIAM C. BLOUNT, SR.

FILED  
2015 AUG -3 A 9:55  
CIVIL DISTRICT COURT

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**PETITION FOR DECLARATORY JUDGMENT AND FOR  
JUDGMENT TO RECOVER HAZARD MITIGATION  
GRANT PROGRAM FUNDS**

NOW INTO COURT, through undersigned counsel, comes Petitioner, the State of Louisiana, Office of Community Development, Disaster Recovery Unit - Hazard Mitigation Grant Program (hereinafter "HMGP"), which respectfully files this Petition for Declaratory Judgment and for Judgment to Recover Hazard Mitigation Grant Program Funds. In support, HMGP respectfully represents:

1.

The Defendant in this case is William C. Blount, Sr., major domiciliary in Orleans Parish, who voluntarily participated in HMGP to mitigate his home after Hurricane Katrina.

2.

HMGP is a mitigation program funded by FEMA and is administered by the State of Louisiana, the grantee. HMGP assists homeowners whose homes were damaged as a result of Hurricanes Katrina and Rita. It also helps homeowners in coastal Louisiana protect their homes from damage, which may occur in future natural disasters, by elevating their homes, reconstructing safer structures, or installing individual mitigation measures. The State of Louisiana serves as the funding vehicle by which FEMA funds are awarded to eligible homeowners.

3.

Defendant executed a Voluntary Participation Agreement (hereinafter "VPA") on September 25, 2012 to participate in HMGP and to receive HMGP grant funds. Defendant also agreed to comply with all HMGP guidelines, which include using HMGP funds for their intended purpose.

*Exhibit A.*

4.

FEMA grant funds in the amount of \$32,797.19 (hereinafter "FEMA Grant Funds") were paid to Defendant by HMGP on or about January 31, 2013 for the specific purpose of Reconstruction of his home located at 6566 Argonne Boulevard, New Orleans, LA 70124.

*Exhibit B.*

5.

Photographs dated May 14, 2015 show that although the FEMA Grant Funds were received, Defendant's home was not reconstructed. *Exhibit C (in globo).*

6.

Three (3) separate collection letters were mailed to Defendant. The first letter dated December 16, 2014 was mailed to Defendant. *Exhibit D (in globo).*

7.

The second letter dated January 16, 2015 was sent by Certified Mail 7014 2120 0000 5792 0473. Said letter was delivered and the Return Receipt was signed on January 20, 2015. *Exhibit E (in globo).*

8.

The third letter dated April 13, 2015 was sent by certified mail 7014 0510 0001 1416 9888. Said letter was delivered and the Return Receipt was signed on May 1, 2015. *Exhibit F (in globo).*

9.

Defendant has failed to respond to the letters and has failed to return the funds to the State.

10.

Defendant's failure to return the FEMA Grant Funds has resulted in Defendant owing to HMGP the unearned federal funds, which must be recovered by HMGP, the State program charged with distributing FEMA funds for mitigation projects.

11.

HMGP must account to FEMA for all funds issued to homeowners. Failure of HMGP to recover the FEMA Grant Funds from Defendant will result in reimbursement to FEMA being required by the State of Louisiana.

HMGP requests that the debt of \$32,797.19 owed by William C. Blount, Sr. to HMGP be recognized and that judgment in favor of HMGP be granted, directing Defendant to return and pay the FEMA Grant Funds to the State, in full.

**ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:**

- a. That this Honorable Court declare that Defendant, William C. Blount, Sr., is non-compliant with the Voluntary Participation Agreement signed by him;
- b. That this Honorable Court declare that Defendant, William C. Blount, Sr., is indebted to HMGP in the amount of \$32,797.19 because of his failure to reconstruct his home according to his agreement to abide by HMGP guidelines, including using HMGP funds for their intended purpose;
- c. That Defendant, William C. Blount, Sr., be ordered to return the \$32,797.19 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, William C. Blount, Sr., in the full sum \$32,797.19;
- e. That Defendant, William C. Blount, Sr., be assessed all costs and fees associated with this matter; and
- f. That the Court grant such other relief as is just and proper.

Respectfully submitted:

**FOR HMGP:**



La Koshia R. Roberts  
Bar Roll No. 26715  
State of Louisiana, through  
its Division of Administration  
2021 Lakeshore Drive, Suite 100  
New Orleans, Louisiana 70122  
Telephone: (504) 284-4022  
Facsimile: (504) 284-4091  
LaKoshia.Roberts@la.gov

T. Randolph Richardson (Special Counsel)  
Bar Roll No. 11245  
Law Office of T. Randolph Richardson  
1010 Common Street, Suite 3000  
New Orleans, LA 70112  
Phone: 504-212-4163  
Fax: 504-581-7083  
Email: [trichar994@aol.com](mailto:trichar994@aol.com)

**PUBLIC ENTITY/FEE EXEMPT  
(La.R.S. 13:4521 and 13:5112)**

**PLEASE SERVE:**

**WILLIAM C. BLOUNT, SR.  
6818 ARGONNE BOULEVARD  
NEW ORLEANS, LA 70124**

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO: \_\_\_\_\_

DIVISION: \_\_\_\_\_

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,  
OFFICE OF COMMUNITY DEVELOPMENT,  
DISASTER RECOVERY UNIT –  
HAZARD MITIGATION GRANT PROGRAM

VS.

WILLIAM C. BLOUNT, SR.

FILED  
2015 AUG - 3 A 9:55  
CIVIL DISTRICT COURT

VERIFICATION

CONSIDERING THE FOREGOING PETITION FOR RECOVERY OF HAZARD  
MITIGATION GRANT PROGRAM FUNDS:

I, CRAIG P. TAFFARO, JR., Director of the State of Louisiana’s Hazard Mitigation Grant Program, declare under penalty of perjury that the representations made in the foregoing Petition are true and correct to the best of my knowledge, belief and understanding.

THUS DONE ON THIS 30<sup>th</sup> DAY OF July 2015 IN NEW ORLEANS,  
LOUISIANA.

  
\_\_\_\_\_  
Craig P. Taffaro, Jr.

  
\_\_\_\_\_  
La Koshia Reconda Roberts

Notary Public  
Bar Roll No. 26715  
My Commission expires at death.

Office of Community Development Disaster Recovery Unit (OCD-DRU)  
HAZARD MITIGATION GRANT PROGRAM (HMGP)

VOLUNTARY PARTICIPATION AGREEMENT (VPA)

Complete and return this form by mail to:  
OCD-DRU HMGP  
P. O. Box 5098  
Baton Rouge, LA 70821-5098

2015 AUG -3 A 11:55  
FILED

SECTION 1: MITIGATION ELECTION (check one)

- I/We am/are **NOT** interested in participating in the OCD-DRU Hazard Mitigation Grant Program (HMGP).
- I/We have sold the home that was damaged during the storm and therefore will not be eligible to participate in the program.

IF YOU CHECKED EITHER OF THE ABOVE: SIGN BELOW AND RETURN THIS FORM, OTHERWISE CONTINUE

William C Blount Jr                      William C Blount                      9/25/12  
Applicant or Co-Applicant NAME                      Applicant or Co-Applicant SIGNATURE                      Date

Home Phone: ( )                      Cell Phone: (504) 975-1154

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES  NO  If signing as agent with Power of Attorney:

Agent NAME (person with POA)                      Agent SIGNATURE                      Date

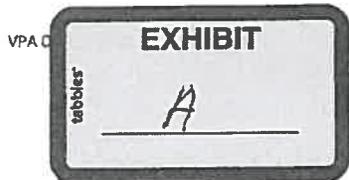
- I/WE AM/ARE INTERESTED IN RECEIVING AN OCD-DRU HMGP AWARD. IF YOU CHECK THIS BOX, YOU NEED TO MEET ALL CRITERIA IN SECTION 2.

SECTION 2: I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING PROGRAM (S):

Pilot Reconstruction                       Elevation                       Individual Mitigation Measures (IMM)

SECTION 3: PROGRAM ELIGIBILITY

- The status of mitigation work to my home is: (Select the one answer that most closely fits your situation)
  - As of March 16, 2008, I had completed my mitigation activity of my home to meet the latest elevation standards in my community.
  - As of March 16, 2008, I had started—but not completed—the mitigation activity of my home to meet the latest elevation standards in my community.
  - I expect to start my mitigation activity in  0-3 Months;  4-6 Months;  7-9 Months;  10-12 Months
- My home was initially constructed: (mark all that apply)
  - Equal to or greater than 50 years ago
  - Less than 50 years ago
  - My damaged home from the time of the storm has been demolished or cleared.
  - Don't know



A homeowner must meet ALL of the following criteria to be considered for the OCD-DRU HMGP Award:

- a. Applicant is eligible for Road Home Program benefits as part of the Homeowner Assistance Program.
- b. Homeowner selected *Road Home* Option 1 – “Keep Our Home.”  
(NOTE: Even if a homeowner received a zero award letter from Road Home, that homeowner may still be eligible for money through the OCD-DRU HMGP.)
- c. Homeowner still owns the home that was eligible for *Road Home* benefits or has acquired the home along with an assignment of Road Home rights. (NOTE: Assignment of Rights is only applicable to Elevation or IMM activities.)
- d. The structure is located in a FEMA designated ABFE area or the mitigation activity is deemed cost beneficial according to FEMA guidelines.
- e. Homeowner agrees to comply with all HMGP guidelines as set forth by FEMA, GOHSEP and OCD.

**SECTION 4: VPA STATEMENT OF COMPLIANCE**

This Agreement of Voluntary Participation is made on 9/25/2012 (date). I/We am/are the owner of the following property, eligible for Road Home assistance and damaged by Hurricane Katrina and/or Rita at the following municipal address:

65 Lake Arbonne Blvd New Orleans LA 70124 Orleans  
Street City Parish ZIP (the “Property”).

I/We currently plan to participate in the OCD-DRU HMGP Program. I/We understand the following concerning participation in OCD-DRU HMGP Program:

- The program is voluntary in nature;
- I/We are under no obligation to participate;
- I/We may drop out of the program at any time before receiving an award;
- The program reimburses cost of mitigation measures, homeowner must complete measures in accordance with program guidelines and request reimbursement from OCD-DRU’s HMGP;
- Due to limited funding, IMM will be serviced on a “first come, first serve” basis until all funding is exhausted.

I/We understand that before cost will be reimbursed that an OCD-DRU HMGP Covenant must be signed, which requires the property owner to obtain and maintain flood insurance. The OCD-DRU HMGP will be recorded with Conveyance Records in the parish where the property is located.

I/We understand that property inspections are required for processing through the OCD-DRU HMGP and grant the program permission to take the necessary photos of my structure.

For Pilot Reconstruction Projects:

- Property owner has been notified that the following policy, listed in the June 2006 Pilot Reconstruction Guidance Section 2.3.7, has been rescinded by FEMA effective December 11, 2009: “Pilot Reconstruction activities must result only in an approximation of the original square footage of the structure, and that the square footage of the resulting structure shall be no more than 10 percent greater than that of the original structure.”
- Property owner has been notified that the maximum award amount is \$100,000, less duplication of benefits.
- Property owner confirms that the information described in the preceding paragraphs has been explained and the information is understood.

<u>William C Blount</u> Applicant or Co-Applicant NAME	<u>William C Blount</u> Applicant or Co-Applicant SIGNATURE	<u>9/25/12</u> Date
_____ Applicant or Co-Applicant NAME	_____ Applicant or Co-Applicant SIGNATURE	_____ Date

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

_____ Agent: NAME (person with POA)	_____ Agent SIGNATURE	_____ Date
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For official use only.





DIVISION OF ADMINISTRATION-OFSS  
P.O. BOX 94095  
BATON ROUGE LA 70804

CHECK  
NUMBER: 013496  
January 31, 2013

84-13  
654

PAY TO THE  
ORDER OF:

WILLIAM BLOUNT  
AND N O D S HOME BUILDERS LLC  
6818 ARGONNE BLVD  
NEW ORLEANS LA 70124

AMOUNT

\$32,797.19

Thirty-Two Thousand Seven Hundred Ninety-Seven And 19/100 Dollars



RH #019 238 6566 Argonne Blvd  
JPMorgan Chase Bank, Baton Rouge, LA

*Kristy H. Nichol*

Authorized Signatures

⑈013496⑈ ⑆065400137⑆ 936393784⑈

EXHIBIT

tabbies

B





State of Louisiana  
HAZARD MITIGATION GRANT PROGRAM

1119 Poydras Street • Suite 1400 • New Orleans, LA 70112-3008 • (504) 588-1177 • FAX (504) 588-1178  
hazardmitigation@grants.gov

Time of Observation: 5-11-11  
Weather Conditions: \_\_\_\_\_

10.1 Check-in Observation

Applicant ID: 10111-511-11

Damaged Property Address: 8016 Ardmore Blvd, Metairie, LA

Date of Observation: \_\_\_\_\_

Penetration Type:  Open  Slab  Sub Separation

Check List for Check-in Observations

- General Site Condition
- Type of Slab
- Which MO Project is Closest to
- Contractor Activity
- Take Photographs

General Site Condition:

Determine which Milestone Observation the Project is closest to:

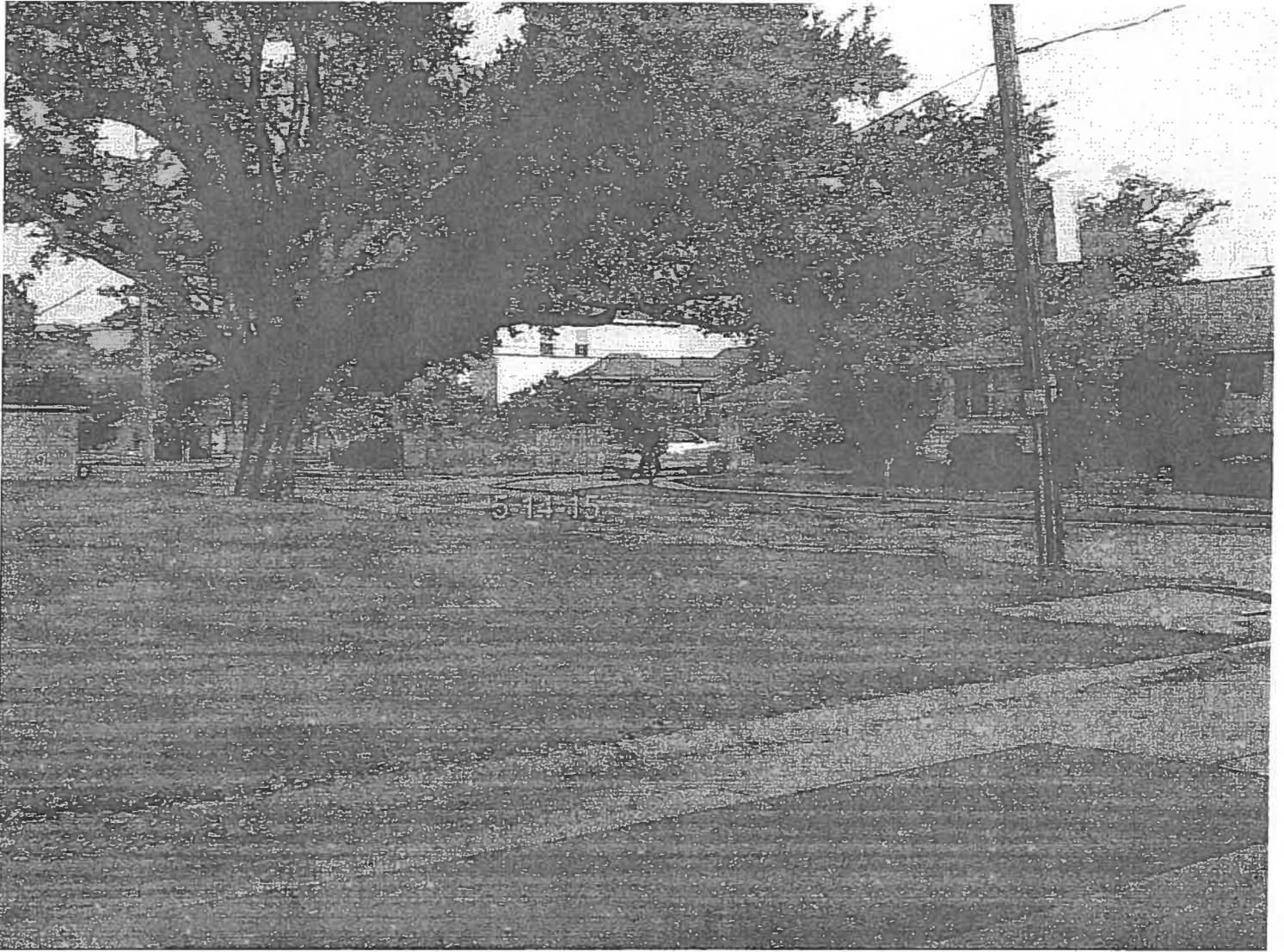
Is the contractor currently working? Does the site appear to have recent activity?

Is the contractor currently working? Does the site appear to have recent activity?

EXHIBIT  
tabbles  
C







1000-1000



State of Michigan  
**HAZARD MITIGATION GRANT PROGRAM**  
 Michigan Department of Transportation  
 1000-1000

Date of Observation: 10/15/10  
 Weather Conditions: Partly Cloudy

**COLLECTOR'S OBSERVATION**

Original Property Address: 1000-1000  
 Date of Visit: 10/15/10  
 Foundation Type: Open  
 to Hazardous Chemical Release: 0

- General Site Condition
- Topsoil
- When Work Order is Complete
- Contaminant Mobility
- Under Observation

General Site Condition

1000-1000

Comments: When Work Order is Complete  
 Contaminant Mobility  
 Under Observation

Date of Report: 10/15/10



State of Louisiana

## HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •  
hazardmitigation@mitigatela.org

12/16/2014

Road Home ID: 06HH019238

WILLIAM BLOUNT  
6566 ARGONNE BOULEVARD  
NEW ORLEANS, LA 70124

**SUBJECT: Verification of Mitigation Grant Funds**

Dear WILLIAM BLOUNT:

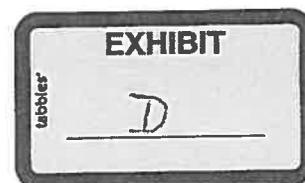
A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your Reconstruction grant(s):

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$ 0.00	Elevation Grant	\$ 0.00
Individual Mitigation Measures (IMM)	\$ 0.00	Individual Mitigation Measures (IMM)	\$ 0.00
Reconstruction Grant	\$32,797.19	Reconstruction Grant	\$32,797.19
<b>Total HMGP Funds Received</b>	<b>\$32,797.19</b>	<b>Total Hazard Mitigation Benefit</b>	<b>\$32,797.19</b>

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH is \$32,797.19

Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Rhonda Laurent, a case manager in our office, to work with you in connection with this request for input. If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our



consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

**Your response must be postmarked within fifteen (15) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call 504-284-4020 or send email to [rhonda.laurent@la.gov](mailto:rhonda.laurent@la.gov) for assistance.**

If you agree with the finding that an overpayment has occurred, you can return the funds as provided in Attachment 1. If you are unable to provide a full payment at this time, please contact your case manager for further instructions.

We appreciate your assistance in connection with this request. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in additional collection activities.

Sincerely,

Office of Community Development - HMGP

7292 6493 7827  
7014 0510 0000 0150 4102

<b>U.S. Postal Service<sup>SM</sup></b>	
<b>CERTIFIED MAIL<sup>SM</sup> RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: <u>Williams Blount</u>	
Street, Apt. No. or P.O. Box No.: <u>6566 Argonne Blvd.</u>	
City, State, ZIP+4: <u>New Orleans, LA 70124</u>	
PS Form 3800, August 2005 <span style="float: right;">205 PSN 5000-108-100-1000-1000</span>	

**Attachment 1**

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT, DISASTER RECOVERY UNIT HMGP ON OR BEFORE 15 DAYS FROM 12/16/2014.

Road Home ID: 06HH019238

Applicant Name: WILLIAM BLOUNT  
Address: 6566 ARGONNE BOULEVARD

Rhonda Laurent:

Please select **one** (1) option below. This form must be returned within fifteen (15) days of the date on this letter.

- I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit HMGP. I have enclosed my certified check, made payable to "Louisiana Division of Administration - HMGP", in the amount of \$32,797.19 mailed to:

Division of Administration  
Office of Community Development  
Hazard Mitigation Grant Program  
2021 Lakeshore Drive, Ste. 100  
New Orleans, LA 70122

- I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please review my proposed repayment plan which is attached.

- I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

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---

PRINTED NAME: \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

- I am not the primary applicant for this case. If checked, please state your relationship:

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State of Louisiana

**HAZARD MITIGATION GRANT PROGRAM**

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •  
hazardmitigation@mitigatela.org

1/16/2015

WILLIAM BLOUNT  
6566 ARGONNE BOULEVARD  
NEW ORLEANS, LA 70124

Road Home ID: 06HH019238

**SUBJECT: Final HMGP Collection Attempt**

Dear WILLIAM BLOUNT:

The Hazard Mitigation Grant Program has previously informed you of the need to reconcile the grant funds that were disbursed to you for your specific mitigation activity. The Program has previously sent you correspondence regarding the need to reconcile these funds. Because you have not responded, either through the return of grant funds or by providing satisfactory proof of completion of the funded mitigation activity, you are hereby notified that the Hazard Mitigation Grant Program is required to pursue collection of all funds.

You should be aware that the Hazard Mitigation Grant Program will use all available resources to recoup the grant funds disbursed to you including, but not limited to, collection agency services, wage garnishments, civil action, and income tax return liens.

This is the last correspondence you will receive from the Program in an attempt to collect these funds. **If you fail to return the \$32,797.19 owed to the State within five (5) calendar days your file will then be referred to the appropriate agencies for collection efforts as well as review for potential criminal violations.** All future correspondence will be directly from the appropriate collection agency. A table has been attached describing the grant funds received and the related activity for those funds.

You may stop the above actions by immediately contacting the Hazard Mitigation Grant Program at (504) 284-4067 to make acceptable repayment arrangements. Once your file has been referred for collection, your ability to reconcile the funds directly with the Program will end.

Respectfully,

Craig P. Taffaro, Jr.  
Director, Hazard Mitigation Grant Program  
and Recovery Coordination

**Enclosure**

OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-846-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link: [http://www.hamiltonrelay.com/states/la\\_howto.htm](http://www.hamiltonrelay.com/states/la_howto.htm).

AN EQUAL OPPORTUNITY EMPLOYER





State of Louisiana

## HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •  
hazardmitigation@mitigatela.org

Our review has determined that the following apply to your Reconstruction grant(s) because **the applicant performed no mitigation activity:**

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$ 0.00	Elevation Grant	\$ 0.00
Individual Mitigation Measures (IMM)	\$ 0.00	Individual Mitigation Measures (IMM)	\$ 0.00
Reconstruction Grant	\$32,797.19	Reconstruction Grant	\$32,797.19
<b>Total HMGP Funds Received</b>	<b>\$32,797.19</b>	<b>Total Hazard Mitigation Benefit</b>	<b>\$32,797.19</b>

**Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH019238 is \$32,797.19.**

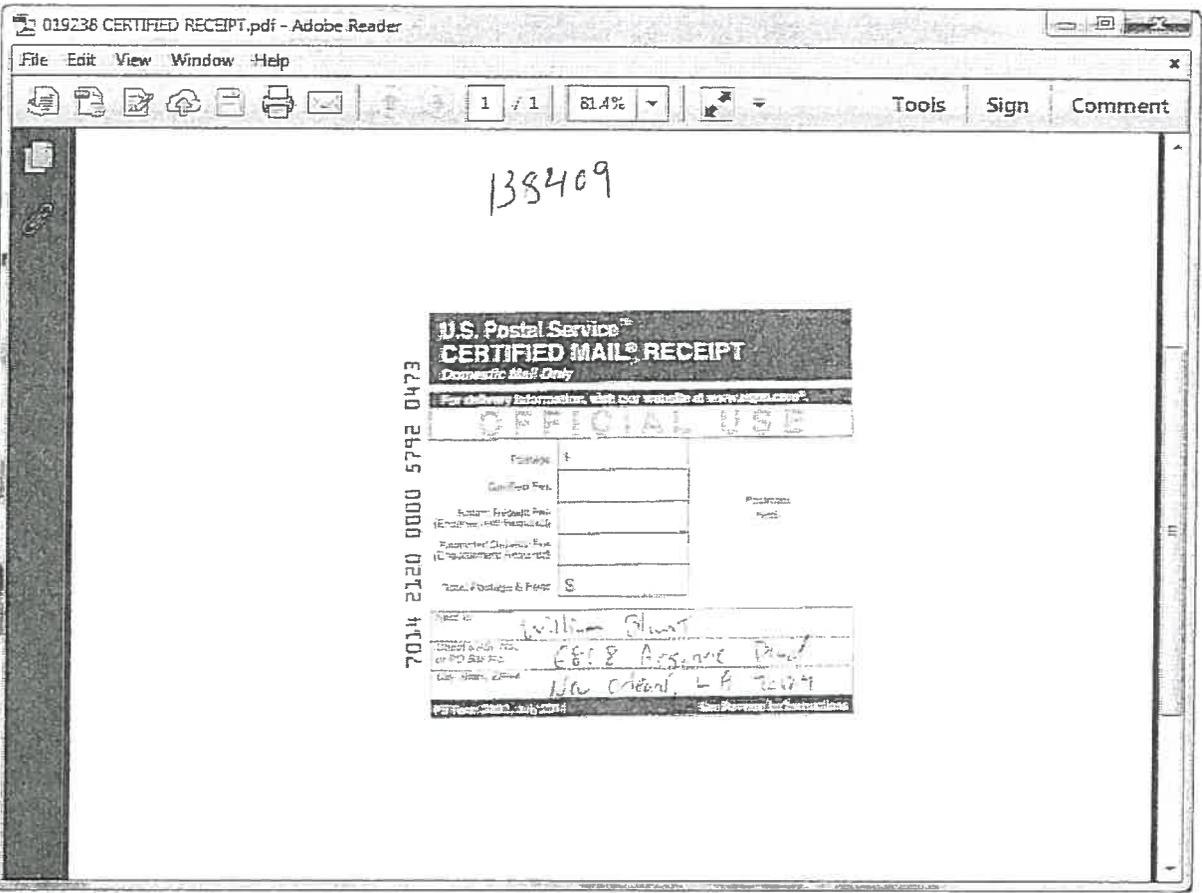
Payment should be delivered to the following address:

State of Louisiana  
Hazard Mitigation Grant Program  
2021 Lakeshore Drive, Suite 100  
New Orleans, La. 70122

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AN EQUAL OPPORTUNITY EMPLOYER

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0644 019 238

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Mr. Nick Blunt 6818 Argonne Blvd New Orleans, LA 70124	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 2013

Domestic Return Receipt

7014 2120 0000 5792 0473



# USPS Tracking™



Tracking Number: 70142120000057920473

## Product & Tracking Information

Avai

Postal Product:

Features:  
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
January 20, 2015 , 2:23 pm	Delivered	NEW ORLEANS, LA 70124
Your item was delivered at 2:23 pm on January 20, 2015 in NEW ORLEANS, LA 70124.		
January 18, 2015 , 9:49 pm	Departed USPS Facility	NEW ORLEANS, LA 70113
January 17, 2015 , 8:38 am	Arrived at USPS Facility	NEW ORLEANS, LA 70113
January 16, 2015 , 5:57 pm	Arrived at USPS Facility	BATON ROUGE, LA 70826

## Track Another Package

Tracking (or receipt) number



Manag

Track all your  
No tracking n

Sign up fo



State of Louisiana  
**HAZARD MITIGATION GRANT PROGRAM**

2021 LAKESHORE DRIVE, SUITE 100, NEW ORLEANS, LA 70122 • PHONE: 504-284-4020

April 13, 2015

06HH019238  
WILLIAM BLOUNT  
6818 ARGONNE BLVD  
NEW ORLEANS LA 70124

Re: Collection of Outstanding Debt in the Amount of **\$32,797.19**

Dear WILLIAM BLOUNT:

This letter is pursuant to your agreement to voluntarily participate in the State of Louisiana's Hazard Mitigation Grant Program ("HMGP") and to comply with all HMGP and Federal Emergency Management Agency ("FEMA") rules and guidelines, which includes the proper use of Federal grant funds for the mitigation of your home located at 6566 ARGONNE BOULEVARD NEW ORLEANS.

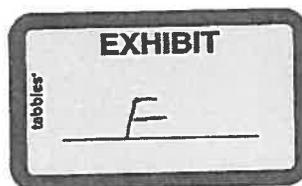
You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$32,797.19**. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt within an agreed upon timeframe and at an agreed monthly amount. However, as of this date, you have failed to and/or refused to execute a re-payment agreement.

If payments have been paid pursuant to a payment agreement, then you should immediately contact the Program to verify the amount currently owed to the Program.

Please know that litigation and/or prosecution will be instituted against you for the collection of your unresolved debt.

Sincerely,

La Koshia R. Roberts  
Attorney for HMGP



**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7014 0510 0001 1416 9888

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
here

019738

Sent to W. Blount

Street, Apt. No.,  
or PO Box No. 6518 Argonne

City, State, ZIP+4 MCIA 70124

PS Form 3826, August 2005

SEE REVERSE FOR INSTRUCTIONS

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:  <i>W. B. Lount</i>  <i>6518 Argonne</i>  <i>NOIA 76134</i>    <i>019 738</i></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>3. Service Type  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>7014 0510 0001 1416 9838</p>
<p>PS Form 3811, July 2013</p>	<p>Domestic Return Receipt</p>



# USPS Tracking™



Tracking Number: 70140510000114169888

## Product & Tracking Information

Avi

Postal Product:

Features:

Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
May 1, 2015 , 4:23 pm	<u>Delivered</u>	NEW ORLEANS, LA 70124
Your item was delivered at 4.23 pm on May 1, 2015 in NEW ORLEANS, LA 70124.		
April 29, 2015 , 2:32 pm	Notice Left (No Authorized Recipient Available)	NEW ORLEANS, LA 70124
April 23, 2015 , 5:04 pm	Notice Left (No Authorized Recipient Available)	NEW ORLEANS, LA 70124
April 21, 2015 , 10:23 pm	Departed USPS Facility	NEW ORLEANS, LA 70113
April 13, 2015 , 7:57 pm	Arrived at USPS Facility	NEW ORLEANS, LA 70113

## Track Another Package

Mana

Tracking (or receipt) number

Track all y  
No trackin