

# Kevin E. Kennedy, Esq.

A Limited Liability Company

Attorney at Law

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NJ & Washington DC

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165 Highway 35  
Red Bank, NJ 07701

June 18, 2020

## VIA FEDERAL-EXPRESS

Borough of Sea Bright  
Attn: Candace Mitchell, Board Secretary  
1167 Ocean Avenue  
Sea Bright, NJ 07760

**Re: Bernard Dowd Application  
20 & 22 Church Street  
Sea Bright, NJ  
Block 13, Lots 28 & 29**

Dear Ms. Mitchell:

Please be advised that I am writing to you on behalf of the Bernard Dowd. In that regard, and in anticipation of the **June 23, 2020** Public Hearing, I would ask that you please note the following:

1. Enclosed herein please find a copy of the Public Notice issued in connection with the application.
2. Enclosed herein please find an original Affidavit of Publication.
3. Enclosed herein please find a Certification of Mailing.
4. Enclosed herein please find the Certified List of Property Owners.
5. Enclosed please find the "green and white" certified slips for the individuals / entities who/which were served with notice of the application.

**BOROUGH OF SEA BRIGHT  
UNIFIED PLANNING BOARD  
NOTICE OF HEARING**

PLEASE TAKE NOTICE, that Bernard Dowd, the owner of the property located at 20 & 22 Church Street, Sea Bright, NJ more formally identified as Block 13, Lots 28 & 29 (R-3 Zone), has submitted a Development Application to the Borough of Sea Bright / Sea Bright Planning Board. The subject property is currently vacant.

On or about April 22, 2014, a prior owner received Use Variance Approval and Bulk Variance Approval to effectuate the following:

- Demolition of the then existing Superstorm Sandy- damaged two-family home; and
- Construction of a new two-family dwelling.

The Applicant herein, the new owner, is requesting permission to modify the design of the previously approved two-family home.

The changes (between the home, which was approved in 2014, and what the Applicant proposes now) include the following:

- a. Increase the front yard setback from .7 ft to 3.0 ft. (to the open balcony);
- b. Reduction of the side yard setback from 4.0 ft. to 3.16 ft.;
- c. Increase in the rear yard setback from approximately 12.9 ft. to approximately 12.96 ft.;
- d. Increase in the number of stories from 2 to 2 ½;
- e. Increase in the height from 35 ft. to 37.10”;
- f. Increase in the Building Coverage from approximately 55.3% to 61.93%.

In conjunction with the Application, the Applicant will be seeking the following Variance relief:

- Use / "d" Variance relief required for the construction of a two-family home in a zone which does not permit the same;
- FRONT YARD SETBACK: 5 to 12 ft. required; whereas 3 ft. proposed;
- REAR YARD SETBACK: 15 ft. required; whereas 12.93 ft. proposed;

- POTENTIAL HEIGHT VARIANCE: approximately 35 ft. allowed; whereas 37 ft. 10" proposed;
- BUILDING COVERAGE: 50% allowed; whereas 61.3% proposed;

The Applicant will also be seeking approval for any and all other Variances and / or Design Waivers which are necessary, or which will become necessary, during the Public Hearing Process.

The Planning Board Meeting will take place on **June 23, 2020, at 7:30 pm**. Given the current emergency restrictions in effect (associated with the Coronavirus), please take notice that the Hearing will likely be held by the Sea Bright Planning Board through a Remote Hearing, hosted virtually from the Sea Bright Beach Pavilion, 3<sup>rd</sup> Floor, 1097 Ocean Avenue, Sea Bright, NJ.

Members of the Public are welcome to, and encouraged to, observe / participate in the Remote Hearing. The meeting will likely be held via a web-meeting conference communication system. Members of the Public can remotely access the meeting, via a smart phone or tablet, via a special link on your computer, or by telephone. For anyone interested in observing and / or otherwise participating in the remote web meeting, the instruction / directions are as follows:

Please join meeting from your computer, tablet, or smartphone:

<https://global.gotomeeting.com/join/643754637>

You can also dial in using your phone:

United States: (Toll Free): 1-877-309-2073

United States: +1 (571) 317-3129

Access Code: 643-754-637

New to GoToMeeting? Get the app now and be ready when your first meeting starts:

<https://global.gotomeeting.com/install/643754637>

Additional technological assistance and / or additional information can be obtained by contacting the Board Secretary, Candace Mitchell at [cmitchell@seabrightnj.org](mailto:cmitchell@seabrightnj.org), or 732-842-0099, Ext. 123. Moreover, any access issues / barriers can be addressed to the Applicant's Attorney as well (732-936-1099).

The Application information / plans are or will be available for public inspection, on the Borough Website at least ten (10) days in advance of the Remote Hearing. (In special qualifying circumstances, members of the public are also free to contact the Board Secretary to discuss if

any other special / reasonable accommodations can, in good faith, be effectuated to facilitate public review of pertinent documents.)

Members of the public who have questions, comments, or concerns regarding the Web Meeting process, or the Remote Meeting format, should contact the Board Secretary (during regular Borough hours) at the number/email address referenced above. In the event no one is present to immediately answer the phone (because of coronavirus scheduling issues), members of the public are encouraged to leave a message, call back, or send an e-mail message.

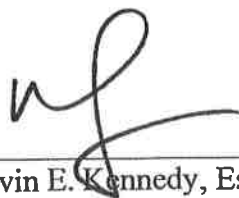
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Members of the public should notify the Board Secretary, in advance, if possible, via e-mail, or phone call, of any anticipated intention to undertake cross-examination, introduce evidence, and / or otherwise make public comments / statements in connection with a particular Application. The purpose of such notification is to ensure, to the greatest extent possible, that the technological needs of all are accommodated, and so as to furthermore ensure, to the greatest extent possible, that any additional documents to be identified / referenced at the Remote Hearing can hopefully be available for review by all participants and other members of the public. Please note that the preceding sentence will not limit or otherwise block the ability of members of the public to ask questions, make comments, or issue opinions based upon testimony and evidence presented during the Remote Public Hearing.

If the emergency restrictions are no longer in effect, the June 23, 2020 (7:30 pm) meeting may be a live, in-person meeting, which will take place at the Sea Bright Beach Pavilion, 1097 Ocean Avenue, 3<sup>rd</sup> floor, Sea Bright, NJ. Residents are encouraged to view the Municipal website for any additional developments.

6/6/2020

Date



Kevin E. Kennedy, Esq.

KEK/dmp

Z:\KevinKennedyLaw\Land Use\Dowd (Sea Bright)\Public Notice #2.doc

AFFIDAVIT OF PUBLICATION

Publisher's Fee \$117.00    Affidavit \$35.00

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STATE OF WISCONSIN

Brown County

Personally appeared Nicholas Reinstrom at County of Brown, State of Wisconsin.

Of the **Asbury Park Press**, newspaper printed in Freehold, New Jersey and published in Neptune, in State of New Jersey and Monmouth/Ocean Counties, and of general circulation in Monmouth/Ocean Counties, who being duly sworn, deposes and saith that the advertisement of which the annexed is a true copy, has been published in the said newspaper 1 times, once in each issue as follows:

06/10/2020 A.D 2020

*Shelly Hora*

Notary Public State of Wisconsin County of Brown

8-25-23

My commission expires

SHELLY HORA  
Notary Public  
State of Wisconsin

Ad Number: 0004228363

Run Dates: 06/10/2020

BOROUGH OF SEA BRIGHT  
UNIFIED PLANNING BOARD  
NOTICE OF HEARING

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You can also dial in using your phone:  
United States: (Toll Free): 1-877-309-2073  
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New to GoToMeeting? Get the app now and be ready when your first meeting starts!  
<https://global.gotomeeting.com/install/643754637>

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Avenue, 3rd floor, Sea Bright, NJ. Residents are encouraged to view the Municipal website for any additional developments.

Kevin E. Kennedy, Esq.  
(\$17.00)

002036101



## CERTIFICATION OF MAILING

I, **Kevin E. Kennedy**, hereby certify as follows:

1. I am the Attorney at the Law Office of Kevin E. Kennedy, located at 165 Highway 35, Red Bank, New Jersey.
2. On June 11, 2020, I sent letters (via certified mail) to all the individuals / entities set forth on the attached mailing list.
3. The above letters contained the attached Public Hearing Notice evidencing the Bernard Dowd application was scheduled to be heard by the Sea Bright Planning Board on June 23, 2020.
4. The original receipts, confirming that the above letters were sent via certified mail are attached hereto.
5. I am aware that the Sea Bright Planning Board will be relying upon the truthfulness of the statements contained herein.

I hereby certify that the foregoing statements made by me are true to the best of my knowledge, information, and belief. Furthermore, I am aware that if any of the statements made by me are willfully false, I am subject to punishment.

Date

6/18/20

\_\_\_\_\_  
Kevin E. Kennedy, Esq.

Dowd

**BOROUGH OF SEA BRIGHT  
OFFICE OF THE MUNICIPAL CLERK  
1167 OCEAN AVENUE  
SEA BRIGHT, NJ 07760  
732-842-0099 EXT. 19**

Information requested for properties located within 200' of **Block 13, Lots 28 and 29, also known as 20 and 22 Church Street.**

**YOU MUST SEND NOTICES TO THE UTILITIES AND APPROPRIATE GOVERNMENTAL AGENCIES NOTED BELOW:**

✓ <b>Borough of Sea Bright</b> 1167 Ocean Avenue Sea Bright, NJ 07760	✓ <b>State of New Jersey (for State Hwy 36)</b> Commissioner, Department of Transportation 1035 Parkway Avenue P.O. Box 600 Trenton, NJ 08625
✓ <b>Comcast</b> 403 South Street Eatontown, NJ 07724	✓ <b>State of New Jersey (for Coastal Waters)</b> Division of Coastal Resources P.O. Box 401 Trenton, NJ 08625
✓ <b>New Jersey American Water Company</b> 661 Shrewsbury Avenue Shrewsbury, NJ 07702	✓ <b>Two Rivers Water Reclamation Authority</b> 1 Highland Avenue Monmouth Beach, NJ 07750
✓ <b>New Jersey Natural Gas Company</b> 1415 Wyckoff Road Wall, NJ 07719	✓ <b>Verizon</b> 175 W. Main Street Freehold, NJ 07728 Attn: Corporate Secretary/Right of Way Agent
✓ <b>Jersey Central Power &amp; Light</b> Area Manager Central New Jersey 1500 Florance Avenue Union Beach, NJ 07735	✓ <b>Monmouth County Planning Board</b> Hall of Records Annex – 2 <sup>nd</sup> Floor 1 East Main Street Freehold, NJ 07728

Attached is a true list of the Property Owners within 200' of **Block 13, Lot 28 and 29, also known as 20 and 22 Church Street** in the Borough of Sea Bright as submitted by Sea Bright Tax Assessor Timothy Anfusio.

*Candace B. Mitchell*  
Candace B. Mitchell, Administrative Assistant  
Borough Clerk's Office

Date: January 27, 2020  
Date Request Received: January 27, 2020  
Amount Paid: \$20.00

Cc. Planning Board Secretary  
File

OWNER & ADDRESS REPORT

SEA BRIGHT

200 FOOT OWNERS FOR BLOCK 13, LOTS 28 & 29

01/25/20 Page 1 of 3

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
12	2		4A	✓ 1124 OCEAN AVENUE, LLC 1124 OCEAN AVENUE SEA BRIGHT, NJ 07760	1124 OCEAN AVENUE	
12	4		15C	✓ BORO OF SEA BRIGHT 1167 OCEAN AVENUE SEA BRIGHT, NJ 07760	4 NEW STREET	
12	5		2	✓ LANGEVIN, CARMINE 7 SURF STREET SEA BRIGHT, NJ 07726	7 SURF STREET	
12	6		2	✓ MCSUIRE, GRACE PO BOX 68 RUMSON, NJ 07760	6 NEW STREET	
12	7		2	✓ KEENAN, PAUL 8 NEW STREET SEA BRIGHT, NJ 07760	8 NEW STREET	
12	8		2	✓ DUNLEAVY, JOHN R, TRUSTEE, ETAL 10 NEW STRET SEA BRIGHT, NJ 07760	10 NEW STREET	
12	8.01		2	✓ SOLANO, JORGE 12 NEW STREET SEA BRIGHT, NJ 07760	12 NEW STREET	
12	9		2	✓ 14 NEW STREET, LLC %MCCAGUE 320 NAVESINK AVE ATLANTIC HIGHLANDS, NJ 07716	14 NEW STREET	
12	10		2	✓ NICOL, NATALIE 16 NEW STREET SEA BRIGHT, NJ 07760	16 NEW STREET	
12	11		2	✓ LONG, ROBERT & DINA 20 NEW STREET SEA BRIGHT, NJ 07760	20 NEW STREET	
12	11.01		2	✓ CHENOWETH, TARA L. 1182 SYCAMORE AVENUE TINTON FALLS, NJ 07724	22 NEW STREET	
12	12		2	✓ LOBIONO, JAMES IRREVOCABLE TRUST 144 RUMSON ROAD RUMSON, NJ 07760	24 NEW STREET	
12	13		2	✓ COLE SEA BRIGHT, LLC 123 GRANGE AVENUE FAIR HAVEN, NJ 07704	26 NEW STREET	
13	1		4A	✓ BOWIE REAL PROPERTIES, LLC 1120 OCEAN AVENUE SEA BRIGHT, NJ 07760	1110 OCEAN AVENUE	
13	2		2	✓ NEW DIRECTION IRA, INC 1070 W CENTURY DRIVE LOUISVILLE, CO 80027	5 NEW STREET	
13	3		2	✓ BIRDSALL, KEVIN 9 NEW STREET SEA BRIGHT, NJ 07760	9 NEW STREET	
13	4		4A	✓ BELL ATLANTIC %DUFF PO BOX 2749 ADDISON, TX 75001	11 NEW STREET	
13	5		2	✓ GORMAN, EDWARD & PAYNE, HEATHER 13 NEW STREET SEA BRIGHT, NJ 07760	13 NEW STREET	
13	6		2	✓ GEE, DANNY 15 NEW STREET SEA BRIGHT, NJ 07760	15 NEW STREET	

*and we served  
07760  
as well*



OWNER & ADDRESS REPORT

SEA BRIGHT

200 FOOT OWNERS FOR BLOCK 13, LOTS 28 & 29

01/25/20 Page 2 of 3

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
13	7		2 ✓	LOBIONDO, JAMES IRREVOCABLE TRUST 144 RUMSON ROAD RUMSON, NJ 07760	17 NEW STREET	
13	8		2 ✓	PIERCE, DESIRE ANITA WHITE 19 NEW STREET SEA BRIGHT, NJ 07760	19 NEW STREET	
13	9		2	LOBIONDO, JAMES IRREVOCABLE TRUST 144 RUMSON ROAD RUMSON, NJ 07760	21 NEW STREET	
13	10		2 ✓	ZHENG, XUE MING & XUE PING 23 NEW STREET SEA BRIGHT, NJ 07760	23 NEW STREET	
13	11		2 ✓	ESKRIDGE, JOSEPH R. & SHEILA M. 25 NEW STREET SEA BRIGHT, NJ 07760	25 NEW STREET	
13	12		1 ✓	HOWLAND, JESSE A & SONS INC. P.O. BOX 419 KINGSTON, NJ 08528	29 NEW STREET	
13	13		1 ✓	HOWLAND JESSE A & SONS INC PO BOX 419 LAUREL AVE KINGSTON, NJ 08528	31 NEW STREET	
13	14		4A ✓	HOWLAND, JESSE A. & SONS INC. PO BOX 419 KINGSTON, NJ 08528	50 CHURCH STREET	
13	15		2 ✓	HOWLAND, JESSIE A. & SONS INC. PO BOX 419 KINGSTON, NJ 08528	4 FRONT STREET	16
13	17		15C ✓	BORO OF SEA BRIGHT 1167 OCEAN AVENUE SEA BRIGHT, NJ 07760	8 FRONT STREET	
13	20		2 ✓	CJM ASSOCIATES OF SEA BRIGHT, LLC PO BOX 419 KINGSTON, NJ 08528	42 CHURCH STREET	
13	21		1 ✓	JESSIE A. HOWLAND & SONS INC PO BOX 419 KINGSTON, NJ 08528	40 CHURCH STREET	
13	22		1 ✓	C, J & M ASSOC OF SEA BRIGHT, LLC PO BOX 419 KINGSTON, NJ 08528	38 CHURCH STREET	
13	23		2 ✓	LOVGREN, ERIK J. 34 CHURCH STREET SEA BRIGHT, NJ 07760	34 CHURCH STREET	
13	24		2 ✓	THORNTON, ROBYN 30 CHURCH STREET SEA BRIGHT, NJ 07760	30 CHURCH STREET	24.01
13	25		2 ✓	MONTESANO, RALPH G. & SUSAN V. 28 CHURCH STREET SEA BRIGHT, NJ 07760	28 CHURCH STREET	
13	26		2 ✓	SPAHR, MICHAEL & KRISTEN 2 14TH STREET APT 425 HOBOKEN, NJ 07030	26 CHURCH STREET	
13	27		2 ✓	24 CHURCH, LLC 130 MAPLE AVE SUITE EB-2 RED BANK, NJ 07701	24 CHURCH STREET	
13	30		2 ✓	MILLER, KRISTINA 16 CHURCH STREET SEA BRIGHT, NJ 07760	16 CHURCH STREET	

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OWNER & ADDRESS REPORT

SEA BRIGHT

200 FOOT OWNERS FOR BLOCK 13, LOTS 28 & 29

01/25/20 Page 3 of 3

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
13	31		1	GORMAN, EDWARD 13 NEW STREET SEA BRIGHT, NJ 07760	14 CHURCH STREET	
13	32		2	BYRON, JOHN BYRON THOMAS 12 CHURCH STREET SEA BRIGHT, NJ 07760	12 CHURCH STREET	
13	33		2	DUANE, EOIN & REBECCA SMITH DUANE 640 JOHN CARLYLE ST U-115 ALEXANDRIA, VA 22314	10 CHURCH STREET	
13	34		2	LUNDY, WILLIAM, F., ETAL 8 CHURCH STREET SEA BRIGHT, NJ 07760	8 CHURCH STREET	
13	35		2	FEMINELLO, MICHAEL W & RACHEL A 40 WARREN STREET RUMSON, NJ 07760	6 CHURCH STREET	
13	36		2	LARKIN, THOMAS A 4 CHURCH STREET SEA BRIGHT, NJ 07760	4 CHURCH STREET	
13	37		4A	WILLIAM A G INC PO BOX 3317 SEA BRIGHT, NJ 07760	1106 OCEAN AVENUE	



UNITED STATES POSTAL SERVICE®

Firm Mailing Book For Accountable Mail

*Book*

USPS Tracking/Article Number	Addressee (Name, Street, City, State, & ZIP Code™)	Check type of mail or service		Affix Stamp Here (for additional copies of this receipt, Postmark with Date of Receipt.)	Postage (Extra Services) Fee	Handling Charge	Actual Value If Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
		<input type="checkbox"/> Adult Signature Required	<input type="checkbox"/> Priority Mail Express												

1.	Borough of Sea Bright 1167 Ocean Avenue Sea Bright, NJ 07760	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Return Receipt for Merchandise		50										
2.	COMCAST 403 South Street Eatontown, NJ 07724	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Signature Confirmation Restricted Delivery		3.55										
3.	New Jersey American Water Company 651 Shrewsbury Avenue Shrewsbury, NJ 07702	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
4.	New Jersey Natural Gas Company 1415 Wyckoff Road Wall, NJ 07719	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
5.	Jersey Central Power & Light Area Manager Central New Jersey 1500 Florence Avenue Union Beach, NJ 07735	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
6.	State of New Jersey (for St. Hwy 36) Commutations, Department of Transportation 1035 Parkway Avenue P.O. Box 600 Trenton, NJ 08625	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
7.	State of New Jersey (for Coastal Waters) Division of Coastal Resources P.O. Box 401 Trenton, NJ 08625	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
8.	Two Rivers Water Reclamation Authority 1 Highland Avenue Moormouth Beach, NJ 07750	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office													





Name and Address of Sender

Dowd

USPS Tracking/article Number

- Adult Signature Required
- Adult Signature Restricted Delivery
- Certified Mail
- Certified Mail Restricted Delivery
- Collect on Delivery (COD)
- Insured Mail
- Priority Mail
- Priority Mail Express
- Registered Mail
- Return Receipt for Merchandise
- Signature Confirmation
- Signature Confirmation Restricted Delivery

Addressee (Name, Street, City, State, & ZIP Code™)

Verizon  
175 W. Main Street  
Freehold, NJ 07728  
Attn: Corporate Secretary/Regal at Verizon

Monmouth County Planning Board  
Hall of Records Annex - 2<sup>nd</sup> Floor  
1 East Main Street  
Freehold, NJ 07728

1124 Ocean Avenue, LLC  
1124 Ocean Avenue  
Sea Bright, NJ 07760

Boro of Sea Bright  
1167 Ocean Avenue  
Sea Bright, NJ 07760

Langevin, Carmine  
7 Surf Street  
Sea Bright, NJ 07726

Langevin, Carmine  
7 Surf Street  
Sea Bright, NJ 07760

McGuire, Grace  
PO Box 68  
Runson, NJ 07760

Keenan, Paul  
8 New Street  
Sea Bright, NJ 07760

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postage (Extra Services) Fee

Handling Charge

Actual Value if Registered

Insured Value

Due to Sender if COD

ASR Fee

ASRD Fee

RD Fee

RR Fee

SC Fee

SCRD Fee

SH Fee

Affix Stamp Here  
(for additional copies of this receipt)  
Postmark with Date of Receipt.

Handling Charge - if Registered and over \$50,000 in value

Adult Signature Required

Adult Signature Restricted Delivery

Restricted Delivery

Return Receipt

Signature Confirmation

Signature Confirmation Restricted Delivery

Special Handling





Firm Mailing Book For Accountable Mail

*Hand*



Name and Address of Sender		Check type of mail or service		Affix Stamp Here (for additional copies of this receipt). Postmark with Date of Receipt.																					
USPS Tracking/Article Number	Address (Name, Street, City, State, & ZIP Code™)	<input type="checkbox"/> Adult Signature Required	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Collect on Delivery (COD)	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Priority Mail	<input type="checkbox"/> Priority Mail Express	<input type="checkbox"/> Registered Mail	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Signature Confirmation	<input type="checkbox"/> Signature Confirmation Restricted Delivery	Postage (Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
1. 7019 1120 0002 0020 9452	Dunleavy, John R. Trustee, c/o 10 New Street Sea Bright, NJ 07760	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50.25											
2. 11 11 11 9439	Solano, Jorge 12 New Street Sea Bright, NJ 07760	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
3. 11 11 11 9446	14 New Street, LLC C/O McCague 320 Newark Ave Atlantic Highlands, NJ 07716	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
4. 11 11 11 9453	Nicol, Natalie 16 New Street Sea Bright, NJ 07760	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5. 11 11 11 9460	Long, Robert & Dina 20 New Street Sea Bright, NJ 07760	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
6. 11 11 11 9497	Chenoweth, Tara L. 1182 Sycamore Avenue Tinton Falls, NJ 07724	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
7. 11 11 11 9484	Lobkora, James Irrevocable Trust 144 Rumson Road Rumson, NJ 07760	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
8. 11 11 11 9491	Cole Sea Bright, LLC 123 Grange Avenue Fair Haven, NJ 07764	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

Handling Charge - if Registered and over \$50,000 in value

Adult Signature Required  
 Adult Signature Restricted Delivery  
 Restricted Delivery  
 Return Receipt  
 Signature Confirmation  
 Signature Confirmation Restricted Delivery  
 Special Handling

Total Number of Pieces Listed by Sender: 8  
 Total Number of Pieces Received at Post Office: 8  
 Postmaster: Per (Name of receiving employee)





Firm Mailing Book For Accountable Mail

*Dowd*

USPS Tracking/Article Number	Name and Address of Sender	Check type of mail or service	Affix Stamp Here (for additional copies of this receipt). Postmark with Date of Receipt.												
			Postage	(Extra Services) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SORD Fee	SHL Fee
7019 1120 0002 0020 9507	Bovite Real Properties, LLC 1120 Ocean Avenue Sea Bright, NJ 07760	<input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery (COD) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery	50	3.55											
1.	New Direction IRA, Inc. 1070 W. Century Drive Louisville, CO 80027														
2.	Birdsell, Kevin 9 New Street Sea Bright, NJ 07760														
3.	Bell Atlantic C/O Duff PO Box 2749 Addicks, TX 75001														
4.	Gorman, Edward & Payne, Heather 13 New Street Sea Bright, NJ 07760														
5.	Geo. Danny 15 New Street Sea Bright, NJ 07760														
6.	Lobiondo, James Irrevocable Trust 144 Rumson Road Rumson, NJ 07760														
7.	Pierce, Desire Aulia White 19 New Street Sea Bright, NJ 07760														
8.															

Handling Charge - if Registered and over \$50,000 in value





Firm Mailing Book For Accountable Mail

*Post*



USPS Tracking/Article Number	Name and Address of Sender	Check type of mail or service	Affix Stamp Here (for additional copies of this receipt). Postmark with Date of Receipt.																	
			Postage	(Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH (Fee)					
1. 7019 1120 0002 0820 9583	Zhou, Xue Ming & Xue Ping 23 New Street Sea Bright, NJ 07760	<input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collected on Delivery (COD) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail		50	3.55															
2. 11 11 11 9590	Eslinger, Joseph R. & Sheila M. 25 New Street Sea Bright, NJ 07760	<input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery																		
3. 11 11 11 9606	Howland, Jesse A. & Sons Inc PO Box 419 Kingson, NJ 08528	<input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery																		
4. 11 11 11 9613	Howland, Jesse A. & Sons Inc PO Box 419 Laura Avenue Kingson, NJ 08528	<input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery																		
5. 11 11 11 9620	CIM Associated of Sea Bright, LLC PO Box 419 Kingson, NJ 08528	<input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery																		
6. 11 11 11 9637	Jessie A. Howland, & Sons Inc PO Box 419 Kingson, NJ 08528	<input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery																		
7. 11 11 11 9644	C, J & M Assoc of Sea Bright, LLC PO Box 419 Kingson, NJ 08528	<input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery																		
8. 11 11 11 9651	Lovgren, Erik J. 34 Church Street Sea Bright, NJ 07760	<input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery																		

Handling Charge - if Registered and over \$50,000 in value

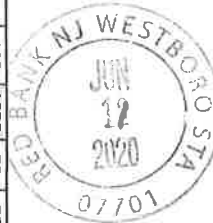
2.85



Firm Mailing Book For Accountable Mail

*Down*

USPS Tracking/Article Number	Name and Address of Sender	Check type of mail or service	Affix Stamp Here (for additional copies of this receipt). Postmark with Date of Receipt.											
			Postage	(Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee
1. 7019 1120 0002 0020 9668	Thomson, Robyn 30 Church Street Sea Bright, NJ 07760	<input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collected on Delivery (COD) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery	50	3.55										
2. 11 11 11 9695	Montesano, Ralph G. & Susan V. 28 Church Street Sea Bright, NJ 07760													
3. 7018 1830 0002 2087 8399	Spahr, Michael & Kristin 2 1/2 Street Apt 425 Hoboken, NJ 07030													
4. 11 11 11 8386	24 Church, LLC 130 Maple Ave Suite EB-2 Red Bank, NJ 07701													
5. 11 11 11 8393	Miller, Kristina 16 Church Street Sea Bright, NJ 07760													
6. 11 11 11 8409	Gorman, Edward 13 New Street Sea Bright, NJ 07760													
7. 11 11 11 8416	Byrne, John Byron Thomas 12 Church Street Sea Bright, NJ 07760													
8. 11 11 11 8423	Duane, Doin & Rebecca Smith Duane 640 John Carlyle St U-125 Alexandria, VA 22314													
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)											



*Complete in Ink*



Firm Mailing Book For Accountable Mail

David

Name and Address of Sender

Check type of mail or service

- Adult Signature Required
- Adult Signature Restricted Delivery
- Certified Mail
- Certified Mail Restricted Delivery
- Collect on Delivery (COD)
- Insured Mail
- Priority Mail
- Priority Mail Express
- Registered Mail
- Return Receipt for Merchandise
- Signature Confirmation
- Signature Confirmation Restricted Delivery

Address (Name, Street, City, State, & ZIP Code™)

Postage (Extra Services) Fee

Handling Charge

Actual Value if Registered

Insured Value

Due if Sender if COD

ASR Fee

ASRD Fee

RD Fee

RR Fee

SC Fee

SCRD Fee

SH Fee

Affix Stamp Here (for additional copies of this receipt). Postmark with Date of Receipt.



70181830 0002 2287 8430

USPS Tracking/Article Number	Check type of mail or service	Address (Name, Street, City, State, & ZIP Code™)	Postage (Extra Services) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due if Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
1. 70181830 0002 2287 8430	<input checked="" type="checkbox"/> Certified Mail	Lundy, William, F., Esq 8 Church Street Sea Bright, NJ 07760	50.95								2.85			
2. 11 11 8447	<input type="checkbox"/> Adult Signature Restricted Delivery	Fornalino, Michael W & Rachel A 40 Warren Street Rumson, NJ 07760												
3. 11 11 8454	<input type="checkbox"/> Adult Signature Restricted Delivery	Larkin, Thomas A 4 Church Street Sea Bright, NJ 07760												
4. 11 11 8461	<input type="checkbox"/> Adult Signature Restricted Delivery	William A G Inc PO Box 3317 Sea Bright, NJ 07760												
5.														
6.														
7.														
8.														

Handling Charge - if Registered and over \$50,000 in value

Adult Signature Required

Adult Signature Restricted Delivery

Restricted Delivery

Return Receipt

Signature Confirmation

Signature Confirmation Restricted Delivery

Special Handling

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Each Office

Postmaster/Per (Name of person/employee)

PS Form 3877, January 2017 (Page 1 of 2)


Complete in Ink


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PSN 7530-02-000-9098

1

9262

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>																	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</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 <span style="float: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>																	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery																
<p>COMCAST 403 South Street Eatontown, NJ 07724</p> <p style="text-align: right;">Dowd</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>																	
 9590 9402 5700 9346 4844 95		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>		<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 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	
<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 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																			
2. Article Number (Transfer from service label)		Domestic Return Receipt																	
7019 1120 0002 0020 9279																			
PS Form 3811, July 2015 PSN 7530-02-000-9000																			

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>																	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</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 <span style="float: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>																	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery																
<p>New Jersey American Water Company 661 Shrewsbury Avenue Shrewsbury, NJ 07702</p> <p style="text-align: right;">Dowd</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>																	
 9590 9402 5371 9189 7721 88		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>		<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 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	
<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 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																			
2. Article Number (Transfer from service label)		Domestic Return Receipt																	
7019 1120 0002 0020 9286																			
PS Form 3811, July 2015 PSN 7530-02-000-9000																			

2

9293

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</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>1. Article Addressed to:</p> <p>Jersey Central Power &amp; Light          Area Manager Central New Jersey          1500 Florence Avenue          Union Beach, NJ 07735</p> <p style="text-align: right;">Dowd</p>	<p>B. Received by (Printed Name) <i>[Signature]</i></p>	<p>C. Date of Delivery          6/16/20</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 1120 0002 0020 9309</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>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</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>1. Article Addressed to:</p> <p>State of New Jersey (for St. Hwy 36)          Commissioner, Department of Transportation          1035 Parkway Avenue          P.O. Box 600          Trenton, NJ 08625</p> <p style="text-align: right;">Dowd</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery          JUN 12 2015          8:44 AM</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 1120 0002 0020 9316</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>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>	

3

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:

State of New Jersey (for Coastal Waters)  
 Division of Coastal Resources  
 P.O. Box 401  
 Trenton, NJ 08625

Dowd



2. Article Number (Transfer from service label)

7019 1120 0002 0020 9323

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 X *[Signature]*  Agent  Addressee

JUN 12 2010 6:35 AM

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

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery
- Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation 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:

Two Rivers Water Reclamation Authority  
 1 Highland Avenue  
 Monmouth Beach, NJ 07750

Dowd



2. Article Number (Transfer from service label)

7019 1120 0002 0020 9330

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 X *GM*  Agent  Addressee

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

*KT-3*

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

*C-19*



3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery
- Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

9347

4

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:  
 Monmouth County Planning Board  
 Hall of Records Annex - 2<sup>nd</sup> Floor  
 1 East Main Street  
 Freehold, NJ 07728

Dowd



9590 9402 5371 9189 7724 78

2. A Number (transfer from service label)  
 7019 1120 0002 0020 9354

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 X [Signature]  Agent  Addressee

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

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation 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:  
 1124 Ocean Avenue, LLC  
 1124 Ocean Avenue  
 Sea Bright, NJ 07760

Dowd



9590 9402 5371 9189 7724 61

(transfer from service label)  
 7019 1120 0002 0020 9361

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 X [Signature]  Agent  Addressee

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

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

9378



9385

9392

9408

(6)

9415

9422

9439

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:  
 14 New Street, LLC  
 C/O McCague  
 320 Navesink Ave  
 Atlantic Highlands, NJ 07716  
 Dowd



9590 9402 5371 9189 7723 86

Article Number (Transfer from service label)

7019 1120 0002 0020 9446

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 X Covid19  Agent  Addressee

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

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

7

9453

9460

Domestic Return Receipt

8

9477


**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:

Lobiono, James Irrevocable Trust  
144 Rumson Road  
Rumson, NJ 07760

Dowd



9590 9402 5371 9189 7723 48

2. AI *(transfer from service label)*  
7019 1120 0002 0020 9484

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X  Agent  
 Addressee

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

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

3. Service Type  Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Return Receipt for Merchandise  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail

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

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:

Cole Sea Bright, LLC  
123 Grange Avenue  
Fair Haven, NJ 07704

Dowd



9590 9402 5371 9189 7723 31

2. AI *(transfer from service label)*  
7019 1120 0002 0020 9491

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X  Agent  
 Addressee

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

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

3. Service Type  Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Return Receipt for Merchandise  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail

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

Domestic Return Receipt

9

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:

Bowie Real Properties, LLC  
 1120 Ocean Avenue  
 Sea Bright, NJ 07760

Dowd



9590 9402 5371 9189 7723 24

2. Article Number (Transfer from service label)

7019 1120 0002 0020 9507

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X BKTS Covid 19

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

9514


9521

9538

9545

9552

11

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p> <p>B. Received by (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span></p> <p><i>MS CA</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lobiondo, James Irrevocable Trust 144 Rumson Road Rumson, NJ 07760</p> <p style="text-align: right;">Dowd</p>	<p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If YES, enter delivery address below:</p>
 <p style="text-align: center;">9590 9402 5371 9189 7722 63</p>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</span></p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery</p>
<p>2. Article Number (<i>Transfer from service label</i>)</p> <p style="text-align: center;">7019 1120 0002 0020 9569</p>	<p style="text-align: right;">Domestic Return Receipt</p>

9576

9583

(12)

9590

**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.

Article Addressed to:

Howland, Jesse A & Sons Inc  
PO Box 419  
Kingston, NJ 08528

Dowd



9590 9402 5700 9346 4850 03

2 Article Number (Transfer from service label)  
7019 1120 0002 0020 9606

PS Form 3811, July 2015 PSN 7530-02-000-9000

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Alexander Cole  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
Alexander Cole 6/12/2020

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 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.

Article Addressed to:

Howland Jesse A & Sons Inc  
PO Box 419  
Laurel Avenue  
Kingston, NJ 08528

Dowd



9590 9402 5700 9346 4849 90

2. Article Number (Transfer from service label)  
7019 1120 0002 0020 9613

PS Form 3811, July 2015 PSN 7530-02-000-9000

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Alexander Cole  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
Alexander Cole 6/12/2020

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 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



13

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.

Article Addressed to:

CJM Associated of Sea Bright, LLC  
 PO Box 419  
 Kingston, NJ 08528

Dowd



9590 9402 5700 9346 4849 83

2. Article Number (Transfer from service label)

7019 1120 0002 0020 9620

PS Form 3811, July 2015 PSN 7530-02-000-9055

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 X *Alexandre F. Selu*  Agent  
 Addressee

B. Received by (Printed Name)  
*Alexandre Selu*

C. Date of Delivery  
 6/12/2020

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation 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.

Article Addressed to:

Jessie A. Howland, & Sons Inc  
 PO Box 419  
 Kingston, NJ 08528

Dowd



9590 9402 5700 9346 4849 76

2. Article Number (Transfer from service label)

7019 1120 0002 0020 9637

PS Form 3811, July 2015 PSN 7530-02-000-9055

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 X *Alexander Selu*  Agent  
 Addressee

B. Received by (Printed Name)  
*Alexander Selu*

C. Date of Delivery  
 6/12/2020

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation 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.

Article Addressed to:

C, J & M Assoc of Sea Bright, LLC  
 PO Box 419  
 Kingston, NJ 08528

Dowd



9590 9402 5700 9346 4849 69

2. Article Number (Transfer from service label)

7019 1120 0002 0020 9644

PS Form 3811, July 2015 PSN 7530-02-000-9055

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 X *Alexander Selu*  Agent  
 Addressee

B. Received by (Printed Name)  
*Alexander Selu*

C. Date of Delivery  
 6/12/2020

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

9651

9668

9675

8399

8386

8393

8409


8416

8423

(17)

8430

8447

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</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  X TLJS Cowid M <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1 Article Addressed to:</p> <p>Larkin, Thomas A  4 Church Street  Sea Bright, NJ 07760</p> <p style="text-align: right;">Dowd</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>9590 9402 5700 9346 4848 46</p> <p>2. 7018 1830 0002 2287 8454  <small>from service label</small></p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Insured Mail</li> <li><input type="checkbox"/> Insured Mail Restricted Delivery</li> <li><input type="checkbox"/> Priority Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input type="checkbox"/> Return Receipt for Merchandise</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>
<p>PS Form 3811, July 2016 PSN 7530-02-000-9000 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

18

- 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:

William A G Inc  
 PO Box 3317  
 Sea Bright, NJ 07760

Dowd



9590 9402 5700 9346 4848 39

2. Article Number (Transfer from service label)

PS F 7018 1830 0002 2287 8461

A. Signature

WAG Covidly

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt