

CERTIFICATION OF MAILING

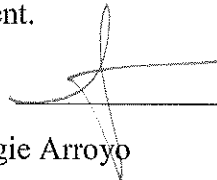
I, Solangie Arroyo, hereby certify as follows:

1. I am the BDE at the office of EACM Corp. located, at 1070 Ocean Avenue Sea Bright, NJ 07760.
2. On August 26, 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 providing notice that the Ester Cambronero and Stephen Cashmore variance application was scheduled for September 8, 2020.
4. The original receipts confirming the letters were sent via certified mail are attached for your records.

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

9/1/2020

Date



\_\_\_\_\_

Solangie Arroyo

AFFIDAVIT OF PUBLICATION

Publisher's Fee \$63.90    Affidavit \$35.00

STATE OF WISCONSIN  
Brown County

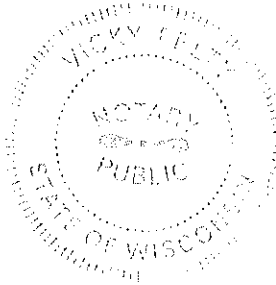
Personally appeared Nicholas Renstrom at County of Brown, State of Wisconsin.

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, depose 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:

8/25/2020 A.D 2020

Vicky Felty  
Notary Public State of Wisconsin County of Brown

9/19/21  
My commission expires



BOROUGH OF SEA BRIGHT  
UNIFIED PLANNING BOARD  
COUNTY OF MONMOUTH, NEW JERSEY  
PUBLIC HEARING NOTICE

PLEASE TAKE NOTICE THAT Ester Cambronero and Stephen Cashmore, the owners of the property located at 902 Ocean Avenue, Sea Bright, NJ more formally identified as Block 24, Lot 7 has submitted a Variance Plan to the Borough of Sea Bright/ Sea Bright Planning Board. The subject property is currently occupied.

On or about September 12<sup>th</sup>, 2017, Ester Cambronero and Stephen Cashmore received Granting Site Plan with Bulk Variances and Use Variance Approval to effectuate the following:

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

The Applicant here in, the owners, are requesting permission to modify the design of the previously approved drive-way.

The changes (between the driveway which was approved in 2017, and what the Applicants propose now) include the following:

Increase driveway size up to the property line

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

As per Borough of Sea Bright Specs for Driveway installation, all driveways must be a minimum 3 feet to all property lines. The applicant is seeking variance relief for same.

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 September 8, 2020 at 7:30 p. Give the current emergency restrictions in effect (associated with Coronavirus), please take notice that the hearing will likely be held by the Sea Bright Planning Board through Remote Hearing, hosted virtually from the Sea Bright Borough hall 1099 E. Ocean Avenue Sea Bright, New Jersey.

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 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 my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/605364757>

You can also dial in using your phone.

United States (Toll Free): 1 877 309 2073

United States: +1 (571) 317-3129

Access Code: 605-364-757

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Additional technological assistance and / or additional information can be obtained by contacting the Borough Secretary, Candace Mitchell at [cmitchell@seabrightnj.org](mailto:cmitchell@seabrightnj.org) or by 732-842-0099, Ext. 123. Moreover, any access issues / barriers can be addressed to the contractor as well 732-842-4777.

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 email message.

Likewise, members of the public should also feel free to contact the Board Secretary, at the above referenced number, if they have any other questions, issues, concerns, or barriers to participation / observation.

Members of the public should notify the Board Secretary, in advance, if possible, via email, 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 any additional documents to be identified / referenced at the Remote Hearing can be hopefully 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 September 8, 202 (7:30 pm) meeting will be a live in person meeting which will take place at the Sea Bright Borough Hall 1099 East Ocean Avenue Sea Bright, New Jersey. Residents are encouraged to view the Municipal website for any additional developments

Dated: August 24, 2020

(\$63.90)

**BOROUGH OF SEA BRIGHT  
OFFICE OF THE MUNICIPAL CLERK  
1099 OCEAN AVENUE  
SEA BRIGHT, NJ 07760  
732-842-0099 EXT. 119**

Information requested for properties located within 200' of **Block 24, Lot 7**, also known as **902 Ocean Avenue**.

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

<b>Borough of Sea Bright</b> 1099 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> Comcast Center 1701 John F Kennedy Blvd. Philadelphia, PA 19103	<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> <b>175 W. Main St</b> <b>Freehold, NJ 07728</b> 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 24, Lot7**, also known as **902 Ocean Avenue** in the Borough of Sea Bright as submitted by Sea Bright Tax Assessor Timothy Anfuso.

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

Date: July 27, 2020  
Date Request Received: July 24, 2020  
Amount Paid: \$10.00

Cc. File

OWNER & ADDRESS REPORT

SEA BRIGHT

200 FOOT OWNERS LIST FOR BLOCK 24, LOT 7

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
23	12		4A	SURFRIDER BEACH CLUB, LLC 931 OCEAN AVENUE SEA BRIGHT, NJ 07760	931 OCEAN AVENUE	
24	4		2	POWERS, JAMES J. 6325 SE MARINER SANDS DR STUART, FL 34997	916 OCEAN AVENUE	4.01
24	5		2	912 OCEAN LLC % HAEFELE, JIM 912 OCEAN AVENUE SEA BRIGHT, NJ 07760	912 OCEAN AVENUE	
24	6		2	WHEELER, EDWARD W. & MARGARET A. 908 OCEAN AVENUE SEA BRIGHT, NJ 07760	908 OCEAN AVENUE	6.01
24	8		2	LOBIONDO, PAUL 144 RUMSON ROAD RUMSON, NJ 07760	901 OCEAN AVENUE	8.01
24	9		2	TRUFFINI, MICHAEL & STANLEY 7 BASKENRIDGE DRIVE MIDDLETOWN, NJ 07748	900 OCEAN AVENUE	9.01
24	10		2	SCHWARTZ, GRACE & KAREN & ET. AL. 50 WEST 9TH ST APT 2E NEW YORK, NY 10011	884 OCEAN AVENUE	10.01



**BOROUGH OF SEA BRIGHT**

MONMOUTH COUNTY, NEW JERSEY  
www.seabrightnj.org

**RECEIVED**

**JUL 24 2020**

Borough of Sea Bright

REQUEST FOR 200' CERTIFIED LIST

Timothy Anfuso, Tax Assessor  
Borough of Sea Bright  
1167 Ocean Avenue  
Sea Bright, NJ 07760

Date: 7/20/2020

Dear Mr. Anfuso:

Kindly provide a 200 foot certified list for the following property:

BLOCK # 24 LOT # 7

PROPERTY ADDRESS 902 Ocean Avenue Sea Bright NJ 07760

NAME OF PROPERTY OWNER Ester Cambonero, Stephen Cashmore

Very truly yours,

ESTER CAMBONERO  
NAME

902 Ocean Avenue  
ADDRESS

SEA BRIGHT NJ 07760  
CITY, STATE, ZIP

732-842-4777  
TELEPHONE #

PLEASE MAIL LIST TO THE ADDRESS LISTED UNDER MY NAME. \_\_\_\_\_

PLEASE TELEPHONE ME TO PICK UP LIST WHEN READY. X

Note: Fee is \$10.00 - Make checks payable to Borough of Sea Bright.

\*\*\*\*\*Office Use Only\*\*\*\*\*

Paid Date: 7/24/20 Method: Check Received By: C Mitchell  
No. 5708  
FAcmCoop.

BOROUGH OF SEA BRIGHT

UNIFIED PLANNING BOARD

NOTICE OF HEARING

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**Please join my meeting from your computer, tablet or smartphone.**

<https://global.gotomeeting.com/join/605364757>

**You can also dial in using your phone.**

United States (Toll Free): 1 877 309 2073

United States: +1 (571) 317-3129

**Access Code:** 605-364-757

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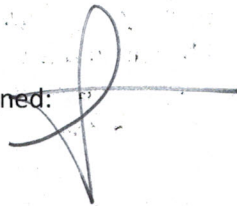
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Date: 8/22/20

Signed:

A handwritten signature in black ink, consisting of a stylized, cursive name that is difficult to decipher but appears to start with a large 'S' or 'C'.



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<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
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\$	\$6.95	
Total Postage and Fees	\$6.95	08/26/2020
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PS Form 3800, April 2015 PSN 7530-02-000-9047		See Reverse for Instructions

7019 1640 0000 7448 8427

U.S. Postal Service  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
 Monmouth Beach, NJ 07750

OFFICIAL USE		0590
Certified Mail Fee	\$3.55	03
\$	\$2.85	
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.55	
\$	\$6.95	
Total Postage and Fees	\$6.95	08/26/2020
Sent To The River Water Reclamation Street and Apt. No., or PO Box No. 1 Highland Ave City, State, ZIP+4® Monmouth Beach NJ 07750		
PS Form 3800, April 2015 PSN 7530-02-000-9047		See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
 Freehold, NJ 07728

OFFICIAL USE		0590
Certified Mail Fee	\$3.55	03
\$	\$2.85	
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.55	
\$	\$6.95	
Total Postage and Fees	\$6.95	08/26/2020
Sent To Venice Street and Apt. No., or PO Box No. 175 W. Main St City, State, ZIP+4® Freehold, NJ 07728		
PS Form 3800, April 2015 PSN 7530-02-000-9047		See Reverse for Instructions

7019 1640 0000 7448 8458

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
 Freehold, NJ 07728

OFFICIAL USE		0590
Certified Mail Fee	\$3.55	03
\$	\$2.85	
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.55	
\$	\$6.95	
Total Postage and Fees	\$6.95	08/26/2020
Sent To Snyder Reclamation Street and Apt. No., or PO Box No. 651 Ocean Avenue City, State, ZIP+4® Freehold NJ 07728		
PS Form 3800, April 2015 PSN 7530-02-000-9047		See Reverse for Instructions

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
 Freehold, NJ 07728

OFFICIAL USE		0590
Certified Mail Fee	\$3.55	03
\$	\$2.85	
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.55	
\$	\$6.95	
Total Postage and Fees	\$6.95	08/26/2020
Sent To Monmouth County Park Band Street and Apt. No., or PO Box No. 1 East Main St. City, State, ZIP+4® Freehold NJ 07728		
PS Form 3800, April 2015 PSN 7530-02-000-9047		See Reverse for Instructions

7019 1640 0000 7448 8465

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
 Stuart, FL 34997

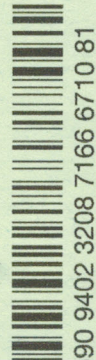
OFFICIAL USE		0590
Certified Mail Fee	\$3.55	03
\$	\$2.85	
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.55	
\$	\$6.95	
Total Postage and Fees	\$6.95	08/26/2020
Sent To James Powers Street and Apt. No., or PO Box No. 6305 SE Manner Sunds Dr City, State, ZIP+4® Stuart, FL 34997		
PS Form 3800, April 2015 PSN 7530-02-000-9047		See Reverse for Instructions

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:

Jersey Central Power Light  
 Area Manager Central NJ  
 1500 Fawcett Ave  
 Union Beach, NJ 07735



9590 9402 3208 7166 6710 81

7017 0660 0000 8756 7026

(over \$500)

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent  Addressee
- B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No

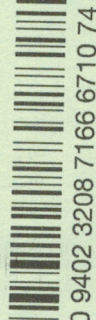
- 3. Service Type
  - Priority Mail Express®
  - Adult Signature
  - Registered Mail™
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

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:

Jersey Central Power Light  
 Area Manager Central NJ  
 1500 Fawcett Ave  
 Union Beach, NJ 07735



9590 9402 3208 7166 6710 74

7017 0660 0000 8756 7019

(over \$500)

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

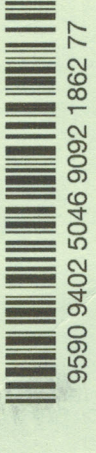
Domestic Return Receipt

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.

Article Addressed to:

Jersey Central Power Light  
 Area Manager Central NJ  
 1500 Fawcett Ave  
 Union Beach, NJ 07735



9590 9402 5046 9092 1862 77

7019 1640 0000 7448 8663

(over \$500)

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent  Addressee
- B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No

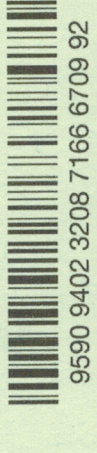
- 3. Service Type
  - Priority Mail Express®
  - Adult Signature
  - Registered Mail™
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

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:

Jersey Central Power Light  
 Area Manager Central NJ  
 1500 Fawcett Ave  
 Union Beach, NJ 07735



9590 9402 3208 7166 6709 92

7019 1640 0000 7448 8410

(over \$500)

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

Domestic Return Receipt



COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent  Addressee
- B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No

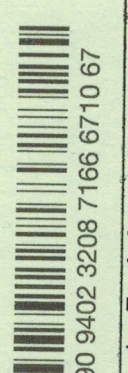
- 3. Service Type
  - Priority Mail Express®
  - Adult Signature
  - Registered Mail™
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

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:  
Gladys Sea Bright  
1 Ocean Avenue  
Bright, NJ 07700



9590 9402 3208 7166 6710 67  
Number (Transfer from service label)  
7017 0660 0000 8756 7002

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X  
B. Received by (Printed Name)  
Gladys  
C. Date of Delivery

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

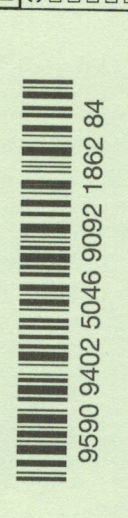
3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Restricted Delivery  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 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:  
Gladys Sea Bright  
50 West 9th St Apt 2E  
New York, NY 10011



9590 9402 5046 9092 1862 84  
Number (Transfer from service label)  
7019 1640 0000 7448

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X  
B. Received by (Printed Name)  
C. Date of Delivery  
8/29

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

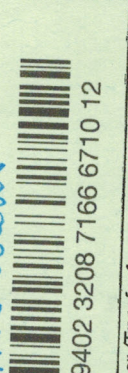
3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Restricted Delivery  
 Restricted Delivery (over \$500)  
 Priority Mail Express®  
 Registered Mail™  
 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:  
NSC (GW STATE TINY 36)  
Summer, Dept. Transport.  
Parkway Ave  
Box 600  
NJ, NJ 08025



9590 9402 3208 7166 6710 12  
Number (Transfer from service label)  
19 1640 0000 7448 8403

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X  
B. Received by (Printed Name)  
C. Date of Delivery  
AUG 27 2015 6:55 AM

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

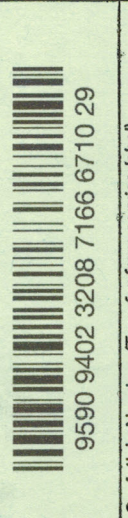
3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Restricted Delivery  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 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:  
STATCO NSC (CENTRAL WATER)  
DIVISION 09 CENTRAL RESERVES  
P.O. Box 401  
Merrion, NJ 08025



9590 9402 3208 7166 6710 29  
Number (Transfer from service label)  
19 1640 0000 7448 8397

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X  
B. Received by (Printed Name)  
C. Date of Delivery  
AUG 27 2015 6:55 AM

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

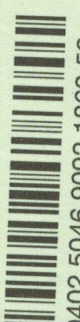
3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Restricted Delivery  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery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

Domestic Return Receipt

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:  
Michael + Sunny Melvin  
7 Bawden Ave  
Middleton NC 27748



9590 9402 5046 9092 1862 53

7019 1640 0000 7448 8670

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
B. Received by (Printed Name)  Addressee  
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®  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Mail Restricted Delivery  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

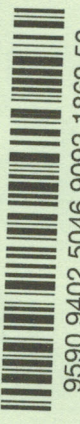
Domestic Return Receipt



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:  
Michael + Sunny Melvin  
7 Bawden Ave  
Middleton NC 27748



9590 9402 5046 9092 1862 53

7019 1640 0000 7448 8670

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
B. Received by (Printed Name)  Addressee  
C. Date of Delivery

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

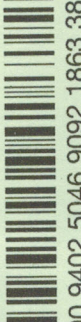
3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Mail Restricted Delivery  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise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

Domestic Return Receipt

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:  
Edmund + Margaret Wheeler  
718 Ocean Ave  
Sea Bight NC 27570



9590 9402 5046 9092 1862 91

7019 1640 0000 7448 8489

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
B. Received by (Printed Name)  Addressee  
C. Date of Delivery

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

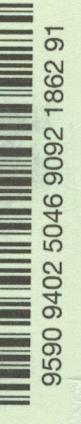
3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature 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:  
Edmund + Margaret Wheeler  
718 Ocean Ave  
Sea Bight NC 27570



9590 9402 5046 9092 1862 91

7019 1640 0000 7448 8489

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
B. Received by (Printed Name)  Addressee  
C. Date of Delivery

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

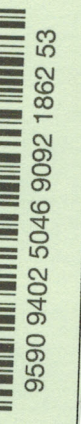
3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Mail Restricted Delivery  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 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:  
Edmund + Margaret Wheeler  
718 Ocean Ave  
Sea Bight NC 27570



9590 9402 5046 9092 1863 38

7019 1640 0000 7448 8441

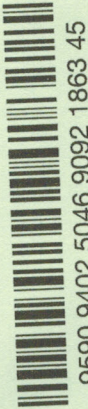
PS Form 3811, July 2015 PSN 7530-02-000-9053

**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:

Venzer  
175 W. Main St  
Freehold NJ 07728



9590 9402 5046 9092 1863 45

2. Article Number (Transfer from service label)

7019 1640 0000 7448 8434

(over \$500)

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
E.P. COOY C19 9/2/20

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

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

Domestic Return Receipt