

Kevin E. Kennedy, Esq.

A Limited Liability Company
Attorney at Law

165 Highway 35

Middletown, NJ

Phone: (732) 936-1099

Fax: (732) 936-1960

E-mail: kkennedy@kevinkennedylaw.net

Admitted to Practice
NJ & Washington DC

Mailing Address:
165 Highway 35
Red Bank, NJ 07701

January 18, 2022

VIA FEDERAL-EXPRESS

Borough of Sea Bright
Attn: Candace Mitchell, Board Secretary
1099 Ocean Avenue
Sea Bright, NJ 07760

**Re: Christopher Jerry
15 Church Street
Sea Bright, NJ
Block 14, Lot 9**

Dear Ms. Mitchell:

Please be advised that I am writing to you on behalf of Christopher Jerry. In that regard, and in anticipation of the **January 25, 2022** 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.

If I can be of any further assistance, please feel free to contact me at the office.

Very truly yours,



Kevin E. Kennedy

KEK/cbs

Z:\KevinKennedyLaw\Land Use\Duane (Sea Bright)\010421 Mitchell proof of service.doc

Encl.

cc: Chris Jerry (e-mail)

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

PLEASE TAKE NOTICE, that Christopher Jerry has submitted a Development Application to the Borough of Sea Bright / Sea Bright Planning Board. The Application involves the property located at 15 Church Street, Sea Bright, NJ, more formally identified as Block 14, Lot 9 (R-3 Zone). There is an existing single family home at the site. The home / property suffered extensive damage as a result of Hurricane / Super-Storm Sandy. Subsequent to Hurricane / Super-Storm Sandy, the home was partially elevated but not enough to allow any vehicles to park on the ground level. The Applicant, as a relative new owner, now proposes to further elevate the home, in accordance with Prevailing FEMA Regulations (and enough to allow ground level parking). Permits for the said elevation have been obtained, and the elevation process is underway.

Additionally, the current home has an existing 3 ft. X 3 ft. stoop / deck / balcony / landing in front of the home. In conjunction with the elevation process, the Applicant proposes to convert the existing stoop into a balcony (by replacing the stairs across the façade of the house). Upon completion, the deck will be approximately 20 ft. long and approximately 3 ft. deep. The deck will merely provide the Applicant with a small outside seating area.

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

FRONT YARD SETBACK: 12 ft. / 5 ft. required; whereas 0 ft. proposed;

SIDE YARD SETBACK: 3 ft. required; whereas less than 3 ft. proposed;

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

Any person or persons who have an interest in the Application, or who have any questions, comments, or objections regarding the same will have an opportunity to be heard at the Unified Planning Board Hearing to be held on **January 25, 2022 at 7:30 P.M.**, at the Sea Bright Beach Pavilion, 1097 Ocean Avenue, Third Floor, Sea Bright, New Jersey (732-842-0099).

A copy of the Application and pertinent / applicable Drawings, Maps, Site Plans, and/or other supporting documents have been filed in the Office of the Sea Bright Unified Planning Board (1099 Ocean Avenue, Sea Bright, New Jersey) and may be inspected during regular business hours. Application materials can also be reviewed on the municipal website (seabrightnj.org).

Date

1/4/22

Kevin E. Kennedy

AFFIDAVIT OF PUBLICATION

Publisher's Fee \$45.90 Affidavit \$35.00

STATE OF WISCONSIN

Brown County

Personally appeared Angel Jordan 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 dated as follows:

01/06/2022 A.D 2022

Nancy Heyrman
Notary Public State of Wisconsin County of Brown

5.15.23

My commission expires

NANCY HEYRMAN
Notary Public
State of Wisconsin

BOROUGH OF SEA BRIGHT
UNIFIED PLANNING BOARD
NOTICE OF HEARING

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- SIDE YARD SETBACK: 3 ft. required; whereas less than 3 ft. proposed;

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Date _____ Kevin E. Kennedy
(\$45.90)

CERTIFICATION OF MAILING

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

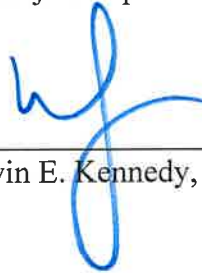
1. I am the Attorney at the Law Office of Kevin E. Kennedy, located at 165 Highway 35, Red Bank, New Jersey.
2. On January 7, 2022, I sent letters (via certified mail) to all the individuals / entities set forth on the attached mailing list.
3. The above letters contained the attached Public Hearing Notice evidencing the Christopher Jerry Application was scheduled to be heard by the Sea Bright Planning Board on January 25, 2022.
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

1/18/22

Kevin E. Kennedy, Esq.





Firm Mailing Book For Accountable Mail

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

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Service

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USPS Tracking/Article Number	Addressee (Name, Street, City, State, & ZIP Code™)	Postage	(Extra Service) Fee	Handling Charge - if Registered and over \$50,000 in value	Actual Value if Registered	Insured Value	Due Date	ASPD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
1. 7019 0700 0001 8279 1055	Borough of Sea Bright 1099 Ocean Avenue Sea Bright, NJ 07760	5.90	3.15							5.05			
2. " " " 1062	Comcast Comcast Center 1701 John F. Kennedy Blvd. Philadelphia, PA 19103												
3. " " " 1079	New Jersey American Water Company 661 Shrewsbury Avenue Shrewsbury, NJ 07702												
4. " " " 1086	New Jersey Natural Gas Company 1415 Wyckoff Road Wall, NJ 07719												
5. " " " 1093	Jersey Central Power & Light Area Manager Central New Jersey 1500 Florence Avenue Union Beach, NJ 07735												
6. " " " 1109	State of New Jersey (for St. Hwy 36) Commissioner, Department of Transportation 1005 Parkway Avenue Trenton, NJ 08625												
7. " " " 1116	State of New Jersey (for Coastal Waters) Division of Coastal Resources P.O. Box 401 Trenton, NJ 08625												
8. " " " 1123	Two Rivers Water Reclamation Authority 1 Highland Avenue Mannmouth Beach, NJ 07750												
Total Number of Pieces Listed by Sender	Postmaster, Per (Name of receiving employee)												
Total Number of Pieces Received at Post Office													

MISSING:

1062 / 1284

0991 / 1208

0423 / 1127

1277



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Name and Address of Sender

Jerry

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- Adult Signature Required
- Adult Signature Restricted Delivery
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- Certified Mail Restricted Delivery
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- Insured Mail
- Priority Mail
- Priority Mail Express
- Registered Mail
- Return Receipt for Merchandise
- Signature Confirmation
- Signature Confirmation Restricted Delivery

USPS Tracking/Article Number

1. *7620 0640 0001 7561 1011*
2. *" " " " 1028*
3. *" " " " 1035*
4. *" " " " 1042*
5. *" " " " 1059*
6. *" " " " 1066*
7. *" " " " 1073*
8. *" " " " 1080*

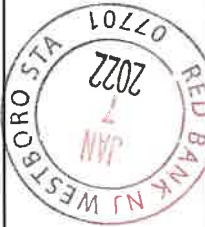
Addressee (Name, Street, City, State, & ZIP Code™)

- Gatto, Margaret
11 Church Street
Sea Bright, NJ 07760*
- Keating, Erin
17 Longview Way
Sea Bright, NJ 07760*
- Bakkar, Sarah Bashir
17 Church Street
Sea Bright, NJ 07760*
- Grieco, Alana & Cuarrera, David T
19 Church Street
Sea Bright, NJ 07760*
- CJ&M Assoc of Sea Bright, LLC
460 River Road
Kingston, NJ 08528*
- Jakes, Jyll S.
12 South Street
Sea Bright, NJ 07760*
- Gomes, Luis G. & Almeida, Aurelia
33 Laurel Avenue
Kearny, NJ 07032*
- Lobiondo, James A
931 Ocean Avenue
Sea Bright, NJ 07760*

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[Signature]

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<i>539</i>	<i>3.75</i>	<i>Handling Charge - if Registered and over \$50,000 in value</i>							<i>3.05</i>			
						<i>Adult Signature Required</i>	<i>Adult Signature Restricted Delivery</i>	<i>Restricted Delivery</i>	<i>Return Receipt</i>	<i>Signature Confirmation</i>	<i>Signature Confirmation Restricted Delivery</i>	<i>Special Handling</i>

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Total Number of Pieces Received at Post Office

PS Form 3877, January 2017 (Page 1 of 2)
PSN 7530-02-000-9098

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Name and Address of Sender
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Check type of mail or service
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 Certified Mail Restricted Delivery
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 Priority Mail
 Priority Mail Express
 Registered Mail
 Return Receipt for Merchandise
 Signature Confirmation
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USPS Tracking/Article Number	Addressee (Name, Street, City, State, & ZIP Code™)	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. 7020 0640 0001 7501 0939	Gorman, Edward 13 New Street Sea Bright, NJ 07760	534 3.15											
2. " " " 0946	Byron, John Byron Thomas 12 Church Street Sea Bright, NJ 07760												
3. " " " 0953	Duane, Eoin & Rebecca Smith Duane 10 Church Street Sea Bright, NJ 07760												
4. " " " 0960	G&G Rental Properties, LLC 16 Schneider Lane Montville, NJ 07045												
5. " " " 0977	Trezza, Gregory J 3 Church Street Sea Bright, NJ 07760												
6. " " " 0984	McGinley, Kevin & Andrea & Sean 5 Church Street Sea Bright, NJ 07760												
7. " " " 0991	Dowd, Bernard & Cynthia PO Box 40 Oceanport, NJ 07757												
8. " " " 1004	Doxey, Douglas & Christina & D, Jen 9 Church Street Sea Bright, NJ 07760												

Postmaster, Pier (Name of receiving employee)
[Signature]

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Name and Address of Sender

Jerry

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- 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

USPS Tracking/Article Number

1. *7019 0700 0001 8279 1314*
2. *" " " 0379*
3. *" " " 0386*
4. *" " " 0393*
5. *" " " 0409*
6. *" " " 0416*
7. *" " " 0423*
8. *" " " 0430*

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

- CJ&M Assoc of Sea Bright, LLC
PO Box 419
Kingston, NJ 08528
- Lovgren, Erik J.
34 Church Street
Sea Bright, NJ 07760
- Thomson, Robyn
30 Church Street
Sea Bright, NJ 07760
- Montesano, Ralph G. & Susan V.
28 Church Street
Sea Bright, NJ 07760
- Sprahr, Michael & Kristen
27 Navasink Drive
Monmouth Beach, NJ 07750
- Duane, Eoin & Rebecca
24 Church Street
Sea Bright, NJ 07760
- Dawal, Bernard P & Cymbia Thomas
PO Box 40
Oceanport, NJ 07757
- Miller, Krystina
16 Church Street
Sea Bright, NJ 07760

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<i>534</i>	<i>3.75</i>	Handling Charge - if Registered and over \$50,000 in value						<i>3.05</i>			
						Adult Signature Required	Adult Signature Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery	Special Handling



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Name and Address of Sender
Jerry

Check type of mail or service
 Adult Signature Required
 Priority Mail Express
 Adult Signature Restricted Delivery
 Registered Mail
 Certified Mail
 Return Receipt for Merchandise
 Certified Mail Restricted Delivery
 Collect on Delivery (COD)
 Signature Confirmation
 Insured Mail
 Signature Confirmation Restricted Delivery
 Priority Mail



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1. 1019 0700 0001 8279 1239	Eskridge, Joseph R. & Sheila M. 25 New Street Sea Bright, NJ 07760	53¢ 3.15	Handling Charge - if Registered and over \$50,000 in value								
2. " " " 1246	Howland, Jesse A & Sons Inc. PO Box 419 Kingston, NJ 08528										
3. " " " 1253	Howland Jesse A & Sons Inc. PO Box 419 Laurel Ave Kingston, NJ 08528										
4. " " " 1260	Howland Jesse A & Sons Inc. PO Box 419 Kingston, NJ 08528										
5. " " " 1277	Assessed with Block 13, Lois 19.01 & 19.02 as part of Common Elements 67760										
6. " " " 1284	O'Mara, Linda 182 Greenoak Blvd. New Monmouth, NJ 07748										
7. " " " 1291	CJM Associates of Sea Bright, LLC PO Box 419 Kingston, NJ 08528										
8. " " " 1307	Jessie A. Howland & Sons Inc. PO Box 419 Kingston, NJ 08528										

Total Number of Pieces Listed by Sender: _____

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Name and Address of Sender

Jersey

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- Certified Mail Restricted Delivery
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- Priority Mail
- Priority Mail Express
- Registered Mail
- Return Receipt for Merchandise
- Signature Confirmation
- Signature Confirmation Restricted Delivery

USPS Tracking/Article Number

1. 7019 0706 0001 8279 1130
2. " " " 1161
3. " " " 1178
4. " " " 1185
5. " " " 1192
6. " " " 1208
7. " " " 1215
8. " " " 1222

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

- Verizon
175 W. Main Street
Freehold, NJ 07728
Attn: Corporate Secretary/Right of Way
- Monmouth County Planning Board
Hall of Records Annex - 2nd Floor
1 East Main Street
Freehold, NJ 07728
- Bell Atlantic
%Duff
PO Box 2749
Addison, TX 75001
- Gorman, Edward & Payne, Heather
13 New Street
Sea Bright, NJ 07760
- Gee, Danny
15 New Street
Sea Bright, NJ 07760
- Lobiondo, James Irrevocable Trust
144 Rumson Road
Rumson, NJ 07760
- Pierce, Desire Anita White
19 New Street
Sea Bright, NJ 07760
- Zheng, Xue Ming & Xue Ping
23 New Street
Sea Bright, NJ 07760

Postmaster Post (Name of receiving employee)

[Signature]

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8

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534 315		Handling Charge - if Registered and over \$50,000 in value							203			
					Adult Signature Required	Adult Signature Restricted Delivery	Restricted Delivery	Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery	Special Handling

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Jerry

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- Collect on Delivery (COD)
- Insured Mail
- Priority Mail
- Priority Mail Express
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- Return Receipt for Merchandise
- Signature Confirmation
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USPS Tracking/Article Number

1. 702006400017501097

2. " " " 1103

3. " " " 1110

4. " " " 1127

5. " " " 1134

6. " " " 1141

7.

8.

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
53¢	3.15	Handling Charge - if Registered and over \$50,000 in value							3.05			
						Adult Signature Required	Adult Signature Restricted Delivery	Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery	Special Handling

Postmaster's Use Only (Name of receiving employee)

[Signature]

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

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

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

*Christopher
Jerry
Sea Bright
Block 14
Lot 9*

Information requested for properties located within 200' of Block 14, Lot 9, also known as 15 Church Street.

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

✓ Borough of Sea Bright 1099 Ocean Avenue Sea Bright, NJ 07760	✓ State of New Jersey (for State Hwy 36) Commissioner, Department of Transportation 1035 Parkway Avenue P.O. Box 600 Trenton, NJ 08625
✓ Comcast Comcast Center 1701 John F Kennedy Blvd. Philadelphia, PA 19103	✓ State of New Jersey (for Coastal Waters) Division of Coastal Resources P.O. Box 401 Trenton, NJ 08625
✓ New Jersey American Water Company 661 Shrewsbury Avenue Shrewsbury, NJ 07702	✓ Two Rivers Water Reclamation Authority 1 Highland Avenue Monmouth Beach, NJ 07750
✓ New Jersey Natural Gas Company 1415 Wyckoff Road Wall, NJ 07719	✓ Verizon 175 W. Main St Freehold, NJ 07728 Attn: Corporate Secretary/Right of Way Agent
✓ Jersey Central Power & Light Area Manager Central New Jersey 1500 Florance Avenue Union Beach, NJ 07735	✓ Monmouth County Planning Board Hall of Records Annex – 2 nd Floor 1 East Main Street Freehold, NJ 07728

Attached is a true list of the Property Owners within 200' of Block 14, Lot 9, also known as 15 Church Street in the Borough of Sea Bright as submitted by Sea Bright Tax Assessor Timothy Anfuso.

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

Date: December 6, 2021
Date Request Received: December 4, 2021
Amount Paid: \$10.00

Cc. File

OWNER & ADDRESS REPORT

SEA BRIGHT

200 FOOT OWNERS LIST FOR BLOCK 14, LOT 9

12/04/21 Page 1 of 4

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
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	
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	✓	3C	BORO OF SEA BRIGHT 1099 OCEAN AVENUE SEA BRIGHT, NJ 07760	8 FRONT STREET	
13	18	✓	2	HOWLAND JESSE A & SONS INC PO BOX 419 KINGSTON, NJ 08528	10 FRONT STREET	
13	19	✓	15F	ASSESSED WITH BLOCK 13, LOTS 19.01 & 19.02 AS PART OF COMMON ELEMENTS 07760	6 FRONT STREET	
13	19.01	✓	2	O'MARA, LINDA 182 GREENOAK BLVD. NEW MONMOUTH, NJ 07748	6 FRONT STREET UNIT 1	
13	19.02	✓	2	O'MARA, LINDA 182 GREENOAK BLVD. NEW MONMOUTH, NJ 07748	6 FRONT STREET UNIT 2	
13	20	✓	1	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	

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OWNER & ADDRESS REPORT

SEA BRIGHT

200 FOOT OWNERS LIST FOR BLOCK 14, LOT 9

12/04/21 Page 2 of 4

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
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 27 NAVESINK DRIVE MONMOUTH BEACH, NJ 07750	26 CHURCH STREET	
13	27		2	DUANE, EOIN & REBECCA 24 CHURCH STREET SEA BRIGHT, NJ 07760	24 CHURCH STREET	
13	28		1	DOWD, BERNARD P & CYNTHIA THOMAS PO BOX 40 OCEANPORT, NJ 07757	20 - 22 CHURCH STREET	29
13	30		2	MILLER, KRISTINA 16 CHURCH STREET SEA BRIGHT, NJ 07760	16 CHURCH STREET	
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 10 CHURCH STREET SEA BRIGHT, NJ 07760	10 CHURCH STREET	
13	34		2	G & G RENTAL PROPERTIES, LLC 16 SCHNEIDER LANE MONTVILLE, NJ 07045	8 CHURCH STREET	
14	3		2	TENCZA, GREGORY J 3 CHURCH STREET SEA BRIGHT, NJ 07760	3 CHURCH STREET	
14	4		2	MC GINLEY KEVIN & ANDREA & SEAN 5 CHURCH STREET SEA BRIGHT, NJ 07760	5 CHURCH STREET	
14	5		2	DOWD, BERNARD & CYNTHIA PO BOX 40 OCEANPORT, NJ 07757	7 CHURCH STREET	
14	6		2	DOXEY, DOUGLAS & CHRISTINA & D, JEN 9 CHURCH STREET SEA BRIGHT, NJ 07760	9 CHURCH STREET	
14	7		2	GATTO, MARGARET 11 CHURCH STREET SEA BRIGHT, NJ 07760	11 CHURCH STREET	
14	8		2	KEATING, ERIN 17 LONGVIEW WAY SEA BRIGHT, NJ 07760	13 CHURCH STREET	
14	10		2	BAKKAR, SARAH BASHIR 17 CHURCH STREET SEA BRIGHT, NJ 07760	17 CHURCH STREET	

OWNER & ADDRESS REPORT

SEA BRIGHT

200 FOOT OWNERS LIST FOR BLOCK 14, LOT 9

12/04/21 Page 3 of 4

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
14	11		2 ✓	GRIECO, ALANA & GUARRERA, DAVID T 19 CHURCH STREET SEA BRIGHT, NJ 07760	19 CHURCH STREET	
14	12		1 ✓	C, J & M ASSOC OF SEA BRIGHT, LLC 460 RIVER ROAD KINGSTON, NJ 08528	21 CHURCH STREET	
14	14		4A ✓	HOWLAND, JESSE A. & SONS, INC. PO BOX 419 KINGSTON, NJ 08528	16 SOUTH STREET	
14	15		2 ✓	JAKES, JYLL S. 12 SOUTH STREET SEA BRIGHT, NJ 07760	12 SOUTH STREET	
14	16		2 ✓	GOMES, LUIS G. & ALMEIDA, AURELIA 33 LAUREL AVENUE KEARNY, NJ 07032	10 SOUTH STREET	
14	17		2 ✓	LOBIONDO, JAMES A 931 OCEAN AVENUE SEA BRIGHT, NJ 07760	8 SOUTH STREET	
14	18		2 ✓	KOK, POH S 6 SOUTH STREET SEA BRIGHT, NJ 07760	6 SOUTH STREET	
14	19		2 ✓	FOX, DAVID & PRIYA 218 WHISPERING PINES DR LINCROFT, NJ 07738	4 SOUTH STREET	
14	20		2 ✓	DIBUGNARA, RALPH & RALPH & MICHAEL 3 SOUTH STREET SEA BRIGHT, NJ 07760	3 SOUTH STREET	
15	4.01		1 ✓	RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	4 RIVER STREET	
15	4.02			RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	4A RIVER STREET	
15	4.03			RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	4B RIVER STREET	
15	4.04			RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	4C RIVER STREET	
15	4.05			RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	3C SOUTH STREET	
15	4.06			RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	3B SOUTH STREET	
15	4.07			RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	5A SOUTH STREET	
15	4.08			RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	5 SOUTH STREET	
15	5		1 ✓	C. J. & M. ASSOC OF SEA BRIGHT, LLC PO BOX 419 KINGSTON, NJ 08528	6 RIVER STREET	6 & 7
15	8		1 ✓	JESSIE A. HOWLAND & SONS INC PO BOX 419 KINGSTON, NJ 08528	9 SOUTH STREET	

DVP

DUP
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OWNER & ADDRESS REPORT

SEA BRIGHT

200 FOOT OWNERS LIST FOR BLOCK 14, LOT 9

12/04/21 Page 4 of 4

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
15	9		15C	BORO OF SEA BRIGHT 1099 OCEAN AVENUE SEA BRIGHT, NJ 07760	POPPINGER PLACE	
15	10		4A	HOWLAND, JESSE A. & SONS, INC, PO BOX 419 KINGSTON, NJ 08528	15 SOUTH STREET	
15	11		4A	C, J & M ASSOCIATES OF SEA BRIGHT L 4415 ROUTE 27, PO BOX 419 KINGSTON, NJ 08528	8 RIVER STREET	
15	12		4A	HOWLAND, JESSE A & SONS INC PO BOX 419 KINGSTON, NJ 08528	10 RIVER STREET	

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:

Borough of Sea Bright
1099 Ocean Avenue
Sea Bright, NJ 07760

Jerry



9590 9402 5371 9189 7785 00

2. Article Number (Transfer from service label)

7019 0700 0001 8279 1055

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

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
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 (500)	

Domestic Return Receipt

7019070000018279-1062

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:

New Jersey American Water Company
661 Shrewsbury Avenue
Shrewsbury, NJ 07702

Jerry



9590 9402 5371 9189 7799 34

2. Article Number (Transfer from service label)

7019 0700 0001 8279 1079

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

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
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.

1. Article Addressed to:

New Jersey Natural Gas Company
1415 Wyckoff Road
Wall, NJ 07719

Jerry



9590 9402 5371 9189 7799 27

2. Article Number (Transfer from service label)

7019 0700 0001 8279 1086

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

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
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.

1. Article Addressed to:

Jersey Central Power & Light
Area Manager Central New Jersey
1500 Florence Avenue
Union Beach, NJ 07735

Jerry



2. Article Number (Transfer from service label)
7019 0700 0001 8279 1093

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

Agent
 Addressee

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

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

3. Service Type

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

Domestic Return Receipt

- 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 St. Hwy 36)
Commissioner, Department of Transportation
1035 Parkway Avenue
P.O. Box 600
Trenton, NJ 08625

Jerry



2. Article Number (Transfer from service label)
7019 0700 0001 8279 1109

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

A. Signature: U.S. POSTAGE PITNEY BOWES
X

Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
\$ 000.00
02 4W

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

3. Service Type

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

Domestic Return Receipt

- 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

Jerry



2. Article Number (Transfer from service label)
7019 0700 0001 8279 1116

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

A. Signature: U.S. POSTAGE PITNEY BOWES
X

Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
\$ 000.00
02 4W

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

3. Service Type

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

Jerry



2. Article Number (Transfer from service label)
7019 0700 0001 8279 1123

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Jerry*

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gatto, Margaret
11 Church Street
Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)

7020 0640 0001 7501 1011

PS Form 3811, July 2020 PSN 7530-02-000-9000

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) *M. Gatto* 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 Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery

Domestic Return Receipt

- 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:

Keating, Erin
17 Longview Way
Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)

7020 0640 0001 7501 1028

PS Form 3811, July 2020 PSN 7530-02-000-9000

A. 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 Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery

Domestic Return Receipt

- 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:

Bakkar, Sarah Bashir
17 Church Street
Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)

7020 0640 0001 7501 1035

PS Form 3811, July 2020 PSN 7530-02-000-9000

A. Signature Agent Addressee

B. Received by (Printed Name) *S. Bakkar* 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 Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery

Domestic Return Receipt

- 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:

Grieco, Alana & Guarrera, David T
19 Church Street
Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)

7020 0640 0001 7501 1042

PS Form 3811, July 2020 PSN 7530-02-000-9000

A. 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 Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery

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
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 C, J & M Assoc of Sea Bright, LLC
 460 River Road
 Kingston, NJ 08528
 Jerry



2. Article Number (Transfer from service label)
 7020 0640 0001 7501 1059

- 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:
 Jakes, Jyll S.
 12 South Street
 Sea Bright, NJ 07760
 Jerry



2. Article Number (Transfer from service label)
 7020 0640 0001 7501 1066

- 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:
 Gomes, Luis G. & Almeida, Aurelia
 33 Laurel Avenue
 Kearny, NJ 07032
 Jerry



2. Article Number (Transfer from service label)
 7020 0640 0001 7501 1073

- 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:
 Lobiondo, James A
 931 Ocean Avenue
 Sea Bright, NJ 07760
 Jerry



2. Article Number (Transfer from service label)
 7020 0640 0001 7501 1080

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Marcos Retana C. Date of Delivery 1/10/22

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
PO Box 419

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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Agent Addressee

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

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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Agent Addressee

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

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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Agent Addressee

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

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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail 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.

1. Article Addressed to:

Gorman, Edward
13 New Street
Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)
7020 0640 0001 7501 0939

PS Form 3811, July 2020 PSN 7530-02-000-9055

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) *W G Cey* C. Date of Delivery

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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Domestic Return Receipt

- 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:

Byron, John Byron Thomas
12 Church Street
Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)
7020 0640 0001 7501 0946

PS Form 3811, July 2020 PSN 7530-02-000-9055

A. Signature
X *[Signature]* Agent Addressee

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

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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Domestic Return Receipt

- 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:

Duane, Eoin & Rebecca Smith
Duane
10 Church Street
Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)
7020 0640 0001 7501 0953

PS Form 3811, July 2020 PSN 7530-02-000-9055

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

<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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	

Domestic Return Receipt

- 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:

G&G Rental Properties, LLC
16 Schneider Lane
Montville, NJ 07045

Jerry



2. Article Number (Transfer from service label)
7020 0640 0001 7501 0960

PS Form 3811, July 2020 PSN 7530-02-000-9055

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Duane Smith* C. Date of Delivery *11-10*

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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery 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:
 Tencza, Gregory J
 3 Church Street
 Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)
 7020 0640 0001 7501 0977

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

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

3. Service Type Priority Mail Express®
 Registered Mail™

Adult Signature Registered Mail Restricted Delivery

Adult Signature Restricted Delivery Signature Confirmation™

Certified Mail® Signature Confirmation Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (500)

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:
 McGinley, Kevin & Andrea & Sean
 5 Church Street
 Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)
 7020 0640 0001 7501 0984

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

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

3. Service Type Priority Mail Express®
 Registered Mail™

Adult Signature Registered Mail Restricted Delivery

Adult Signature Restricted Delivery Signature Confirmation™

Certified Mail® Signature Confirmation Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery

Domestic Return Receipt

7020 0640 0001 7501 - 0991

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:
 Doxey, Douglas & Christina & D,
 Jen
 9 Church Street
 Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)
 7020 0640 0001 7501 1004

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

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

3. Service Type Priority Mail Express®
 Registered Mail™

Adult Signature Registered Mail Restricted Delivery

Adult Signature Restricted Delivery Signature Confirmation™

Certified Mail® Signature Confirmation Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

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.

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

Jerry



2. Article Number (Transfer from service label)
 7019 0700 0001 8279 1314

PS Form 3811, July 2020 PSN 7530-02-000-9000

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) *Marlene Retain* C. Date of Delivery *1/10/22*

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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail 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.

1. Article Addressed to:
 Lovgren, Erik J.
 34 Church Street
 Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)
 7019 0700 0001 8279 0379

PS Form 3811, July 2020 PSN 7530-02-000-9000

A. Signature Agent
 Addressee

B. Received by (Printed Name) *EL* C. Date of Delivery *01/19*

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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail 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.

1. Article Addressed to:
 Thornton, Robyn
 30 Church Street
 Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)
 7019 0700 0001 8279 0386

PS Form 3811, July 2020 PSN 7530-02-000-9000

A. Signature Agent
 Addressee

B. Received by (Printed Name) *RM* C. Date of Delivery *01/19*

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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail 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.

1. Article Addressed to:
 Montesano, Ralph G. & Susan V.
 28 Church Street
 Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)
 7019 0700 0001 8279 0393

PS Form 3811, July 2020 PSN 7530-02-000-9000

A. Signature Agent
 Addressee

B. Received by (Printed Name) *RM* C. Date of Delivery *01/19*

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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail 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.

1. Article Addressed to:

Spahr, Michael & Kristen
 27 Navesink Drive
 Monmouth Beach, NJ 07750

Jerry



9590 9402 6917 1104 2825 91

2. Article Number (Transfer from service label)

7019 0700 0001 8279 0409

PS Form 3811, July 2020 PSN 7530-02-000-9000

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
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
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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
If YES, enter delivery address below:

- 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:

Duane, Eoin & Rebecca
 24 Church Street
 Sea Bright, NJ 07760

Jerry



9590 9402 6917 1104 2825 84

2. Article Number (Transfer from service label)

7019 0700 0001 8279 0416

PS Form 3811, July 2020 PSN 7530-02-000-9000

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
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

7019 0700 0001 8279 - 0423

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:

Miller, Krystina
 16 Church Street
 Sea Bright, NJ 07760

Jerry



9590 9402 6917 1104 2825 60

2. Article Number (Transfer from service label)

7019 0700 0001 8279 0430

PS Form 3811, July 2020 PSN 7530-02-000-9000

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
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
 - 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:

Eskridge, Joseph R. & Sheila M.
25 New Street
Sea Bright, NJ 07760

Jerry



9590 9402 5371 9189 7797 98

2. Article Number (Transfer from service label)
7019 0700 0001 8279 1239

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
SE [Signature] 1/10/22

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

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:

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

Jerry



9590 9402 5371 9189 7797 81

2. Article Number (Transfer from service label)
7019 0700 0001 8279 1246

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Marcelino Retana 1/10/22

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

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:

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

Jerry



9590 9402 5371 9189 7797 74

2. Article Number (Transfer from service label)
7019 0700 0001 8279 1253

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Marcelino Retana 1/10/22

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

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:

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

Jerry



9590 9402 5371 9189 7797 67

2. Article Number (Transfer from service label)
7019 0700 0001 8279 1260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Marcelino Retana 1/10/22

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

7019 0700 0001 8279 -
1277

1284

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:

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

Jerry



9590 9402 6917 1104 2826 52

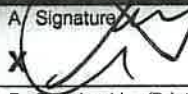
(Transfer from service label)

7019 0700 0001 8279 1291

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) *Marcelino Retana* C. Date of Delivery *1/10/22*

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 (500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

- 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:

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

Jerry



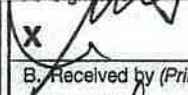
9590 9402 6917 1104 2826 45

2. Article Number (Transfer from service label)

7019 0700 0001 8279 1307

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

A. Signature  Agent
 Addressee

B. Received by (Printed Name) *Marcelino Retana* C. Date of Delivery *1/10/22*

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
 - 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.

1. Article Addressed to:

Verizon
175 W. Main Street
Freehold, NJ 07728
Attn: Corporate Secretary/Right of Way Agent

Jerry



9590 9402 5371 9189 7798 73

2. Number (Transfer from service label)

7019 0700 0001 8279 1130

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *AC* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
CHAS *11/12/2012*

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:

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

Jerry



9590 9402 5371 9189 7798 66

2. Number (Transfer from service label)

7019 0700 0001 8279 1161

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *F.J.* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
F.J. *1-10-22*

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:

Bell Atlantic
%Duff
PO Box 2749
Addison, TX 75001

Jerry



9590 9402 5371 9189 7798 59

2. Number (Transfer from service label)

7019 0700 0001 8279 1178

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *D. Duff* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
D. Duff *1/21/22*

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:

Gorman, Edward & Payne, Heather
13 New Street
Sea Bright, NJ 07760

Jerry



9590 9402 5371 9189 7798 42

2. Number (Transfer from service label)

7019 0700 0001 8279 1185

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *HEP* Agent Addressee

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

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:

Gee, Danny
15 New Street
Sea Bright, NJ 07760

Jerry



9590 9402 5371 9189 7798 35

2. Article Number (Transfer from service label)
7019 0700 0001 8279 1192

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

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

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

7019 0700 0001 8279 -

1208

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:

Pierce, Desire Anita White
19 New Street
Sea Bright, NJ 07760

Jerry



9590 9402 5371 9189 7798 11

2. Article Number (Transfer from service label)
7019 0700 0001 8279 1215

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

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

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:

Zheng, Xue Ming & Xue Ping
23 New Street
Sea Bright, NJ 07760

Jerry



9590 9402 5371 9189 7798 04

2. Article Number (Transfer from service label)
7019 0700 0001 8279 1222

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

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

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:

Kok, Poh S
6 South Street
Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)

7020 0640 0001 7501 1097

PS Form 3811, July 2020 PSN 7530-02-000-9000

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X

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 Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Fox, David & Priya
218 Whispering Pines Dr
Lincroft, NJ 07738

Jerry



2. Article Number (Transfer from service label)

7020 0640 0001 7501 1103

PS Form 3811, July 2020 PSN 7530-02-000-9000

A. Signature Agent Addressee

X Fox

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

Fox 7-10-21

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dibugnara, Ralph & Ralph & Michael
3 South Street
Sea Bright, NJ 07760

Jerry



2. Article Number (Transfer from service label)

7020 0640 0001 7501 1110

PS Form 3811, July 2020 PSN 7530-02-000-9000

A. Signature Agent Addressee

X

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

[Signature] [Signature]

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery

Domestic Return Receipt

7020 0640 0001 7501

1127

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

Jerry



9590 9402 6917 1104 2826 83

2. Article Number (Transfer from service label)

7020 0640 0001 7501 1134

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Marcelino Retana C. Date of Delivery 1/10/22

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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	

Domestic Return Receipt

- 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 Associates of Sea Bright L
 4415 Route 27, PO Box 419
 Kingston, NJ 08528

Jerry



9590 9402 6917 1104 2826 76

2. Article Number (Transfer from service label)

7020 0640 0001 7501 1141

PS Form 3811, July 2020 PSN 7530-02-000-9053

A. Signature Agent
 Addressee

B. Received by (Printed Name) Marcelino Retana C. Date of Delivery 1/10/22

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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	

Domestic Return Receipt