

RECEIVED
DEC 13 2022
Borough of Sea Bright

ABRAHAM J. ZAGER (1941-1999)
LAWRENCE M. FUCHS (1970-2020)
ANDREW W. KRANTZ
MICHAEL T. WARSHAW*
KEVIN I. ASADI
LYNN E. STAUFENBERG**
JOHN P. MURDOCH II
KENDRA HOSEIN

December 8, 2022

DONALD R. AMBROSE, OF COUNSEL
ARTHUR L. CHIANESE, OF COUNSEL
SUSAN L. GOLDRING, OF COUNSEL
ALBERT A. ZAGER, OF COUNSEL

*ADMITTED TO THE NEW YORK BAR
CERTIFIED AS ARBITRATOR AND MEDIATOR, R.1:40

**ADMITTED TO THE PENNSYLVANIA BAR
QUALIFIED FAMILY LAW MEDIATOR
REGISTERED GUARDIAN

Via Email cmitchell@seabrightnj.org and Lawyer's Service

Candace Mitchell, CMR
Planning Board Secretary
Borough of Sea Bright Clerk's Office
1099 Ocean Avenue
Sea Bright, NJ 07760

Re: **William A.G. Inc.**
1106 Ocean Avenue
Block 13 ; Lot 37

Dear Candace:

With regard to the December 13th²⁰²² hearing on the above matter, enclosed please find an original Affidavit of Publication and Affidavit of Mailing.

Thank you, as always, for your courtesies in this matter.

Very truly yours,



Kevin I. Asadi
For the Firm

KIA/lcs
Enclosures
cc: client

AFFIDAVIT OF PUBLICATION

Publisher's Fee \$57.20 Affidavit \$35.00

STATE OF WISCONSIN
Brown County

Personally appeared Nicole Jacobs 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:

12/03/2022 A.D 2022

Shelly Hora
Notary Public State of Wisconsin County of Brown

8-25-23
My commission expires

SHELLY HORA
Notary Public
State of Wisconsin

**PUBLIC NOTICE
BOROUGH OF SEA BRIGHT
PLANNING/ZONING BOARD**

PLEASE TAKE NOTICE that on Tuesday, December 13, 2022 at 7:30 P.M., at the meeting of the Planning/Zoning Board of the Borough of Sea Bright, Sea Bright Beach Pavilion – 3rd Floor, 1097 Ocean Avenue, Sea Bright, New Jersey, or at such time as the Board may thereafter adjourn, a public meeting will be held with regard to the proposed application of William A.G., Inc., at which time you may appear in person or by agent or attorney and present any objection which you may have to granting this application. The property is designated on the Tax Map of the Borough of Sea Bright as Block 13, Lot 37 (commonly known as 1106 Ocean Avenue, Sea Bright, New Jersey) and is located in the B-1 Zone. The applicant seeks preliminary and final major site plan approval to enlarge the existing single family dwelling on the second floor of the building.

The following variances are requested in connection with the application:

130-50.C – Front yard setback from Church Street where the proposed building is 0.6 feet over the property line. This is an existing condition.

130-50.C – Rear yard setback where 15 feet is required and the proposed building is 0.1 feet over the property line. This is an existing condition.

130-50.C – Lot Coverage wherein 50% is the maximum lot coverage and the proposal includes 91.1% coverage. This is an existing condition.

Parking – Two off street spaces are required and zero spaces are proposed. This is an existing condition.

The applicant also reserves the right to request any and all variances and/or waivers which are necessary or may become necessary during the public hearing process.

This meeting will be held in person in the Mayor Dina Long Community Room, 1097 Ocean Avenue, 3rd floor.

ACCESS TO APPLICATION MATERIALS

Agendas and application materials are posted on the Sea Bright municipal website at www.seabrightnj.org.

Members of the public will have an opportunity to be heard and to present evidence during the hearing. Any member of the public attending remotely and wishing to present a document during the meeting should email a digital copy to the Board Secretary at cmitchell@seabrightnj.org by December 9, 2022.

Any questions may be directed to the Board Secretary, Candace Mitchell, 732-842-0099, Ext. 123. Email: cmitchell@seabrightnj.org.

This Notice is sent to you by William A.G., Inc., by order of the Planning/Zoning Board of the Borough of Sea Bright.

ZAGER FUCHS, P.C.
Attorneys for William A.G., Inc .

By: /s/ Kevin I. Asadi
KEVIN I. ASADI, ESQ.

November 30, 2022
(\$57.20)

A GANNETT COMPANY
ASBURY PARK PRESS | APP.com

Agency:
 ZAGER FUCHS PC
 119 AVENUE AT THE CMN STE 4
 SHREWSBURY, NJ 07702
 ATTN: Kevin I. Asadi
Acct: ASB-010462

Client: ZAGER FUCHS PC
 119 AVENUE AT THE CMN STE 4,
 SHREWSBURY, NJ 07702
 Acct No: ASB-010462

This is not an invoice

Order #	Advertisement/Description	# Col x # Lines	Rate Per Line	Cost
0005508234	ZNG BRD PUBLICNOTICEBOROUGHOFSEABRIGHTPLANNINGZONINGBOA RDPLEASETAKENOTICETHATONTUESDAYDECEMBER132022AT 730PMATTHEMEETINGOFTHEPLANNING	2 col x 65 lines	\$0.44	\$57.20
		Affidavit of Publication Charge	1	\$35.00
		Tearsheet Charge	0	\$0.00
		Net Total Due:		\$92.20

Run Dates: 12/03/2022

Check #: _____
 Date: _____

CERTIFICATION BY RECEIVING AGENCY
 I, HAVING KNOWLEDGE OF THE FACTS, CERTIFY AND DECLARE THAT THE GOODS HAVE BEEN RECEIVED OR THE SERVICES RENDERED AND ARE IN COMPLIANCE WITH THE SPECIFICATIONS OR OTHER REQUIREMENTS, AND SAID CERTIFICATION IS BASED ON SIGNED DELIVERY SLIPS OR OTHER REASONABLE PROCEDURES OR VERIFIABLE INFORMATION.

SIGNATURE: _____
 TITLE: _____ DATE: _____

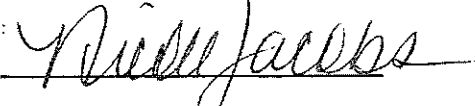
CERTIFICATION BY APPROVAL OFFICIAL
 I CERTIFY AND DECLARE THAT THIS BILL OR INVOICE IS CORRECT, AND THAT SUFFICIENT FUNDS ARE AVAILABLE TO SATISFY THIS CLAIM. THE PAYMENT SHALL BE CHARGEABLE TO:

APPROPRIATION ACCOUNT(S) AND AMOUNTS CHARGED: P.O. # _____

SIGNATURE: _____
 TITLE: _____ DATE: _____

CLAIMANT'S CERTIFICATION AND DECLARATION:
 I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THIS BILL OR INVOICE IS CORRECT IN ALL ITS PARTICULARS; THAT THE GOODS HAVE BEEN FURNISHED OR SERVICES HAVE BEEN RENDERED AS STATED HEREIN, THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITHIN THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT HEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

Date: 12/09/2022

Signature: 

Federal ID #: 061032273
 Official Position: Clerk

Kindly return a copy of this bill with your payment so that we can assure you proper credit.

Asbury Park Press
 New Jersey Press Media Solutions
 P.O. Box 677599

AFFIDAVIT OF MAILING

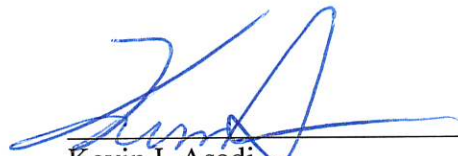
STATE OF NEW JERSEY

SS.

COUNTY OF MONMOUTH

Kevin I. Asadi, of full age, being duly sworn, according to law, upon her oath, deposes and says:

1. I am an attorney and partner at the law firm of Zager Fuchs, P.C., 119 Avenue at the Common, Suite 4, Shrewsbury, New Jersey.
2. On December 1, 2022, a copy of the Public Notice regarding William A.G., Inc., December 13, 2022 Hearing before the Borough of Sea Bright Planning/Zoning Board was mailed to all property owners within a 200' radius of the subject premises as shown on Exhibit "A" annexed hereto entitled "LIST OF PROPERTY OWNERS" along with attached list of utility companies, by certified mail, return receipt requested, postage prepaid.
3. Attached as Exhibit "B" are the Original Stamped Certified Receipts as further evidence of said mailing.
4. All notices were given at least ten (10) days prior to the date of said hearing before the Borough of Sea Bright Planning/Zoning Board .



Kevin I. Asadi

Sworn and subscribed to before me
this 6th day of December 2022.



Notary Public

LAURIE C. SACCANI
A Notary Public of New Jersey
My Commission Expires 9/10/2024

**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 13, Lot 37, also known as 1106 Ocean Avenue.**

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 13, Lot 37, also known as 1106 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: November 14, 2022
 Date Request Received: November 12, 2022
 Amount Paid: \$10.00

Cc. File

OWNER & ADDRESS REPORT

SEA BRIGHT

11/12/22 Page 1 of 3

200 FOOT OWNERS LIST FOR BLOCK 13, LOT 37

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
12	1		4A	COLE, LAWRENCE A & LAURA JEAN ✓ 4 GULL POINT ROAD ✓ MONMOUTH BEACH, NJ 07750	1132 OCEAN AVENUE	
12	2		4A	✓ 1124 OCEAN AVENUE, LLC ✓ 1124 OCEAN AVENUE SEA BRIGHT, NJ 07760	1124 OCEAN AVENUE	
12	4		<i>Dup</i> 15C	BORO OF SEA BRIGHT 1099 OCEAN AVENUE SEA BRIGHT, NJ 07760	4 NEW STREET	
12	5		2	✓ LANGEVIN, CARMINE ✓ 2 STOUTS LANE HO-HO-KUS, NJ 07423	7 SURF STREET	
12	6		2	✓ MCGUIRE, GRACE ✓ PO BOX 68 RUMSON, NJ 07760	6 NEW STREET	
12	7		2	✓ KEENAN FAMILY IRREVOCABLE TRUST ✓ 8 NEW STREET SEA BRIGHT, NJ 07760	8 NEW STREET	
12	8		2	✓ DUNLEAVY, JOHN R, TRUSTEE, ETAL ✓ 10 NEW STREET SEA BRIGHT, NJ 07760	10 NEW STREET	
12	8.01		2	✓ SOLANO, JORGE ✓ 12 NEW STREET SEA BRIGHT, NJ 07760	12 NEW STREET	
12	9		2	✓ 14 NEW STREET, LLC ✓ MCCAGUE 320 NAVESINK AVE ATLANTIC HIGHLANDS, NJ 07716	14 NEW STREET	
13	1		4A	✓ BOWIE REAL PROPERTIES, LLC ✓ 1120 OCEAN AVENUE SEA BRIGHT, NJ 07760	1110 OCEAN AVENUE	
13	2		2	✓ NEW DIRECTION IRA, INC ✓ 9109 KORNBRUST CIRCLE #6 LONE TREE, CO 80124	5 NEW STREET	
13	3		2	✓ BIRDSALL, KEVIN ✓ 9 NEW STREET SEA BRIGHT, NJ 07760	9 NEW STREET	
13	4		4A	✓ BELL ATLANTIC ✓ DUFF PO BOX 2749 ADDISON, TX 75001	11 NEW STREET	
13	5		2	✓ GORMAN, EDWARD & PAYNE, HEATHER ✓ 13 NEW STREET SEA BRIGHT, NJ 07760	13 NEW STREET	
13	6		2	✓ DEC, PIOTR J ✓ 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	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	<i>- Heather Gorman</i>

OWNER & ADDRESS REPORT

SEA BRIGHT

200 FOOT OWNERS LIST FOR BLOCK 13, LOT 37

11/12/22 Page 2 of 3

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
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	
13	35		2	✓ FEMINELLO, MICHAEL W & RACHEL A 40 WARREN STREET RUMSON, NJ 07760	6 CHURCH STREET	
13	36		2	✓ JONES, KRISTOFER 4 CHURCH STREET SEA BRIGHT, NJ 07760	4 CHURCH STREET	
14	1		15D	✓ FIRST UNITED METH. CHURCH 1104 OCEAN AVENUE SEA BRIGHT, NJ 07760	1104 OCEAN AVENUE	
14	1	X	4A	✓ FIRST UNITED METHODIST CHURCH 1101 OCEAN AVENUE SEA BRIGHT, N J 07760	1101 OCEAN AVENUE	
14	2		1	✓ CHURCH STREET CONDO ASSOCIATION 1 CHURCH STREET UNIT A SEA BRIGHT, NJ 07760	1 CHURCH STREET UNIT A	
14	2.01		2	✓ KNUDSON, JORGE & CHERYL 1 CHURCH STREET UNIT A SEA BRIGHT, NJ 07760	1 CHURCH STREET UNIT A	
14	2.02		2	✓ GONZALEZ, JOSE & SARA 1 CHURCH STREET UNIT B SEA BRIGHT, NJ 07760	1 CHURCH STREET UNIT B	
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	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	
14	21		4A	✓ MMRD ASSOCIATES, LLC 400 OCEAN AVENUE UNIT 1 SEA BRIGHT, NJ 07760	1096 OCEAN AVENUE	

OWNER & ADDRESS REPORT

SEA BRIGHT

11/12/22 Page 3 of 3

200 FOOT OWNERS LIST FOR BLOCK 13, LOT 37


BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
20	1		4C	COAST VENTURES, LLC 201 MAIN STREET ALLENHURST, NJ 07711	1125 OCEAN AVENUE	
21	1		4A	BANK OF AMERICA ✓ 101 N. TRYON STREET CHARLOTTE, NC 28255	1117 OCEAN AVENUE	
21	11		2	✓ FORSMAN, THOMAS & STEPHANIE & ET AL ✓ 10 EAST CHURCH STREET SEA BRIGHT, NJ 07760	10 EAST CHURCH STREET	
22	1		4A	WOODY'S OCEAN PROPERTIES, LLC ✓ 1 EAST CHURCH STREET SEA BRIGHT, NJ 07760	1 EAST CHURCH STREET	
23	1		15C	✓ BORO OF SEA BRIGHT 1099 OCEAN AVENUE SEA BRIGHT, NJ 07760	1099 OCEAN AVENUE	

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



9590 9402 7180 1284 1338 06

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9150

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *CMMSC*

B. Received by (Printed Name)

D. Is delivery address different from item 1? 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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To

Street and Apt. Borough of Sea Bright

City, State, ZIP+4® Sea Bright, NJ 07760

Postmark Here
DEC 01 2022
6:21 P

KIA 15135-002

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.

1. Article Addressed to:

State of New Jersey (for State Hwy 36)
Commissioner, Department of Transportation
1035 Parkway Avenue
PO Box 600
Trenton, NJ 08625



9590 9402 7180 1284 1349 88

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9242

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *RECEIVED*

B. Received by (Printed Name)

D. Is delivery address different from item 1? 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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To

Street and Apt. State of New Jersey (for State Hwy 36)

City, State, ZIP+4® Commissioner, Department of Transportation
1035 Parkway Avenue
PO Box 600
Trenton, NJ 08625

Postmark Here
DEC 01 2022
6:22 P

KIA 15135-002

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.

1. Article Addressed to:

Comcast
Comcast Center
1701 John F. Kennedy Blvd.
Philadelphia, PA 19103



9590 9402 7543 2098 0619 91

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9303

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

COMCAST CABLE
ONE COMCAST CENTER
PHILADELPHIA, PA 19103-2838

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To

Street and Apt. Comcast Center

City, State, ZIP+4® 1701 John F. Kennedy Blvd.
Philadelphia, PA 19103

Postmark Here
DEC 01 2022
6:21 P

KIA 15135-002

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.

1. Article Addressed to:

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



9590 9402 7543 2098 0619 91

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9303

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To

Street and Apt. State of New Jersey (for Coastal Waters)

City, State, ZIP+4® Division of Coastal Resources
PO Box 401
Trenton, NJ 08625

Postmark Here
DEC 01 2022
6:21 P

KIA 15135-002

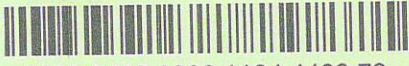
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.

1. Article Addressed to:

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



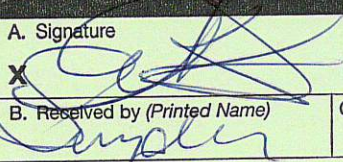
9590 9402 6906 1104 4408 72

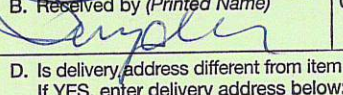
2. Article Number (Transfer from service label)

7016 3560 0000 1293 9259 Restricted Delivery

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 

B. Received by (Printed Name)


D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Required
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here
Dec 01 2022 6:22P

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

City, State, ZIP+4®


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.

1. Article Addressed to:

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




9590 9402 7543 2098 0607 41

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9440 Restricted Delivery

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 

B. Received by (Printed Name)
Robin Hills

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Required
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here
Dec 01 2022 6:19P

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

City, State, ZIP+4®

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.

1. Article Addressed to:

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



9590 9402 7543 2098 0607 41

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9440 Restricted Delivery

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 

B. Received by (Printed Name)
Robin Hills

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Required
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here
Dec 01 2022 6:23P

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

City, State, ZIP+4®

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.

1. Article Addressed to:

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



9590 9402 7543 2098 0607 41

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9440 Restricted Delivery

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 

B. Received by (Printed Name)
Robin Hills

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Required
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here
Dec 01 2022 6:21P

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

City, State, ZIP+4®

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.

1. Article Addressed to:

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

9590 9402 7543 2098 0607 58

2. Article Number (Transfer from service label)
7016 3560 0000 1293 9457

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

4. Is delivery address different from the address on the envelope?
If YES, enter delivery address below:

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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
Total \$

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

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

5456 6297 0000 0956 9102

KIA 15135-002
Postmark Here
Dec 01 2022
6:19P

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cole, Lawrence A & Laura Jean
4 Gull Point Road
Monmouth Beach, NJ 07750

9590 9402 7543 2098 0620 28

2. Article Number (Transfer from service label)
7016 3560 0000 1293 9273

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

4. Is delivery address different from the address on the envelope?
If YES, enter delivery address below:

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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
Total \$

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

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7816 6297 0000 0956 9102

KIA 15135-002
Postmark Here
Dec 01 2022
6:23P

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

9590 9402 7543 2098 0607 65

2. Article Number (Transfer from service label)
7016 3560 0000 1293 9464

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

4. Is delivery address different from the address on the envelope?
If YES, enter delivery address below:

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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
Total \$

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

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

4946 6297 0000 0956 9102

KIA 15135-002
Postmark Here
Dec 01 2022
6:19P

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
East Main Street
Freehold, NJ 07728

9590 9402 7543 2098 0620 28

2. Article Number (Transfer from service label)
7016 3560 0000 1293 9273

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

4. Is delivery address different from the address on the envelope?
If YES, enter delivery address below:

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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
Total \$

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

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7816 6297 0000 0956 9102

KIA 15135-002
Postmark Here
Dec 01 2022
6:23P

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:

Langevin, Carmine
2 Stouts Lane
Ho-Ho-Kus, NJ 07423



9590 9402 7543 2098 0620 11

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9280

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 

B. Received by (Printed Name)
Carmine

D. Is delivery address different from item label? 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
 Mail Restricted Delivery

PS Form 3800, April 2015 PSN 7530-02-000-9047

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To \$

Street and, Langevin, Carmine
✓ 2 Stouts Lane
Ho-Ho-Kus, NJ 07423

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

KIA 15135-002
Postmark Here
Dec 01 2022
6:21P

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To \$

Street and, McGuire, Grace
✓ PO Box 68
Rumson, NJ 07760

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

KIA 15135-002
Postmark Here
Dec 01 2022
6:19P

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To \$

Street and, Keenan Family Irrevocable Trust
✓ 8 New Street
Sea Bright, NJ 07760

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

KIA 15135-002
Postmark Here
Dec 01 2022
6:23P

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To \$

Street and, Dunleavy, John R. Trustee, Etal
✓ 10 New Street
Sea Bright, NJ 07760

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

KIA 15135-002
Postmark Here
Dec 01 2022
6:11P

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage and Certified Mail Fee \$

Sent To
 Street and Apt. No.
 City, State, ZIP+4®

Postmark Here
 KIA 15135-002
 Dec 01 2022
 6:19P

Solano, Jorge
 12 New Street
 Sea Bright, NJ 07760

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®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage and Certified Mail Fee \$

Sent To
 Street
 City

Postmark Here
 KIA 15135-002
 Dec 01 2022
 6:23P

14 New Street, LLC
 %MCCAGUE 320 NAVESINK AVE
 Atlantic Highlands, NJ 07716

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.

1. Article Addressed to:

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

9590 9402 7543 2098 0619 84

7016 3560 0000 1293 9310

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X BK MB COE

B. Received by (Printed Name)

D. Is delivery address different from the address on the envelope?
 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

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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage and Certified Mail Fee \$

Sent To
 Street
 City, State, ZIP+4®

Postmark Here
 KIA 15135-002
 Dec 01 2022
 6:21P

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

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®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage and Certified Mail Fee \$

Sent To
 Street and Apt. No.
 City, State, ZIP+4®

Postmark Here
 KIA 15135-002
 Dec 01 2022
 6:19P

New Direction IRA, Inc.
 9109 Kornbrust Circle #6
 Lone Tree, CO 80124

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.

1. Article Addressed to:

Kevin Birdsall
9 New Street
Sea Bright, NJ 07760



9590 9402 7180 1284 1337 90

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9211

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB MS 1608

B. Received by (Printed Name)

D. Is delivery address different from the address on the mailpiece? 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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark Here
 KIA 15135-002
 Dec 01 2022
 6:23P

Kevin Birdsall
9 New Street
Sea Bright, NJ 07760

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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


Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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



9590 9402 7543 2098 0608 02

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9501

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KB MS 1608

B. Received by (Printed Name)

D. Is delivery address different from the address on the mailpiece? 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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark Here
 KIA 15135-002
 Dec 01 2022
 6:19P

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

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Dec, Piotr J.
15 New Street
Sea Bright, NJ 07760



9590 9402 7543 2098 0608 02

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9501

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

D. Is delivery address different from the address on the mailpiece? 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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark Here
 KIA 15135-002
 Dec 01 2022

Dec, Piotr J.
15 New Street
Sea Bright, NJ 07760

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

Domestic Return Receipt

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

KIA
 15135-000
 Postmark Here
 Dec 01 2022
 6:20P

4EE6 E62T 1293 0000 095E 9T02

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

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.

Dowd, Bernard P & Cynthia Thomas
 PO Box 40
 Oceanport, NJ 07757



9590 9402 7543 2098 0608 26

2. Article Number (Transfer from service label)
 7016 3560 0000 1293 9525

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]*

B. Received by (Printed Name)

D. Is delivery address different from item label?
 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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

KIA
 15135-000
 Postmark Here
 Dec 01 2022
 6:19P

5256 E62T 0000 095E 9T02

Dowd, Bernard P & Cynthia Thomas
 PO Box 40
 Oceanport, NJ 07757

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

KIA
 15135-000
 Postmark Here
 Dec 01 2022
 6:21P

5236 E62T 0000 095E 9T02

Miller, Krystina
 16 Church Street
 Sea Bright, NJ 07760

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.

Gorman, Edward
 13 New Street
 Sea Bright, NJ 07760



9590 9402 7543 2098 0707 57

1. Article Addressed to:
 7016 3560 0000 1293 9426

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]*

B. Received by (Printed Name)

D. Is delivery address different from item label?
 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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

KIA
 15135-000
 Postmark Here
 Dec 01 2022
 6:19P

9246 E62T 0000 095E 9T02

Gorman, Edward
 13 New Street
 Sea Bright, NJ 07760

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.

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

9590 9402 7543 2098 0608 33

2. Article Number (Transfer from service label)
7016 3560 0000 1293 9433

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X JB MSCC

B. Received by (Printed Name)
JB MSCC

D. Is delivery address different from item 1?
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

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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total P \$
 Sent 7 \$
 Street \$
 City, State, ZIP+4®

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

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

KIA 15135-002
Postmark Here
Dec 01 2022 6:18P

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.

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

9590 9402 7543 2098 0707 64

2. Article Number (Transfer from service label)
7016 3560 0000 1293 9433

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gail Duane

B. Received by (Printed Name)
GAIL DUANE

D. Is delivery address different from item 1?
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

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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total P \$
 Sent 7 \$
 Street \$
 City, State, ZIP+4®

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

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

KIA 15135-002
Postmark Here
Dec 01 2022 6:20P

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.

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

9590 9402 7543 2098 0707 64

2. Article Number (Transfer from service label)
7016 3560 0000 1293 9433

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gail Duane

B. Received by (Printed Name)
GAIL DUANE

D. Is delivery address different from item 1?
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

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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total P \$
 Sent 7 \$
 Street \$
 City, State, ZIP+4®

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

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

KIA 15135-002
Postmark Here
Dec 01 2022 6:19P

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.

Feminello, Michael W & Rachel A
40 Warren Street
Rumson, NJ 07760

9590 9402 7543 2098 0707 64

2. Article Number (Transfer from service label)
7016 3560 0000 1293 9433

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Michael W & Rachel A

B. Received by (Printed Name)
Michael W & Rachel A

D. Is delivery address different from item 1?
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

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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total P \$
 Sent 7 \$
 Street \$
 City, State, ZIP+4®

Feminello, Michael W & Rachel A
40 Warren Street
Rumson, NJ 07760

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

KIA 15135-002
Postmark Here
Dec 01 2022 6:18P

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To **Jones, Kristofer**

Street and Apt. **4 Church Street**

City, State, ZIP+4® **Sea Bright, NJ 07760**

Postmark Here
 Dec 01 2022
 6:20P

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.

1. Article Addressed to:

First United Methodist Church
 1104 Ocean Avenue
 Sea Bright, NJ 07760

2. Article Number (Transfer from service label)
7016 3560 0000 1293 9518

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] MS CC

B. Received by (Printed Name)

D. Is delivery address different from
 If YES, enter delivery address

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery (over \$500)

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To **First United Methodist Church**

Street and Apt. **1104 Ocean Avenue**

City, State, ZIP+4® **Sea Bright, NJ 07760**

Postmark Here
 Dec 01 2022
 6:19P

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.

1. Article Addressed to:

First United Methodist Church
 1101 Ocean Avenue
 Sea Bright, NJ 07760

2. Article Number (Transfer from service label)
7016 3560 0000 1293 9600

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] MS CC

B. Received by (Printed Name)

D. Is delivery address different from
 If YES, enter delivery address

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To **First United Methodist Church**

Street and Apt. **1101 Ocean Avenue**

City, State, ZIP+4® **Sea Bright, NJ 07760**

Postmark Here
 Dec 01 2022
 6:18P

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.

1. Article Addressed to:

Church Street Condo Association
 1 Church Street Unit A
 Sea Bright, NJ 07760

2. Article Number (Transfer from service label)
7016 3560 0000 1293 9365

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] MS CC

B. Received by (Printed Name)

D. Is delivery address different from
 If YES, enter delivery address

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To **Church Street Condo Association**

Street and Apt. **1 Church Street Unit A**

City, State, ZIP+4® **Sea Bright, NJ 07760**

Postmark Here
 Dec 01 2022
 6:20P

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

9566 6921 0000 095E 9T02

9566 6921 0000 095E 9T02

0096 6921 0000 095E 9T02

5966 6921 0000 095E 9T02

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:

Knudson, Jorge & Cheryl
1 Church Street Unit A
Sea Bright, NJ 07760

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9117

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X JK MSC

B. Received by (Printed Name)

D. Is delivery address different from the address on the mailpiece? 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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To Knudson, Jorge & Cheryl
1 Church Street Unit A
Sea Bright, NJ 07760

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here
Dec 01 2022 6:18 PM

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:

Gonzalez, Jose & Sara
1 Church Street Unit B
Sea Bright, NJ 07760

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9617

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X JK MSC

B. Received by (Printed Name)

D. Is delivery address different from the address on the mailpiece? 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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Certified Mail Fee \$

Sent To Gonzalez, Jose & Sara
1 Church Street Unit B
Sea Bright, NJ 07760

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here
Dec 01 2022 6:18 PM

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:

Tencza, Gregory J
3 Church Street
Sea Bright, NJ 07760

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9372

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X GT MSC

B. Received by (Printed Name)

D. Is delivery address different from the address on the mailpiece? 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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Certified Mail Fee \$

Sent To Tencza, Gregory J
3 Church Street
Sea Bright, NJ 07760

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here
Dec 01 2022 6:20 PM

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:

Mc Ginley, Kevin & Andrea & Sean
5 Church Street
Sea Bright, NJ 07760

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9556

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X SM MSC

B. Received by (Printed Name)

D. Is delivery address different from the address on the mailpiece? 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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Certified Mail Fee \$

Sent To Mc Ginley, Kevin & Andrea & Sean
5 Church Street
Sea Bright, NJ 07760

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here
Dec 01 2022 6:18 PM

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:

Dowd, Bernard & Cynthia
PO Box 40
Oceanport, NJ 07757

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9655

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]*

B. Received by (Printed Name)

D. Is delivery address different from item 1? 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 (over \$500)

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postmark Here
 Dec 01 2022 6:17P
 KIA 15135-000

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$

Postage
 Total Postage \$
 Sent To
 Street and Apt. 1
 City, State, ZIP+4®

Dowd, Bernard & Cynthia
 PO Box 40
 Oceanport, NJ 07757

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.

1. Article Addressed to:

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

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9389

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]*

B. Received by (Printed Name)

D. Is delivery address different from item 1? 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 (over \$500)

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postmark Here
 Dec 01 2022 6:20P
 KIA 15135-000

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$

Postage
 Total Postage \$
 Sent To
 Street and Apt. 1
 City, State, ZIP+4®

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

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.

1. Article Addressed to:

Lobiondo, James A
931 Ocean Avenue
Sea Bright, NJ 07760

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9563

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]*

B. Received by (Printed Name)

D. Is delivery address different from item 1? 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 (over \$500)

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postmark Here
 Dec 01 2022 6:18P
 KIA 15135-000

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$

Postage
 Total Postage \$
 Sent To
 Street and Apt. 1
 City, State, ZIP+4®

Lobiondo, James A
 931 Ocean Avenue
 Sea Bright, NJ 07760

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.

1. Article Addressed to:

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

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9563

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]*

B. Received by (Printed Name)

D. Is delivery address different from item 1? 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 (over \$500)

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postmark Here
 Dec 01 2022 6:17P
 KIA 15135-000

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$

Postage
 Total Postage \$
 Sent To
 Street and Apt. 1
 City, State, ZIP+4®

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

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.

1. Article Addressed to:

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

9590 9402 7543 2098 0619 08

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9396

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *D Fox*

B. Received by (Printed Name)
D Fox

D. Is delivery address different from the address on the label? 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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here
KIA 15135-002

Dec 01 2022 6:20P

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

City, State, ZIP+4®

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®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Postmark Here
KIA 15135-002

Dec 01 2022 6:18P

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

City, State, ZIP+4®

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.

1. Article Addressed to:

MMRD Associates, LLC
400 Ocean Avenue Unit 1
Sea Bright, NJ 07760

9590 9402 7543 2098 0609 32

2. Article Number (Transfer from service label)

7016 3560 0000 1293 9631

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *MS MD*

B. Received by (Printed Name)

D. Is delivery address different from the address on the label? 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

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage \$

Sent To
MMRD Associates, LLC
400 Ocean Avenue Unit 1
Sea Bright, NJ 07760

Street or PO Box #

City, State, ZIP+4®

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®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Postmark Here
KIA 15135-002

Dec 01 2022 6:20P

Coast Ventures, LLC
201 Main Street
Allenhurst, NJ 07711

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions