

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

RECEIVED

OCT 11 2022

Borough of Sea Bright

Admitted to Practice
NJ & Washington DC

Mailing Address:
165 Highway 35
Red Bank, NJ 07701

October 7, 2022

VIA FEDERAL-EXPRESS

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

**Re: Kurkowski Residence
Sea Bright Planning Board Application
13 Church Street
Sea Bright, NJ
Block 14, Lot 8**

Dear Ms. Mitchell:

Please be advised that I am writing to you on behalf of Kim Kurkowski and Kerry Huffman, Applicants in the above-referenced mater. In that regard, and in anticipation of the **October 11, 2022** Public Hearing, I would ask that you please find the following:

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

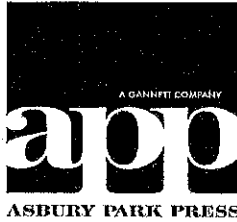
**BOROUGH OF SEA BRIGHT
UNIFIED PLANNING BOARD
NOTICE OF HEARING**

PLEASE TAKE NOTICE, that Kim Kurkowski and Kerry Huffman have submitted a Development Application to the Borough of Sea Bright / Sea Bright Planning Board. The Application involves the property located at 13 Church Street, Sea Bright, NJ, more formally identified as Block 14, Lot 8 (R-3 Zone). There is an existing single family home at the site. In order to make the home more functional and modern, the Applicants propose to demolish the existing structure and to construct a new single family home on the site. (Though the Applicants intend to utilize the existing foundation for the new structure.)

In conjunction with the Application, the Applicants will be seeking approval for the following Variance relief:

LOT AREA: exists;	1,800 SF required; whereas 1,560 SF exists;
LOT FRONTAGE / WIDTH:	25 ft. required; whereas 20 ft. exists;
FRONT YARD SETBACK: proposed;	5 ft. required; whereas 2.53 ft. proposed;
SIDE YARD SETBACK: proposed;	3 ft. required; whereas 2.53 ft. proposed;
SIDE YARD SETBACK:	3 ft. required; whereas 0.8 ft. proposed;
COMBINED SIDE YARD SETBACK:	6 ft. required; whereas 3.44 ft. proposed;
BUILDING COVERAGE: 56.98% proposed;	Maximum 50% allowed; whereas 56.98% proposed;
NUMBER OF STORIES: whereas 3 stories proposed;	Maximum 2 ½ stories allowed; whereas 3 stories proposed;
HEIGHT: proposed.	35 ft. allowed; whereas 39.5 ft. proposed.

The Applicants 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.



Classified Ad Receipt
(For Info Only - NOT A BILL)

Customer: KEVIN KENNEDY

Ad No.: 0005434083

Address: 165 STATE ROUTE 35
RED BANK NJ 07701
USA

Pymt Method Cash
Net Amount \$80.76

Run Times: 1

No. of Affidavits: 1

Run Dates: 10/01/22

Text of Ad:

BOROUGH OF SEA BRIGHT
UNIFIED PLANNING BOARD
NOTICE OF HEARING

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SIDE YARD SETBACK: 3 ft. required; whereas 2.53 ft. proposed;
SIDE YARD SETBACK: 3 ft. required; whereas 0.8 ft. proposed;
COMBINED SIDE YARD SETBACK: 6 ft. required; whereas 3.44 ft. proposed;
BUILDING COVERAGE: Maximum 50% allowed; whereas 56.98% proposed;
NUMBER OF STORIES: Maximum 2 1/2 stories allowed; whereas 3 stories proposed;
HEIGHT: 35 ft. allowed; whereas 39.5 ft. proposed.

The Applicants 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 October 11, 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 Kevin E. Kennedy

KEK/dmp
Z:\KevinKennedyLaw\Land Use\Kurkowski (Sea Bright)\Public Notice.doc
(\$45.76)

0005434083-01

AFFIDAVIT OF PUBLICATION

Publisher's Fee \$45.76 Affidavit \$35.00

STATE OF WISCONSIN
Brown County

Personally appeared Dr. Roberts 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:

10/01/2022 A.D 2022

Nancy Heyrman
Notary Public State of Wisconsin County of Brown
5.15.23

My commission expires

RECEIVED

OCT 1 2022

Borough of Sea Bright

NANCY HEYRMAN
Notary Public
State of Wisconsin

BOROUGH OF SEA BRIGHT
UNIFIED PLANNING BOARD
NOTICE OF HEARING

PLEASE TAKE NOTICE, that Kim Kurkowski and Kerry Huffman have submitted a Development Application to the Borough of Sea Bright / Sea Bright Planning Board. The Application involves the property located at 13 Church Street, Sea Bright, NJ, more formally identified as Block 14, Lot B (R-3 Zone). There is an existing single family home at the site. In order to make the home more functional and modern, the Applicants propose to demolish the existing structure and to construct a new single family home on the site. (Though the Applicants intend to utilize the existing foundation for the new structure.)

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Date Kevin E. Kennedy

KEK/dmp
Z:\KevinKennedy\Law\Land Use\Kurkowski (Sea Bright)\Public Notice.doc
(\$45.76)

0005434083-01

CERTIFICATION OF MAILING

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

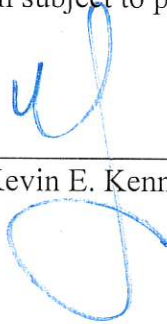
1. I am the Attorney at the Law Office of Kevin E. Kennedy, located at 165 Highway 35, Red Bank, New Jersey.
2. On September 30, 2022, I sent letters (via certified mail) to all the individuals / entities set forth on the attached mailing list.
3. The above letters contained the attached Public Hearing Notice evidencing the Kim Kurkowski and Kerry Huffman application was scheduled to be heard by the Sea Bright Planning Board on October 11, 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

10/4/22

Kevin E. Kennedy, Esq.



**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 14, Lot 8, also known as 13 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 8, also known as 13 Church Street** in the Borough of Sea Bright as submitted by Sea Bright Tax Assessor Timothy Anfusio.


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

Date: August 22, 2022
 Date Request Received: August 15, 2022
 Amount Paid: \$10.00

Cc. File

OWNER & ADDRESS REPORT

SEA BRIGHT

08/20/22 Page 1 of 3

200 FOOT OWNERS LIST FOR BLOCK 14, LOT 8

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	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	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	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	
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	CHURCH STREET SB, LLC 24 CHURCH STREET SEA BRIGHT, NJ 07760	24 CHURCH STREET	

OWNER & ADDRESS REPORT

SEA BRIGHT

200 FOOT OWNERS LIST FOR BLOCK 14, LOT 8

08/20/22 Page 2 of 3

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
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	Board Member
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	
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	9		2	JERRY, CHRIS & MICHELE 15 CHURCH STREET SEA BRIGHT, NJ 07760	15 CHURCH STREET	
14	10		2	BAKKAR, SARAH BASHIR 17 CHURCH STREET SEA BRIGHT, NJ 07760	17 CHURCH STREET	
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	

OWNER & ADDRESS REPORT

SEA BRIGHT

200 FOOT OWNERS LIST FOR BLOCK 14, LOT 8

08/20/22 Page 3 of 3

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
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	4.05		1	RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	3C SOUTH STREET	
15	4.06		1	RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	3B SOUTH STREET	
15	4.07		1	RIVER STREET REALTY, LLC 165 27TH STREET BROOKLYN, NY 11232	5A SOUTH STREET	
15	4.08		1	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	
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		2	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

Kurkowski



9590 9402 6917 1104 2750 12

2. Article Number (Transfer from service label)

7021 2720 0001 9201 5472

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

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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

5489


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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

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

Kurkowski



9590 9402 6647 1060 4152 59

2. Article Number (Transfer from service label)

7021 2720 0001 9201 5496

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

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X *[Signature]* Agent
 Addressee

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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

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1. Article Addressed to:

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

Kurkowski



9590 9402 6647 1060 4152 66

2. Article Number (Transfer from service label)

7021 2720 0001 9201 5502

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee

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

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

3. Service Type

<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

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1. Article Addressed to:
 Jersey Central Power & Light
 Area Manager Central New Jersey
 1500 Florence Avenue
 Union Beach, NJ 07735

Kurkowski

9590 9402 6647 1060 4152 73

2. Article Number (Transfer from service label)
 7021 2720 0001 9201 5519

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

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
 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. **CPO**
 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

Kurkowski

9590 9402 6647 1060 4152 80

7021 2720 0001 9201 5526

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

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
 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. **CPO**
 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

Kurkowski

9590 9402 6647 1060 4152 97

7021 2720 0001 9201 5533

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

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
 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

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1. Article Addressed to:
 Two Rivers Water Reclamation Authority
 1 Highland Avenue
 Monmouth Beach, NJ 07750

Kurkowski

9590 9402 6647 1060 4153 03

7021 2720 0001 9201 5540

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

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
 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

5557

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Monmouth County Planning Board Hall of Records Annex - 2nd Floor 1 East Main Street Freehold, NJ 07728</p> <p style="text-align: right;">Kurkowski</p>	<p>B. Received by (Printed Name) F. J.</p>	<p>C. Date of Delivery 10-3-22</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7021 2720 0001 4201 5564</p>	<p>3. Service Type</p> <p><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</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9000 Domestic Return Receipt</p>		

2490

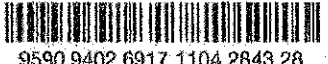
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X HP MS CA</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Gorman, Edward & Payne, Heather 13 New Street Sea Bright, NJ 07760</p> <p style="text-align: right;">Kurkowski</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0000 8021 2506</p>	<p>3. Service Type</p> <p><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</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9000 Domestic Return Receipt</p>		

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.

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

Kurkowski



9590 9402 6917 1104 2843 28

2. Article Number (Transfer from service label)

7020 2450 0000 8023 7945

PS Form 3811, July 2020 PSN 7530-02-000-9003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
XTP MB CCJ 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

7952


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

Kurkowski



9590 9402 6917 1104 2843 42

2. Article Number (Transfer from service label)

7020 2450 0000 8023 7959

PS Form 3811, July 2020 PSN 7530-02-000-9003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
XDP MB CCJ 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

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

Kurkowski



9590 9402 6917 1104 2843 59

2. Article Number (Transfer from service label)

7020 2450 0000 8023 7976

PS Form 3811, July 2020 PSN 7530-02-000-9003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
XMZ MB CCJ 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

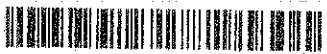
SENDER: COMPLETE THIS SECTION

- 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

Kurkowski



9590 9402 6917 1104 2843 66

2. Article Number (Transfer from service label)

7020 2450 0000 8021 7983

PS Form 3811, July 2020 PSN 7530-02-000-9003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *JE MScay* 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:

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

Kurkowski



9590 9402 6917 1104 2843 73

2. Article Number (Transfer from service label)

7020 2450 0000 8021 7990

PS Form 3811, July 2020 PSN 7530-02-000-9003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *M. Retana* 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:

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

Kurkowski



9590 9402 6917 1104 2843 80

2. Article Number (Transfer from service label)

7020 2450 0000 8021 8003

PS Form 3811, July 2020 PSN 7530-02-000-9003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *M. Retana* 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:

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

Kurkowski



9590 9402 6917 1104 2750 29

2. Article Number (Transfer from service label)

7020 2450 0000 8021 8010

PS Form 3811, July 2020 PSN 7530-02-000-9003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *M. Retana* 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:
 CJM Associates of Sea Bright, LLC
 PO Box 419
 Kingston, NJ 08528
 Kurkowski

7020 2450 0000 8021 8027

PS Form 3811, July 2020 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 M. Retana

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
 Signature Confirmation™
 Signature Confirmation 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:
 Jessie A. Howland & Sons Inc.
 PO Box 419
 Kingston, NJ 08528
 Kurkowski

7020 2450 0000 8021 8034

PS Form 3811, July 2020 PSN 7530-02-000-8053

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
 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 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
 PO Box 419
 Kingston, NJ 08528
 Kurkowski

7020 2450 0000 8021 8041

PS Form 3811, July 2020 PSN 7530-02-000-8053

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 M. RETANA

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
 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:
 Lovgren, Erik J.
 34 Church Street
 Sea Bright, NJ 07760
 Kurkowski

7020 2450 0000 8021 8058

PS Form 3811, July 2020 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 ELMS COG

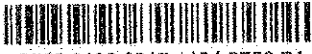
C. Date of Delivery

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
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

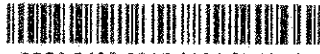
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>RT MS CA</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Thornton, Robyn 30 Church Street Sea Bright, NJ 07760 Kurkowski		B. Received by (Printed Name) C. Date of Delivery	
 9590 9402 6917 1104 2750 74		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7020 2450 0000 8021 8065		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	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature X <i>RM MS CA</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Montesano, Ralph G. & Susan V. 28 Church Street Sea Bright, NJ 07760 Kurkowski		B. Received by (Printed Name) C. Date of Delivery	
 9590 9402 6917 1104 2750 81		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7020 2450 0000 8021 8072		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	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	


8089

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature X <i>RD MS CA</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Church Street SB, LLC 24 Church Street Sea Bright, NJ 07760 Kurkowski		B. Received by (Printed Name) C. Date of Delivery	
 9590 9402 6917 1104 2751 04		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7021 1970 0000 5475 0028		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	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

0035

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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.	A. Signature X KM MS CP Agent <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Miller, Krystina 16 Church Street Sea Bright, NJ 07760 Kurkowski	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 6917 1104 2751 28	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery	
2. Article Number (Transfer from service label)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
7021 1970 0000 5475 0042	PS Form 3811, July 2020 PSN 7530-02-000-9003 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.	A. Signature X EG MS CA Agent <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Gorman, Edward 13 New Street Sea Bright, NJ 07760 Kurkowski	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 6917 1104 2751 35	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery	
2. Article Number (Transfer from service label)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
7021 1970 0000 5475 0059	PS Form 3811, July 2020 PSN 7530-02-000-9003 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.	A. Signature X JB MS CA Agent <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Byron, John Byron Thomas 12 Church Street Sea Bright, NJ 07760 Kurkowski	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 6917 1104 2751 42	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery	
2. Article Number (Transfer from service label)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
7021 1970 0000 5475 0066	PS Form 3811, July 2020 PSN 7530-02-000-9003 Domestic Return Receipt	

0073

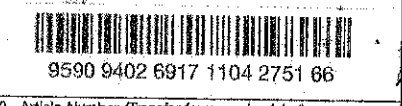
SENDER: COMPLETE THIS SECTION

- 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:

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

Kurkowski



2. Article Number (Transfer from service label)

9738 7021 1970 0000 5475 0080

PS Form 3811, July 2020 PSN 7530-02-000-9008

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) *GAIL DEWITT* C. Date of Delivery *10/13*

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

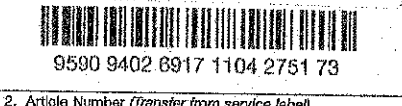
SENDER: COMPLETE THIS SECTION

- 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:

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

Kurkowski



2. Article Number (Transfer from service label)

7021 1970 0000 5475 0097

PS Form 3811, July 2020 PSN 7530-02-000-9008

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Name]* C. Date of Delivery *10/3/20*

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

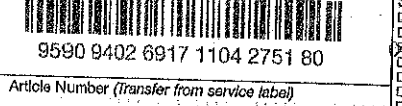
SENDER: COMPLETE THIS SECTION

- 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:

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

Kurkowski



2. Article Number (Transfer from service label)

7021 2720 0001 2809 7565

PS Form 3811, July 2020 PSN 7530-02-000-9008

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

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

D. Is delivery address different from item 1? Yes 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:

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

Kurkowski

2. Article Number (transfer from service label)

7021 2720 0001 2809 7572

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X KM MS CC 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 Restricted Delivery
 Insured Mail Insured Mail Restricted Delivery

Domestic Return Receipt

7589

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

Kurkowski

2. Article Number (transfer from service label)

7021 2720 0001 2809 7596

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X CD MS CC 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 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

Kurkowski

2. Article Number (transfer from service label)

7021 2720 0001 2809 7602

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X DV MS CC 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 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:

Jerry, Chris & Michele
 15 Church Street
 Sea Bright, NJ 07760

Kurkowski



9590 9402 6917 1104 2752 34

7021 2720 0001 2809 7619

A. Signature
 X *CS MSC CA* 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	

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


SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

Kurkowski



9590 9402 6917 1104 2752 41

2. Article Number (Transfer from service label)

7021 2720 0001 2809 7626

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *SY MSC CA* 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	

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


SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

Kurkowski



9590 9402 6917 1104 2752 58

2. Article Number (Transfer from service label)

7021 2720 0001 2809 7633

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *TJM MSC CA* 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	


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

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

Kurkowski



9590 9402 6917 1104 2752 65

2. Article Number (Transfer from service label)

7021 2720 0001 2809 7640

COMPLETE THIS SECTION ON DELIVERY

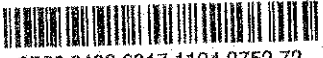
A. Signature
 X *[Signature]* Agent
 Addressee

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

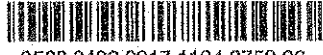
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 THIS SECTION ON DELIVERY	
■ 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.	A. Signature X <i>JS MB ceq</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: Jakes, Jyll S. 12 South Street Sea Bright, NJ 07760 Kurkowski	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 6917 1104 2752 72	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	
2. <i>(from service label)</i> 7021 2720 0001 2809 7657	Domestic Return Receipt	

7664

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ 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.	A. Signature X <i>SL MB ceq</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: Lobiondo, James A 931 Ocean Avenue Sea Bright, NJ 07760 Kurkowski	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 6917 1104 2752 96	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	
2. <i>(from service label)</i> 7021 2720 0001 2809 8227	Domestic Return Receipt	

8234

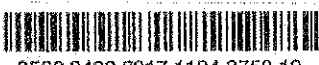
SENDER: COMPLETE THIS SECTION

- 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

Kurkowski



9590 9402 6917 1104 2753 19

Article Number (Transfer from service label)
7021 2720 0001 2809 7985

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *David* Agent Addressee

B. Received by (Printed Name)
FOX David

C. Date of Delivery
10-3-22

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 Signature Confirmation Restricted Delivery
 Insured Mail Insured Mail Restricted Delivery

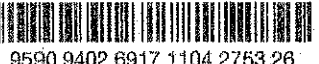
SENDER: COMPLETE THIS SECTION

- 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:

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

Kurkowski



9590 9402 6917 1104 2753 26

Article Number (Transfer from service label)
7021 2720 0001 2809 7992

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Ralph MS* Agent Addressee

B. Received by (Printed Name)
Ralph MS

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 Signature Confirmation Restricted Delivery
 Insured Mail Insured Mail Restricted Delivery

8005

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
PO Box 419
Kingston, NJ 08528

Kurkowski



9590 9402 6917 1104 2753 40

Article Number (Transfer from service label)
7021 2720 0001 2809 8012

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name)
[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 Signature Confirmation Restricted Delivery
 Insured Mail 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:
 C, J & M Associates of Sea Bright L
 4415 Route 27, PO Box 419
 Kingston, NJ 08528
 Kurkowski



2. Article Number (Transfer from service label)
 7021 2720 0001 2809 8029

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

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

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

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 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 | |



Firm Mailing Book For Accountable Mail

Name and Address of Sender

Kurkowsk

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

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

Check type of mail or service

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. 7021 2720 00019201 5472	Borough of Sea Bright 1099 Ocean Avenue Sea Bright, NJ 07760	5.74	4.00											
2. " " " 5489	Comcast 1701 John F. Kennedy Blvd. Philadelphia, PA 19103													
3. " " " 5496	New Jersey American Water Company 661 Shrewsbury Avenue Shrewsbury, NJ 07702													
4. " " " 5502	New Jersey Natural Gas Company 1415 Wyckoff Road Wall, NJ 07719													
5. " " " 5519	Jersey Central Power & Light Area Manager Central New Jersey 1500 Florence Avenue Union Beach, NJ 07735													
6. " " " 5526	State of New Jersey (for St. Hwy 36) Commissioner, Department of Transportation 1035 Parkway Avenue Trenton, NJ 08625													
7. " " " 5533	State of New Jersey (for Coastal Waters) Division of Coastal Resources P.O. Box 401 Trenton, NJ 08625													
8. " " " 5540	Two Rivers Water Reclamation Authority 1 Highland Avenue Monmouth Beach, NJ 07750													

Total Number of Pieces Listed by Sender: _____

Total Number of Pieces Received at Post Office: _____

Postmaster, Per (Name of receiving employee): _____



Firm Mailing Book For Accountable Mail

Name and Address of Sender

Kuwkowski

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

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



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	VRD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
1. 7021 2720 0001 9201 5557	Verizon 75 W. Main Street Freehold, NJ 07728 Attn: Corporate Secretary/Right of Way	5.78	4.00								3.05			
2. " " " 5564	Monmouth County Planning Board Hall of Records Annex - 2nd Floor 1 East Main Street Freehold, NJ 07728													
3. 7020 2450 0000 8021 2490	Bell Atlantic 46 Duff PO Box 2749 Addison, TX 75001													
4. " " " 2506	Gorman, Edward & Payne, Heather 13 New Street Sea Bright, NJ 07760													
5. " " " 7945	Dec. Piotr J 15 New Street Sea Bright, NJ 07760													
6. " " " 7952	Lobiondo, James Irrevocable Trust 44 Rumson Road Rumson, NJ 07760													
7. " " " 7969	Pierce, Desire Anita White 19 New Street Sea Bright, NJ 07760													
8. " " " 7976	Zheng, Xue Ming & Xue Ping 25 New Street Sea Bright, NJ 07760													
Total Number of Pieces Listed by Sender	Postmaster, Per (Name of receiving employee)													
Total Number of Pieces Received at Post Office														



Firm Mailing Book For Accountable Mail

Name and Address of Sender

Howkowski

Check type of mail or service

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

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



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 2450 0000 8021 7983	Estridge, Joseph R. & Sheila M. 25 New Street Sea Bright, NJ 07760	5.14	4.00											
2. " " " 7990	Howland, Jesse A & Sons Inc. P.O. Box 419 Kingston, NJ 08528													
3. " " " 8003	Howland, Jesse A & Sons Inc. PO Box 419 Laurel Ave Kingston, NJ 08528													
4. " " " 8010	Howland, Jesse A & Sons Inc. PO Box 419 Kingston, NJ 08528													
5. " " " 8027	CJM Associates of Sea Bright, LLC PO Box 419 Kingston, NJ 08528													
6. " " " 8034	Jessie A. Howland & Sons Inc. PO Box 419 Kingston, NJ 08528													
7. " " " 8041	CJM Assoc of Sea Bright, LLC PO Box 419 Kingston, NJ 08528													
8. " " " 8058	Lowgren, Erik J. 34 Church Street Sea Bright, NJ 07760													
Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office	Postmaster, Pat (Name of receiving employee)												



Firm Mailing Book For Accountable Mail

Name and Address of Sender

huv howthi

Check type of mail or service

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

USPS Tracking/Article Number

1. *7020 2450 0000 8021 8065*
2. *" " " " 8072*
3. *" " " " 8089*
4. *7021 1976 0000 5475 0028*
5. *" " " " 0035*
6. *" " " " 0042*
7. *" " " " 0059*
8. *" " " " 0066*

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

- Thomton, Robyn
30 Church Street
Sea Bright, NJ 07760*
- Montesano, Ralph G. & Susan V.
28 Church Street
Sea Bright, NJ 07760*
- Spir, Michael & Kristen
27 Navesink Drive
Monmouth Beach, NJ 07750*
- Church Street SB, LLC
24 Church Street
Sea Bright, NJ 07760*
- Dowd, Bernard P & Cynthia Thomas
PO Box 40
Oceanport, NJ 07757*
- Miller, Krystina
6 Church Street
Sea Bright, NJ 07760*
- Gorman, Edward
3 New Street
Sea Bright, NJ 07760*
- Byron, John Byron Thomas
2 Church Street
Sea Bright, NJ 07760*

Postmaster, Per (Name of receiving employee)

[Signature]

Affix Stamp Here

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



Postage (Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
<i>5.79 4.00</i>								<i>3.25</i>			
	<i>Handling Charge - If Registered and over \$50,000 in value</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>

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Complete in Ink



Firm Mailing Book For Accountable Mail

Name and Address of Sender

Kukhowski

Check type of mail or service

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

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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. 1021 1970 0000 5475 0073	Duane, Eoin & Rebecca Smith Duane 10 Church Street Sea Bright, NJ 07760	5.94	4.00								3.25			
2. " " " 0080	G&G Rental Properties, LLC 16 Schneider Lane Monville, NJ 07045													
3. " " " 0097	Feminello, Michael W & Rachel A 40 Warren Street Rumson, NJ 07760													
4. 1021 2720 0001 2809 7565	Tencza, Gregory J 3 Church Street Sea Bright, NJ 07760													
5. " " " 7572	McGinley, Kevin & Andrea & Sean 5 Church Street Sea Bright, NJ 07760													
6. " " " 7589	Dowd, Bernard & Cynthia PO Box 40 Oceanport, NJ 07757													
7. " " " 7596	Doxey, Douglas & Christina & D, Jen 8 Church Street Sea Bright, NJ 07760													
8. " " " 7602	Gatto, Margaret 11 Church Street Sea Bright, NJ 07760													
Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office	Postmaster: Per <i>(Signature)</i> (receiving employee)												



Firm Mailing Book For Accountable Mail

Name and Address of Sender

hwrkowski

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

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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 Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
1. 7021 2720 0001 2809 7619	✓ Jerry, Chris & Michele 15 Church Street Sea Bright, NJ 07760	510	4.00											
2. " " " 7626	✓ Bakkar, Sarah Bushir 17 Church Street Sea Bright, NJ 07760													
3. " " " 7633	✓ Grisco, Alana & Guarrea, David T 9 Church Street Sea Bright, NJ 07760													
4. " " " 7640	✓ C&M Assoc of Sea Bright, LLC 460 River Road Kingston, NJ 08528													
5. " " " 7657	✓ Jakes, Jyll S. 2 South Street Sea Bright, NJ 07760													
6. " " " 7664	✓ Gomes, Luis G. & Almeida, Aurelia 33 Laurel Avenue Kearny, NJ 07032													
7. " " " 8227	✓ Loboindo, James A 931 Ocean Avenue Sea Bright, NJ 07760													
8. " " " 8234	✓ Kok, Poh S 6 South Street Sea Bright, NJ 07760													
Total Number of Pieces Listed by Sender	Postmaster, Per (Name of receiving employee)													
Total Number of Pieces Received at Post Office														



Firm Mailing Book For Accountable Mail

Name and Address of Sender

Kurkowski

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

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USPS Tracking/Article Number	Addressee (Name, Street, City, State, & ZIP Code™)	Check type of mail or service	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. 7021 2720 0001 2809 7985	Fox, David & Priya 218 Whispering Pines Dr Lincroft, NJ 07738	<input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery (COD) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail	5.70	4.00								3.25			
2. " " " 7992	Dibugana, Ralph & Ralph & Michael 3 South Street Sea Bright, NJ 07760	<input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery (COD) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail													
3. " " " 8005	River Street Realty, LLC 165 27th Street Brooklyn, NY 11232	<input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery (COD) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail													
4. " " " 8012	C.J.&M. Assoc of Sea Bright, LLC PO Box 419 Kingston, NJ 08528	<input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery (COD) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail													
5. " " " 8029	CJM Associates of Sea Bright L 4415 Route 27, PO Box 419 Kingston, NJ 08528	<input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery (COD) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail													
6.															
7.															
8.															
Total Number of Pieces Listed by Sender	Postmaster, Per (Name of receiving employee)														
Total Number of Pieces Received at Post Office															