

AFFIDAVIT OF SERVICE

STATE OF NEW JERSEY

COUNTY OF ESSEX

Ronald Newman OF FULL AGE, BEING DULY SWORN

ACCORDING TO LAW, ON HIS OATH DEPOSED AND SAYS THAT HE OR SHE RESIDES AT

21 Howard St., Verona, NJ IN THE COUNTY OF

ESSEX, AND STATE AND THAT HE OR SHE DID ON December 22, 2020

AT LEAST TEN (10) DAYS PRIOR TO THE HEARING DATE, GIVE PERSONAL

NOTICE TO ALL PROPERTY OWNERS WITHIN 200 FEET OF THE PROPERTY AFFECTED

LOCATED AT 21 Howard St. SAID

NOTICE WAS GIVEN BY HANDING A COPY TO THE PROPERTY OWNER OR BY SENDING

SAID NOTICE BY CERTIFIED MAIL. COPIES OF THE REGISTERED RECEIPTS ARE

ATTACHED HERETO.

NOTICES WERE ALSO SERVED UPON:

CHECK IF APPLICABLE

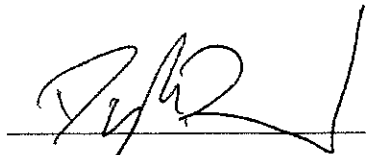
() CLERK OF THE _____ OF _____

() COUNTY PLANNING BOARD

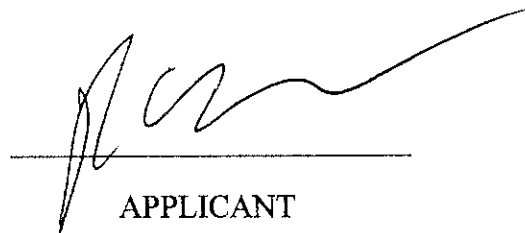
() STATE OF NEW JERSEY DEPARTMENT OF TRANSPORTATION

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 22 DAY

OF December 2020.



NOTARY



APPLICANT

DYLAN DRUMMOND
NOTARY PUBLIC
State of New Jersey
My Commission Expires
August 13, 2025

Notice of Remote Meeting
Verona Zoning Board of Adjustment

Take Notice that an application has been made to the Verona Zoning Board of Adjustments by Evan Scott representing homeowners, Ron and Tara Newman, for 21 Howard Street Block 2106 Lot 2 in an R-50 (High Density Single Family) zone. The applicant is seeking permission to construct a new 14 ft. by 17 ft. deck with steps off the kitchen level of the single family house that will require variance 150-17.5.E.5 Minimum Rear Yard Setback. The applicants may also seek any such other variances and waivers that may be required, deemed necessary or requested by the Board with this application.

Please be advised that due to multiple Executive Orders declared by Governor Murphy and in an effort to prevent further spread of COVID-19, the meeting of the Zoning Board of Adjustment of the Township of Verona will be held remotely.

The application has been put on the secretary's calendar and a virtual hearing is scheduled to be held on Thursday, January 14, 2021 at 8:00 pm.

The meeting can be accessed as follows VIA VIDEO CONFERENCE as follows:

Via the internet at the link below to join the meeting:

<https://zoom.us/j/95395936106>

Via telephone, please dial 1(312)626-6799 or 1(646)558-8656

Use Zoom Meeting ID: 953-9593-6106, when prompted for a Participant ID, press #

At said hearing, or any adjourned date of the same, you may appear either in person or by counsel and present any objection that you may have to the granting of this application.

Documents filed by the applicants concerning such application are available for public inspection no later than 10 days prior to the meeting date at the Building Department office located at the Verona Community Center 880 Bloomfield Avenue via appointment or online at www.VeronaNJ.org/zoningboarddocuments.

Any individual intending to participate in the meeting or lacking the resources or ability to obtain technological access should contact the Verona Zoning Board Secretary Kelly Lawrence at (973) 857-4834 or klawrence@veronanj.org.

The applicant in accordance with the requirements of the New Jersey Municipal Land Use Law serves this Notice.



12-12-20

TOWNSHIP OF VERONA			
VERONA, NEW JERSEY 07044			
LIST OF PROPERTY OWNERS SERVED WITHIN 200 FEET OF:			
BLOCK 2106 LOT 2			
KNOWN AS 21 HOWARD STREET, VERONA, NJ 07044			
• must be served by certified mail			
BLOCK	LOT	NAME & ADDRESS	certified personal
		•New Jersey Bell Telephone Co. Attn: Corporate Secretary 540 Broad Street Room 1005, Newark, NJ 07101	12/12
		•American Telephone & Telegraph Co. Attn:Karl Grossmann Patricia Drive, Flanders, NJ 07836	12/12
		•Public Service Electric & Gas Co. Attn: Manager Corporate Properties 80 Park Place, T6B, Newark, NJ 07102	12/12
		•Passaic Valley Water Commission Attn: Corporate Secretary 1525 Main Avenue, Clifton, NJ 07011	12/12
		•MCI 10 Marcello Ave., Attn: John Scoccola West Orange, NJ 07052	12/12
		•Comcast Cable 800 Rahway Avenue, Union, New Jersey 07083	12/12
2105	6	ALVAREZ, BORIS & TURIZO, MARIA C 17 MARION RD, VERONA, NJ, 07044	12/12
2105	5	STIEFBOLD, SCOTT & GABRIELLA 21 MARION RD, VERONA, NJ 07044	12/12
2105	4	WARD, ELIZABETH	12/12

2105	3	23 MARION RD, VERONA, NJ 07044	12/12
		MCGOWAN, COLIN M & JESSICA	
2106	19	109 FOREST AVE, VERONA, NJ 07044	14/12
		BURNS, CHRISTOPHER B	
2106	20	14 MARION RD, VERONA, NJ 07044	12/11
		RIDEOUT, GARRY & CAROL	
2106	21	16 MARION RD, VERONA, NJ 07044	12/12
		PEPLER, MARIO D	
2106	22	20 MARION RD, VERONA, NJ 07044	12/12
		WEBSTER, KEVIN & ADRIANA P.	
2106	23	22 MARION RD, VERONA, NJ 07044	12/12
		ROSENBLOOM, ERIC & JESSICA	
2106	6	101 FOREST AVE, VERONA, NJ 07044	12/12
		TEMPLE, DEAN & KATHLEEN	
2106	5	13 HOWARD ST, VERONA, NJ 07044	12/12
		DE OLD, ALAN R & ANITA L	
2106	4	15 HOWARD ST, VERONA, NJ 07044	12/12
		MACOWSKI, WILLIAM & ISABEL	
2106	3	17 HOWARD ST, VERONA, NJ 07044	12/12
		GARRISON, JAMES M & LISA K	
2106	1	19 HOWARD ST, VERONA, NJ 07044	12/12
		CONBOY, DIANE MARIE	
2107	23	25 HOWARD ST, VERONA, NJ 07044	12/12
		MARCUS, DONNA J	
2107	21	18 HOWARD ST, VERONA, NJ 07044	12/12
		MONTALBANO, JUDY & POPADANIEC J.	
2107	22	14 HOWARD ST, VERONA, NJ 07044	12/12
		STONE, HAROLD R. & CAROLE	
2107	24	16 HOWARD ST, VERONA, NJ 07044	12/12
		TANELLA, JUDE & NANCY	
		20 HOWARD ST, VERONA, NJ 07044	

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

Customer: RONALD AND TARA NEWMAN

Ad No.: 0004509700

Address: 21 HOWARD STREET
VERONA NJ 07044
USA

Pymt Method Credit Card

Net Amt: \$61.04

Run Times: 1

No. of Affidavits: 1

Run Dates: 12/17/20

Text of Ad:

Notice of Remote Meeting
Verona Zoning Board of Adjustment

Take Notice that an application has been made to the Verona Zoning Board of Adjustments by Evan Scott representing homeowners, Ron and Tara Newman, for 21 Howard Street Block 2106 Lot 2 in an R-50 (High Density Single Family) zone. The applicant is seeking permission to construct a new 14 ft. by 17 ft. deck with steps off the kitchen level of the single family house that will require variance 150-17.5.E.5 Minimum Rear Yard Setback. The applicants may also seek any such other variances and waivers that may be required, deemed necessary or requested by the Board with this application.

Please be advised that due to multiple Executive Orders declared by Governor Murphy and in an effort to prevent further spread of COVID-19, the meeting of the Zoning Board of Adjustment of the Township of Verona will be held remotely.

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Use Zoom Meeting ID: 953-9593-6106, when prompted for a Participant ID, press #

At said hearing, or any adjourned date of the same, you may appear either in person or by counsel and present any objection that you may have to the granting of this application.

Documents filed by the applicants concerning such application are available for public inspection no later than 10 days prior to the meeting date at the Building Department office located at the Verona Community Center 880 Bloomfield Avenue via appointment or online at www.VeronaNJ.org/zoningboarddocuments.

Any individual intending to participate in the meeting or lacking the resources or ability to obtain technological access should contact the Verona Zoning Board Secretary Kelly Lawrence at (973) 857-4834 or kilawrence@veronanj.org.

The applicant in accordance with the requirements of the New Jersey Municipal Land Use Law serves this Notice.

Verona-Cedar Grove Times December 17, 2020

Fee: \$26.04 (42) 4509700

7020 2450 0002 0268 1760

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 Stephen + Colleen Fay
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 100 Forest Ave
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 Jude + Nancy
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 20 Howard St
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<input type="checkbox"/> Adult Signature Required	\$0.00	
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Sent To: Christopher + Rebecca Stark
89 Forest Ave
Verona, NJ 07044

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Sent To: Daniel + Marjorie Constantino
85 Forest Ave
Verona, NJ 07044

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14 Howard St
Verona, NJ 07044

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Sent To: Harold + Carole Stone
16 Howard St
Verona, NJ 07044

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22 Marion Rd.
Verona, NJ 07044

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<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
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Union, NJ 07083

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Total Postage and Fees	\$6.95

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VERONA STATION, VERONA, NJ 07003
12/12/2020

Sent To
Bell Telephone Co Attn: Corporate Secretary
540 Broad St. Room 1005
Newark, NJ 07101

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Flinders, NJ 07836

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<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

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VERONA STATION, VERONA, NJ 07003
12/12/2020

Sent To
American Telephone + Telegraph Co Attn: Karl Grossman
Patricia Dr.
Flinders NJ 07836

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

7019 2970 0002 1841 4706

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Clifton, NJ 07011

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Extra Services & Fees (check box, add fee as appropriate)	\$2.85
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<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

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12/12/2020

Sent To
Parsippany Valley Water Commission Attn: Corporate Secretary
1545 Main Ave.
Clifton NJ 07044

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7019 2970 0002 1841 4713

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Newark, NJ 07102

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<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

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VERONA STATION, VERONA, NJ 07003
12/12/2020

Sent To
Public Service Electric + Gas Co Attn: Manager Corporate Property
80 Park Place T6B
Newark NJ 07102

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Verona, NJ 07044

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

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12/12/2020

Sent To
Lain + Jessica McGowan
104 Forest Ave.
Verona, NJ 07044

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West Orange, NJ 07052

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<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

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VERONA STATION, VERONA, NJ 07003
12/12/2020

Sent To
MCI Attn: John Scoccola
10 Marcello Ave.
West Orange NJ 07052

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

Verona, NJ 07044

OFFICIAL USE

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Postmark Here
 DEC 12 2020
 STATION, VERONA, NJ 07044-10

Sent To
 Scott + Gabriella Stiefhold
 Street and Apt. No., or PO Box No.
 21 Marion Rd.
 City, State, ZIP+4®
 Verona NJ 07044

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

7020 2450 0002 0268 0947

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Verona, NJ 07044

OFFICIAL USE

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.70
Total Postage and Fees	\$7.10

Postmark Here
 DEC 12 2020
 STATION, VERONA, NJ 07044-10

Sent To
 Elizabeth Ward
 Street and Apt. No., or PO Box No.
 23 Marion Rd.
 City, State, ZIP+4®
 Verona NJ 07044

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

7020 2450 0002 0268 0916

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Verona, NJ 07044

OFFICIAL USE

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Postmark Here
 DEC 12 2020
 STATION, VERONA, NJ 07044-10

Sent To
 Garry + Carol Rideout
 Street and Apt. No., or PO Box No.
 16 Marion Rd
 City, State, ZIP+4®
 Verona, NJ 07044

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

7020 2450 0002 0268 0961

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Verona, NJ 07044

OFFICIAL USE

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Postmark Here
 DEC 12 2020
 STATION, VERONA, NJ 07044-10

Sent To
 Boris Alvarez + Maria Turiso
 Street and Apt. No., or PO Box No.
 13 Marion Rd.
 City, State, ZIP+4®
 Verona NJ 07044

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

7020 2450 0002 0268 0886

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OFFICIAL USE

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Postmark Here
 DEC 12 2020
 STATION, VERONA, NJ 07044-10

Sent To
 Eric + Jessica Rosenbloom
 Street and Apt. No., or PO Box No.
 101 Forest Ave
 City, State, ZIP+4®
 Verona, NJ 07044

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

7020 2450 0002 0268 0879

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Verona, NJ 07044

OFFICIAL USE

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Postmark Here
 DEC 12 2020
 STATION, VERONA, NJ 07044-10

Sent To
 Dean + Kathleen Temple
 Street and Apt. No., or PO Box No.
 13 Howard St.
 City, State, ZIP+4®
 Verona, NJ

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

7020 2450 0002 0268 0909

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OFFICIAL USE

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Postmark Here
 DEC 12 2020
 STATION, VERONA, NJ 07044

Sent To Mario Pepler
 Street and Apt. No., or PO Box No. 20 Marion Rd
 City, State, ZIP+4® Verona, NJ 07044

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

7020 2450 0002 0268 0899

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OFFICIAL USE

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Postmark Here
 DEC 12 2020
 STATION, VERONA, NJ 07044

Sent To Kevin & Adriana Webster
 Street and Apt. No., or PO Box No. 22 Marion Rd
 City, State, ZIP+4® Verona, NJ 07044

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

7020 2450 0002 0268 1888

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Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Postmark Here
 DEC 12 2020
 STATION, VERONA, NJ 07044

Sent To Jamel & Lisa Garrison
 Street and Apt. No., or PO Box No. 19 Howard St.
 City, State, ZIP+4® Verona, NJ 07044

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

7020 2450 0002 0268 0923

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Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Postmark Here
 DEC 12 2020
 STATION, VERONA, NJ 07044

Sent To Christopher Burns
 Street and Apt. No., or PO Box No. 14 Marion Rd
 City, State, ZIP+4® Verona, NJ 07044

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

7020 2450 0002 0268 0855

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Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Postmark Here
 DEC 12 2020
 STATION, VERONA, NJ 07044

Sent To William & Isabel Macowski
 Street and Apt. No., or PO Box No. 17 Howard St.
 City, State, ZIP+4® Verona, NJ 07044

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

7020 2450 0002 0268 1876

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Verona, NJ 07044

OFFICIAL USE

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Postmark Here
 DEC 12 2020
 STATION, VERONA, NJ 07044

Sent To James Shaw
 Street and Apt. No., or PO Box No. 71 Pease Ave
 City, State, ZIP+4® Verona, NJ 07044

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

7020 2450 0002 0268 0862

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Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95



Sent To Alan + Anita De Old
 Street and Apt. No., or PO Box No. 15 Howard St
 City, State, ZIP+4® Verona NJ 07044
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

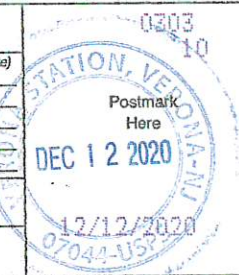
7020 2450 0002 0268 1807

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Verona, NJ 07044 OFFICIAL USE

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95



Sent To Diane Conboy
 Street and Apt. No., or PO Box No. 15 Howard St
 City, State, ZIP+4® Verona, NJ 07044
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 2450 0002 0268 1814

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Verona, NJ 07044 OFFICIAL USE

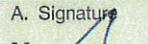
Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

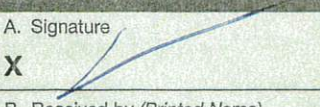


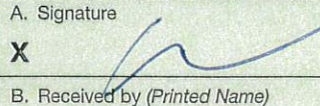
Sent To Donna Marcus
 Street and Apt. No., or PO Box No. 18 Howard St
 City, State, ZIP+4® Verona, NJ 07044
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

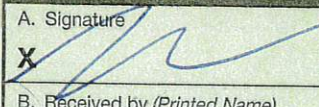
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: William + Isabel Macawski 17 Howard St Verona, NJ 07044		B. Received by (Printed Name) _____ C. Date of Delivery _____	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7020 2450 0002 0268 0855	
PS Form 3811, July 2013		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Montalbano, Judy + Popadaniec 14 Howard St. Verona NJ 07044		B. Received by (Printed Name) _____ C. Date of Delivery _____	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7020 2450 0002 0268 1821	
PS Form 3811, July 2013		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Donn Marcus 18 Howard St Verona, NJ 07044		B. Received by (Printed Name) _____ C. Date of Delivery _____	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7020 2450 0002 0268 1814	
PS Form 3811, July 2013		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Carol & Garry Rideout 16 Marion Rd Verona, NJ 07044		B. Received by (Printed Name) _____ C. Date of Delivery _____ 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)		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		Domestic Return Receipt	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7020 2450 0002 0268 0916	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Kevin + Adriana Webster 22 Marion Rd Verona, NJ 07044		B. Received by (Printed Name) _____ C. Date of Delivery _____ 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)		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		Domestic Return Receipt	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7020 2450 0002 0268 0893	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Dean + Kathleen Temple 13 Howard St. Verona, NJ 07044		B. Received by (Printed Name) _____ C. Date of Delivery _____ 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)		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		Domestic Return Receipt	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7020 2450 0002 0268 0879	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/> <i>PSETG</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 12/15
Public Service Electric + Gas Co Attn: Manager Corporate Properties 80 Park Place T6B Newark NJ 07102	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)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7019 2970 0002 1841 4713 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery DEC 18 2020 CLIFTON NJ 07015
Passaic Valley Water Commission Attn: Corporate Secretary 1525 main Avenue Clifton NJ 07011	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)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7019 2970 0002 1841 4706 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
Jude + Nancy Tanella 20 Howard St. Verona NJ 07044	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)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7020 2450 0002 0268 1845 Domestic Return Receipt

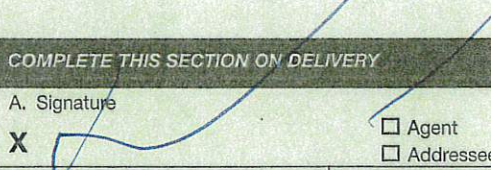
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X T.T <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Lucas + Mia Buzzard 91 Forest Ave Verona, NJ 07044		B. Received by (Printed Name) C19	C. Date of Delivery 12-14
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		7020 2450 0002 0268 1777	
PS Form 3811, July 2013 Domestic Return Receipt			


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 [Signature] C19 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Eric + Jessica Rosenbloom 101 Forest Ave Verona, NJ 07044		B. Received by (Printed Name)	C. Date of Delivery 12/19
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		7020 2450 0002 0268 0886	
PS Form 3811, July 2013 Domestic Return Receipt			


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 [Signature] C19 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Stephen + Colleen Fay 100 Forest Ave Verona, NJ 0744		B. Received by (Printed Name)	C. Date of Delivery 12/14
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		7020 2450 0002 0268 1760	
PS Form 3811, July 2013 Domestic Return Receipt			


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 T.T <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Daniel & Marjorie Giustino 85 Forest Ave Verona, NJ 07044		B. Received by (Printed Name) C19	C. Date of Delivery 12/14
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7020 2450 0002 0268 1791	
PS Form 3811, July 2013 Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 T.T <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Christopher & Rebecca Stark 87 Forest Ave. Verona, NJ 07044		B. Received by (Printed Name) C19	C. Date of Delivery 12-14
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7020 2450 0002 0268 1784	
PS Form 3811, July 2013 Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Alan + Anita DeOid 15 Howard St Verona NJ 07044		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7020 2450 0002 0268 0862	
PS Form 3811, July 2013 Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/>  <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: James + Lisa Garrison 19 Howard St. Verona NJ 07044	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7020 2450 0002 0268 1883	
PS Form 3811, July 2013 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 <input checked="" type="checkbox"/>  <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: Harold + Carole 16 Howard St. Verona, NJ 07044	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7020 2450 0002 0268 1838	
PS Form 3811, July 2013 Domestic Return Receipt		

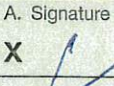
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/>  <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: Mario Pepler 20 Marion Rd Verona, NJ 07044	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7020 2450 0002 0268 0909	
PS Form 3811, July 2013 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 Christopher Burnas
 14 Marion Rd
 Verona, NJ 07044

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes


2. Article Number (Transfer from service label) 7020 2450 0002 0268 0923

PS Form 3811, July 2013 Domestic Return Receipt

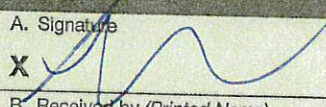
SENDER: COMPLETE THIS SECTION

- 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:
 Jim Garrison
 19 Howard Street
 Verona, NJ 07044


 9590 9402 4894 9032 3069 03

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

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

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail Insured Mail Restricted Delivery over \$500

2. Article Number (Transfer from service label) 7019 2970 0000 4062 1341

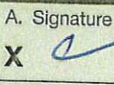
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 Elizabeth Ward
 23 Marion Rd.
 Verona, NJ 07044

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

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


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


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

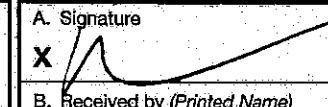
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7020 2450 0002 0268 0947

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Mark + Andrea Zimany 32 Marion Rd. Verona NJ 07044		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7020 2450 0002 0268 1340	
PS Form 3811, July 2013 Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Diane Conboy 25 Howard St. Verona, NJ 07047		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7020 2450 0002 0268 1807	
PS Form 3811, July 2013 Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Scott + Gabriella Stiefholz 21 Marion Rd. Verona NJ 07044		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7020 2450 0002 0268 0954	
PS Form 3811, July 2013 Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Boris Alvarez +
 maria Turizo
 17 Marion Rd.
 Verona NJ 07044

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

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

3. Service Type

 Certified Mail® Priority Mail Express™ Registered Return Receipt for Merchandise Insured Mail Collect on Delivery4. Restricted Delivery? (*Extra Fee*) Yes

2. Article Number

(Transfer from service label)

7020 2450 0002 0268 0961

PS Form 3811, July 2013

Domestic Return Receipt