



Sean M. Walter, Supervisor
200 Howell Avenue
Riverhead, New York 11901-2596
631-727-3200

BID TWP 2016-17

BID FOR: TOWNWIDE PRINTING 2016-17

BIDDERS NAME

BIDDERS ADDRESS

CITY, STATE, ZIP

____ (____) _____ (____) _____
DATE PHONE NUMBER FAX NUMBER

EMAIL ADDRESS

In compliance with your advertisement for bids to be opened on **NOVEMBER 7, 2016** and subject to all conditions thereof, the undersigned hereby proposes to furnish the item(s) and/or service(s) itemized in this proposal in accordance with the Notice to Bidders, General Information Agreement and Specifications contained herein on the Bid Proposal Form attached.

Bidder certifies that the prices quoted herein do not include Federal Excise Tax or any Federal, New York State or City Sales Tax and are not higher than prices charged to any governmental or commercial consumer for like merchandise and/or service; and all prices include shipping and freight charges to any Municipal building or site within the Town of Riverhead.

Respectfully submitted,

SIGNED BY

TITLE

BIDDERS ARE INVITED TO ATTEND BID OPENING

VENDOR NAME _____

TOWN OF RIVERHEAD
NOTICE TO BIDDERS

Sealed bids for the purchase of **TOWNWIDE PRINTING 2016-17** for use by the Town of Riverhead will be received by the Town Clerk of the Town of Riverhead at 200 Howell Avenue, Riverhead, New York, 11901 until **2:00 P.M.** on **NOVEMBER 7, 2016** at which time they will be publicly opened and read aloud.

Specifications and guidelines for submission are available on the Town of Riverhead website at www.townofriverheadny.gov click on "Bid Requests" beginning **OCTOBER 13, 2016.**

All bids must be submitted on the bid form provided. Any and all exceptions to the specifications must be listed on a separate sheet of paper, bearing the designation "**EXCEPTIONS TO THE SPECIFICATIONS**" and attached to the bid form.

All bids must be submitted to the Office of the Town Clerk at the address stated above in a sealed envelope clearly marked **TOWNWIDE PRINTING 2016-17.** Bids must be received by the Office of the Town Clerk by no later than **2:00 P.M. ON NOVEMBER 7, 2016.**

Please take notice that the Town Board reserves the right to reject in whole or in part any or all bids, waive any informality in the bids and accept the bid which is deemed most favorable in the interest of the Town of Riverhead. The Town Board will use its discretion to make judgmental determination as to its best estimate of the lowest bidder. Note: Bid responses must be delivered to the Office of the Town Clerk at the address above. The Town may decline to accept, deem untimely, and/or reject any bid response/proposal that is not delivered to the Office of the Town Clerk.

BY ORDER OF THE TOWN
BOARD
OF THE TOWN OF RIVERHEAD

Diane M. Wilhelm, Town Clerk

I: GENERAL BID SPECIFICATIONS

1. General Instructions

Bidders shall be responsible to carefully examine the bid specifications. These specifications require the doing of all things necessary or proper for, or incidental to the furnishing and delivery of printing services for the Town of Riverhead, including forms, posters, business cards, stickers for attorney/investigation unit, police department, planning department, and engineering department. Note, this bid does not include the Town of Riverhead Recreation Brochure or Recreation Department stickers.

All things not expressly mentioned in these specifications, but involved in carrying out their intent are required by these bid specifications; and the vendor shall perform the same as though they were specifically mentioned, described and delineated. Read all documents contained in the bid specifications.

Bidders are responsible for submitting their bids to the appropriate location at or prior to the time indicated in the specifications. **No bids will be accepted after the designated time or date indicated in the bid specifications.** It is suggested that registered mail be used to submit bids. Delay in mail delivery is not an exception to the receipt of a bid.

A copy of the official bid documents may be obtained at the Town's website: www.townofriverheadny.gov. In addition to obtaining the official bid documents, any and all addendum pertaining to a particular bid or RFP are posted on the Town website referenced above-log and scroll to bid for **BID FOR TOWNWIDE PRINTING 2016-17**. It is incumbent upon all potential bidders to view all posted addenda prior to the bid close date.

Any questions or clarification to the bid specifications or technical specifications must be submitted in writing to the Purchasing Agent at 200 Howell Ave., Riverhead, NY 11901 or by email to: tague@townofriverheadny.gov prior to the bid opening, **unless otherwise stated***. Such questions must be in the possession of the Purchasing Agent at least 72 hours prior to the bid opening, **unless otherwise stated***. **Verbal questions will not be entertained.**

Bidders must submit one original copy of their bids. The original must be sealed and clearly marked **TOWNWIDE PRINTING 2016-17**. All bids shall be made out on the proposal forms attached hereto and all the attached certificates must be completed and signed in compliance with the provisions of Section 103-d of the New York State General Municipal Law. All bids must be filled out in ink, or be typewritten. Bids submitted in pencil will be rejected as unresponsive. Bids which have been corrected by white out or cross out, and have not been initialed and/or dated will be rejected as unresponsive. Bid Responses may be rejected if they show any omission, irregularity, alteration of form, addition, condition, unresponsiveness, or unbalance.

Samples may be requested by the Town for the purpose of product evaluation. It is understood that samples will be provided at **no** charge to the Town and will be returned, when requested, within 30 days after the evaluation is completed, at the expense of the vendor. All samples left longer than 30 days after the evaluation period will be discarded.

VENDOR NAME _____

The Purchasing Agent, and/or his/her designee, shall be the only one authorized to make changes or alterations to anything contained in these specifications. As stated above, any changes shall be posted as an addendum on the following website: www.townofriverheadny.gov. The Purchasing Agent reserves the right to reject all bids, parts of all bids, or all bids for any one or more items or contractual services included in the proposed contract, when such rejection is in the best interest of the Town. The contract will be awarded to the vendor(s)/responsible bidder(s) offering the best price, availability to supply products within the requested time frames. A responsible bidder is a producer, dealer, vendor who has demonstrated judgment and integrity, is of good reputation, experienced in his/her work, whose record of past performance is established as satisfactory, and whose financial status is such to provide no risk to the Town of Riverhead in its contractual relations.

No bidder may withdraw a bid within forty-five (45) days after the actual date of the bid opening. Any bidder who does not honor their bid within the forty-five (45) days may be barred from bidding in any jurisdiction in New York State.

Any bidder, contractor, or manufacturer who, in the course of his work, uses or supplies products which may be toxic or harmful, shall provide an MSDS to the Town of Riverhead Purchasing Department prior to the use of those products by the Town or the contractor.

Bidders who are required to adhere to the prevailing wage schedule shall obtain and maintain a current schedule from the New York State Department of Labor for the entire term of the contract. The Town may audit adherence to this schedule at any time during or after the contract period.

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of section 165-a of the state finance law.

2. Bid Costs and Expenses

The Town of Riverhead will not pay any costs incurred by any Bidder/Vendor associated with any aspect of responding to the request for bids, including bid preparation, printing or delivery, or negotiation process.

3. Bid Expiration Date

Prices quoted in the bid shall remain fixed and binding on the Bidder for at least one year from the date of the date of award or such other date set forth in these specifications and, upon mutual consent, an option to extend for an additional year.

4. Non-Conforming Bids

Non-conforming Bids will not be considered. Non-conforming bids are defined as those that do not meet the requirements of the bid specification. The determination of whether a bid requirement is substantive or a mere formality shall reside solely within the Town of Riverhead.

5. Sub-Contracting

The Bidder/Vendor selected shall be solely responsible for contractual performance and Bidder/Vendor assumes all responsibility for the quality of work (i.e. supply and delivery of printing products...forms, cards, posters) performed under this contract.

6. Discrepancies and Omissions

Bidder/Vendor is fully responsible for the completeness and accuracy of their bid, and for examining this bid and all addenda. Failure to do so will be at the sole risk of Bidder/Vendor. Should Bidder/Vendor find discrepancies, omissions, unclear or ambiguous intent or meaning, or should any questions arise concerning this request for bid, Bidder/Vendor shall notify the Town Clerk of the Town of Riverhead in writing, of such findings at least five (5) days before the bid opening. This will allow issuance of any necessary addenda. It will also help prevent the opening of a defective bid and exposure of Bidder/Vendor's bid upon which award could not be made. All unresolved issues should be addressed in the bid. Protests based on any omission or error, or on the content of the solicitation, will be disallowed if these faults have not been brought to the attention of the Designated Contact, in writing, no later than five (5) calendar days prior to the time set for opening of the bids.

7. Town's Right to Reject Bids

The Town reserves the right to accept or reject any or all bids or any part of any bid, to waive defects, technicalities or any specifications (whether they be in the Town's specifications or Bidder/Vendor's response), to sit and act as sole judge of the merit and qualifications of each product offered, or to solicit new bids on the same project or on a modified project which may include portions of the originally proposed project as the Town may deem necessary in the best interest of the Town.

8. Town's Right to Cancel Solicitation

The Town reserves the right to cancel this solicitation at any time during the procurement process, for any reason or for no reason. The Town makes no commitments expressed or implied, that this process will result in a business transaction with any Bidder/Vendor.

9. Notification of Withdrawal of Bid

Bidder/Vendor may modify or withdraw its bid by written request, provided that both bid and request is received by the Town prior to the bid due date. Bids may be re-submitted in accordance with the Bid Notice due date in order to be considered further. Bids become the property of the Town at the bid submission deadline. All bids received are considered firm offers at that time.

10. Exceptions to the Bid Specifications

VENDOR NAME _____

Any exceptions to the Bid Specifications or the Town's terms and conditions, must be highlighted and included in writing in the bid. Acceptance of exceptions is within the sole discretion of the evaluation of the Town.

Bid Security

None required.

11. Award of Contract

The final award of a contract is subject to approval by the Town. The Town has the sole right to select the successful Bidder/Vendor(s) for award, to reject any bid as unsatisfactory or non-responsive, to award a contract to other than the lowest priced bid, to award multiple contracts, or not to award a contract. Notice in writing to a Bidder/Vendor of the acceptance of its bid by the Town will constitute a contract, and no Bidder/Vendor will acquire any legal or equitable rights or privileges until the occurrence of such event.

12. Contract Terms and Conditions

The term of the contract between the successful bidder and the Town shall be for one (1) year from date of contract award. At the end of the contract period, the contract may be extended for one (1) additional twelve-month period upon the same terms and conditions at the sole discretion of the Town of Riverhead and with the consent of the vendor. The Town also reserves the right to cancel this contract at any time without notice.

13. Independent Contractor

The parties to the contract shall be independent contractors to one another, and nothing herein shall be deemed to cause this agreement to create an agency, partnership, joint venture or employment relationship between parties. Each party shall be responsible for compliance with all applicable workers compensation, unemployment, disability insurance, social security withholding and all other similar matters. Neither party shall be liable for any debts, accounts, obligations or other liability whatsoever of the other party or any other obligation of the other party to pay on the behalf of its employees or to withhold from any compensation paid to such employees any social benefits, workers compensation insurance premiums or any income or other similar taxes.

14. Licenses and Permits

In performance of the contract, the Bidder/Vendor will be required to comply with all applicable federal, state and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful Bidder/Vendor. The Bidder/Vendor shall be properly licensed and authorized to transact business in the State of New York.

15. Notice

Any notice to the Town of Riverhead required under the contract shall be sent to:

Mary Ann Tague, Purchasing Agent
Town of Riverhead
200 Howell Avenue
Riverhead, NY 11901

16. Indemnification

a. General Indemnification:

By submitting a bid, the proposing Bidder/Vendor agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the Town of Riverhead, its agents and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney's fees, arising out of the Bidder/Vendor's its agents and employees' performance work or services in connection with the contract, regardless of whether such suits, actions, claims or liabilities are based upon acts or failures to act attributable, whole or part, to the Town, its employees or agents.

b. Insurance

i. Bidder/Vendor recognizes that it is operating as an independent Bidder/Vendor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the Bidder/Vendor's negligent performance under this contract, and particularly without limiting the foregoing, caused by, resulting from, or arising out of any act of omission on the part of the Bidder/Vendor in their negligent performance under this contract.

ii. The Bidder/Vendor shall maintain such insurance as will protect against claims under Worker's Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this contract. The Bidder/Vendor is an independent Bidder/Vendor and is not an employee of the Town of Riverhead.

iii. During the term of this contract, the Bidder/Vendor shall, at its own expense, carry insurance minimum limits as set forth above.

17. Piggybacking Clause Method of Award

The contract, if awarded, will be to the lowest responsive/responsible bidder(s) in part or in whole who meet(s) all the terms of the specifications. The TOWN guarantees no minimum or maximum purchases or contracts as a result of award of this bid. The Town of Riverhead reserves the right to allow all municipal and not for profit organizations authorized under the General Municipal Laws of the State of New York, to purchase any goods and/or services awarded as a result of this bid in accordance with the latest amendments to NYS GML 100 through 104. However, it is understood that the extension of such contracts are at the discretion of the vendor and the vendor is only bound to any contract between the Town of Riverhead and the vendor. Additionally, the TOWN

VENDOR NAME _____

reserves the right to purchase any goods or services included as a part of this bid from any means legally available to it.

II. BID SPECIFICATIONS FOR TOWNWIDE PRINTING

1. Town Wide Printing Delivery Requirements

These specifications require the doing of all things necessary or proper for, or incidental to the furnishing and delivery of printing services for the Town of Riverhead, including forms, posters, business cards, stickers for attorney/investigation unit, police department, planning department, and engineering department. Note, this bid does not include the Town of Riverhead Recreation Brochure or Recreation Department stickers. The successful bidder(s) must acknowledge receipt of order in e-mail or writing within 24 hours of receipt of order and product proofs must be delivered within 5 days to the ordering departments. Upon approval of final draft, delivery of printed material must be made, "on the ground" at the delivery point designated on the purchase order, within 3 weeks after approval of final draft.

2. Quantity

The Town of Riverhead is in no way obligated to purchase quantities and reserves the right to adjust quantities as needed.

3. Price, Invoices & Payments

Bid prices should be based on the quantity estimated for each printing. Each printing item is based on best estimated number. Best practice would be to bid each printing item on a unit price and/or price per item as the Town of Riverhead reserves the right to increase or decrease quantity or size of individual print item. Prices shall be net F.O.B. any point of delivery. Price shall include all charges, including but not limited to, any postage, delivery or (if applicable) pick up charges.

- a. The vendor shall either accept a Town issued credit card or the vendor shall put the item(s) "on account" and submit an invoice for payment to the Town on a semi-monthly basis. The vendor shall not accept cash payment for any item.
- b. All invoices, voucher, packing slips and any correspondence shall include the following: date/time; description of item; identify the Town employee picking up the item(s) or accepting delivery of the item(s). All invoices shall be submitted for payment to:

**Town Hall
200 Howell Ave.
Riverhead, NY 11901**

Every invoice must identify the employee picking up or accepting the item.

4. Contract Period

The contract period for this bid award shall be for one (1) year from date of awarded contract for one (1) additional twelve-month period, upon the mutual agreement of both parties.

Compliance with Rules and Regulations

The associated product furnished shall comply with all provisions which would be applicable, if the Town of Riverhead were a private corporation of Federal and State of New York Laws, Ordinances, Codes, Rules, Regulations, Orders, Permits and Licenses and with fire underwriters requirement, requirements set forth herein exceed such provisions, these Specifications shall control, only if applicable to this particular bid.

5. Deviation

All proposed minor deviations, with full details, must be listed on a separate Detail Sheet, which must be attached to and made part of this bid.

The Town of Riverhead reserves the absolute right in its sole discretion to accept that bid, if any, which under all circumstances will best serve the public interest.

6. Reservations

The Town Board of the Town of Riverhead reserves the right and responsibility to reject any or all bids if they believe such action to be in the best interest of the Town.

7. Municipal Indemnification

The successful bidder must agree to save, keep, bear harmless and fully indemnify the Town and any of its officers, agents, or representatives from all damages, costs or expenses in law or equity that may at any time arise or be set up for an infringement of the patent rights of any person or persons in consequence of the use by the Town or by any of its officers, agents or representatives of articles supplied under the contract arising from bids submitted and of which the successful bidder and manufacturer are not lawfully entitled to sell, provided the Town gives the successful bidder and manufacturer prompt notice in writing of any suit and all information necessary to defend same.

8. Independent Contractor

In the performance of this Agreement, the Bidder, including its employees, agents, and subcontractors shall act solely as an independent contractor, and nothing contained in or implied by this Agreement shall be construed at any time to create any other relationship between the Town and the Bidder, including employer and employee, partnership, principal and agent, or joint venture.

9. Assignment

The Contract resulting from this bid and the compensation, which may become due thereunder are not assignable except with prior written approval of the Town.

10. Interpretation

The contract resulting from this Solicitation shall be construed under the laws of the State of New York.

11. Indemnification

If a Contract is awarded, the Successful Bidder shall be required to indemnify, defend, and hold the County, its employees, and agents harmless from and against any and all claims, loss, liability, cost, and expenses, including attorney fees, howsoever arising or incurred, alleging personal injury, bodily injury, including death, or property damage arising out of or attributable to the Successful Bidder's performance of the Contract awarded.

12. Termination Process

a. Termination for Convenience

Notwithstanding anything contained herein, the Town may terminate this Agreement anytime, in whole or in part, without showing cause by providing thirty (30) days written notice to the Successful Bidder. The Town shall pay all reasonable costs incurred by the Successful Bidder up to the date of termination. The Successful Bidder shall not be reimbursed for any anticipatory profits, which have not been earned to the date of termination.

b. The Successful Bidder shall be provided 30 days' notice of any termination not for cause and shall only perform such work during the 30-day notice period that is authorized in writing by the County's Purchasing Agent.

c. This Agreement may be terminated by the Town upon at least seven (7) days' notice to the Successful Bidder in the event that: (1) the Work is permanently abandoned by the Town; (2) continued Work is deemed by the Town, in its sole discretion, not to be in the best interests of the Town; or (3) monies are no longer available or are not appropriated to fund the Work being performed or to be performed under this Agreement.

d. Termination for Cause: Notwithstanding anything contained herein, if the Successful Bidder fails to fulfill its obligation under this Agreement properly and on time or otherwise violates any provision of this Agreement, the Town may terminate this Agreement by written notice to the Successful Bidder. The notice shall specify the acts or omissions relied upon as cause for termination. All finished or unfinished goods or services provided by the Successful Bidder shall, at the Town's option, become the Town's property. The Town shall pay the Successful Bidder fair and equitable compensation for satisfactory performance prior to receipt of notice of termination less the amount of damages caused by the Successful Bidder's breach. If the damages are more than the compensation payable to the Successful Bidder, the Successful Bidder shall remain liable after termination, and the Town may take all steps necessary to collect damages.

VENDOR NAME _____

TOWN OF RIVERHEAD

TOWNWIDE PRINTING 2016-17

SEE ATTACHED SHEETS FOR TOWN WIDE PRINTING SPECIFICATIONS

EMAIL ADDRESS: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY TELEPHONE: _____

COMPANY EMAIL: _____

COMPANY CONTACT: _____

I/WE FULLY UNDERSTAND THAT THE ACCEPTANCE OF THIS BID IS SUBJECT TO THE PROVISIONS OF SECTION 103a AND 103b OF THE GENERAL MUNICIPAL LAW.

SIGNED: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____

NOTE: ITEMS BID MAY BE AWARDED SEPARATELY.

VENDOR NAME _____

DISCOUNTS

If Bidder allows cash discount, it shall be as follows:

For payment within 15 days of delivery and/or receipt of voucher. _____%
Discount

For payment within 30 days of delivery and/or receipt of voucher. _____%
Discount

(Discount less than 1% will not be considered.)

Discounts will be considered but will not be the determining factor for bid awards.

**THIS BID AWARD SHALL BE IN EFFECT FOR ONE YEAR FROM DATE OF
AWARD.**

VENDOR NAME _____

I/WE FULLY UNDERSTAND THAT THE ACCEPTANCE OF THIS BID IS SUBJECT TO THE PROVISIONS OF SECTION 103A AND 103B OF THE GENERAL MUNICIPAL LAW.

NAME OF AGENT/DEALER

ADDRESS

CITY, STATE, ZIP CODE

CONTACT PERSON

DATE

SIGNATURE OF DEALER/AGENT

VENDOR NAME _____

NON-COLLUSIVE CERTIFICATE
(MUST BE COMPLETED, SIGNED, NOTARIZED AND RETURNED WITH BID)

UNDER PENALTIES OF PERJURY:

_____ (BIDDER), BEING DULY SWORN,
DEPOSES AND SAYS:

- A) This bid or proposal has been independently arrived at without collusion with any other bidder or with any competitor or potential competitor;
- B) This bid or proposal has not knowingly been disclosed, prior to the opening of bids or proposals for this project, to any other bidder, competitor, or potential competitor;
- C) No attempt has been made or will be made to induce any other person, partnership, or corporation to submit or not to submit a bid or proposal;
- D) The person signing this bid or proposal certifies that he has been fully informed regarding the accuracy of the statements contained in this certification, and under penalties of perjury, affirms the truth thereof, such penalties being applicable to the bidder as the person signing on its behalf; and
- E) That the attached hereto (if a corporate bidder) is a certified copy of a resolution authorizing the execution of this certificate by the signatory of this bid or proposal on behalf of the corporate bidder.

Corporation: _____
(PRINT CORPORATION NAME)

By: _____
(SIGNATURE)

(TITLE)

Address: _____

Sworn to before me this _____

Day of _____, 20_____

NOTARY PUBLIC

VENDOR NAME _____

IRAN DIVESTMENT ACT CERTIFICATION

As a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York, a new provision has been added to the State Finance Law (SFL), § 165-a, effective April 12, 2012. Under the Act, the Commissioner of the Office of General Services (OGS) will be developing a list (prohibited entities list) of “persons” who are engaged in “investment activities in Iran” (both are defined terms in the law). Pursuant to SFL § 165-a(3)(b), the initial list is expected to be issued no later than 120 days after the Act’s effective date, at which time it will be posted on the OGS website.

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that once the prohibited entities list is posted on the OGS website, it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list.

Additionally, Bidder/Contractor is advised that once the list is posted on the OGS website, any Contractor seeking to renew or extend a Contract or assume the responsibility of a Contract awarded in response to the solicitation, must certify at the time the Contract is renewed, extended or assigned that it is not included on the prohibited entities list.

During the term of the Contract, should the TOWN OF RIVERHEAD receive information that a person is in violation of the above-referenced certification, the TOWN OF RIVERHEAD will offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then the TOWN OF RIVERHEAD shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

The TOWN OF RIVERHEAD reserves the right to reject any bid or request for assignment for an entity that appears on the prohibited entities list prior to the award of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the prohibited entities list after contract award.

Signature: _____

Print Name: _____

Title: _____

Company Name: _____

Date: _____

	PRICING SHEET	500	1000	2500	5000	10000 +
	BUSINESS CARDS - 65LB 3 1/2" X 2"					
1	WHITE W/BLUE LETTERING RIVERHEAD POLICE DEPARTMENT					
2	WHITE W/BLUE LETTERING; FIRE MARSHAL SEAL; COLORED SEAL; RED, YELLOW, BLUE, GREEN.					
3	WHITE WITH BLUE LETTERING; WHITE GLOSS CARDSTOCK; 4 COLOR TOWN OF RIVERHEAD SEAL; BLUE, GREEN, YELLOW, WHITE.					
4	BLACK LETTERING; WHITE CARDSTOCK, GOLD RAISED POLICE DEPARTMENT DETECTIVE SEAL					
5	SAME AS #4 ABOVE WITHOUT RAISED LETTERING					
6	WHITE W/BLACK LETTERING; TOWN OF RIVERHEAD SEAL; CARDSTOCK					
7	NCR FORMS -3 PART - WHITE,YELLOW,GREEN-8 1/2 X 11 - " TOWN OF RIVERHEAD POLICE DEPARTMENT IMPOUND RECEIPT " (NUMBERED) SEE ATTACHED; 2 PER PAGE; 52 PAGES PER BOOK					
8	NCR FORMS - 3 PART-WHITE, YELLOW, PINK 5-1/2 X 8-1/2; 50 to a book, " ACCIDENT EXCHANGE INFORMATION " see attached					
9	NCR FORMS 3 PLY, ENVELOPE W/RETURN ADDRESS " PARKING TICKETS " (directions on back of pink copy)pre numbered					
10	PADS; NCR BOOKS 2 part pink & yellow; cardboard backing; 25 per book; " TOWN CODE APPEARANCE TICKET "; pre numbered					
11	PADS; BLUE MEMO ; " INTER OFFICE COMMUNICATION "; 50 per book; attached					
12	GOLD FOLDER - size 11 3/4 x 9 1/2; " DETECTIVE CASE FOLDER "; black ink					
13	GOLD FOLDER; size 11 3/4" x 9 1/2"; " DWI CASE FOLDER "; black ink					
14	MEMO BOOK PAGES - WHITE W/BLACK INK, 7000 EACH; SAMPLE ATTACHED					
15	PADS; RECEIPT - RIVERHEAD POLICE - DETECTIVE DIVISION - numbered; sample attached; NCR white, yellow pink; 50 per book					
16A-B	ARREST CARDS ; double sided; white w/black ink; 1000 card stock; 5x8					
17	PADS; " RECEIPT " RIVERHEAD POLICE, RIVERHEAD, NY 8 1/2 x 11- 4 per page; numbered NCR 2 ply white-yellow; 200 per book					
18	PADS; NCR 5 PLY; white,green,yellow,pink,gold TOWN OF RIVERHEAD " POST ARRAIGNMENT CASH BAIL RECEIPT "; numbered; black ink; 25 per book					
19	PADS; NCR 3 PLY; white, pink,yellow-POLICE DEPARTMENT, TOWN OF RIVERHEAD, NY " DESK APPEARANCE TICKET "; numbered; black ink; 50 per book.					
20	NCR 4 PLY; Green, yellow, pink, gold; POLICE DEPARTMENT, TOWN OF RIVERHEAD, NY " PRE ARRAIGNMENT CASH BAIL RECEIPT "; numbered; black ink; 25 per book					

	PRICING SHEET	500	1000	2500	5000	10000 +
21	8 1/2 X 14- "TSLE&D CONTROL SHEET"; black ink; 500 single sheets					
22	8 1/2 x 14 "TOWN SUMMONS CONTROL SHEET"; black ink; 500 single sheets					
23	14" X 22" Poster board "OFFICIAL NOTICE TOWN OF RIVERHEAD SUBDIVISION"; black ink					
24	13" x 20" Poster board "OFFICIAL NOTICE TOWN OF RIVERHEAD SITE PLAN"; black ink					
25	13" x 20" Poster board "OFFICIAL NOTICE TOWN OF RIVERHEAD VARIANCE"; black ink					
26	NCR 3 PLY; white, yellow, pink; CODE ENFORCEMENT DIVISION; TOWN OF RIVERHEAD "CONSENT TO SEARCH"; black ink					
27	NCR 3 PLY; white yellow,pink; OFFICE OF THE TOWN ATTORNEY/INVESTIGATION UNIT; "COMPLAINT FORM"; black ink					
28	NCR 3 PLY; white, yellow, pink; OFFICE OF THE TOWN ATTORNEY/INVESTIGATION UNIT "INVESTIGATION REPORT"; black ink					
29	NCR 3 PLY; white, yellow, pink; OFFICE OF THE TOWN ATTORNEY/INVESTIGATION UNIT "FILE NOTES"; black ink					
30	NCR 2 PLY; white, yellow; OFFICE OF THE TOWN ATTORNEY/INVESTIGATION UNIT "RENTAL APPLICATION FLOOR PLAN REVIEW"; black ink					
31	NCR 2 PLY white on white;" TOWN OF RIVERHEAD- INVESTIGATION UNIT- HOUSING INSPECTION REPORT"; two sided; black & red ink					
32	NCR 2 PLY; white on white; "INTERIOR INSPECTION SHEET"; two sided; black & red ink; back side					
33	NCR 2 PLY; white on white; "INTERIOR INSPECTION SHEET"; two sided; black & red ink					
34	NCR 2 PLY; white on white; "INTERIOR INSPECTION SHEET"; two sided; black & red ink; back page					
35	8 1/2 x 11 "TRI-FOLD TAX VOUCHERS"; indicia printed on document; "IMPORTANT TAX INFORMATION"; TOWN OF RIVERHEAD SEAL WATER MARKED ON VOUCHER.					
36	8 1/2 X 11 "TRI-FOLD VOUCHERS; PAYROLL/WATER BILLS"; indicia printed on document; TOWN OF RIVERHEAD SEAL; WATERMARKED ON VOUCHER					
37	8 1/2 X 11 "TOWN OF RIVERHEAD OFFICIAL CLAIM VOUCHER"; red & black ink					
38	TOWN OF RIVERHEAD - SANITATION DEPARTMENT "REASON FOR NO PICKUP"; yellow sticker; 4 1/2 x 5 1/2; 1000					
39	TOWN OF RIVERHEAD - "SOLID WASTE PERMIT"; red sticker w/white lettering; 3 1/2 x 4 1/2;					
40	TOWN OF RIVERHEAD - "RESIDENTIAL YARD WASTE"; green sticker w/black lettering; 750					
41	8 1/2 x 11 "RIVERHEAD RECYCLES"; white sticker w/blue lettering and recycle logo; 1000					
42	8 1/2 x 11 TOWN OF RIVERHEAD "PURCHASE ORDER"; Plain white paper					

RIVERHEAD POLICE DEPARTMENT

210 Howell Avenue, Riverhead, NY 11901

Central Records: (631) 727-4500

Mon - Fri 8:30 A.M. - 4:30 P.M.

Sample

CC# _____ P.O. Name: _____

Date: _____ Incident Type: _____



Craig W. Zitek
Fire Marshal

Town of Riverhead
210 Howell Avenue
Riverhead, New York 11901

Office (631) 727-3200 Ext. 209
Office Fax (631) 727-3370
zitek@riverheadli.com

**ITEM #1 - 3 1/2 X 2 BLUE LETTERING;
WHITE CARDSTOCK; BUSINESS CARD**

**ITEM #2 - 3 1/2 X 2 BLUE LETTERING; WHITE
GLOSS CARDSTOCK; 4 COLOR SEAL; RED
YELLOW, BLUE, GREEN; CARDSTOCK;
BUSINESS CARD**



OFFICE OF THE TOWN SUPERVISOR

TARA McLAUGHLIN
CHIEF OF STAFF

Town of Riverhead
200 Howell Avenue
Riverhead, N.Y. 11901

Office (631) 727-3200 Ext 252
Fax (631) 727-6712
Email mclaughlin@riverheadli.com



Sean Egan
SERGEANT

RIVERHEAD POLICE DEPARTMENT

210 HOWELL AVENUE
RIVERHEAD, NY 11901

TEL (631) 727-4500 EXT 318
FAX (631) 727-0304
EMAIL egan@townofriverheadny.gov

**ITEM #3 - 3 1/2 X 2 BLUE LETTERING;
WHITE GLOSS CARDSTOCK; 4 COLOR
SEAL; BLUE, GREEN, YELLOW, WHITE;
BUSINESS CARD**

**ITEM #4 & 5 - 3 1/2 X 2 BLACK LETTERING;
WHITE CARDSTOCK, GOLD RAISED POLICE
DEPARTMENT DETECTIVE SEAL; BUSINESS
CARD (RAISED LETTERING & FLAT)**

ITEM #1-6



Maureen Tague
Purchasing Agent

1295 Pulaski Street
Riverhead, NY 11901

631-727-3200
Ext. 271

e-mail: tague@townofriverheadny.gov

**ITEM # 6 - ITEM - 3 1/2 X 2 BLACK
LETTERING; WHITE CARDSTOCK ;TOWN
SEAL; BUSINESS CARD**

Sample

TOWN OF RIVERHEAD POLICE DEPARTMENT
IMPOUND RECEIPT

CC# _____

No. 7170

DATE: _____, 20____

Received of _____ \$ _____

Address _____

_____ DOLLARS

Release of _____

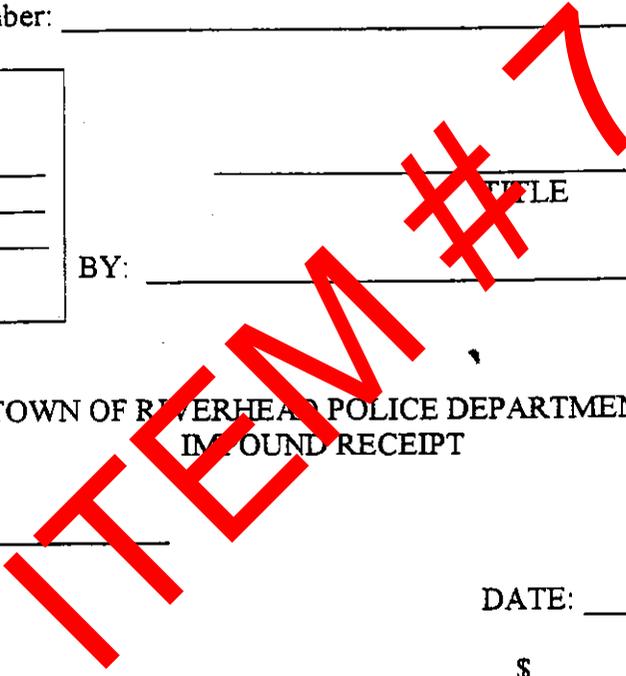
Vehicle Identification Number: _____

FOR OFFICIAL USE	
Fee for Towing: _____	_____
Fee for Storage: _____	_____
Other: _____	_____
Total: \$ _____	_____

BY: _____

TITLE

TOWN OF RIVERHEAD POLICE DEPARTMENT
IMPOUND RECEIPT



CC# _____

No. 7171

DATE: _____, 20____

Received of _____ \$ _____

Address _____

_____ DOLLARS

Release of _____

Vehicle Identification Number: _____

FOR OFFICIAL USE	
Fee for Towing: _____	_____
Fee for Storage: _____	_____
Other: _____	_____
Total: \$ _____	_____

BY: _____

TITLE

**Accident
Exchange
Information**

**TOWN OF RIVERHEAD
POLICE DEPARTMENT**

(631) 727-4500

Accident Date / /	Day of Week	Time AM PM	No. of Vehicles	CC#
Location			Ref.	
			Marker	
Reporting Officer				Shield No.
Official Signature				

VEHICLE 1

Motorist Identification Number Exactly as Printed on License

/ /											
Last Name of Driver 1				First Name				Middle initial			
Number and Street				City				State		Zip	
Date of Birth / / Mo/Day/Year		Sex	State of License		Year and Make of Vehicle						
Last Name of Owner 1				First Name				Middle Initial			
Number and Street				City				State		Zip	
No. of Occupants		Plate No. & State				Vehicle Type		Insurance Code			

VEHICLE 2

Motorist Identification Number Exactly as Printed on License

/ /											
Last Name of Driver 2				First Name				Middle Initial			
Number and Street				City				State		Zip	
Date of Birth / / Mo/Day/Year		Sex	State of License		Year and Make of Vehicle						
Last Name of Owner 2				First Name				Middle Initial			
Number and Street				City				State		Zip	
No. of Occupants		Plate No. & State				Vehicle Type		Insurance Code			

ITEM # 8

THE PEOPLE OF THE STATE OF NEW YORK vs THE OWNER OF THE MOTOR VEHICLE DESCRIBED BELOW

PLATE #	REG EXP	STATE <input type="checkbox"/> NY <input type="checkbox"/>	PLATE TYPE <input type="checkbox"/> PASS <input type="checkbox"/> COMM <input type="checkbox"/>
---------	---------	--	--

VEHICLE MAKE <input type="checkbox"/> 1 FORD <input type="checkbox"/> 2 CHEV <input type="checkbox"/> 3 PLYM <input type="checkbox"/> 4 OLDS <input type="checkbox"/> 5 PONT <input type="checkbox"/> 6 BUICK <input type="checkbox"/> 7 DODGE <input type="checkbox"/> 8 TOYOTA <input type="checkbox"/> 9 VW	OTHER <input type="checkbox"/> 10 NISSAN <input type="checkbox"/> 11 HONDA <input type="checkbox"/> 12 MERC <input type="checkbox"/> 13 MEBE <input type="checkbox"/> 14 BMW <input type="checkbox"/> 15 MAZD <input type="checkbox"/> 16 LEXUS <input type="checkbox"/> 17 INFI <input type="checkbox"/> 18 JEEP	COLOR	BODY TYPE <input type="checkbox"/> 2 DR <input type="checkbox"/> 4 DR <input type="checkbox"/> SW <input type="checkbox"/>
---	--	-------	--

YOU ARE HEREBY CHARGED WITH THE FOLLOWING VIOLATION WHICH WAS OBSERVED BY THE DEPONENT IN HIS PRESENCE.

TOWN CODE		FINE	AFT 30	AFT 60	AFT 90
<input type="checkbox"/> 48-2	No MV on Beach May 15 thru Sept 15 Except 6PM-9AM	\$500.00			
<input type="checkbox"/> 48-07	No Permit (MV on Beach)	\$500.00			
<input type="checkbox"/> 48-13	No Parking Permit at Beach (1 see below)	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 48-20	No Parking at Beach after 10PM (1 see below)	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-10	Parking Prohibited	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-10.1	Parking, Standing & Stopping Prohibited Fire Zone	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-11	No Parking Certain Hours: School Zones	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-12	No Parking Certain Hours: Roads Leading to Water	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-13	Parking Time Limit	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-14	Parking Prohibited (Except Buses)	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-15	Parking at Beach (Trailers)	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-16	Parking Field (Out of Stall)	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-17	Parking Prohibited Certain Roads W/O Permit	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-18	Seasonal Parking Prohibited	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-35	Parking for Handicapped (2 see below)	\$200.00	\$300.00	\$320.00	\$340.00
<input type="checkbox"/> 101-10.3	Parking, Standing and Stopping Prohibited (Specified Places)	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101.20	Additional Parking Regulations	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-20D	Expired Registration/Inspection	\$100.00	\$120.00	\$140.00	\$160.00

OTHER _____

- 1 FINE AMOUNT INCREASES \$20 AFTER 30 DAYS, \$40 AFTER 60 DAYS AND \$60 AFTER 90 DAYS
- 2 FINE AMOUNT INCLUDES NEW YORK STATE MANDATORY SURCHARGE (HANDICAPPED PARKING) of \$30

LOCATION OF OFFENSE

- IN FRONT OF
- OPPOSITE OF

IN THE TOWN OF RIVERHEAD

ON	DATE OF OFFENSE	AT	TIME OF OFFENSE	AM / PM
----	-----------------	----	-----------------	---------

THIS TICKET IS RETURNABLE 30 DAYS FROM THE DATE OF OFFENSE. SEE REVERSE SIDE OF TICKET.

FAILURE TO ANSWER A PARKING TICKET MAY RESULT IN THE IMPOSITION OF PENALTIES AS DESCRIBED ON THE REAR OF THIS TICKET.

ANY FALSE STATEMENTS CONTAINED HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

SIGNATURE OF DEPONENT	DATE	RANK	SHIFT #
-----------------------	------	------	---------

51151

TOWN CODE APPEARANCE TICKET

The undersigned duly sworn, deposes and says:
The named defendant did violate the
Code of the Town of Riverhead

Riverhead Town Police Department
210 Howell Avenue
Riverhead, NY 11901
631-727-4500

Local Criminal/Traffic Court
210 Howell Avenue
Riverhead, NY 11901
631-727-3200

LAST NAME (DEFENDANT)

FIRST NAME

DOB

NUMBER & STREET

CITY

STATE

ZIP CODE

LIC. PLATE

STATE

EXP DATE

VEH MAKE

VIN

VEH YEAR

BODY TYPE

COLOR

PLATE TYPE

DATE OF OFFENSE

TIME

DAY OF WEEK

LOCATION

CODE VIOLATION

- 46.1A Alcohol consumption
46.1b Poss. of open or unsealed container of an alcoholic beverage
49.2 No Bicycle on sidewalk
58.2 Dogs at large
58.3 Barking Dogs
63a-4a Deface any property
63a-4c No sitting on planters, trash cont, window boxes
64-82 Prohibits Open Fires
81.5 Noise Control
84.3 Peddling, Soliciting, License required
98.3 Littering on Property
98.5 Vehicles Uncovered - Littering
101.8 Weight limit of 8 tons

ITEM # 10

OTHER

SPECIFICS AS REQUIRED

Returnable at the Justice Court, 210 Howell Avenue, Riverhead, NY
day of 20 at 9:30 A.M. A plead of guilty to this
charge is equivalent to a conviction after trial. If you are convicted, you will
liable to a Penalty.

Officer's Signature

Rank

Shield

Print Officer's

Last Name

F.I.

M.I.

SECTOR

You may appear before the Traffic Bureau and dispose of this matter in full
satisfaction between 9:00 A.M. and 4:00 P.M. on any day except Saturday
Sundays and Holidays, unless such privilege has been denied and noted
hereon.

MEMO

Riverhead Town Police Department
210 Howell Ave., Riverhead, N.Y. 11901
INTER-OFFICE COMMUNICATION

Time: A.M. P.M. Date:

Subject:

From: Address:

To:

ITEM #11

CC#:

INCIDENT:

DATE:

DET:

CASE STATUS:

ACTIVE

PENDING

CBA

EXC. CLEARED

CLOSED

DATE:

DEF:			
DOB:		REPORTS	RAPE VICTIMS
IB#		FIELD REPORT	SEX OFFENSE INFO. QUESTIONNAIRE
ADDRESS:		OFFENSE/BURGLARY/STOLEN VEH.	FAMILY OFFENSE ASSISTANCE FORM
		MVA/DEATH REPORT	SEARCH WARRANT/VOL. CONSENT FO
DEF:		SUPPLEMENTAL REPORT	FDR TEST FOR DEF. (if weapon was discharged)
DOB:		STATEMENTS/ORAL ADMISSIONS	
IB#		AFFIDAVITS	IMPOUNDED VEHICLES
ADDRESS:		ARREST REPORTS ITEM #12	IMPOUND INVOICE
		FELONY/MISDEMEANORS COMPLAINT	RELEASE/HOLD IMPOUND VEHICLE
I/L:		FILE 15	
HAMLET:		GRAND JURY NOTICE	CONNECTED CC#s
		TT'S (FEL. w/DPF OR D.W.	
		w/30 min PROPERTY w/ SERIAL #)	
		PHOTO COVER SHEET	
		PHOTOS	
		CC CARD	
		PROPERTY INVOICE	REMARKS:
		LAB INVOICE	

CASE STATUS: Active Pending Cleared By Arrest Exceptionally Cleared

Closed Reason _____ Arresting Officer _____

PROPERTY BUREAU EVIDENCE Yes No

CONTENTS WITHIN		(Check)	(Check)	(Check)
Arrest Report			DMV Computer Print-Out	Offense Report
Alcoholic Influence Report			DWI Information	Report of Refusal
Breathalyzer Check List			Information	Statements
Breathalyzer Test Results			Information	Supplemental Report
Central Complaint Card (copy)			Information	T S L E & D Copies
Chemical Test Kit			Field Report	Misc./Other
DMV Record of Convictions			MVA Report	Alcohol Related License Suspension/Revocation

D.A. INFORMATION

A.D.A. Assigned _____ Date _____

Grand Jury **ITEM #13** Date _____ Indicted No Yes Date _____

Day of Week _____ BAC _____ A.L.E.R.T. Yes _____ No _____ Charge 1192.1
 Time of Day _____ Given/Offered Yes No Refusal _____ 1192.2
 Age _____ Refusal Yes No _____ 1192.2 &
 BAC Result: _____ % _____ 1992.3

Day _____

Date _____

Tour _____

Weather _____

Roads _____

OIC _____

Sector _____

Unit No. _____

Rd. Sgt. _____

Start Mileage _____

Fin. Mile. _____

ITEM #14

RECEIPT

CC No. _____

RIVERHEAD POLICE – DETECTIVE DIVISION

00601

Riverhead, NY

_____ 20____

RECEIVED FROM _____

ADDRESS _____

ITEM #15

THE FOLLOWING _____

Re _____

RANK _____

ITEM #16A

4	Date Disposition	Magistrate	
	Disposition		
5	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		
6	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		
7	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		
8	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		
9	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		
10	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		

Sex	DOB	Height	Weight	Hair
Eyes	Build	Complexion	Scar/Moles	
Teeth	Race	Tattoo		
Occupation	Employer			
Birthplace	Citizen	Social Status		
SS #	Religion	Education	yrs	
1	Crime	Section	Date	
	Date Disposition	Magistrate		
	Disposition			
2	Crime	Section	Date	
	Date Disposition	Magistrate		
	Disposition			
3	Crime	Section	Date	
	Date Disposition	Magistrate		
	Disposition			

ITEM #16b

RECEIPT
RIVERHEAD POLICE
Riverhead, NY

72085 19

_____ 20 _____

RECEIVED FROM _____
ADDRESS _____

THE FOLLOWING _____

Re _____ RANK _____

RECEIPT
RIVERHEAD POLICE
Riverhead, NY

72086

_____ 20 _____

RECEIVED FROM _____
ADDRESS _____

THE FOLLOWING _____

Re _____ RANK _____

RECEIPT
RIVERHEAD POLICE
Riverhead, NY

72087

_____ 20 _____

RECEIVED FROM _____
ADDRESS _____

THE FOLLOWING _____

Re _____ RANK _____

RECEIPT
RIVERHEAD POLICE
Riverhead, NY

72088

_____ 20 _____

RECEIVED FROM _____
ADDRESS _____

THE FOLLOWING _____

Re _____ RANK _____

ITEM #17

TOWN OF RIVERHEAD, NY
POST-ARRAIGNMENT CASH BAIL RECEIPT
 PDTR-1079

CASH RECEIPT NO.
Nº 1902

COMMAND	C.C. NO.
ARREST #:	

PRINT FIRMLY & LEGIBLY

DISTRIBUTION: WHITE/SURETY, BLUE/PROPERTY - RECORDS OFFICER, GREEN & CANARY/COURTS SECTION, PINK/CENTRAL RECORDS,
 GOLDEN ROD/STAYS IN PAD, GREEN/RECEIPTED COPY RETURNED TO POLICE DEPARTMENT BY COURT

PEOPLE VS. DEFENDANT	FIRST NAME	M.I.	LAST NAME
	CHARGE: LAW SECTION	COURT	COURT RETURN DATE

I, _____ Defendant, residing at _____
 in the _____ of _____ hereby undertake and agree that I will appear and answer to the above
 indicated criminal charge at The Local Criminal Court in the Town of Riverhead, 210 Howell Avenue, Riverhead, New York on the _____
 day of _____ 19 _____ at _____ o'clock in the forenoon. Cash Bail of: _____ dollars.
 (\$ _____), as fixed by The Local Criminal Court, is deposited herewith.

SIGNATURE:	DATE:				
PERSON POSTING BAIL					
FIRST NAME	LAST NAME	OCCUPATION			
RESIDENTIAL ADDRESS:	NO.	STREET	VILLAGE/TOWN	STATE	ZIP CODE
AMOUNT OF BAIL POSTED	WRITTEN AMOUNT	DOLLAR			

I, _____ affirm that I am the owner of the cash bail deposit
 described in the forgoing undertaking, and is authorized to, and hereby does, pledge and deposit the same, in the above indicated amount, as security for the
 appearance of the defendant to answer the criminal charge made against said defendant.

SIGNATURE

WARNING: CASH BAIL BECOMES FORFEIT UPON FAILURE OF DEFENDANT TO APPEAR AS DIRECTED AND AGREED.

SIGNATURE OF PERSON
 RECEIVING BAIL: _____

RECEIPT OF BAIL

DATE: _____

The Clerk of The _____ Court acknowledges the receipt
 of cash bail in the amount of _____ dollars as indicated above.
 Date: _____ Signature Court Section: _____

ITEM #18

DESK APPEARANCE TICKET

WHITE - DEFENDANT, PINK - COURT COPY, YELLOW - AUDIT COPY

AMT. OF BAIL	CASH BAIL RECEIPT NO.	APPEARANCE TICKET NO. 7655
--------------	-----------------------	--------------------------------------

WARRANT NUMBERS					
VIOLATION NUMBERS	ONE	TWO	THREE	FOUR	FIVE
DEFENDANT/BAILOR'S NAME	ADDRESS			D.O.B.	

THE PEOPLE OF THE STATE OF NEW YORK VS:

NAME AND ADDRESS _____

You are hereby notified to appear in the Local Criminal Court, 210 Howell Ave., Riverhead, N.Y. or the _____

_____ Court, address _____

on the _____ day of _____, 20____ at _____ o'clock in the _____ noon, to answer a criminal charge made

against you by	for violation(s) of	1.	\$
2.	\$	3.	\$
4.	\$	5.	\$

AUTHORIZED BY (DESK OFFICER)	DATE	ISSUED BY	RANK/SHIELD	SQUAD	COMM.
------------------------------	------	-----------	-------------	-------	-------

Should you fail to appear for the offense(s) charged above, in addition to a warrant being issued for your arrest, you may be charged with an additional violation of the Penal Law which upon conviction may subject you to a fine, imprisonment or both. Also, any cash bail posted hereunder shall be forfeited should you fail to appear at the above time and place.

NOTICE: YOU ARE ADVISED TO CONSULT AN ATTORNEY AS SOON AS POSSIBLE REGARDING THIS MATTER.

ACKNOWLEDGEMENT OF DEFENDANT: I, the undersigned do hereby acknowledge receipt of the above appearance ticket and do agree to appear as indicated above.

_____ SIGNATURE OF DEFENDANT	_____ TIME	_____ DATE
---------------------------------	---------------	---------------

ITEM #19

POLICE DEPARTMENT, TOWN OF RIVERHEAD, N.Y.

CASH BAIL RECEIPT NO.

4706

PRE-ARRAIGNMENT CASH BAIL RECEIPT

PDTR-1078

COMMAND	DATE	C.C. NO.
APPEARANCE TICKET # ()-		

PRINT FIRMLY & LEGIBLY

DISTRIBUTION: WHITE/SURETY. GREEN & CANARY/COURTS SECTION. PINK/CENTRAL RECORDS. GOLDEN ROD/STAYS IN PAD.
GREEN/RECEIPTED COPY RETURNED TO POLICE DEPARTMENT BY COURT.

PEOPLE VS. DEFENDANT	FIRST NAME	M.I.	LAST NAME		
	CHARGE: LAW SECTION	COURT		COURT RETURN DATE	
PERSON POSTING BAIL	NAME: FIRST	LAST			OCCUPATION
	RESIDENTIAL ADDRESS:	NO.	STREET	VILLAGE/TOWN	STATE ZIP CODE
	AMOUNT OF BAIL POSTED	WRITTEN AMOUNT			

DOLLARS

WARNING: I ACKNOWLEDGE THAT CASH BAIL BECOMES FORFEIT UPON FAILURE OF DEFENDANT TO COMPLY WITH THE DIRECTIONS OF THE APPEARANCE TICKET

SIGNATURE OF PERSON POSTING BAIL DATE

RECEIPT OF BAIL

The Clerk of The _____ Court
acknowledges the receipt of cash bail in the amount of _____
as indicated above.

DATE: _____ Signature: Court Section _____

DESK OFFICER	SIGNATURE	RANK	SHIELD	AUTHORIZED BY	RANK	SHIELD
--------------	-----------	------	--------	---------------	------	--------

ITEM #20

ITEM #23

OFFICIAL NOTICE TOWN OF RIVERHEAD

An Application Has Been Made For

SUBDIVISION

In the Town of Riverhead concerning
this property

A Public Hearing Will Be Held By

THE PLANNING BOARD

On _____
MONTH DAY YEAR

at _____ P.M.

IN THE RIVERHEAD TOWN HALL
TO CONSIDER THIS
AND OTHER APPLICATIONS

THIS NOTICE IS POSTED BY ORDER OF THE
TOWN OF RIVERHEAD IN COMPLIANCE WITH
THE CODE OF THE TOWN OF RIVERHEAD

ITEM #24

**OFFICIAL NOTICE
TOWN OF RIVERHEAD**

An Application Has Been Made For A

SITE PLAN

In The Town Of Riverhead Concerning
This Property

A Public Hearing Will Be Held By

THE PLANNING BOARD

On _____
Month Day Year

At _____ P.M.

**AT THE RIVERHEAD TOWN HALL
TO HEAR ALL PERSONS UPON THE
MERITS OF THIS APPLICATION.**

This Notice Is Posted By Order Of
The Town Of Riverhead In Compliance With
The Zoning Ordinance of the Town of Riverhead

ITEM #25

**OFFICIAL NOTICE
TOWN OF RIVERHEAD**

An Application Has Been Made For

VARIANCE

In The Town of Riverhead concerning
this property

A Public Hearing Will Be Held By
**THE ZONING BOARD
OF APPEALS**

On _____

at _____ P.M.

**IN THE RIVERHEAD TOWN HALL
200 HOWELL AVENUE • RIVERHEAD, NY 11901
TO CONSIDER THIS
AND OTHER APPLICATIONS**

**THIS NOTICE IS POSTED BY ORDER OF
THE TOWN OF RIVERHEAD IN COMPLIANCE WITH
THE CODE OF THE TOWN OF RIVERHEAD**



TOWN OF RIVERHEAD

Office of the Town Attorney / Code Enforcement Division

200 HOWELL AVENUE, RIVERHEAD, NEW YORK 11901-2596

CONSENT TO SEARCH

I, _____, on this ____ day of _____, 20__ having been informed of my constitutional right not to have a search made of the premises herein without a search warrant, and of my right to refuse consent to such search, I hereby authorize Code Enforcement Official(s) / Inspectors / Investigators: _____ (with the assistance of the Riverhead Town Police Department) as employees of the Riverhead Town Attorney's Office, and in their employment capacity with the Town of Riverhead, to enter the exterior property and the interior of the residence designated as _____ located in the Township of Riverhead, New York for the purpose of an inspection pursuant to the Code of the Town of Riverhead, the New York State Building and Fire Prevention Code and New York State Property Maintenance Code and to photograph, video tape and/or make official reports of any evidence found as a result of the search.

I also state on this ____ day of _____, 20__ that I am the owner or tenant in control of the above referenced residence. I also state and acknowledge that I have read and understand this consent form. I am giving this written permission to the above named Code Enforcement Official(s) / Inspectors / Investigators, voluntarily and without threats or promises of any kind.

Sign

Witness

CONSENTIMIENTO DE BUSCAR

Yo, _____, durante este día ____ de _____, 20__ que han sido informados de mi derecho constitucional de no hacer hacer una búsqueda del local aquí sin un mandamiento de registro, y de mi derecho de rechazar consentimiento a tal búsqueda, por este medio autorizo al Funcionario(s) de Imposición de Código / Inspectores / Investigadores: _____ (con la ayuda del Departamento de Policía de Ciudad Riverhead) como empleados de la Procuraduría de Ciudad Riverhead, y en su capacidad de empleo con la Ciudad de Riverhead, para entrar en la propiedad exterior y el interior de la residencia designada como _____ localizado en el Municipio de Riverhead, Nueva York para una inspección de acuerdo con el Código de la Ciudad de Riverhead, el Estado de Nueva York que Construye un y Código de Prevención de Fuego y Código de Mantenimiento de Propiedad de Estado de Nueva York y fotografiar, videocinta y/o hacer informes oficiales de cualquier prueba encontrada a consecuencia de la búsqueda.

También declaro durante este día ____ de _____, 20__ que soy el dueño o el arrendatario en el control de la residencia arriba mencionada. También declaro durante y reconozco que he leído y he entendido esta forma del consentimiento. Doy este permiso escrito al encima de Oficial(s) denominado de Imposición de Código / Inspectores / Investigadores voluntariamente y sin amenazas o promesas de cualquier clase.

ITEM #26

Firma

Testigo



TOWN OF RIVERHEAD
Office of the Town Attorney/Investigation Unit

OFFICE USE ONLY
Complaint # _____
SCTM# _____
Date Returned _____

COMPLAINT FORM
(Please print or type all entries)

THIS FORM IS BEING PRESENTED TO YOU IN RESPONSE TO YOUR REQUEST FOR ASSISTANCE FROM THE RIVERHEAD TOWN ATTORNEY'S OFFICE, INVESTIGATIONS UNIT, CONCERNING ALLEGED VIOLATIONS OF THE RIVERHEAD TOWN CODE. YOU MAY INCLUDE ANY DOCUMENTATION OR PHOTOS YOU MAY WISH TO HAVE REVIEWED REGARDING THIS COMPLAINT.

ALL INFORMATION, INCLUDING SIGNATURE MUST BE PROVIDED FOR ON THIS FORM

FUTURE INQUIRES MUST BE DONE IN WRITING INCLUDING THE ABOVE MENTIONED COMPLAINT NUMBER. PLEASE FORWARD INQUIRES TO - RIVERHEAD TOWN ATTORNEY'S OFFICE / INVESTIGATION UNIT, 200 HOWELL AVENUE, RIVERHEAD, NY 11901. DUE TO CONFIDENTIALITY TELEPHONE INQUIRES REGARDING THIS MATTER WILL NOT BE PROVIDED.

THIS FORM MUST BE COMPLETED AND RECEIVED BY OUR OFFICE WITHIN 30 DAYS OF THE ORIGINAL WHITE COPY MUST BE RETURNED. NO PHOTOCOPIYS OR FAX COPIES OF THIS FORM WILL BE ACCEPTED.

ALLEGED VIOLATION ADDRESS

Street Number _____ Street Name _____

Hamlet _____ Town of Riverhead, New York, Zip Code _____

Closest Cross Street _____

VIOLATOR NAME (If known) _____

BRIEF DESCRIPTION OF COMPLAINT _____

ITEM #27

HAVE ANY PREVIOUS COMPLAINTS BEEN MADE? UNKNOWN NO YES - DATE MADE _____

IS THE LOCATION OF THE COMPLAINT OCCUPIED BY THE OWNER? UNKNOWN YES NO _____

OWNER NAME (if known) _____ ADDRESS _____

I AFFIRM THAT ALL INFORMATION PROVIDED IN THIS COMPLAINT IS TRUE AND FACTUAL

YOUR SIGNATURE _____ PRINT NAME _____ DATE _____

PLEASE RETURN ORIGINAL WHITE COPY IN THE PROVIDED ENVELOPE AND RETAIN YELLOW COPY FOR YOUR RECORDS

Request by

Name: _____

Telephone Number(s) _____

Address: _____



TOWN OF RIVERHEAD

OFFICE OF THE TOWN ATTORNEY / INVESTIGATION UNIT
200 Howell Avenue, Riverhead, NY 11901
(631) 727-3200 Ext 670 Fax (631) 727-6152

FILE NOTES

CC# _____

SCTM: ____ - ____ - ____

INCIDENT LOCATION: _____

NOTES:

DATE: _____ TIME: _____ NOTES TAKEN BY: _____

New Comply Date: _____

NOTES:

DATE: _____ TIME: _____ NOTES TAKEN BY: _____

ITEM #29

New Comply Date: _____

CLOSED BY: _____ REASON: _____

FWD. TO INVESTIGATOR: _____ DATE: _____



TOWN OF RIVERHEAD

OFFICE OF THE TOWN ATTORNEY / INVESTIGATION UNIT
200 Howell Avenue, Riverhead, NY 11901
(631) 727-3200 Ext 670 Fax (631) 727-0433

RENTAL APPLICATION FLOOR PLAN REVIEW

SCTM: - - -

Date: _____

Rental Address _____

1) Your rental housing floor plans were reviewed by: _____
(New York State Code Enforcement Official)

2) Based solely on these plans submitted, (by the applicant) the occupancy of the above-mentioned rental dwelling unit is predicated as follows:

- Bedroom #1 _____ person(s) maximum
Bedroom #2 _____ person(s) maximum
Bedroom #3 _____ person(s) maximum
Bedroom #4 _____ person(s) maximum
Bedroom #5 _____ person(s) maximum
Bedroom #6 _____ person(s) maximum
Bedroom #7 _____ person(s) maximum
Bedroom #8 _____ person(s) maximum

With a combined total maximum occupancy of _____ person(s) allowed based on the square footage of sleeping rooms and other applicable areas for eating, dining and living for the above-mentioned dwelling unit.

**Note: The above mentioned maximum person(s) permitted as depicted above may be VOID if the inspector determines that the actual dimensions of the dwelling unit is different than what the attached floor plan submitted indicates.

[] ← If this box is checked, the above Code Enforcement Official was unable to determine occupancy of the above-mentioned rental dwelling unit due to the following checked conditions, if so please review the checked items below and make any corrections necessary on your plans and resubmit them to our office for further processing of your application. Thank You.

[] ALL rooms must be labeled (Example: i.e. Bedroom #1, Bedroom #2, Dining Room, Living Room, Porch etc). and indicate the accurate dimensions (length & width in feet or to scale 1/4" = 1 foot).

[] Every rental dwelling unit whose capability of maximum occupancy (based on sleeping rooms) is 1-2 person(s), must adequately provide (1) living room and (1) dining area (area for eating), or combined living / dining area in addition, to there must be and (1) kitchen of at least 50 square feet as per NYSPM§ 404.5.

[] Every rental dwelling unit whose capability of maximum occupancy (based on sleeping rooms) is over 3-5 persons, must adequately provide (1) living room of at least 120 square feet, (1) dining room (room for eating) of at least 80 square feet or a combined living / dining room of at least 200 square feet and (1) kitchen of at least 50 square feet as per NYSPM§ 404.5. (Floor plan must adequately depict these areas)

[] Every rental dwelling unit whose capability of maximum occupancy (based on sleeping rooms) is 6 or more persons, must adequately provide (1) living room at least 150 square feet, (1) dining room (room for eating) of at least 100 square feet or a combined living / dining Area of at least 250 square feet and (1) kitchen of at least 60 square feet as per NYSPM§ 404.5. (Floor plan must adequately depict these areas)

[] The indicated room(s) of _____ does not meet NYSPM Code. (Please call above Code Official for more details)

[] The floor plan(s) submitted were illegible, slipshod and not properly done, Please redo respectively.

Name: _____

Address: _____

PLEASE NOTE
REVISED CODE CONFORMING FLOOR PLANS MUST BE SUBMITTED BACK TO THIS OFFICE BY ____/____/____. FAILURE TO DO SO WILL RESULT IN AN INCOMPLETE RENTAL APPLICATION WHEREBY A COURT APPEARANCE



TOWN OF RIVERHEAD - INVESTIGATION UNIT – HOUSING INSPECTION REPORT
TOWN ATTORNEYS OFFICE, RIVERHEAD, NEW YORK 11901 (631)-727-3200 Ext. # _____

SCTM # _____ DATE ____ / ____ / ____ INSPECTOR _____ BADGE# _____

ADDRESS: _____ PERSON PRESENT: _____

INSPECTION TYPE: RENTAL 1st RENTAL 2nd RENTAL 3rd COMPLAINT PATROL/PICKUP

RESULTS: INSPECTION PASSED FAILED CALL TO RESCHEDULE BEFORE THE COMPLY DATE ____ / ____ / ____

EXTERIOR STRUCTURE & PROPERTY AREA(S)			CELLAR / BASEMENT / MECH ROOM.		
IDC#	VIOLATION DESCRIPTION(S)	FAIL	IDC#	VIOLATION DESCRIPTION(S)	FAIL
1.	Structure is properly identified as per promulgated maps recorded in the Town, & Such must be min 3” for visibility.	<input type="checkbox"/>	31.	STAIRS must be sound and stable.	<input type="checkbox"/>
2.	Roof drains, gutters and downspouts present and in good repair with no obstructions	<input type="checkbox"/>	32.	<input type="checkbox"/> Railing must be provided on stairway. <input type="checkbox"/> Railing must be firmly fastened not loose.	<input type="checkbox"/>
3.	Roof Shingles do not exceed more than two layers	<input type="checkbox"/>	33.	Extension cords must not be used as permanent wiring. (Provide proper fixed grounded outlets)	<input type="checkbox"/>
4.	Roof is in good repair no dry rot or deterioration on shingle Surfaces.	<input type="checkbox"/>	34.	Multi-Plug adaptors must be eliminated and such appliance or device must be plugged directly into a outlet.	<input type="checkbox"/>
5.	ALL Exterior surfaces must be free from: <input type="checkbox"/> Peeling/Chipping Paint <input type="checkbox"/> Rust <input type="checkbox"/> Corrosion	<input type="checkbox"/>	35.	ELECTRICAL HAZZARD FOUND:	<input type="checkbox"/>
6.	ALL Exterior walls must be free from cracks, holes or loose and/or missing shingles or siding.	<input type="checkbox"/>	36.	Oil Fired Equip must be serviced annually (Certificate of Proof of Service must be provided or affixed to appliance	<input type="checkbox"/>
7.	ALL Exterior exposed wood surfaces must be suitably coated with paint or other suitable weather resistive compounds.	<input type="checkbox"/>	37.	Remove storage of combustible materials within 36 inches of any fuel or gas fired appliances	<input type="checkbox"/>
8.	ALL Screens must be present & in good repair and fit within the window(s) or doorframes firmly.	<input type="checkbox"/>	38.	Fuel or Gas appliances must in sound condition and capable of a safe operation. PM §603.1	<input type="checkbox"/>
9.	Decorative Trim and wall facings must be in good repair with the proper anchorage, and free from deterioration and rot.	<input type="checkbox"/>	39.	All fuel appliance vents must be properly installed, free of rust, holes and capable of discharging without hazard.	<input type="checkbox"/>
10.	Overhang Extensions including canopies & porches must be in good repair, properly anchored free from deformation & rot.	<input type="checkbox"/>	40.	Septic lines must be securely fastened, free of leaks, holes or cracks.	<input type="checkbox"/>
11.	Handrails and Guards must be firmly fastened and free from deterioration and unjust movement.	<input type="checkbox"/>	41.	Plumbing piping must be free of leaks, holes or cracks. Specifically:	<input type="checkbox"/>
12.	Handrail Required on any stairway with 4 or more risers.	<input type="checkbox"/>	42.	Any additional construction must have a Certificate of Occupancy, including any walls, electric, and sheetrock.	<input type="checkbox"/>
13.	Guards required on any deck, balcony or porch, which is over (30)-Inches in height.	<input type="checkbox"/>	43.	Cellar occupancy is prohibited without the proper Certificate of Occupancy for such use.	<input type="checkbox"/>
14.	Stairways, Porches or Balconies are of sound construction, firmly fastened with proper anchorage.	<input type="checkbox"/>	44.	Smoke detector is not installed and mounted accordingly.	<input type="checkbox"/>
15.	<input type="checkbox"/> Window frames and trim <input type="checkbox"/> Door Frames must be in sound condition weather tight and free from deterioration.	<input type="checkbox"/>	45.	Smoke detector is not operable at time of inspection.	<input type="checkbox"/>
16.	ALL Window GLASS and/or Glazing must be free from cracks, chips or holes.	<input type="checkbox"/>	46.	<input type="checkbox"/> Lighting must be provided within cellar. <input type="checkbox"/> Lighting must be operational (bulb working)	<input type="checkbox"/>
17.	Chimney must be in sound condition free from: <input type="checkbox"/> Cracks <input type="checkbox"/> Holes <input type="checkbox"/> Unsafe settlement/unplumbed	<input type="checkbox"/>	47.	Clear path of travel must be maintained to electrical panel, Furnace/Boiler and Water heating appliances.	<input type="checkbox"/>
18.	Exterior Vent piping is in good repair and installed Correctly.	<input type="checkbox"/>	48.	Interior Foundation walls must be free from: <input type="checkbox"/> Cracks <input type="checkbox"/> Step Fractures <input type="checkbox"/> Holes	<input type="checkbox"/>
19.	Connection of service utilities including Electric, Gas, Water or Fuel is connected properly.	<input type="checkbox"/>	NOTES / ADDITIONAL DEFICIENCIES		LOCATION
20.	ALL Exterior Door hardware and doors must be operational and securely fastened and locking.	<input type="checkbox"/>			
21.	Basement Hatchways (BILCO DOORS) must be securely fastened, free from rust and or decay, and rodent entry.	<input type="checkbox"/>			
22.	FOUNDATION walls must be free from cracks, holes or deficiencies which cause un-plumb walls.	<input type="checkbox"/>			
23.	PROVIDE ENGINEERS REPORT to this department that Certifies that the structure is not compromised and safe.	<input type="checkbox"/>			
24.	Unregistered Vehicles not permitted on property unless Appropriately screened.	<input type="checkbox"/>			
25.	Litter must be removed from property areas	<input type="checkbox"/>			
26.	Property must be free from weeds & or high grass in excess of (10) inches must be cut (mowed) accordingly.	<input type="checkbox"/>			
27.	Property must be free from physical hazards. Observed was:	<input type="checkbox"/>			
28.	Cesspool(s) must be capable of disposing waste without a Health hazard or overflow.	<input type="checkbox"/>			
29.	ALL ACCESSORY structures including decks must be structural sound and free from deterioration, and rot.	<input type="checkbox"/>			
30.	Driveway must be free from physical hazards and in good repair with no sinkholes and drainage problems.	<input type="checkbox"/>			

ITEM #31

EXPLANATION INSTRUCTIONS FOR CODES IN MARKED BOXES ON FRONT OF SHEET

1. ANY ITEM WITH A CHECKED SQUARE IN THE FAIL COLUMN MEANS THAT THE ITEM WAS OBSERVED TO BE IN VIOLATION AT THE TIME OF THE INSPECTION. (SEE IDC # EXPLANATION BELOW)
2. IF THE SHADED SQUARE IN THE FAIL COLUMN IS NOT CHECKED OFF, THE ITEM WAS NOT OBSERVED TO BE IN VIOLATION AT THE TIME OF THE INSPECTION.

EXPLANATION OF IDC # COLUMN (ITEM DEFICIENCY CODE(S))

- A **BLANK SPACE** IN THE **IDC # COLUMN** INDICATES THAT THE INSPECTOR OBSERVED NO DEFICIENCY REF. ITEM.
- A **NUMBER "1"** IN THE **IDC # COLUMN** INDICATES THAT THE INSPECTOR OBSERVED SUCH DEFICIENCY IN **ONE LOCATION ONLY**.
- A **NUMBER "2"** IN THE **IDC # COLUMN** INDICATES THAT THE INSPECTOR OBSERVED THE MARKED VIOLATION IN **TWO OR MORE LOCATIONS**.
- A **NUMBER "3"** IN THE **IDC # COLUMN** INDICATES THAT THE INSPECTOR OBSERVED THE MARKED DEFICIENCY **WAS CORRECTED** AT THE TIME OF THE INSPECTION.
- A **NUMBER "4"** IN THE **IDC # COLUMN** INDICATES THAT THE DEFICIENCY WAS NOT APPLICABLE, REVIEWED OR OBSERVED AT THE TIME OF INSPECTION.

SECTIONS OF LAW

<p align="center"><u>EXTERIOR STRUCTURE & PROPERTY AREAS</u></p> <ol style="list-style-type: none"> 1. PM§ 304.3 TC§ 68-51 (A) 2. PM§ 302.7 TC§ 68-18 (C) 3. RR§ 907.3 (3) 4. PM§ 304.7 TC§ 68-18 (C) 5. PM§ 304.2 TC§ 68-34 6. PM§ 304.6 7. PM§ 304.2 8. TC§ 68-35 (C) 9. PM§ 304.8 10. PM§ 304.9 11. PM§ 304.12 12. PM§ 306.1 TC§ 68-15 (B) 13. PM§ 306.1 TC§ 68-15 (B) 14. PM§ 304.10 TC§ 68-34 15. PM§ 304.13 16. PM§ 304.13.1 17. PM§ 304.11 TC§ 68-27 (A) 18. PM§ 304.11 TC§ 68-27 (A) 19. PM§ 104.1 20. PM§ 304.15 21. PM§ 304.16 22. PM§ 304.5 TC§ 68-18 (A) 23. PM§ 107.1 24. TC§ 100-3 25. PM§ 302.11 TC§ 98-4 26. PM§ 302.4 TC§ 68-33 (E) 27. TC§ 68-33 (D) 28. PM§ 506.2 TC§ 68-24 (C) (2) 29. PM§ 302.7 TC§ 68-34 (C) 30. PM§ 302.3 	<ol style="list-style-type: none"> 39. PM§ 304.11 TC§ 68-27 (A) (1) 40. PM§ 506.1 TC§ 68-24 (A) (1) 41. PM§ 504.1 TC§ 68-24 (A) (1) 42. TC§ 52-14 43. PM§ 404.4.4 TC§ 68-11 (B) 44. PM§ 704.2 45. PM§ 704.1 46. PM§ 605.3 47. PM§ 702.1 - PM§ 702.2 48. PM§ 107.1.1 PM§ 304.5 TC§ 68-18(A) 	<p align="center"><u>BATHROOM(S) & TOILET ROOMS</u></p> <ol style="list-style-type: none"> 69. PM§ 305.1 TC§ 68-34 (B) 70. PM§ 305.3 TC§ 68-34 (A) 71. PM§ 503.4 TC§ 68-19 (D) 72. PM§ 505.3 TC§ 68-24 (B) (2) 73. PM§ 505.1 TC§ 68-24 (E) (1) 74. A. PM§ 305.1 TC§ 68-34 (B) B. PM§ 403.2 TC§ 68-14 (C) (1) 75. PM§ 304.13.2 76. PM§ 504.1 TC§ 68-24 (A) 77. PM§ 605.2 78. PM§ 604.3 TC§ 68-28 (A) 	<p align="center"><u>PORCHE(S) / BALCONY(S) SCREENROOM(S)</u></p> <ol style="list-style-type: none"> 101. PM§ 404.1 - PM§ 404.5 TC§ 68-12 102. PM§ 702.1 TC§ 68-20 (B) 103. F§ 605.5 104. F§ 605.4 105. PM§ 304.13.2 106. PM§ 702.3 TC§ 68-20 (B)
<p align="center"><u>CELLAR/ BASEMENT/MECH. ROOM</u></p> <ol style="list-style-type: none"> 31. PM§ 305.4 TC§ 68-15 (B) 32. PM§ 305.5 TC§ 68-15 (B) 33. FC§ 605.5 34. FC§ 605.4 35. PM§ 604.3 TC§ 68-28 (A) 36. TC§ 64-13 (E) (1) 37. PM§ 603.3 TC§ 68-26 (D) 38. PM§ 603.1 	<p align="center"><u>LIVING ROOMS / DENS / COMMON AREAS</u></p> <ol style="list-style-type: none"> 49. PM§ 305.1 TC§ 68-34 (B) 50. PM§ 305.3 TC§ 68-34 (A) 51. PM§ 702.1 TC§ 68-16 (A) 52. PM§ 604.3 TC§ 68-28 (A) 53. PM§ 304.13.2 54. PM§ 304.15 55. A. PM§ 704.2 B. PM§ 704.1 56. F§ 605.5 <p align="center"><u>KITCHENS</u></p> <ol style="list-style-type: none"> 57. PM§ 305.1 TC§ 68-34 (B) 58. PM§ 305.3 TC§ 68-34 (A) 59. PM§ 308.1 PM§ 308.5 TC§ 68-35 (A) 60. PM§ 305.4 61. PM§ 604.3 TC§ 68-28 (A) 62. PM§ 505.3 TC§ 68-24 (B) (2) 63. PM§ 505.1 TC§ 68-24 (E) (1) 64. PM§ 603.1 TC§ 68-14 (C) (1) 65. PM§ 304.13.2 66. PM§ 304.15 <ol style="list-style-type: none"> 67. A. TC§ 68-29 (A) B. TC§ 68-29 (B) C. TC§ 68-34 (B) 68. A. TC§ 68-29 (A) B. TC§ 68-29 (B) C. TC§ 68-34 (B) 	<p align="center"><u>LAUNDRY ROOM AREAS</u></p> <ol style="list-style-type: none"> 79. PM§ 403.5 TC§ 68-28 (A) (1) 80. PM§ 603.4 TC§ 68-27 (A) (2) 81. A. PM§ 505.1 TC§ 68-24 (E) (1) B. PM§ 504.1 TC§ 68-24 (A) <p align="center"><u>SLEEPING ROOM(S)</u></p> <ol style="list-style-type: none"> 82. PM§ 305.1 TC§ 68-34 (B) 83. PM§ 305.3 TC§ 68-34 (A) 84. A. PM§ 704.2 B. PM§ 704.1 85. F§ 605.5 86. F§ 605.4 87. PM§ 304.13.2 88. PM§ 702.3 89. TC§ 108 (Zoning Violation) 90. PM§ 404.2 91. PM§ 404.3 92. PM§ 404.4.1 TC§ 68-10 93. PM§ 702.1 TC§ 68-20 (B) 94. PM§ 404.4.2 <p align="center"><u>COMMON HALL(S)</u></p> <ol style="list-style-type: none"> 95. A. PM§ 704.2 B. PM§ 704.1 96. PM§ 402.2 TC§ 68-13 (B) (2) 97. PM§ 702.1 TC§ 68-20 (B) 	<p align="center">***PLEASE NOTE***</p> <p align="center">ANY REPAIRS, MAINTENANCE WORK, ALTERATIONS OR INSTALLATIONS WHICH ARE CAUSED DIRECTLY OR INDIRECTLY BY THE DEFICIENCIES NOTED ON THIS REPORT SHALL BE EXECUTED AND INSTALLED IN ACCORDANCE WITH THE CODE STATE OF NEW YORK, THE MANUFACTURER'S INSTALLATION INSTRUCTIONS AND IN A SKILLFUL MANNER WITH LIKE MATERIALS BY A QUALIFIED PERSON(S) TO PERFORM SUCH.</p> <p align="center">(PURSUANT TO PM§103.3)</p>

Mail to:

ITEM #32

IF YOU FAILED ANY ITEMS LISTED ON THE FRONT OF THIS REPORT YOU MUST CORRECT ALL, AND CONTACT THIS OFFICE AT 727-3200 EXT 670, BEFORE THE SCHEDULED COMPLY DATE SO A COMPLIANCE INSPECTION CAN BE ARRANGED ACCORDINGLY.

INTERIOR INSPECTION SHEET

ADDRESS:

SCTM# _____ - _____ - _____

DATE:

LIVING ROOM(S) DENS / COMMON AREA(S)			SLEEPING ROOM(S)		
IDC#	VIOLATION DESCRIPTION(S)	FAIL	IDC#	VIOLATION DESCRIPTION(S)	FAIL
49.	All interior surfaces must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>	82.	All interior surfaces must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>
50.	All interior surfaces were not free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>	83.	All interior surfaces were not free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>
51.	Exit Doors must be free and clear of obstructions.	<input type="checkbox"/>	84.	<input type="checkbox"/> Smoke Detector(s) is not installed and mounted correctly <input type="checkbox"/> Smoke Detector(s) was not operable at time of inspection	<input type="checkbox"/>
52.	ELECTRICAL HAZARDS :	<input type="checkbox"/>	85.	Extension cords must not be used as permanent wiring. (Provide proper fixed grounded outlets)	<input type="checkbox"/>
53.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>	86.	Multi-Plug adaptors must be eliminated and such appliance or device must be plugged directly into a outlet.	<input type="checkbox"/>
54.	Door Hardware must be intact, not loose and capable of performing its intended function(s).	<input type="checkbox"/>	87.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>
55.	<input type="checkbox"/> Smoke Detector is not installed and mounted correctly. <input type="checkbox"/> Smoke Detector is not operable at time of inspection	<input type="checkbox"/>	88.	LOCKED DOORS must be readily open-able from the side In which is being exited from. (Hasp locking prohibited)	<input type="checkbox"/>
56.	Extension cords must not be used as permanent wiring and be eliminated. (Provide fixed grounded outlets)	<input type="checkbox"/>	89.	Keyed Entry to Sleeping rooms is prohibited. (Exception : Hotels, Motels, Dormitories)	<input type="checkbox"/>
KITCHEN(S)			90.	Sleeping Rooms must have a minimum of (7) feet width in any plan dimension. (Discontinue use if under min. distance)	<input type="checkbox"/>
57.	All interior surfaces must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>	91.	Sleeping Rooms must have a minimum ceiling height of (7) Feet. (Discontinue use if such is under min dimension)	<input type="checkbox"/>
58.	All interior surfaces were not free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>	92.	SLEEPING ROOM(S) IS/ARE OVEROCCUPIED (Based on formula of square feet per person)	<input type="checkbox"/>
59.	Area and interior of structure must be free from infestation Rodents. (Exterminate and provide copy of such to this dept.)	<input type="checkbox"/>	93.	<input type="checkbox"/> EXIT DOORS MUST BE CLEAR OF OBSTRUCTION <input type="checkbox"/> WINDOWS MUST BE CLEAR OF OBSTRUCTIONS	<input type="checkbox"/>
60.	Walking surfaces (floors) must be in good repair without defects. Tiles must be presently in good repair.	<input type="checkbox"/>	94.	Occupants cannot exit a sleeping room through another sleeping room. (Discharge must be through a common area)	<input type="checkbox"/>
61.	ELECTRICAL HAZARDS :	<input type="checkbox"/>	COMMON HALL(S)		
62.	SINK(S) did not have : <input type="checkbox"/> Adequate Water Pressure <input type="checkbox"/> Free from leaks	<input type="checkbox"/>	95.	<input type="checkbox"/> Smoke Detector is not installed and mounted correctly. <input type="checkbox"/> Smoke Detector is not operable at time of inspection	<input type="checkbox"/>
63.	SINK(S) did not have <input type="checkbox"/> HOT WATER SUPPLIED <input type="checkbox"/> COLD WATER SUPPLY	<input type="checkbox"/>	96.	Adequate lighting is not provided for and functional. <input type="checkbox"/> Fixture Missing <input type="checkbox"/> Bulb Inoperable	<input type="checkbox"/>
64.	Exhaust Fan (if provided) must be operational.	<input type="checkbox"/>	97.	Hallway is not free and clear of obstructions	<input type="checkbox"/>
65.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>	STAIRWAY(S)		
66.	Door Hardware must be intact, not loose and capable of performing its intended function(s).	<input type="checkbox"/>	98.	<input type="checkbox"/> Smoke Detector is not installed and mounted correctly. <input type="checkbox"/> Smoke Detector is not operable at time of inspection	<input type="checkbox"/>
67.	COOKING APPLIANCE IS: <input type="checkbox"/> Missing <input type="checkbox"/> Igniter Inoperable <input type="checkbox"/> Not Functional	<input type="checkbox"/>	99.	<input type="checkbox"/> Adequate lighting not provided for and/or functional. <input type="checkbox"/> Stairway is not free and clear of obstructions.	<input type="checkbox"/>
68.	REFRIGERATION APPLIANCE <input type="checkbox"/> Missing <input type="checkbox"/> Not Functional <input type="checkbox"/> Unsanitary	<input type="checkbox"/>	100.	Railings and Guards were: <input type="checkbox"/> NOT SECURELY FASTENED <input type="checkbox"/> NOT PROVIDED	<input type="checkbox"/>
BATHROOM(S) AND TOILET ROOM(S)			PORCHE(S) / BALCONY(S) / SCREEN ROOM(S)		
69.	All interior surfaces i.e. walls, ceilings, floors must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>	101.	Said area is deemed a non-habitable space for sleeping Discontinue the use of this area for sleeping purposes.	<input type="checkbox"/>
70.	All interior surfaces ie walls, ceilings fixt. must be free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>	102.	<input type="checkbox"/> EXIT DOORS MUST BE CLEAR OF OBSTRUCTION <input type="checkbox"/> WINDOWS MUST BE CLEAR OF OBSTRUCTIONS	<input type="checkbox"/>
71.	Walking surfaces (floors) must be in good repair without defects. Tiles must be present and non-absorbent to water.	<input type="checkbox"/>	103.	Extension cords must not be used as permanent wiring. (Provide proper fixed grounded outlets)	<input type="checkbox"/>
72.	<input type="checkbox"/> SINK(S) & <input type="checkbox"/> BATH(S) did not have : <input type="checkbox"/> Adequate Water Pressure <input type="checkbox"/> Free from leaks	<input type="checkbox"/>	104.	Multi-Plug adaptors must be eliminated and such appliance or device must be plugged directly into an outlet.	<input type="checkbox"/>
73.	<input type="checkbox"/> SINK(S) & <input type="checkbox"/> BATH(S) did not have <input type="checkbox"/> HOT WATER SUPPLIED <input type="checkbox"/> COLD WATER SUPPLY	<input type="checkbox"/>	105.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>
74.	Mechanical Ventilation is required were a window is not and <input type="checkbox"/> Clean free of dust <input type="checkbox"/> Provided for <input type="checkbox"/> Operational	<input type="checkbox"/>	106.	LOCKED DOORS must be readily open-able from the side In which is being exited from. (Hasp locks prohibited)	<input type="checkbox"/>
75.	Windows must be open-able and capable of being held in Place. Locking Hardware and pulleys must be operational.	<input type="checkbox"/>	NOTES / ADDITIONAL DEFICIENCIES		LOCATION
76.	TOILET(S) DID NOT: <input type="checkbox"/> FLUSH PROPERLY <input type="checkbox"/> BE FREE FROM LEAKS	<input type="checkbox"/>	ITEM #33		
77.	Must Contain (1) electrical receptacle (new bathroom must be ground fault)	<input type="checkbox"/>			
78.	ELECTRICAL HAZARDS :	<input type="checkbox"/>			
LAUNDRY ROOM AREA(S)					
79.	Clothes Dryer must be exhausted properly in accordance with the Manufactures guidelines.	<input type="checkbox"/>			
80.	GAS DRYERS (gas feed line) must contain a safety control Shut off line valve.	<input type="checkbox"/>			
81.	WASHER HOOKUPS DID NOT HAVE	<input type="checkbox"/>			

INTERIOR INSPECTION SHEET

ADDRESS:

SCTM# _____ - _____ - _____

DATE:

LIVING ROOM(S) DENS / COMMON AREA(S)			SLEEPING ROOM(S)		
IDC#	VIOLATION DESCRIPTION(S)	FAIL	IDC#	VIOLATION DESCRIPTION(S)	FAIL
49.	All interior surfaces must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>	82.	All interior surfaces must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>
50.	All interior surfaces were not free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>	83.	All interior surfaces were not free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>
51.	Exit Doors must be free and clear of obstructions.	<input type="checkbox"/>	84.	<input type="checkbox"/> Smoke Detector(s) is not installed and mounted correctly <input type="checkbox"/> Smoke Detector(s) was not operable at time of inspection	<input type="checkbox"/>
52.	ELECTRICAL HAZARDS :	<input type="checkbox"/>	85.	Extension cords must not be used as permanent wiring. (Provide proper fixed grounded outlets)	<input type="checkbox"/>
53.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>	86.	Multi-Plug adaptors must be eliminated and such appliance or device must be plugged directly into a outlet.	<input type="checkbox"/>
54.	Door Hardware must be intact, not loose and capable of performing its intended function(s).	<input type="checkbox"/>	87.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>
55.	<input type="checkbox"/> Smoke Detector is not installed and mounted correctly. <input type="checkbox"/> Smoke Detector is not operable at time of inspection	<input type="checkbox"/>	88.	LOCKED DOORS must be readily open-able from the side In which is being exited from. (Hasp locking prohibited)	<input type="checkbox"/>
56.	Extension cords must not be used as permanent wiring and be eliminated. (Provide fixed grounded outlets)	<input type="checkbox"/>	89.	Keyed Entry to Sleeping rooms is prohibited. (Exception : Hotels, Motels, Dormitories)	<input type="checkbox"/>
KITCHEN(S)			90.	Sleeping Rooms must have a minimum of (7) feet width in any plan dimension. (Discontinue use if under min. distance)	<input type="checkbox"/>
57.	All interior surfaces must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>	91.	Sleeping Rooms must have a minimum ceiling height of (7) Feet. (Discontinue use if such is under min dimension)	<input type="checkbox"/>
58.	All interior surfaces were not free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>	92.	SLEEPING ROOM(S) IS/ARE OVEROCCUPIED (Based on formula of square feet per person)	<input type="checkbox"/>
59.	Area and interior of structure must be free from infestation Rodents. (Exterminate and provide copy of such to this dept.)	<input type="checkbox"/>	93.	<input type="checkbox"/> EXIT DOORS MUST BE CLEAR OF OBSTRUCTION <input type="checkbox"/> WINDOWS MUST BE CLEAR OF OBSTRUCTIONS	<input type="checkbox"/>
60.	Walking surfaces (floors) must be in good repair without defects. Tiles must be presently in good repair.	<input type="checkbox"/>	94.	Occupants cannot exit a sleeping room through another sleeping room. (Discharge must be through a common area)	<input type="checkbox"/>
61.	ELECTRICAL HAZARDS :	<input type="checkbox"/>	COMMON HALL(S)		
62.	SINK(S) did not have : <input type="checkbox"/> Adequate Water Pressure <input type="checkbox"/> Free from leaks	<input type="checkbox"/>	95.	<input type="checkbox"/> Smoke Detector is not installed and mounted correctly. <input type="checkbox"/> Smoke Detector is not operable at time of inspection	<input type="checkbox"/>
63.	SINK(S) did not have <input type="checkbox"/> HOT WATER SUPPLIED <input type="checkbox"/> COLD WATER SUPPLY	<input type="checkbox"/>	96.	Adequate lighting is not provided for and functional. <input type="checkbox"/> Fixture Missing <input type="checkbox"/> Bulb Inoperable	<input type="checkbox"/>
64.	Exhaust Fan (if provided) must be operational.	<input type="checkbox"/>	97.	Hallway is not free and clear of obstructions	<input type="checkbox"/>
65.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>	STAIRWAY(S)		
66.	Door Hardware must be intact, not loose and capable of performing its intended function(s).	<input type="checkbox"/>	98.	<input type="checkbox"/> Smoke Detector is not installed and mounted correctly. <input type="checkbox"/> Smoke Detector is not operable at time of inspection	<input type="checkbox"/>
67.	COOKING APPLIANCE IS: <input type="checkbox"/> Missing <input type="checkbox"/> Igniter Inoperable <input type="checkbox"/> Not Functional	<input type="checkbox"/>	99.	<input type="checkbox"/> Adequate lighting not provided for and/or functional. <input type="checkbox"/> Stairway is not free and clear of obstructions.	<input type="checkbox"/>
68.	REFRIGERATION APPLIANCE <input type="checkbox"/> Missing <input type="checkbox"/> Not Functional <input type="checkbox"/> Unsanitary	<input type="checkbox"/>	100.	Railings and Guards were: <input type="checkbox"/> NOT SECURELY FASTENED <input type="checkbox"/> NOT PROVIDED	<input type="checkbox"/>
BATHROOM(S) AND TOILET ROOM(S)			PORCHE(S) / BALCONY(S) / SCREEN ROOM(S)		
69.	All interior surfaces i.e. walls, ceilings, floors must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>	101.	Said area is deemed a non-habitable space for sleeping Discontinue the use of this area for sleeping purposes.	<input type="checkbox"/>
70.	All interior surfaces ie walls, ceilings fixt. must be free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>	102.	<input type="checkbox"/> EXIT DOORS MUST BE CLEAR OF OBSTRUCTION <input type="checkbox"/> WINDOWS MUST BE CLEAR OF OBSTRUCTIONS	<input type="checkbox"/>
71.	Walking surfaces (floors) must be in good repair without defects. Tiles must be present and non-absorbent to water.	<input type="checkbox"/>	103.	Extension cords must not be used as permanent wiring. (Provide proper fixed grounded outlets)	<input type="checkbox"/>
72.	<input type="checkbox"/> SINK(S) & <input type="checkbox"/> BATH(S) did not have : <input type="checkbox"/> Adequate Water Pressure <input type="checkbox"/> Free from leaks	<input type="checkbox"/>	104.	Multi-Plug adaptors must be eliminated and such appliance or device must be plugged directly into an outlet.	<input type="checkbox"/>
73.	<input type="checkbox"/> SINK(S) & <input type="checkbox"/> BATH(S) did not have <input type="checkbox"/> HOT WATER SUPPLIED <input type="checkbox"/> COLD WATER SUPPLY	<input type="checkbox"/>	105.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>
74.	Mechanical Ventilation is required were a window is not and <input type="checkbox"/> Clean free of dust <input type="checkbox"/> Provided for <input type="checkbox"/> Operational	<input type="checkbox"/>	106.	LOCKED DOORS must be readily open-able from the side In which is being exited from. (Hasp locks prohibited)	<input type="checkbox"/>
75.	Windows must be open-able and capable of being held in Place. Locking Hardware and pulleys must be operational.	<input type="checkbox"/>	NOTES / ADDITIONAL DEFICIENCIES		LOCATION
76.	TOILET(S) DID NOT: <input type="checkbox"/> FLUSH PROPERLY <input type="checkbox"/> BE FREE FROM LEAKS	<input type="checkbox"/>			
77.	Must Contain (1) electrical receptacle (new bathroom must be ground fault)	<input type="checkbox"/>			
78.	ELECTRICAL HAZARDS :	<input type="checkbox"/>			
LAUNDRY ROOM AREA(S)			ITEM #34		
79.	Clothes Dryer must be exhausted properly in accordance with the Manufactures guidelines.	<input type="checkbox"/>			
80.	GAS DRYERS (gas feed line) must contain a safety control Shut off line valve.	<input type="checkbox"/>			
81.	WASHER HOOKUPS DID NOT HAVE	<input type="checkbox"/>			



ITEM #35



TOWN OF RIVERHEAD
200 HOWELL AVENUE
RIVERHEAD, NY 11901

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE
PAID
RIVERHEAD, NY 11901
PERMIT NO. 100

IMPORTANT TAX INFORMATION

MTM PRINT SOLUTIONS HAUPPAUGE NY 11788



ITEM #36



TOWN OF RIVERHEAD
200 HOWELL AVENUE
RIVERHEAD, NY 11901

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE
PAID
RIVERHEAD, NY 11901
PERMIT NO. 100

DEPARTMENT USE ONLY

DEPARTMENT (INDICATE DEPARTMENT PROCESSING THIS VOUCHER ONLY)

Town of Riverhead

200 HOWELL AVENUE
RIVERHEAD, NY 11901-2596
(631) 727-3200

Official Claim Voucher

VOUCHER NO

CHECK NO

CHECK DATE

VENDOR NO

APPROPRIATION NUMBER

PURCHASE ORDER NO

INVOICE NO

AMOUNT LIQUIDATED

AMOUNT PAID

1
2
3
4

Vendor Information

CLAIMANT'S NAME

TELEPHONE

ADDRESS

FED ID NO

CITY & STATE

FAX NO

VENDOR COMPLETE THIS SECTION ONLY

DATE

INVOICE NO

INVOICE DESCRIPTION OF MATERIALS AND SERVICES

AMOUNT

ITEM #37

SEND INVOICE & VOUCHER DIRECTLY TO DEPARTMENT WHICH RECEIVED GOODS OR SERVICES AS PER OUR PURCHASE ORDER

CLAIMANT CERTIFICATION I CERTIFY THAT THE ABOVE EXPENDITURES HAVE BEEN MADE IN ACCORDANCE WITH THE PROVISION OF THE APPLICABLE STATUTE THAT THE CLAIM IS JUST AND CORRECT THAT NO PART THEREOF HAS BEEN PAID EXCEPT AS STATED THAT THE BALANCE ACTUALLY DUE AND OWING AND THAT THE PRICES CHARGED HEREIN DO NOT INCLUDE FEDERAL EXCISE TAX OR ANY FEDERAL NY SALES TAX AND ARE NOT HIGHER THAN PRICES CHARGED TO ANY GOVERNMENTAL OR CONSUMER FOR LIKE DELIVERIES

CLAIMANT'S SIGNATURE IN INK

TITLE

DATE

NAME OF COMPANY

AMOUNT CLAIMED

AMOUNT DISALLOWED

NET AMOUNT PAYABLE

AUDIT USE ONLY

VERIFIED

AUDITED

DEPARTMENT CERTIFICATION I CERTIFY THAT THIS CLAIM IS CORRECT AND THAT SERVICES OR MATERIALS WERE RENDERED, AND PAYMENT IS APPROVED.

SIGNATURE

TITLE

REASON FOR NO PICK-UP

- Contents have paper, and / or garbage mixed with recyclables.**
- No Electronics at curbside.**
- Branches not tied in bundles (4 ft. Long).**
- No plastic bags.**
- Too many bulk items.**
- Items not put out properly or not on scheduled day / time.**
- Other - no chemicals or loose leaves.**

Please follow pick-up schedule. Extra copies of our pick-up schedule are available at Town Hall.

ITEM #38



TOWN OF RIVERHEAD

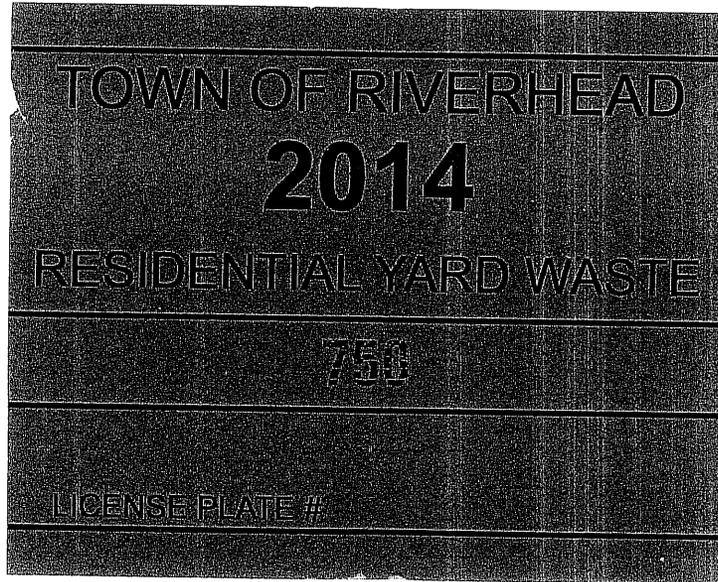
YEAR

LIC. PLATE

STICKER #

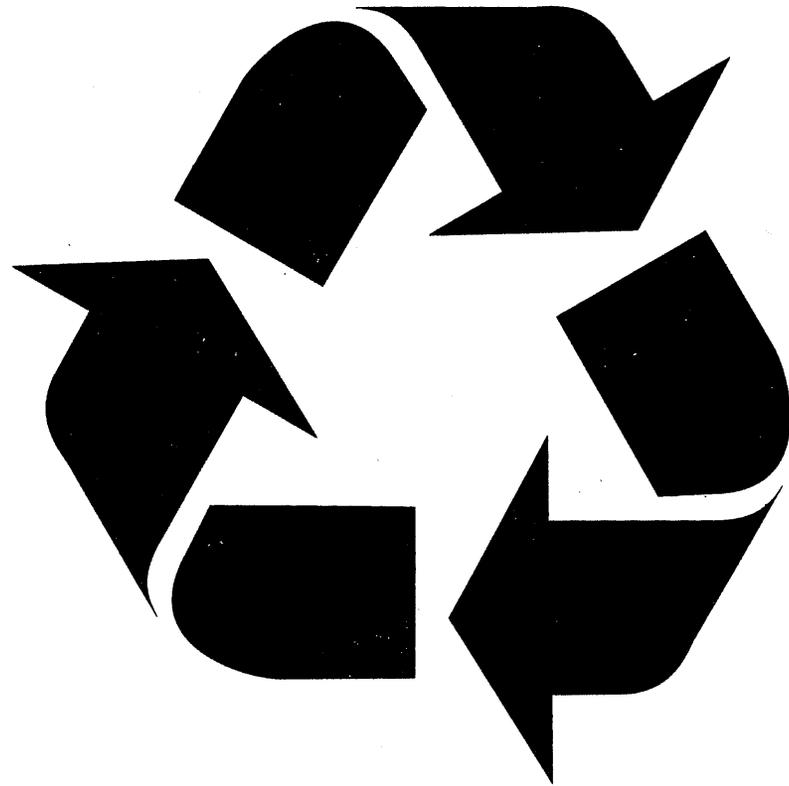
SOLID WASTE PERMIT

ITEM #39



ITEM #40

RIVERHEAD



ITEM #41

RECYCLES



PURCHASE ORDER

Town of Riverhead

41

PURCHASE ORDER NO.

EMAIL: tague@townofriverheadny.gov

Vendor must show Purchase Order No. on all packages, Bills of Lading, Invoices, and correspondence

VENDOR NUMBER	P.O. DATE	DIRECT INQUIRIES AND SEND INVOICE TO:
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V
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P
T
O

QUANTITY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
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ITEM #42

I _____ Purchasing Agent for the Town of Riverhead, certify that I have reviewed all documents in support of the request for the purchase order, including but not limited to order forms, quotes... or in the case of public work contracts or purchase contracts subject to competitive bidding requirements under the General Municipal Law, schedule for opening bids, all bids and documents related to bid and bid procedures, and based upon review of above documents. I certify that this purchase order complies with the provisions of law, including General Municipal Law and Town Code for the Town of Riverhead and may properly be processed for payment." Date signed:

ACCOUNT NO.	AMOUNT	ACCOUNT NO.	AMOUNT
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