

Board of Fire Commisioners

Dist# 4

Seaville, NJ

12-21-2010

Called to Order: 7:33 pm

In attendance: D Mason Sr, D Mason Jr, D Knobb, C Webb, R Spiegel

Read Minutes: Approved Knobb, Spiegel

Treasurers Report: Approved Spiegel, Mason Jr

**Old Business: Mercury is moving along, faxed more info to them this week.
Pashleys used Mercury and is very pleased**

**New Business: All advertisments in Press and Publications
Budget is filed and being reviewed
Jan 1st need to get petitions for the two positions that are up next
year.**

Open to Public: N/A

Meeting Adj: 7:45 Spiegel, Webb

Nov. 16, 2010
Dec. 20, 2010

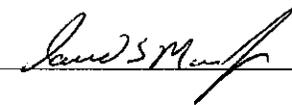
Treasure Report
Board of Fire Commissioners
Fire District # 4
Seaville Vol. Fire & Rescue Co., Inc.

Previous Bank Balance:	\$ 211,957.24
Deposit in Account:	\$ 0.00
<hr/>	
Bills Paid This Month:	\$ (168,434.85)
Interest Earned This Month:	\$ 135.56
Bank Charges This Month: Excess Check Charge:	\$ (0.00)
Bal. In Cape Savings Bank:	\$ 43,657.95
Total Interest Year to Date:	\$ 1,423.26

In compliance with the requirements of New Jersey Statutes 40A: 12-89, the signatures below, of the three (3) members of the Board of Fire Commissioners of Upper Township Fire District # 4, being a majority of said board, constitute your warrant to disburse the money of said district in payment of the bills listed on Account Quick Report Attached.

Signed by: # 1  _____

2  _____

3  _____

CERTIFICATION Proof of Publication

Lauren Masco of lawful age, acting in her capacity as an employee of South Jersey Publishing Company, Inc. d/b/a The Press of Atlantic City, a daily newspaper printed and published c/o 1000 West Washington Avenue, Pleasantville, New Jersey 08232, and distributed in the following counties: Atlantic, Camden, Cape May, Cumberland, Gloucester, and Ocean and mailed to various parts of the State of New Jersey, the United States, and foreign countries, does hereby certify that the Notice this Certification was published in The Press of Atlantic City on :

12/17/10

All interested parties may rely upon the representations contained herein limited solely to the authenticity of the Notice accompanying this Certification to be an accurate reproduction of the same and the date upon which it was published.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated 12/17/10

Lauren Masco

Lauren Masco



NOTICE TO PERSONS WANTING MAIL-IN BALLOTS
If you are a qualified and registered voter of the State who wants to vote by mail in the Upper Township Fire District No. 4 election to be held on February 19, 2011 complete the application form below and send to the undersigned, or write or apply in person to the undersigned or one requesting that a mail-in ballot be forwarded to you. The request must state your home address and the address to which the ballot should be sent. The request must be dated and signed with your signature.
If any person has assisted you to complete the mail-in ballot application, the name, address and signature of the assistor must be provided on the application and, you must sign and date the application for it to be valid and processed. No person shall serve as an authorized messenger for more than 10 qualified voters in an election. No person who is a candidate in the election for which the voter requests a mail-in ballot may provide any assistance in the completion of the ballot or may serve as an authorized messenger or bearer.
No mail-in ballot will be provided to any applicant who submits a request in person for more than 10 qualified voters in an election. No person who is a candidate in the election for which the voter requests a mail-in ballot may provide any assistance in the completion of the ballot or may serve as an authorized messenger or bearer.
Voters who want to vote only by mail in all future general elections in which they are eligible to vote, and who state that on their application shall, other than their initial request and without further action on their part, be provided a mail-in ballot by the county clerk until the voter requests that the voter no longer be sent such a ballot. A voter's failure to vote in the fourth general election following the general election at which the voter last voted may result in the suspension of that voter's ability to receive a mail-in ballot for all future general elections unless a new application is completed and filed with the county clerk.
Voters also have the option of indicating on their mail-in ballot applications that they would prefer to receive mail-in ballots for each election that takes place during the remainder of this calendar year. Voters who exercise this option will be furnished with mail-in ballots for each election. Ballot boxes placed during the remainder of this calendar year, without further action on their part.
Application forms may be obtained by applying to the undersigned either in writing or by telephone, or the application form provided below may be completed and forwarded to the undersigned.

Dated: 12/17/10
Rita Wade Fulginiti, County Clerk
County of Cape May
7 North Main Street
PO Box 3066
Cape May Court House, NJ 08210-5068
(609) 485-1013

APPLICATION FOR VOTE BY MAIL BALLOT

Please type or print clearly in ink. All information required unless marked optional.

1	I hereby apply for a Mail-in Ballot for the: (CHECK ONLY ONE)				SPECIAL STATUS Check if you are: <input type="checkbox"/> Active Duty Military Voter <input type="checkbox"/> Overseas Voter <input type="checkbox"/> None of the Above
	<input type="checkbox"/> General (Residents) <input type="checkbox"/> Primary <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Fire <input type="checkbox"/> Special _____ To be held on ____/____/____				
2	Last Name	First Name	Middle Name or Initial	Suffix (Jr., Sr., III)	
3	Address at which you are registered to vote			Mail my ballot to the following address: <input type="checkbox"/> Same Address as Section 3	
	Street Address or RD#	Apt.	Please include any PO Box, RDA, State/Province, Zip/Postal Code & Country (if outside US)		
	Municipality (City/Town)	State	Zip		
5	Date of Birth	6	Day Time Phone Number	7 E-Mail Address (Optional)	
	/ /	()	()		
8	Signature X			9 Today's Date	
	Please sign your name as it appears in the Poll Book.			/ /	
OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 12 IF APPLICABLE:					
10	Voter Options to Automatically Receive Ballots in Future Elections You may choose either option, both options, or none of the options. YOU ARE NOT REQUIRED TO CHOOSE AN OPTION. If you do not choose any option, you will only be sent the ballot for the election you chose in Section 1. *A <input type="checkbox"/> I wish to receive a Mail-In Ballot for all elections to be held during the REMAINDER OF THIS CALENDAR YEAR. *B <input type="checkbox"/> I wish to receive a Mail-In Ballot in ALL FUTURE NOVEMBER GENERAL ELECTIONS, UNLESS I request otherwise. *Please Note: Your ballot can only be sent to the mailing address supplied on this application. If your address changes, you must notify the County Clerk in writing.				
11	Assistor Any person providing assistance to the voter in completing this application must complete this section. Name of Assistor _____ Signature of Assistor X _____ Date ____/____/____ Address _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____				
12	Authorized Messenger Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of this County. No Authorized Messenger can (1) be a Candidate in the election for which the voter is requesting a Mail-In Ballot or (2) serve as messenger for more than TEN qualified voters per election. I designate _____ to be my Authorized Messenger. Address of Messenger _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____ Date of Birth ____/____/____ Signature of Voter X _____ Date ____/____/____				
STOP Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee. "I do hereby certify that I will deliver the Mail-In Ballot directly to the voter and no other person, under penalty of law." Signature of Messenger X _____ Date ____/____/____			OFFICE USE ONLY Voter Reg # _____ Muni Code # _____ Party _____ Ward _____ District _____		

Printers Fee: \$307.80
Pub. Date: December 17, 2010
Order No. 1197531

The Press

OF ATLANTIC CITY

Certification - Proof of Publication

Debra Filizzola of lawful age, acting in her capacity as an employee of South Jersey Publishing Company, Inc. d/b/a The Press of Atlantic City, a daily newspaper printed and published c/o 1000 West Washington Avenue, Pleasantville, New Jersey 08232, and distributed in the following counties: Atlantic, Camden, Cape May, Cumberland, Gloucester, and Ocean and mailed to various parts of the State of New Jersey, the United States, and foreign countries, does hereby certify that the Notice accompanying this Certification was published in The Press of Atlantic City on:

12/21/2010.

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I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: 12/21/2010.

Debra Filizzola



PUBLIC NOTICE

BOARD OF FIRE COMMISSIONERS UPPER TOWNSHIP FIRE DISTRICT NO. 4

PLEASE TAKE NOTICE that the Board of Fire Commissioners of Upper Township Fire District No. 4 will hold a Public Hearing for the purpose of obtaining public comment on the Fire District's 2011 Budget on January 18, 2011 at 7:30 p.m. in the Seaville Fire House located at 36 State Highway 50 in Seaville, New Jersey. Copies of the approved Budget will be available from January 13, 2011 through January 18, 2011. To arrange to pick up a copy of the Budget of the Seaville Fire House, please call 624-0122.

**JOSEPH
McGROARTY, P.
QUIRE ES-**
Attorney for the Upper Township
Fire District No. 4

NOTICE OF ELECTION

UPPER TOWNSHIP FIRE DISTRICT NO. 4

PLEASE TAKE NOTICE that all legal voters of Upper Township Fire District No. 4 may vote in the annual election of the District on February 19, 2011, from 2:00 p.m. through 9:00 p.m. in the Seaville Fire House at 36 State Highway 50 in Seaville, New Jersey. The purposes of the election are to decide whether the 2011 Budget of the Fire District should be finally adopted, and to elect two members to the Board of Commissioners of the Fire District: 1 position is available for a regular 3 year term and the second position is available to fill an unexpired term (1 year). Terms of commissioners begin and end on the first Tuesday in March.

PLEASE TAKE FURTHER NOTICE that eligible residents of the Fire District desiring to have their names, or any other resident's name, placed upon the ballot for the election to the Board of Fire Commissioners of Upper Township Fire District No. 4 shall submit the verified petition required by applicable law to Dave Mason, Jr., Secretary of the Fire District, at least twenty-eight days before the date of the annual election, that is, on or before January 21, 2011. Persons desiring to submit petitions may either hand deliver them to the Seaville Fire House at the above address or mail them to Dave Mason, Jr., Secretary, Upper Township Fire District No. 4, 36 State Highway 50, Seaville, New Jersey 08230.

**JOSEPH
McGROARTY, P.
QUIRE ES-**
Attorney for the Upper Township
Fire District No. 4
Printer Fee: \$41.61
#0090627042
Pub Date: December 21, 2010