

**Board of Fire Commissioners
Dist. #4
Seaville, NJ**

January 17, 2012

Called to Order: 7:30pm

In Attendance: D Mason Jr, C Webb, D Knobb

Read Minutes: Knobb/Webb Approved

Read Treasurers: Knobb/Mason Jr Approved

Old Business: State Inspected Firehouse. Had to install 2 bollards around gas meter and hang sign in garage for Drill Press. Work has been completed sending paper work back to State

New Business: 2 Petitions have been taken out for commissioners.
Robbie Spiegel- 3yr term
Charles Webb- 3yr term

Check with county for absent Tee ballots will give them 100 this year

Received a letter from the Auditor. Sent back giving him permission to do the audit for this year

Budget

Resolution to adopt the budget Motion Knobb/Webb

D Knobb – Yes
C Webb – Yes
D Mason Jr – Yes
Approved

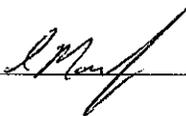
Open to Public: N/A
Adj: 7:40 Webb/Knobb

Jan. 01, 2012
Jan. 16, 2012

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

Previous Bank Balance:	\$	7,581.02
Deposit in Account:	\$	0.00
Bills Paid This Month:	\$	(-300.83)
Interest Earned This Month:	\$	0.00
Bank Charges This Month: Excess Check Charge:	\$	(0.00)
Bal. In Cape Savings Bank:	\$	7,279.19
Total Interest Year to Date:	\$	0.00

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 _____



"Volunteers Since 1964"

SEAVILLE FIRE RESCUE

36 Route 50 ■ Seville, New Jersey 08230
Station phone: 609-624-0122 ■ Fax: 609-624-1911

January 16, 2012

New Jersey Department of Labor and Workforce Development
Office of Public Employees Occupational Safety and Health
1 John Fitch Way – 3rd Floor
P.O. Box 386
Trenton, NJ 08625

RE: Inspection Number 316262047
PEOSH Number G59-11-038

Dear Director Black,

We have taken corrective action per your notice on December 12, 2011. We have installed bollards to protect our gas meter from physical damage. I have attached photos of the bollards.

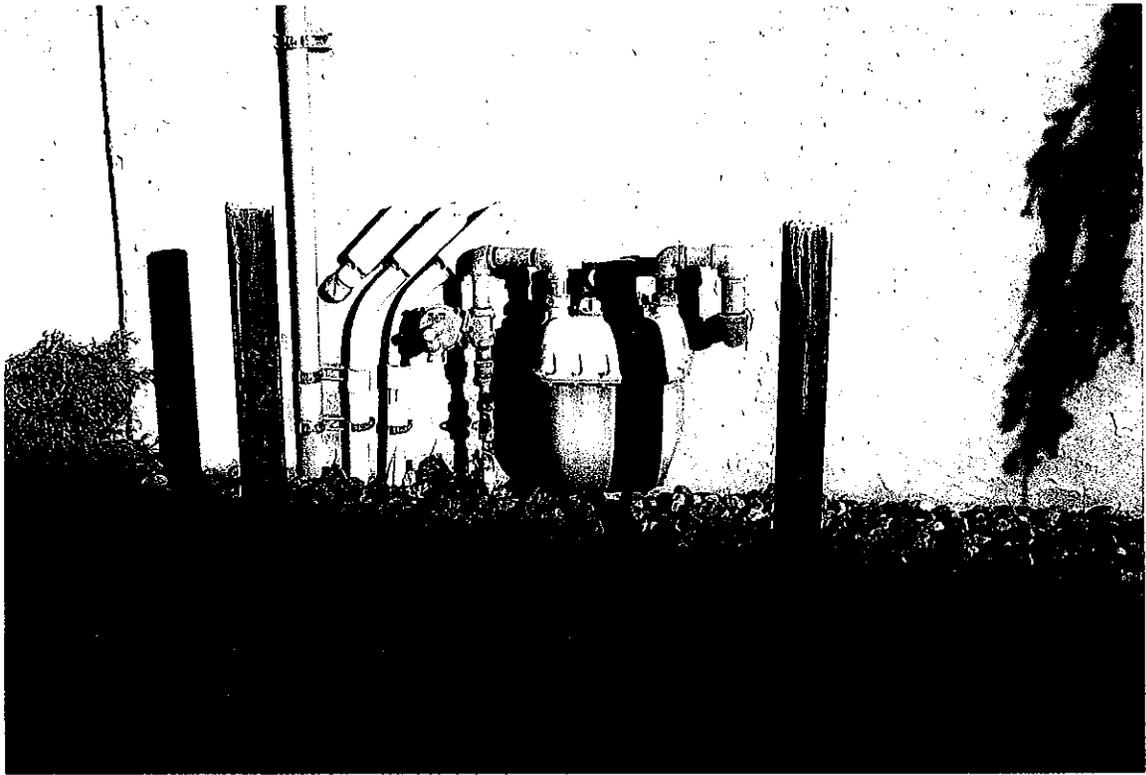
Please advise when your inspector will return to verify that the corrective action was taken.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Robert Spiegel".

E. Robert Spiegel
Chief

CC: David Mason Sr., Commissioner



Board of Fire Commissioners					Budget		
Fire District #4 - Seaville					2012		
Acct. #	Purpose/Designated Use	2011 Budget	2012 Budget	Difference	1st Reading 09/20/11	2nd Reading 10/18/11	3rd. Reading
1	Fire Protection Agreement	\$73,231.00	\$77,809.00	\$4,578.00	\$77,809.00	\$77,574.00	1
2	Health & Wellness	\$5,500.00	\$5,500.00	\$0.00	\$5,500.00	\$5,500.00	2
3	Administrative Expenses	\$6,270.00	\$6,330.00	\$60.00	\$6,330.00	\$6,330.00	3
4	Annual Audit	\$4,500.00	\$4,500.00	\$0.00	\$4,500.00	\$4,500.00	4
5	Legal Fees	\$6,000.00	\$6,000.00	\$0.00	\$6,000.00	\$6,000.00	5
6	Purchase of New Equipment	\$33,980.00	\$33,980.00	\$0.00	\$33,980.00	\$33,980.00	6
7	Maintenance of Equipment	\$53,910.00	\$54,030.00	\$120.00	\$54,030.00	\$54,030.00	7
8	Maintenance of Fire House	\$9,500.00	\$9,500.00	\$0.00	\$9,500.00	\$9,500.00	8
9	Utilities	\$33,000.00	\$33,000.00	\$0.00	\$33,000.00	\$33,000.00	9
10	HAVC & Generator Repair	\$4,700.00	\$4,700.00	\$0.00	\$4,700.00	\$4,700.00	10
11	Insurance	\$34,000.00	\$34,000.00	\$0.00	\$34,000.00	\$34,000.00	11
12	Maintenance & Repair/Radio E	\$11,200.00	\$11,200.00	\$0.00	\$11,200.00	\$11,200.00	12
13	Contingent Expenses	\$3,500.00	\$3,500.00	\$0.00	\$3,500.00	\$3,500.00	13
14	First Responder	\$1,100.00	\$1,100.00	\$0.00	\$1,100.00	\$1,100.00	14
15	Rental of Fire Truck	\$31,250.00	\$36,685.00	\$5,435.00	\$36,685.00	\$36,685.00	15
16	Rental of Fire House/Truck Ba	\$151,462.00	\$151,462.00	\$0.00	\$151,462.00	\$151,462.00	16
17	Rental of Personal Protective E	\$1,500.00	\$2,000.00	\$500.00	\$2,000.00	\$2,000.00	17
18	LOSAP	\$11,000.00	\$11,000.00	\$0.00	\$11,000.00	\$11,000.00	18
19	Computer	\$6,050.00	\$5,000.00	(\$1,050.00)	\$5,000.00	\$5,000.00	19
20	Hydrant Maintance	\$6,500.00	\$6,500.00	\$0.00	\$6,500.00	\$6,735.00	20
		\$488,153.00	\$497,796.00	\$9,643.00	\$497,796.00	\$497,796.00	\$0.00
					Approved 3 Yes 2 Absent	Approved 5 Yes 0 No	Approved
	2011 Taxed Amt.	\$482,153.00					
	% Increase	2.00%			\$0.019371	\$0.019371	
	Amt. of Increase	\$9,643.06			\$9,643.06	\$9,643.06	
	2011 Budget	\$488,153.00					
	Increase	\$9,643.00					
	2012 Budget	\$497,796.00					
	Tax Rate 2011				\$0.072000	\$0.072000	
	Tax Rate 2012				\$0.074440	\$0.074146	
	Est. 2011 Assessment				\$668,687,600.00	\$669,935,700.00	
	Appeals						
	2011 Add. Assessment					\$1,400,800.00	
	Est. 2011 Assessment				\$668,687,600.00	\$671,336,500.00	
	2011 \$ 250,000. Hse				\$180.00	\$180.00	
	2012 \$ 250,000. Hse.				\$186.10	\$185.36	



Certification - Proof of Publication

Elizabeth Matos 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 :

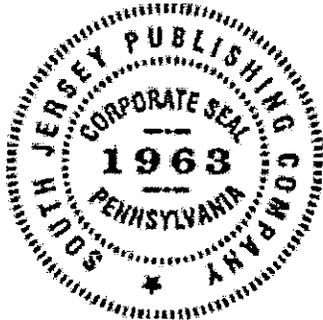
Ed. 1: 2/4/12

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.

Dated: 02/07/2012.

Elizabeth Matos

Elizabeth Matos



**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 18, 2012, from 2:00 p.m. through 9:00 p.m. in the Seaville Fire House on Route 50 in Seaville, New Jersey. The purposes of the election are to decide whether the 2012 Budget of the Fire District should be finally adopted, and to elect two (2) members to the Board of Commissioners of the Fire District for a regular 3 year term. Terms of commissioners begin and end on the first Tuesday in March.

JOSEPH P. MCGROARTY, ESQUIRE
Attorney for the Upper Township
Fire District No. 4
Printer Fee: \$14.82
#0090696783
Pub Date: February 4, 2012

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 16, 2013 complete the application form below and send to the undersigned, or write or apply in person to the undersigned at once 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 therefor by mail unless the request is received at least seven days before the election and contains the requested information. A voter may, however, request an application in person from the county clerk up to 3 p.m. of the day before the election.

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, after 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 of 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 that takes place 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: December 21, 2012

Rita Marie Fulginiti

Rita Marie Fulginiti, County Clerk
 County of Cape May
 7 North Main Street
 PO Box 5000
 Cape May Court House, NJ 08210-5000
 (609) 465-1013

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)
 General (November) Primary Municipal School* Fire
 Special _____ To be held on ____/____/____
Specify Date

SPECIAL STATUS
 Check if you are:
 Active Duty Military Voter
 Overseas Voter
 None of the Above

2 Last Name (First or Initial) _____ First Name (First or Initial) _____ Middle Name or Initial _____ Suffix (Jr., Sr., III) _____

3 Address at which you are registered to vote
 Street Address or RD# _____ Apt. _____
 Municipality (City/Town) _____ State _____ Zip _____

4 Mail my ballot to the following address: Same Address as Section 3
 Please include any _____
 PO Box, RD#, _____
 State/Province, _____
 Zip/Postal Code & Country _____
 (if outside US) _____

5 Date of Birth ____/____/____ **6** Day Time Phone Number (____) _____ **7** E-Mail Address (Optional) _____

8 Signature **X** _____ Please sign your name as it appears in the Poll Book. **9** Today's Date ____/____/____

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 I wish to receive a Mail-In Ballot for all elections to be held during the REMAINDER OF THIS CALENDAR YEAR.
 *B I wish to receive a Mail-In Ballot in ALL FUTURE NOVEMBER GENERAL ELECTIONS, until 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 (First or Initial) _____ 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.
Print Name of 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 _____