



TOWN OF RIVERHEAD
SEAN M. WALTER, SUPERVISOR
200 HOWELL AVENUE RIVERHEAD, NY 11901
PHONE: 631-727-3200

BID NAME: TOWNWIDE PRINTING 2016

BID #16-0009-PR

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BIDDERS NAME

BIDDERS ADDRESS

CITY, STATE, ZIP

DATE

(____)_____
PHONE NUMBER

EMAIL ADDRESS: _____

In compliance with your advertisement for bids to be opened on **MAY 9TH, 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.

(THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED WITH BID)

Respectfully submitted,

SIGNED BY

TITLE

BIDDERS ARE INVITED TO ATTEND BID OPENING



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TOWN OF RIVERHEAD
NOTICE TO BIDDERS

Sealed bids for the purchase of **TOWNWIDE PRINTING 2016** for the use in the Town of Riverhead will be received at the Office of the Town Clerk, Riverhead Town Hall, 200 Howell Avenue, Riverhead, New York until **2:10 PM** on **MAY 9th, 2016** at which time they will be publicly opened and read aloud.

Specifications may be examined and/or obtained on **APRIL 14, 2016** on the Town of Riverhead website at www.townofriverheadny.gov, click on bid requests.

Each proposal must be submitted on the form provided in sealed envelope clearly marked **TOWNWIDE PRINTING 2016**. 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.

The Town board reserves the right and responsibility to reject any or all bids or to waive any formality if it believes such action to be in the best interest of the Town.

BY ORDER OF THE TOWN BOARD
OF THE TOWN OF RIVERHEAD

Diane M. Wilhelm, Town Clerk



GENERAL SPECIFICATIONS

Bidders shall be responsible to carefully examine the Specifications enclosed. Alternates of equal or superior design and/or quality shall be listed separately and a Manufacturer's Specification Sheet shall be submitted with a bid. Failure to submit such data may result in the disallowing of said bid.

PLEASE PRINT VENDOR NAME ON THE BOTTOM OF EACH PAGE OF THIS BID.

Do not leave any lines blank, if no bid, please indicate that on the applicable line.

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

COMPLIANCE WITH RULES AND REGULATIONS

The unit and associated equipment 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, except that where the weight and dimensions requirements set forth herein exceed such provisions, these Specifications shall control.

DEVIATION

Minor deviations from the provisions of these Specifications will be considered to permit manufacturers to follow their standard manufacturing process.

Such deviations will be approved, however, only in the sole discretion of the Town of Riverhead and only if in its opinion they do not adversely affect the operation, maintenance, strength, efficiency, effectiveness, or life of the unit or any of its parts.

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.

DETERMINATION & EVALUATION OF BIDS

The Town of Riverhead shall consider price, quality, delivery terms and conditions, bidder experience, reputation and past performance (i.e. history of poor quality of food products, returns due to quality, delivery errors...)



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PRICES

If a like or lower quantity of a standard item contained in this bid is sold by a vendor at a price less than the prices quoted herein, the price to the Town of Riverhead shall be reduced to that lower price.

DELIVERY: NO DELIVERY CHARGES APPLICABLE ON THIS BID & DELIVERIES ARE TO BE MADE AS SPECIFIED BY THE PERSONNEL AT THE SENIOR CENTER PRIOR TO DELIVERY.

The following can only be considered only upon agreement to extend this contract.

A request to substitute a new price when an extension is requested will be considered only if submitted to the Purchasing Agent in writing. The Purchasing Agent may, after consideration, accept the new price as a basis for modification of the contract. However, if the Purchasing Agent does not consider the new price fair, reasonable, and in the Town's interest, the contract may not be extended...

QUANTITY

The Town of Riverhead is in no way obligated to purchase quantities shown nor limited to said quantities listed.

CONTRACT PERIOD

The Contract Period shall be effective for one year from date of award. At the termination of this contract, the contract may be extended for a total three (3) year, contract at the sole discretion of the Town of Riverhead and with the consent of the vendor or vendors.

RESERVATIONS

The mention in the specifications of any unit, component, or equipment by brand name and/or model is meant to convey to the potential bidder the type and quality of the product required and desired by the Town. Any unit, component, or equipment which is of equal type and quality may be considered as such and may be acceptable to the Town, upon agreement by the Town Board to that fact. The decision of the Town Board, however, in such a circumstance is final.

Furthermore, 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. **If any item on this bid is supplied as being an equal and is not, the Town has the right to use the next low bid for that product.**

FUEL SURCHARGES:

The Town of Riverhead will not pay any type of fuel surcharge on any item or contract unless specifically indicated as such by the Town in the solicitation or contract. Any fuel charges added and not authorized by the Town will be deleted from any payments made to the vendor.



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

PIGGYBACKING CLAUSE:

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



NON-BIDDER'S RESPONSE

For purposes of facilitating your firm's response to our invitation to bid, the TOWN OF RIVERHEAD is interested in ascertaining reasons for prospective bidders' failure to respond to invitations to bid. If your firm is not responding to this bid, please indicate the reason(s) by checking any appropriate item(s) below and returning this form to the TOWN OF RIVERHEAD Purchasing Department at the above address.

We are not responding to this invitation for bid for the following reason(s):

Items or materials requested not manufactured by us or not available to our company.

Our items and/or materials do not meet specifications.

Specifications not clearly understood or applicable (too vague, too rigid, etc.)

Quantities too small.

Insufficient time allowed for preparation of bid.

Incorrect address used.

Correct mailing address is:

Our branch/division handles this type of bid.

Correct name and mailing address is:

Other reason(s):



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AFFIDAVIT OF NON-COLLUSION

I hereby attest that I am the person responsible within my firm for the final decision as to the prices(s) and amount of this bid or, if not, that I have written authorization, enclosed herewith, from that person to make the statements set out below on his or her behalf and on behalf of my firm.

I further attest that:

1. The price(s) and amount of this bid have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition with any other contractor, bidder or potential bidder.
2. Neither the price(s), nor the amount of this bid, have been disclosed to any other firm or person who is a bidder or potential bidder on this project, and will not be so disclosed prior to bid opening.
3. No attempt has been made or will be made to solicit, cause or induce any firm or person to refrain from bidding on this project, or to submit a bid higher than the bid of this firm, or any intentionally high or non-competitive bid or other form of complementary bid.
4. The bid of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from any firm or person to submit a complementary bid.
5. My firm has not offered or entered into a subcontract or agreement regarding the purchase of materials or services from any other firm or person, or offered, promised or paid cash or anything of value to any firm or person, whether in connection with this or any other project, in consideration for an agreement or promise by an firm or person to refrain from bidding or to submit a complementary bid on this project.
6. My firm has not accepted or been promised any subcontract or agreement regarding the sale of materials or services to any firm or person, and has not been promised or paid cash or anything of value by any firm or person, whether in connection with this or any project, in consideration for my firm's submitting a complementary bid, or agreeing to do so, on this project.

I have made a diligent inquiry of all members, officers, employees, and agents of my firm with responsibilities relating to the preparation, approval or submission of my firm's bid on this project and have been advised by each of them that he or she has not participated in any communication, consultation, discussion, agreement, collusion, act or other conduct inconsistent with any of the statements and representations made in this affidavit.

The person signing this bid, under the penalties of perjury, affirms the truth thereof.

 Signature & Company Position

SWORN TO BEFORE ME THIS

 Type Name & Company Position

DAY OF _____ 20____

 Company Name

 NOTARY PUBLIC

 Date Signed

 Federal I.D. Number



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THIS BID AWARD SHALL STAY IN EFFECT UNTIL ONE YEAR FROM DATE OF
AWARD

ACCEPTANCE SHEET
(MUST BE COMPLETED, SIGNED AND RETURNED WITH BID)

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

IRAN DIVESTMENT ACT CERTIFICATION



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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: _____

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)**



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**

ITEM #1-6

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

ITEM # 8

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 # 9

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 | | COLOR | BODY TYPE |
| <input type="checkbox"/> 1 FORD <input type="checkbox"/> 4 OLDS <input type="checkbox"/> 7 DODGE <input type="checkbox"/> 10 NISSAN <input type="checkbox"/> 13 MEBE <input type="checkbox"/> 16 LEXUS <input type="checkbox"/> 2 CHEV <input type="checkbox"/> 5 PONT <input type="checkbox"/> 8 TOYOTA <input type="checkbox"/> 11 HONDA <input type="checkbox"/> 14 BMW <input type="checkbox"/> 17 INFI <input type="checkbox"/> 3 PLYM <input type="checkbox"/> 6 BUICK <input type="checkbox"/> 9 VW <input type="checkbox"/> 12 MERC <input type="checkbox"/> 15 MAZD <input type="checkbox"/> 18 JEEP | | | <input type="checkbox"/> 2 DR <input type="checkbox"/> SW <input type="checkbox"/> 4 DR <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) | \$280.00 | \$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 _____

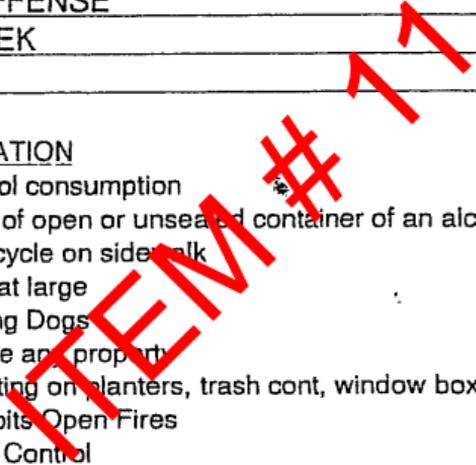
COLOR _____ PLATE TYPE _____

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



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
be 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:

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 | 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 _____ 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

RECEIPT

CC No. _____

RIVERHEAD POLICE – DETECTIVE DIVISION

00601

Riverhead, NY

_____ 20____

RECEIVED FROM _____

ADDRESS _____

THE FOLLOWING _____

Re _____

RANK _____

| | | | |
|----|------------------|------------|------|
| 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 | | |

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 _____

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: | | | | |
| 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: _____

DATE: _____

RECEIPT OF BAIL

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

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 |
|---------------------------------|---------------|---------------|

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 |
|--------------|-----------|------|--------|---------------|------|--------|

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**

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

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.

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 PHOTOCOPYS 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 _____

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: _____

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 #5 _____ person(s) maximum |
| Bedroom #2 _____ person(s) maximum | Bedroom #6 _____ person(s) maximum |
| Bedroom #3 _____ person(s) maximum | Bedroom #7 _____ person(s) maximum |
| Bedroom #4 _____ 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"/> | | | |

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> |
| <p>Mail to:</p> <hr/> <hr/> <hr/> | <p align="center">IF YOU <u>FAILED</u> ANY ITEMS LISTED ON THE FRONT OF THIS REPORT YOU MUST CORRECT ALL, AND CONTACT THIS OFFICE AT 727-3200 EXT 670, <u>BEFORE</u> THE SCHEDULED <u>COMPLY DATE</u> SO A COMPLIANCE INSPECTION CAN BE ARRANGED ACCORDINGLY.</p> | | |

INTERIOR INSPECTION SHEET

SCTM# _____ - _____ - _____

ADDRESS:

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) | | | | | |
| 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"/> | | | |

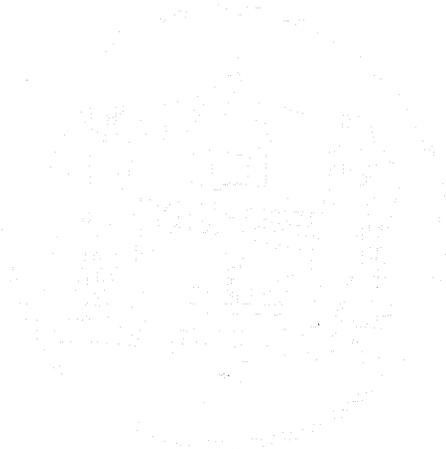
INTERIOR INSPECTION SHEET

SCTM# _____ - _____ - _____

ADDRESS:

DATE:

| LIVING ROOM(S) DENS / COMMON AREA(S) | | | SLEEPING ROOM(S) | | |
|---|--|--------------------------|--|--|--------------------------|
| IDC# | VIOLATION DESCRIPTION(S) | FAIL | IDC# | VIOLATION DESCRIPTION(S) | FAIL |
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| 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"/> |
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| 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"/> |
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| 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) | | |
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| 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"/> |
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| 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) | | | | | |
| 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"/> | | | |



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



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 (INDICATE DEPARTMENT PROCESSING THIS VOUCHER ONLY)

VENDOR NO

Town of Riverhead

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

Official Claim Voucher

VOUCHER NO

CHECK NO CHECK DATE

| 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 |

| DATE | INVOICE NO. | INVOICE DESCRIPTION OF MATERIALS AND SERVICES | AMOUNT |
|------|-------------|---|--------|
| | | | |

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 | |

| | | | |
|-----------------------|----------|--|--------------------|
| AUDIT USE ONLY | VERIFIED | DEPARTMENT CERTIFICATION I CERTIFY THAT THIS CLAIM IS CORRECT AND THAT SERVICES OR MATERIALS WERE RENDERED, AND PAYMENT IS APPROVED. | AMOUNT DISALLOWED |
| | AUDITED | SIGNATURE | NET AMOUNT PAYABLE |
| | | TITLE | |

DEPARTMENT USE ONLY

VENDOR COMPLETE THIS SECTION ONLY

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.



TOWN OF RIVERHEAD

YEAR

LIC. PLATE

STICKER #

SOLID WASTE PERMIT

TOWN OF RIVERHEAD

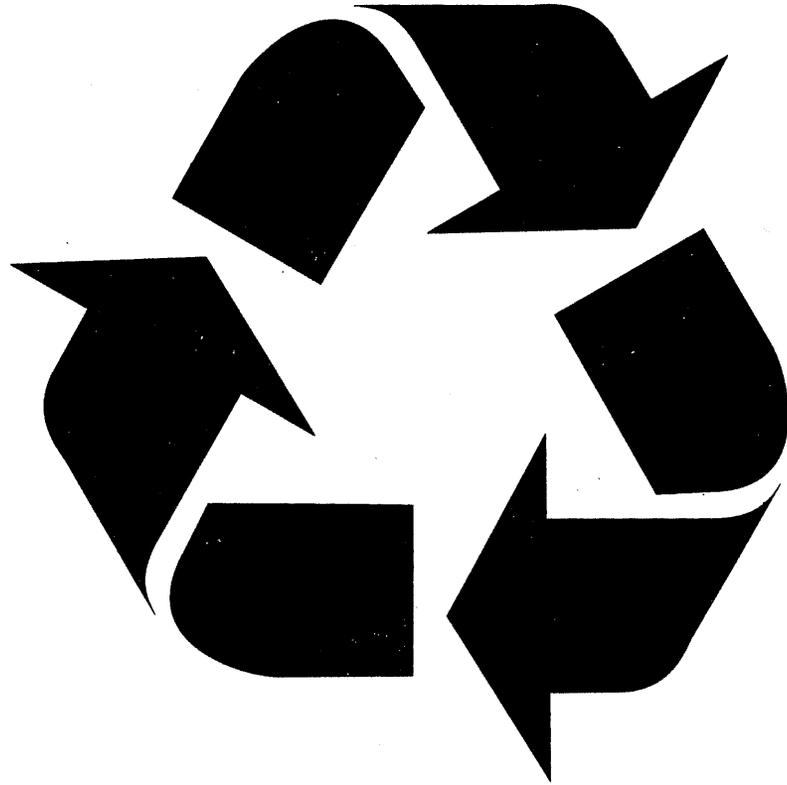
2014

RESIDENTIAL YARD WASTE

750

LICENSE PLATE #

RIVERHEAD



RECYCLES



PURCHASE ORDER

Town of Riverhead

411

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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| QUANTITY | UNIT | DESCRIPTION | UNIT COST | AMOUNT |
|----------|------|-------------|-----------|--------|
|----------|------|-------------|-----------|--------|

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 |
|-------------|--------|-------------|--------|

2012 drinking water quality report

RIVERHEAD WATER DISTRICT
PUBLIC WATER SUPPLY IDENTIFICATION NO. 5103705

Town Board Members
Supervisor Sean Walter
Councilman John Dunleavy
Councilman George E. Gabrielsen
Councilwoman Jodi Giglio
Councilman James Wooten

Superintendent
Gary Pendzick

ANNUAL WATER SUPPLY REPORT

MAY 2013

Dear Water District Resident:

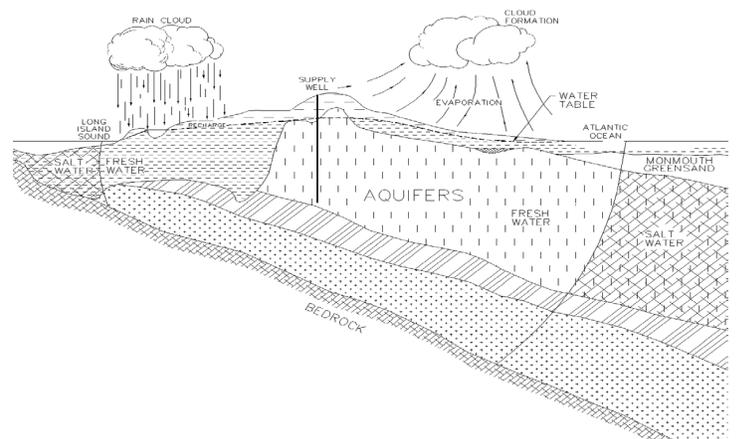
We are pleased to present to you the Riverhead Water District's 2012 Consumer Confidence Report/Annual Water Supply Statement. As shown in this report, the Riverhead Water District continues to provide the residents with a source of water for all of our domestic needs which is reliable and of high quality. Our water is continuously tested to ensure that it meets all drinking water standards. As the Town grows, so does our Water District. We have completed the construction of additional wells and pumping stations to increase our water supply capabilities. Simultaneously, we encourage all of our residents to conserve water so we can limit the expense connected with the construction of new facilities.

Our Water District staff works hard to make sure every resident has clean water every time he or she turns on the tap. Additional information about our Water District and our water supply can be found on our Town website, www.townofriverheadny.gov.

SOURCE OF OUR WATER

The source of water for the District is groundwater pumped from seventeen (17) active wells located throughout the community that are drilled into the Glacial and Magothy aquifers beneath Long Island, as shown on the adjacent figure. Generally, the water quality of the aquifer is good to excellent, although there are localized areas of contamination.

The population served by the Riverhead Water District during 2012 was approximately 35,000. The total amount of water withdrawn from the aquifer in 2012 was 2.60 billion gallons, of which approximately 89.8 percent was billed directly to the residents of the District.



THE LONG ISLAND AQUIFER SYSTEM

INFORMATION ABOUT OUR DRINKING WATER

This report is required to be delivered to all residents of our District in compliance with Federal and State regulations. This report is designed to inform you about the quality water and services we deliver to you every day. Our constant goal is to provide you with a safe and dependable supply of drinking water. The Riverhead Town Board and the District employees are committed to ensuring that you and your family receive the highest quality water.

COST OF WATER

During 2012, the District utilized a unit price billing schedule with the consumer being billed at a rate of \$10.90 for the first 5,000 gallons per quarter plus \$1.40 for each additional 1,000 gallons for the District's 3/4 inch service size. For rates for larger water service sizes, please go to the Town's website.

CONTACTS FOR ADDITIONAL INFORMATION

We are pleased to report that our drinking water is safe and meets all Federal and State requirements. If you have any questions about this report or concerning your water utility, please contact Water District Supt. Gary Pendzick at (631) 727-3205 or the Suffolk County Department of Health Services at (631) 852-5810. Water District issues are normally discussed at Town Board meetings that are held on the first and third Tuesday of each month. Log on to the website at www.townofriverheadny.gov for times and locations or call 631-727-3200.

The Riverhead Water District monitors for different parameters and contaminants in your drinking water as required by Federal and State laws. All drinking water, including bottled drinking water, may be reasonably expected to contain at least small amounts of some constituents. It's important to remember that the presence of these constituents does not necessarily pose a health risk. For more information on contamination and potential health risks, please contact the USEPA Safe Drinking Water Hotline at 1-800-426-4791.

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or human activities. Contaminants that may be present in source water include: microbial contaminants; inorganic contaminants; pesticides and herbicides; organic chemical contaminants; and radioactive contaminants.

In order to ensure that tap water is safe to drink, the State and the EPA prescribe regulations that limit the amount of certain contaminants in water provided by public water suppliers. The State Health Department's and the FDA's regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

Some people may be more vulnerable to disease-causing microorganisms or pathogens in drinking water than the general population. Immuno-compromised persons, such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly and infants, can be particularly at risk from infections. These people should seek advice from their health care provider about their drinking water. EPA/CDC guidelines on appropriate means to lessen the risk of infection by microbial pathogens are available from the Safe Drinking Water Hotline (1-800-426-4791).

The USEPA established a Lead and Copper Rule that requires all public water suppliers to sample and test for lead and copper at the tap. The first testing was required in 1992. All results were excellent indicating that the District's corrosion control treatment program was effective in preventing the leaching of lead and copper from your home's plumbing into your drinking water. The same testing was last conducted in 2010 with the same excellent results. Retesting is scheduled to occur this year.

WATER QUALITY

In accordance with State regulations, the Riverhead Water District routinely monitors your drinking water for numerous parameters. We test your drinking water for coliform bacteria, turbidity, inorganic contaminants, lead and copper, nitrate, volatile organic contaminants, total trihalomethanes and synthetic organic contaminants. Over 135 separate parameters are tested in each of our wells numerous times per year. The table presented on page 3 depicts the quality of your drinking water. It should be noted that many of these parameters are naturally found in all Long Island drinking water and do not pose any adverse health effects.

WATER CONSERVATION MEASURES

The underground water system of Long Island has more than enough water for present water demands. However, saving water will ensure that our future generations will always have a safe and abundant water supply.

The Riverhead Water District continues to implement a water conservation program to help reduce the peak day water use. Several years ago, there were a few days where the total water demand on the District started to exceed the pumping capacity of our system.

Most of this water use was due to lawn irrigation. While the District is proceeding with the construction of new wells to meet the increased water demand, water conservation is necessary to insure we have sufficient water supply during these peak periods for our normal needs as well as the fire fighting protection. A detailed newsletter explaining the water conservation program is attached to this water report. The Riverhead Water District requests that all residents help us conserve water.

WATER TREATMENT

The Riverhead Water District provides treatment at all wells to improve the quality of the water pumped prior to distribution to the consumer. The pH of the pumped water is adjusted upward to reduce corrosive action between the water and water mains and in-house plumbing by the addition of lime. The water is also chlorinated with calcium hypochlorite to protect against the growth of bacteria in the distribution system. The District also adds iron sequestering agents at all wells as part of the District's overall water treatment program to supplement corrosion control and to maintain iron in the soluble state to minimize water stains on laundry and plumbing fixtures.

2012 DRINKING WATER QUALITY REPORT - TABLE OF DETECTED PARAMETERS

| Contaminants | Violation (Yes/No) | Date of Sample | Level Detected (Maximum Range) | Unit Measurement | MCLG | Regulatory Limit (MCL or AL) | Likely Source of Contaminant |
|---|--------------------|-----------------------|--------------------------------|------------------|------|------------------------------|--|
| Inorganic Contaminants | | | | | | | |
| Lead | No | August/September 2010 | ND - 1.22 ⁽¹⁾ | ug/l | 0 | AL = 15 | Corrosion of household plumbing systems; Erosion of natural deposits |
| Copper | No | August/September 2010 | ND - 0.32 ⁽¹⁾ | mg/l | 1.3 | AL = 1.3 | Corrosion of household plumbing systems; Erosion of natural deposits |
| Arsenic ⁽²⁾ | No | 04/18/12 | ND - 5.3 | ug/l | n/a | MCL = 10 | Naturally occurring |
| Barium | No | 02/15/12 | ND - 0.1 | mg/l | 2 | MCL = 2.0 | Naturally occurring |
| Ammonia | No | 02/24/12 | ND - 0.2 | mg/l | n/a | MCL = 5.0 | Runoff from fertilizer and leaching from septic tanks and sewage |
| Sodium | No | 02/17/12 | 4.5 - 14.5 | mg/l | n/a | No MCL ⁽³⁾ | Naturally occurring |
| Chloride | No | 02/17/12 | 4.21 - 23.2 | mg/l | n/a | MCL = 250 | Naturally occurring |
| Iron | Yes ⁽⁴⁾ | 05/18/12 | ND - 830 | ug/l | n/a | MCL = 300 ⁽⁴⁾ | Naturally occurring |
| Nitrate | No | 02/15/12 | ND - 5.3 | mg/l | 10 | MCL = 10 | Runoff from fertilizer and leaching from septic tanks and sewage |
| Sulfate | No | 02/24/12 | ND - 60.8 | mg/l | n/a | MCL = 250 | Naturally occurring |
| Manganese | Yes ⁽⁴⁾ | 06/13/12 | ND - 320 | ug/l | n/a | MCL = 300 | Naturally occurring |
| Calcium | No | 03/07/12 | ND - 13.5 | mg/l | n/a | None | Naturally occurring |
| Magnesium | No | 12/28/12 | ND - 3.3 | ug/l | n/a | NONE | Naturally occurring |
| Nickel | No | 02/13/12 | ND - 0.001 | mg/l | n/a | MCL = 0.1 ⁽⁶⁾ | Naturally occurring |
| Unregulated Contaminants | | | | | | | |
| Perchlorate | No | 07/18/12 | ND - 13.3 | ug/l | n/a | AL = 18 ⁽⁵⁾ | Fertilizers |
| Synthetic Organic Contaminants Including Pesticides and Herbicides | | | | | | | |
| None Detected | -- | -- | ND | -- | -- | -- | -- |
| Volatile Organic Contaminants | | | | | | | |
| None Detected | -- | -- | ND | -- | -- | -- | -- |
| Radionuclides | | | | | | | |
| Gross Alpha | No | 02/24/12 | ND - 0.652 | pCi/L | n/a | MCL = 15 | Naturally occurring |
| Radium 228 | No | 02/29/12 | ND - 0.937 | pCi/L | n/a | NO MCL | Naturally occurring |

Definitions:

Maximum Contaminant Level (MCL) - The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible.

Maximum Contaminant Level Goal (MCLG) - The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

Action Level (AL) - The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

Milligrams per liter (mg/l) - Corresponds to one part of liquid in one million parts of liquid (parts per million - ppm).

Micrograms per liter (ug/l) - Corresponds to one part of liquid in one billion parts of liquid (parts per billion - ppb).

Non-Detects (ND) - Laboratory analysis indicates that the constituent is not present.

pCi/L - pico Curies per Liter is a measure of radioactivity in water.

⁽¹⁾ - During 2010, we collected and analyzed 31 samples for lead and copper. The 90% percentile is presented as the maximum result. The Action Levels for both lead and copper were not exceeded at any site tested. Retesting is scheduled for 2013. If present, elevated levels of lead can cause serious health problems, especially for pregnant women, infants, and young children. It is possible that lead levels at your home may be higher than at other homes in the community as a result of materials used in your home's plumbing. Riverhead Water District is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline (1-800-426-4791) or at <http://www.epa.gov/safewater/lead>.

⁽²⁾ - NYS and EPA have promulgated a drinking water arsenic standard of 10 parts per billion. While your drinking water meets the standard for arsenic, it does contain low levels of arsenic. The standard balances the current understanding of arsenic's possible health effects against the costs of removing arsenic from drinking water. EPA continues to research the health effect on low levels of arsenic, which is a mineral known to cause cancer in humans at high concentrations and is linked to other health effects such as skin damage and circulatory problems.

⁽³⁾ - No MCL has been established for sodium. However, 20 mg/l is a recommended guideline for people on high restricted sodium diets and 270 mg/l for those on moderate sodium diets.

⁽⁴⁾ - Iron has no health effects. At 1,000 ug/L a substantial number of people will note the bitter astringent taste of iron. Also, at this concentration, it imparts a brownish color to laundered clothing and stains plumbing fixtures with a characteristic rust color. Staining can result at levels of 50 ug/L, lower than those detectable to taste buds. Therefore, the MCL of 300 ug/L represents a reasonable compromise as adverse aesthetic effects are minimized at this level. Many multi-vitamins may contain 3,000 or 4,000 micrograms of iron per capsule. The Food and Nutrition Board of the National Research Council determined an estimated safe and adequate daily dietary intake of manganese to be 2,000-5,000 micrograms for adults. However, many peoples diets lead them to consume even higher amounts of manganese, especially those who consume high amounts of vegetables or are vegetarian. The infant population is of the greatest concern. It would be better if the drinking water were not used to make infant formula since it already contains iron and manganese. Excess manganese produces a brownish color in laundered good and impairs the taste of tea, coffee and other beverages. Concentrations may cause a dark brown or black stain on porcelain plumbing fixtures. As with iron, manganese may form a coating on distribution pipes. These may slough off, causing brown blotches on laundered clothing or black particles in the water.

⁽⁵⁾ - Perchlorate is an unregulated contaminant. However, the NYS Dept. of Health has established an action level of 18 ug/L.

⁽⁶⁾ - Water from some of the wells within the Riverhead Water District have a slightly elevated nitrate level. This level is below the maximum contaminant level of 10.0 parts per million. Nitrate in drinking water at levels above 10 ppm is a health risk for infants of less than six months of age. High nitrate levels in drinking water can cause blue baby syndrome. The source of the nitrates is the nitrogen in fertilizers and from on-site septic systems. If you are caring for an infant, you should ask advice from your health care provider.

WATER SYSTEM IMPROVEMENTS

The Riverhead Water District has recently completed several projects to improve the water system. The District has completed the construction of additional supply wells in Calverton and Northville to increase the total pumping capacity of the District. The District has also constructed a new transmission main on Rte. 105 in Northville to allow water from new Well No. 17 on the Riverhead Fire District Training Center property for the Water District high pressure zone on Sound Avenue.

Copies of a Supplemental Data Package, which includes the water quality data for each of our supply wells utilized during 2012, are available at the Riverhead Water District office located at 1035 Pulaski Street, Riverhead, New York, the Town Clerk's office and the local Public Library.

We, at the Riverhead Water District, work around the clock to provide top quality water to every tap throughout the community. We ask that all our customers help us protect our water supply, which will improve our way of life and our children's future.

The Riverhead Water District normally conducts over 1,000 water quality tests throughout the year, testing for over 130 different contaminants which have been undetected in our water supply including:

| | | |
|----------------------------|---------------------------|--------------------------------|
| Cadmium | Hexachlorobenzene | Bromochloromethane |
| Chromium | Benzo(A)Pyrene | 1,1,1-Trichloroethane |
| Fluoride | Aldicarb Sulfone | Carbon Tetrachloride |
| Mercury | Aldicarb sulfoxide | 1,1-Dichloropropene |
| Selenium | Aldicarb | 1,2-Dichloroethane |
| Silver | Total Aldicarb | Trichloroethene |
| Zinc | Oxamyl | 1,2-Dichloropropane |
| Color | Methomyl | Dibromomethane |
| Turbidity | 3-Hydroxycarbofuran | Trans-1,3-Dichloropropene |
| Odor | Carbofuran | cis-1,3-Dichloropropene |
| Total Alkalinity | Carbaryl | 1,1,2-Trichloroethane |
| Detergents (MBAS) | Glyphosate | Tetrachloroethene |
| Free Cyanide | Diquat | 1,3-Dichloropropane |
| Antimony | Endothall | Chlorobenzene |
| Beryllium | 1,2-Dibromoethane (EDB) | 1,1,1,2-Tetrachloroethane |
| Thallium | 1,2-Dibromo-3-Chl.Propane | Bromobenzene |
| Lindane | Dioxin | 1,1,2,2-Tetrachloroethane |
| Heptachlor | Chloroacetic Acid | 1,2,3-Trichloropropane |
| Aldrin | Bromoacetic Acid | 2-Chlorotoluene |
| Heptachloro Epoxide | Dichloroacetic Acid | 4-Chlorotoluene |
| Dieldrin | Trichloroacetic Acid | 1,2-Dichlorobenzene |
| Endrin | Dibromoacetic Acid | 1,3-Dichlorobenzene |
| Methoxychlor | Total Haloacetic Acid | 1,4-Dichlorobenzene |
| Toxaphene | Chloroform | 1,2,4-Trichlorobenzene |
| Chlordane | Bromodichloromethane | Hexachlorobutadiene |
| Total PCBs | Dibromochloromethane | 1,2,3-Trichlorobenzene |
| Propachlor | Bromoform | Benzene |
| Alachlor | Total Trihalomethanes | Toluene |
| Simazine | Gross Beta | Ethylbenzene |
| Atrazine | Radium 226 | M,P-Xylene |
| Metolachlor | Dichlorodifluoromethane | O-Xylene |
| Metribuzin | Chloromethane | Styrene |
| Butachlor | Vinyl Chloride | Isopropylbenzene (Cumene) |
| 2,4-D | Bromomethane | N-Propylbenzene |
| 2,4,5-TP (Silvex) | Chloroethane | 1,3,5-Trimethylbenzene |
| Dinoseb | Trichlorofluoromethane | Tert-Butylbenzene |
| Dalapon | Chlorodifluoromethane | 1,2,4-Trimethylbenzene |
| Picloram | 1,1-Dichloroethene | Sec-Butylbenzene |
| Dicamba | Methylene Chloride | 4-Isopropyltoluene (P-Cumene) |
| Pentachlorophenol | Trans-1,2-Dichloroethene | N-Butylbenzene |
| Hexachlorocyclopentadiene | 1,1-Dichloroethane | Methyl Tert.Butyl Ether (MTBE) |
| bis(2-Ethylhexyl)adipate | cis-1,2-Dichloroethene | |
| bis(2-Ethylhexyl)phthalate | 2,2-Dichloropropane | |

SOURCE WATER ASSESSMENT

The NYSDOH has completed a source water assessment for this system, based on available information. Known and possible contamination sources to this drinking water source were evaluated. The state source water assessment includes a susceptibility rating based on the risk posed by each potential source of contamination and how easily contaminants can move through the subsurface to the wells. The susceptibility of a water supply well to contamination is dependent upon both the presence of potential sources of contamination within the well's contributing area and the likelihood that the contaminant can travel through the environment to reach the well. The susceptibility rating is an estimate of the potential for contamination of the source water. It does not mean that the water delivered to consumers is, or will become, contaminated. (See section "Water Quality" for a list of contaminants that have been detected.) The source water assessments provide resource managers with additional information for protecting source waters into the future.

As mentioned before, our water is derived from 17 active wells. The source water assessment has rated most of the wells as having a high susceptibility to industrial solvents, pesticides and nitrates and microbial contamination. The elevated susceptibility ratings are due primarily to the various land uses and their related point sources of contamination in the assessment area. The land uses include unsewered commercial, industrial and residential, as well as agricultural land use. While the source water assessment rates our well as being susceptible to microbials, please note that our water is disinfected to ensure that the finished water delivered into your home meets New York State's drinking water standards for microbial contamination.

A copy of the assessment, including a map of the assessment area, can be obtained by contacting the Water District.



CONTINUOUSLY TESTED DRINKING WATER QUALITY

In this issue:

CONTINUOUSLY TESTED
DRINKING WATER QUALITY

WATER CONSERVATION PROGRAM

ODD AND EVEN TO REDUCE THE
PEAK - BUT WE NEED YOUR HELP!

OTHER WATER CONSERVATION
TIPS



The gentle touch of Mother Nature combined with the hard work of our dedicated staff has blessed Riverhead with some of the most pristine drinking water in New York State.

All of our water plant treatment operators are New York State certified and continuously check the water that leaves our plant sites to ensure that your drinking water is safe.

Year after year, Riverhead is recognized throughout the region for the quality, purity and safety of our water supply. Water - that sustains our centuries old tradition of family farming. Water - that is vital to our day-to-day existence. Water - that refreshes our children on a hot summer's day.

When we turn on the tap, we don't think much about how our water comes to us and the people that labor to ensure our ample supply of this essential building block of life.

This annual report is dedicated to the people of the Riverhead Water District who are ever dedicated to bringing you a healthy, high quality and plentiful supply of water. Please take a moment to read about the steps we are taking to continue to efficiently and properly serve you.

Wishing you and your family a happy and safe summer,

Sean M. Walter

SUPERVISOR, TOWN OF RIVERHEAD

Sean Walter - Town Supervisor

John Dunleavy - Councilman

James Wooten - Councilman

George Gabrielsen - Councilman

Jodi Giglio - Councilwoman

Gary Pendzick
Water District Superintendent

Phone (631) 727-3205
Fax: (631) 369-4608
1035 Pulaski Street
Riverhead, New York 11901
Monday - Friday
8:30 a.m. - 4:30 p.m.

www.townofriverheadny.gov

*Riverhead Water District - Providing Water To The Community
For 99 Years!*

WATER CONSERVATION PROGRAM

Over the past 25 years, the Riverhead Water District has grown significantly to meet the changing needs of our community. The District was extended to areas of the Town where existing homes utilized private wells that had a concern for possible contamination and needed a safe and reliable water supply. Development of both residential and commercial areas occurred which also pushed for the expansion of the Water District service area. And the change in our everyday actions significantly increased our daily water use demands, mostly due to the availability of automatic irrigation systems.

In addition, the demand for public water has increased by 600 percent over this 25-year period. During this same period, the Riverhead Water District has implemented capital improvement projects to increase its water supply and storage capacity. We have constructed new supply wells, new storage tanks and new transmission mains. However, “The demand for water during the peak summer days continues to increase at a significant rate,” stated Supt. Gary Pendzick. In 2010, we delivered a record 22.5 million gallons of water during the peak day of July 6. Last year we used a total of 2.33 billion gallons of water. That’s equal to 182 gallons per day per person.

Supt. Gary Pendzick added, “We have completed the construction of three new well sites that increased our pumping capacity to be able to meet our new water demands.”

The District maintains a total of 17 supply wells. On a typical day in November through March, the District only needs to run four (4) of these wells. However, for a few days a year, during the hot and dry periods of the summer, the District needs all wells running to meet the demand and continue to maintain adequate fire flow protection.

“The only other option to continuing to construct additional supply wells and storage tanks at a cost of several million dollars is to implement an effective water conservation plan”, stated Supervisor



Sean Walter. “By modifying the way the residents of the District use our water, we feel we can reduce our water use and ensure we have a sufficient supply of water for our needs during the periods of high water demand”, continued Supervisor Walter.

Working with Supt. Gary Pendzick, the Town and District have developed a water conservation plan that has been able to reduce our peak water use by approximately 10 percent over the last two years. However, we need the cooperation of the residents of the District to continue to implement the plan. It is imperative that all residents follow the conservation plan procedures and tips. If we do not succeed, we may need to implement more stringent water restriction measures this summer.

Should any resident have questions concerning our water conservation plan, please call the Water District at 631.727.3205.

WATER QUALITY REPORT

Enclosed with this newsletter is the Riverhead Water District’s Annual Water Supply Report for 2012. This report presents the facts about the quality of our water supply and summarizes the water quality sampling test results taken throughout 2012. A copy of this report can also be found at the Town’s website.

The District is proud to report that our water now meets or exceeds all Federal and State drinking water standards. Should you have any questions concerning this report, please contact the Water District at 631.727.3205.

ODD AND EVEN TO REDUCE THE PEAK BUT WE NEED YOUR HELP!

Once again this year, the Riverhead Water District will be implementing a voluntary lawn irrigation restriction program that will only permit the watering of a lawn every other day, based on the address number of your home. ODD number houses would water on ODD days of the month; EVEN number houses would water on EVEN days of the month.

During the hottest summer day, approximately 80 percent of all the water being supplied by the Riverhead Water District goes directly to lawn irrigation, with over 70 percent of all homeowners having an irrigation system. They are great for keeping our lawns green throughout the summer, but they are putting a tremendous strain on our precious water supply system. The real question is, do we need to water everyday?



Horticultural specialists have determined that it is better for a lawn to be irrigated less frequently than daily to promote deep

root growth. And the Cornell Cooperative Extension recommends that Long Island lawns only need 1 inch of rain or irrigation per week.

The Riverhead Water District is recommending that all homeowners with automatic irrigation systems set up their control panels to operate every other day. You may also want to install a rain sensor that will shut down the irrigation system during rain events.



I want to be here for you.

If only our water infrastructure could talk to us. The corner hydrant might remind us that only tap water protects us against the threat of fire, and that the pipes below our streets need constant attention to keep life-saving water flowing at the right pressure, 24/7, without fail.

We are all stewards of the water infrastructure generations before handed down to us, and our water bills keep that system strong and reliable. For more information about what your tap water delivers, visit

www.townofriverheadny.gov



Only Tap Water Delivers™



Presented in cooperation with

 American Water Works Association





Town of Riverhead
Riverhead Water District
1035 Pulaski Street,
Riverhead, New York 11901
631.727.3205



“Celebrating Our 99th Year
of Providing Water to Riverhead”



OTHER WATER CONSERVATION TIPS

Irrigation restrictions on an every other day basis is the prime action of our Water Conservation Program. But there are many other ways every member of our community can save water everyday. Here are a few conservation tips that may help:



- Don't irrigate during the heat of the day. Studies have shown that up to 50% of the irrigation water applied during the middle of the day (10 am and 4 pm) is lost to evaporation and never makes it to the roots of the lawn.



- Install a rain sensor onto your irrigation system to shut down your automatic irrigation system when it is raining. Let nature do its own thing!

- Fix that leaking faucet. A leaking faucet or leaking toilet can amount to over 100 gallons per day. Multiply that by the hundreds of faucets that could be leaking on any given day and that adds up to a lot of wasted water!



- Store a pitcher of water in your refrigerator rather than letting it run until cold every time you want a cold glass of water.



- Don't let the faucet run when brushing your teeth or shaving. Turn it on and off when needed.

For more conservation tips, please visit www.epa.gov/watersense.

Riverhead Recreation Department- Beach Permits

| <u>Permit</u> | <i>Blue</i> <u>Color</u> | <u>Type</u> | <u>Format</u> | <u>#</u> | <u># of Books</u> | <u># of Permits/book</u> |
|-------------------------|--------------------------|-------------|---------------|----------|-------------------|--------------------------|
| Resident Parking | Orange w/white wording | Sticker | Book | 5000 | 500 | 10 |
| Senior Resident Parking | Teal w/white wording | Sticker | Book | 3500 | 350 | 10 |
| Non- Resident Parking | White w/orange wording | Sticker | Book | 100 | 100 | 1 |
| Non- Resident Boat Ramp | Red w/white wording | Sticker | Book | 450 | 90 | 5 |
| Docking Permit | Black w/white wording | Sticker | Roll ? | 150 | Individual/Roll | n/a |
| Daily Non-Resident | Green w/ black wording | Cardstock | Book | 1000 | 100 | 10 |
| Riverfront | Red w/black wording | Cardstock | Book | 100 | 10 | 10 |

All permits (other than Docking permits) must be numbered in numbered books with a card stock cover and back with 2 industrial staples.

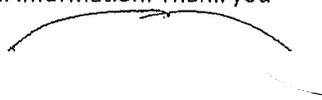
All permits (except Docking, Daily, and Riverfront) should be 3.5" x 7" perforated stickers that can be written on with marker and applied to the rear of the rear view mirror.

Docking Permits can be in a roll format or individual stickers with no stubs, fronts, backs, or staples, but must be numbered.

Riverfront and Daily permits are cardstock with cover and back and two staples, perforated, and numbered.

I have attached samples of the cardstock front that we have previously used as well as a sample sticker with the wording and stub. I can send you a sample of each sticker and wording if you need that information at this point.

Please let me know if you need additional information. Thank you



| | PRICING SHEET | 500 | 1000 | 2500 | 5000 | 10000 + |
|----|---|------------|-------------|-------------|-------------|----------------|
| | BUSINESS CARDS - 65LB 3 1/2" X 2" | | | | | |
| 1 | WHITE W/BUE LETTERING RIVERHEAD POLICE DEPARTMENT | | | | | |
| 2 | WHITE W/BUE 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 | WHITE W/BUE LETTERING; TOWN OF RIVERHEAD SEAL; CARDSTOCK; CHAPERONE CARDS FOR RECREATION DEPT. | | | | | |
| 8 | 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 | | | | | |
| 9 | NCR FORMS - 3 PART-WHITE, YELLOW, PINK 5-1/2 X 8-1/2; 50 to a book, " ACCIDENT EXCHANGE INFORMATION " see attached | | | | | |
| 10 | NCR FORMS 3 PLY, ENVELOPE W/RETURN ADDRESS "PARKING TICKETS" (directions on back of pink copy)pre numbered | | | | | |
| 11 | PADS; NCR BOOKS 2 part pink & yellow; cardboard backing; 25 per book; "TOWN CODE APPEARANCE TICKET" ; pre numbered | | | | | |
| 12 | PADS; BLUE MEMO ; "INTER OFFICE COMMUNICATION" ; 50 per book; attached | | | | | |
| 13 | GOLD FOLDER - size 11 3/4 x 9 1/2; "DETECTIVE CASE FOLDER" ; black ink | | | | | |
| 14 | GOLD FOLDER; size 11 3/4" x 9 1/2"; "DWI CASE FOLDER" ; black ink | | | | | |
| 15 | MEMO BOOK PAGES - WHITE W/BLACK INK, 7000 EACH; SAMPLE ATTACHED | | | | | |
| 16 | PADS; RECEIPT - RIVERHEAD POLICE - DETECTIVE DIVISION - numbered; sample attached; NCR white, yellow pink; 50 per book | | | | | |
| 17 | ARREST CARDS; double sided; white w/black ink; 1000 card stock; 5x8 | | | | | |
| 18 | PADS; "RECEIPT" RIVERHEAD POLICE, RIVERHEAD, NY 8 1/2 x 11- 4 per page; numbered NCR 2 ply white-yellow; 200 per book | | | | | |
| 19 | PADS; NCR 5 PLY; white,green,yellow,pink,gold TOWN OF RIVERHEAD "POST ARRAIGNMENT CASH BAIL RECEIPT" ; numbered; black ink; 25 per book | | | | | |
| 20 | PADS; NCR 3 PLY; white, pink,yellow-POLICE DEPARTMENT, TOWN OF RIVERHEAD, NY "DESK APPEARANCE TICKET" ; numbered; black ink; 50 per book. | | | | | |

| | PRICING SHEET | 500 | 1000 | 2500 | 5000 | 10000 + |
|-----------|---|------------|-------------|-------------|-------------|----------------|
| | NCR 4 PLY; Green, yellow, pink, gold; POLICE DEPARTMENT, TOWN OF RIVERHEAD, NY "PRE ARRAIGNMENT CASH BAIL | | | | | |
| 21 | RECEIPT"; numbered; black ink; 25 per book | | | | | |
| | | | | | | |

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

| | PRICING SHEET | 500 | 1000 | 2500 | 5000 | 10000 + |
|-----------|--|------------|-------------|-------------|-------------|----------------|
| 40 | 8 1/2 x 11 "RIVERHEAD RECYCLES"; white sticker w/blue lettering and recycle logo; 1000 | | | | | |
| | | | | | | |

| | | 500 | 1000 | 2500 | 5000 | 10000 + |
|----|--|-----|------|------|------|---------|
| | PRICING SHEET | | | | | |
| 41 | 8 1/2 x 11 TOWN OF RIVERHEAD "PURCHASE ORDER" ; 2 part carbonless; white & yellow | | | | | |
| 42 | 11X17 Paper; "WATER ANNUAL REPORT "; 2000 copies | | | | | |
| 43 | "WATER DIST. NEWSLETTER"; 2000 COPIES | | | | | |
| 44 | "RIVERHEAD RECREATION DEPARTMENT - BEACH PERMITS" | | | | | |
| a | RESIDENT PARKING; colors to be determined each season; sticker; book, 500 books, 10 stickers per book for a total of 5,000 . Each sticker to be "Voidable" when peeled off.; Cover & back two staples, perforated & numbered;separate price for each additional book beyond 500. | | | | | |
| b | SENIOR RESIDENT PARKING; Colors to be determined each season; sticker;book,400 books, 10 stickers per book for a total of 4,000. Each sticker to be "Voidable" when peeled off; cover & back two staples,perforated & numbered;separate price for each additional book beyond 400. | | | | | |
| c | NON-RESIDENT PARKING; Colors to be determined each season; sticker; book, 100 books, 1 sticker per book for a total of 100. Each sticker to be "Voidable" when peeled off; cover & back two staples, perforated and numbered; separate price for each additional book beyond 100. | | | | | |
| d | NON-RESIDENT BOAT RAMP; Colors to be determined each season, sticker; book, 90 books, 5 stickers per book for total of 450. Each sticker to be "Voidable" when peeled off; cover & back 2 staples, perforated & numbered; separate price for each additional book beyond 450. | | | | | |
| e | DOCKING PERMIT; Colors to be determined each season; sticker; roll,150 each; individual rolls; roll format or individual stickers with no stubs, fronts, backs or staples. Stickers must be numbered. | | | | | |
| f | DAILY NON-RESIDENT PARKING PERMIT; green w/black lettering; cardstock; book; 1000; 100 per book; 10 permits per book | | | | | |
| g | RIVERFRONT; Colors to be determined each season; cardstock; book, 10 books, 10 permits per book for a total of 100. Cover & back 2 staples, perforated and numbered. | | | | | |
| h | OPERATION ON SOUND BEACHES: Colors to be determined each season; sticker; book, 80 books, 10 stickers per book for a total of 800. Each sticker to be "Voidable" when peeled off; cover & back 2 staples, perforated & numbered; separate price for each additional book beyond 800. | | | | | |
| 45 | BEACH ATTENDANT END OF SEASON EVALUATION FORM: 3 ply NCR (white, yellow, pink) 8.5" x 14" | | | | | |
| 46 | WATER SAFETY INSTRUCTOR EVALUATION FORM: 3 ply NCR; (white, yellow, pink) 8.5" x 14" | | | | | |
| 47 | INDIVIDUAL ATTENDANT DEPOSIT RECORD: 4 ply NCR (white, yellow, pink, gold) 8.5" x 5.5"; 2 on a page | | | | | |
| 48 | LIFEGUARD END OF SEASON EVALUATION FORM: 3 ply NCR (white, yellow, pink) 8.5" x 14" | | | | | |
| 49 | SKATE PARK REG. & WAIVER; 2 ply NCR; white on white | | | | | |
| 50 | PURCHASE ORDERS SINGLE PLY WHITE PAPER | | | | | |