

# & Tank Testing Services



Putnam Valley, NY 10579

Tel: 845-528-0370

Fax: 845-528-0375

## "WHERE PERFECTION RUNS DEEP" TANK REMOVAL CONTRACT

Town Of Putnam Valley  
C/O Frank Cassidy

RE: 62.15-1-53  
Wildwood Knolls  
Putnam Valley, NY 10579

April 28, 2017

- i. The price\* to remove a Steel Water Tank - at the above referenced property (the "Property") is **\$9,850.00** (plus applicable sales tax). This price includes, block building removed and disposed, cutting, cleaning, tank removal, removal of all accessible above ground piping and backfilling of the former tank area only, and raking to grade. Elite retains sole and absolute discretion to determine if weather conditions are appropriate for the work to be performed.

**\*This does not include, and Elite shall not be responsible for, costs relating to:**

- a. Repair of walkways, blacktop, landscaping or other portions of Property;
- b. Repair of damage to, or replacement of, unmarked utilities including sprinkler systems, drain pipes and underground electrical wiring.
- c. Costs relating to the removal and disposal of any liquid or other material in the tank will be charged at: **\$375.00 truck stop charge plus \$ .90 per gallon water. \$3.50 sludge removal.**
- d. Charges for unforeseen additional labor and materials due to undisclosed conditions.
- e. Any additional work or materials required by state, county or local municipalities will be at an additional cost.
- f. All necessary permits shall be at cost plus a \$50.00 processing fee

In addition, this Proposal does not include costs relating to contamination, if any, at the Property, soil or groundwater testing, or disposal costs. Should the client seek remediation services offered by Elite, including the preparation of any written reports, Elite may submit a separate proposal for Client's written authorization to proceed.

If delays in this project are encountered due to parties other than Elite, by act, omission or interference, and Elite representatives are on the property, wait charges may apply

If you are in agreement with this proposal, please sign below and return a copy for our files. **No work will commence until this proposal is signed and a 50% deposit is paid a 3% service fee will be applied when purchasing with a credit card.** Balance is due upon completion of the work set forth herein. **Elite shall release manifests and reports, if any, only upon payment in full.** The Client's obligation to pay Elite hereunder shall not be conditioned upon or otherwise affected by insurance coverage or reimbursement to the Client under Client's insurance policies. The undersigned understands that a finance charge of 1.5% per month, which is an annual percentage rate of 18%, will be charged on all past due accounts and will be responsible for all collection costs on past due accounts, inclusive of attorneys' fees and all relevant expenses. This proposal/contract is valid for 30 days from the date indicated at the top of this page.

THIS PROPOSAL IS UNDERSTOOD AND ACCEPTED BY:

Signature: \_\_\_\_\_

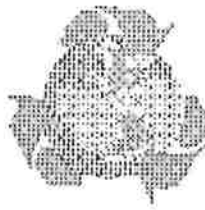
Print Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

ELITE ENVIRONMENTAL & TANK TESTING SERVICES

By: \_\_\_\_\_  
Ray Hilyer, President

# Elite Environmental & Tank Testing Services



14 Morrissey Drive  
Putnam Valley, NY 10579

Tel: 845-528-0370  
Fax: 845-528-0375

*"WHERE PERFECTION RUNS DEEP"*  
**TANK REMOVAL CONTRACT**

Town Of Putnam Valley  
C/O Frank Cassidy

RE: 62.15-1-53  
Wildwood Knolls  
Putnam Valley, NY 10579

April 28, 2017

### Scope of Work for Removal:

The work to be performed at the above referenced property is:

- \*File for and receive the proper applicable permits with the proper municipalities/authorities in regards to the above referenced tank removal and arrange for all applicable inspections.
- Call in a code 53 public utility mark out for the address.
- Expose and cut open the top of the Tank
- Properly remove, clean, transport and recycle the Tank,
- Remove all accessible above ground piping .
- Cap and seal any remaining piping if applicable.
- If soil sampling results are positive for contamination, a separate contract must be signed to remediate all accessible contamination; if not, one soil sample from the excavation bottom will be properly extracted and submitted to an EPA certified laboratory for DRO analytical and the excavation backfilled with screened fill and raked to grade.
- Items to be removed and disposed of properly.

THIS PROPOSAL IS UNDERSTOOD AND ACCEPTED BY:

Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

ELITE ENVIRONMENTAL & TANK  
TESTING SERVICES

By: \_\_\_\_\_  
Ray Hilyer, President

April 7, 2017

Mr. Sam Oliverio, Town Supervisor  
And Town Board  
265 Oscawana Lake Road  
Putnam Valley, NY 10579-2045

Re: Water Tower Removal Town Property 62.15-1-53

Dear Members,

I am responding to the ad run by the Town.

I am willing to accept the above referenced Town Property, 62.15-1-53, in exchange for removing the Water Tower, pump house and water pipes running through my adjacent property by an easement. It is understood that town fees for applications and/or permits will be waived and the unnecessary easement for the water supply pipes through my adjacent property will be abolished.

Please contact me should you require any additional information. I look forward to hearing from you.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Steven Bruno". The signature is written in a cursive style with a large initial "S".

Steven Bruno  
60 Saw Mill Road  
Putnam Valley, NY 10579  
(cell): (914) 772-5931

## Proposal

This is a proposal for the remediation of the "attractive nuisance" issue as it pertains to the water tower property located on Oscawana Lake Road, tax map id 62.15-1-53. The following tasks will be undertaken:

### **Option 1**

1. Repair roof on pumphouse, inclusive of framing, sheathing, shingles, fascia, and soffitt
2. Strip inside of pumphouse leaving only bare walls
3. Secure pumphouse door
4. Paint pumphouse
5. Removal of all pipes on and within the property
6. Transport of aforementioned pipes to Town Hall metal recycling center
7. Painting of the water tower, with potentially a mural, or signage such as "Wildwood Knolls"

### **Option 2**

1. Obtain dumpster for removal of debris
2. Demolish pumphouse
3. Removal of all pipes on and within the property
4. Transport of aforementioned pipes to Town Hall metal recycling center
5. Painting of the water tower, with potentially a mural, or signage such as "Wildwood Knolls"

This work will be performed by some or all of the following residents of Wildwood Knolls Improvement

District and/or other residents of Putnam Valley:

1. Patrick Hanrahan (Organizer), 19 Saw Mill Road, 845-216-6859
2. Bill Kneuer, 30 Saw Mill Road
3. Mike Carroll, High Street
4. Glenn Lefurgy, Saw Mill Road
5. Bill Rund, Saw Mill Road
6. Xavier Soto, 25 Saw Mill Road
7. Brett Anderson, High Street
8. Richard Allen, Lake Front Road
9. George Chapman, Swan Lane
10. Beat Ries, Swan Lane

## Hold Harmless Agreement

This HOLD HARMLESS AGREEMENT (this "Agreement") is made effective on April 21, 2017 by and between Town of Putnam Valley (hereinafter, "THE TOWN"), of 365 Oscawana Lake Road, Putnam Valley, New York 10579 and Patrick Hanrahan, and Others (hereinafter, "WORKERS"), of 19 Saw Mill Road, Putnam Valley, New York 10579. Town of Putnam Valley and Patrick Hanrahan, and Others are sometimes individually referred to as "Party" and collectively referred to as the "Parties."

WHEREAS, WORKERS desires to hold harmless THE TOWN from any claims and/or litigation arising out of WORKERS's actions in connection with Demolition.

NOW THEREFORE, in consideration of the mutual covenants and conditions contained herein, THE TOWN and WORKERS hereby agree as follows:

## TERMS

**1. Hold Harmless.** WORKERS shall fully defend, indemnify, and hold harmless THE TOWN from any and all claims, lawsuits, demands, causes of action, liability, loss, damage and/or injury, of any kind whatsoever ( including without limitation all claims for monetary loss, property damage, equitable relief, personal injury and/or wrongful death), whether brought by an individual or other entity, or imposed by a court of law or by administrative action of any federal, state, or local governmental body or agency, arising out of, in any way whatsoever, any acts, omissions, negligence, or willful misconduct on the part of WORKERS, its officers, owners, personnel, employees, agents, contractors, invitees, or volunteers . This indemnification applies to and includes, without limitation, the payment of all penalties, fines, judgments, awards, decrees, attorneys' fees, and related costs or expenses, and any reimbursements to THE TOWN for all legal fees, expenses, and costs incurred by it.

**2. Authority to Enter Agreement.** Each Party warrants that the individuals who have signed this Agreement have the actual legal power, right, and authority to make this Agreement and bind each respective Party.

**3. Amendment; Modification.** No supplement, modification, or amendment of this Agreement shall be binding unless executed in writing and signed by both Parties.

**4. Waiver.** No waiver of any default shall constitute a waiver of any other default or breach, whether of the same or other covenant or condition. No waiver, benefit, privilege, or service voluntarily given or performed by a Party shall give the other Party any contractual right by custom, estoppel, or otherwise.

**5. Attorneys' Fees and Costs.** If any legal action or other proceeding is brought in connection with this Agreement, the successful or prevailing Party, if any, shall be entitled to recover reasonable attorneys' fees and other related costs, in addition to any other relief to which that Party is entitled. In the event that it is the subject of dispute, the court or trier of fact who presides over such legal action or proceeding is empowered to determine which Party, if any, is the prevailing party in accordance with this provision.

**6. Entire Agreement.** This Agreement contains the entire agreement between the Parties related to the matters specified herein, and supersedes any prior oral or written statements or agreements between the Parties related to such matters.

**7. Enforceability, Severability, and Reformation.** If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited. The intent of the Parties is to provide as broad an indemnification as possible under New York law. In the event that any aspect of this Agreement is deemed unenforceable, the court is empowered to modify this Agreement to give the broadest possible interpretation permitted under New York law.

**8. Applicable Law.** This Agreement shall be governed exclusively by the laws of New York, without regard to conflict of law provisions.

**9. Exclusive Venue and Jurisdiction.** Any lawsuit or legal proceeding arising out of or relating to this Agreement in any way whatsoever shall be exclusively brought and litigated in the federal and state courts of New York. Each Party expressly consents and submits to this exclusive jurisdiction and exclusive venue. Each Party expressly waives the right to challenge this jurisdiction and/or venue as improper or inconvenient. Each Party consents to the dismissal of any lawsuit that they bring in any other jurisdiction or venue.

**10. Signatures.** This Agreement shall be signed on behalf of Town of Putnam Valley by Sam Oliverio, Supervisor, and on behalf of Patrick Hanrahan, and Others by Patrick Hanrahan, Organizer, and effective as of the date first written above.

Town of Putnam Valley

By: \_\_\_\_\_  
Sam Oliverio

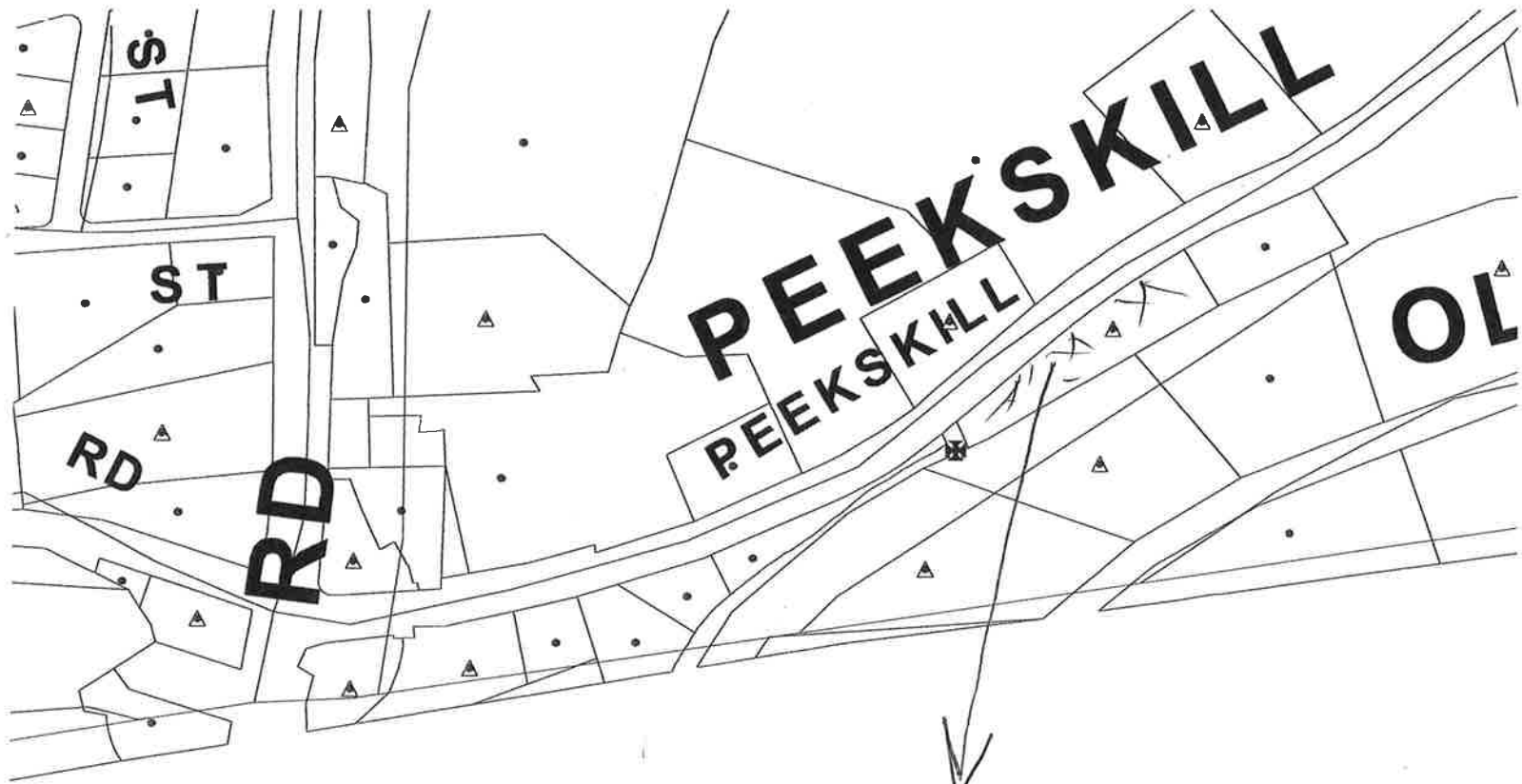
Title: Supervisor

Patrick Hanrahan, and Others

By: \_\_\_\_\_

Patrick Hanrahan

Title: Organizer



*This is The Property  
in question*



91.8-1-23

28 PHR PVNY LLC  
28 Peekskill Hollow Rd

372800 Putnam Valley  
Roll Year: 2017 Curr Yr  
Land Size: 124.00 x 50.00

Active  
1 Family Res

R/S:1 School: Putnam Valley  
Land AV: 40,000  
Total AV: 148,100



- Parcel 91.8-1-23
  - History
  - Assessment
    - Spec Dist(s)
  - Description
  - Owner(s)
  - Images
  - Gis
  - Site (1) Res
    - Land(s)
    - Bldg
    - Valuation
  - Sale03/17/17
    - Site (1) Res
      - Land(s)
      - Bldg
      - Valuation
  - Sale02/09/01

Photo



r:\images\1000017\372800091008000102300000000001.jpg

Date Added: 2005-09-21

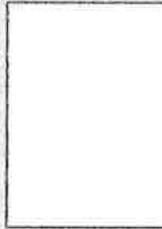
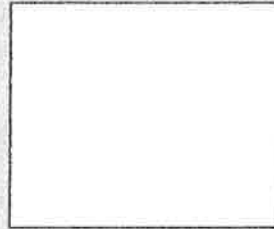
Copy

Set Default

Print

Move

Image



Add and Modify Documents

Add

Delete

Copy / Move

View Notes, PDF, DWF and TIF Files

View Notes

View PDF

View DWF

Documents on File

Deed

Prints the screen



918-1-22

372800 Putnam Valley

Active

R/S: 8

School: Putnam Valley I

Town Of Putnam Valley  
Peekskill Hollow Rd

Roll Year: 2017 Curr Yr  
Land Size: 0.34 acres

Res vac land

Land AV: 10,600  
Total AV: 10,600

**Owner** Total: 1  
 Name: **Town Of Putnam Valley**  
 Addl Addr:  
 Street: **265 Oscawana Lake Rd**  
 PO Box:  
 City: **Putnam Valley, NY** Zip: **10579**

**Site** Total: 1  
 Ppcls: Nbhd Cd Sewer: Water: Utilities:  
 Res vac la: **28040** **None** **None** **Electric**

**Taxable Value**  
 County: **0**  
 Muni: **0**  
 School: **0**  
 Village: **0**  
 Schl after Star: **0**

**Miscellaneous**  
 Book: **1580**  
 Page: **152**  
 Mortg:  
 Bank:  
 Acct No: 226940

**Land** Total: 1  
 Type: FF: Depth: Acres: Sqft:  
**Residual 325.00 45.00 0.34 0**

**Sale** Total: 1  
 Book Page Sale Date Sale Price Owner  
**1580 152 12/17/01 0 Town, Of Putnam**

**Building** Total: 0

**Exemption** Total: 1  
 Code Amount Term Year Own Pct  
**13500 TOWN MISC 10,600 0 0**

**Improvement** Total: 0  
 Type Name Dim1 Dim2 SQFT Yr Built

**Special District** Total: 3  
 Code Units Pct Type Move Tax  
**FD014 Fire district .00 .00 .00**  
**HRD01 Peekskill Hol .00 .00 .00**  
**SW018 Sewer #2 ext .00 .00 .00**

Double click to open a window



**Voucher**

**Vendor:** 0000004415  
 J ROBERT FOLCHETTI & ASSOC LLC  
 31 SODOM ROAD  
 BREWSTER, NY 10509

**Description:** ENGINEERING SERVICES FOR 31 ORCHARD STREET

**Total**      \$510.00

Date	Qty.	Unit	Description	Unit Price	Amount
02/28/2017			ENGINEERING SERVICES FOR 31 ORCHARD STREET A.3650		510.00
<b>Total:</b>					\$510.00

Authorized Official	Date	Authorized Official	Date

## Daniels, Porco and Lusardi, LLP

Daniels, Porco and Lusardi, LLP  
One Memorial Avenue  
Pawling, New York 12564  
Phone No.: (845) 855-5900  
Fax: (845) 855-5945

Statement as of 4/4/2017  
Statement no 6902

### Town of Putnam Valley

Town Supervisor  
265 Oscawana Lake Road  
Putnam Valley, NY 10579

2998-036628 / Town of Putnam Valley v. Capodiceci, Ralph (31 Orchard Rd)

Email: mangelico@putnamvalley.com

### Professional Fees

		Hours	Rate	Amount
02/27/2017 RCL	Review of file	0.30	175.00	52.50
02/27/2017 LLM	Review serving process with RCL, prepare letter to Mike Johnson for service and prepare letter serving Resolution	1.00	50.00	50.00
02/28/2017 RCL	Review with LLM	0.20	175.00	35.00
02/28/2017 LLM	Prepare service copies of Resolution, prepare certified mailings and regular mailings, telephone call and email exchange with Blackstone re: service. Finalize all documents	2.00	50.00	100.00
03/02/2017 RCL	Review of file.	0.10	175.00	17.50
03/02/2017 LLM	Review with RCL	0.20	50.00	10.00
03/08/2017 RCL	Telephone conference with Rich Quaglietta	0.10	175.00	17.50
03/08/2017 LLM	Attention to file, call with Rich Quaglietta, attend call with RCL and attorney for Ocwen	0.30	50.00	15.00
03/09/2017 RCL	Review of file. Telephone conference with Counsel Telephone conference with R. Quaglietta	0.30	175.00	52.50
03/09/2017 LLM	Email counsel for Ocwen, attention to file.	0.20	50.00	10.00
			Sub-total Fees:	\$360.00

### Rate Summary

Robert C. Lusardi	1.00 hours at \$175.00/hr	175.00
Lillian L. Mead	3.70 hours at \$50.00/hr	185.00
Total hours:	4.70	

### Expenses

		Units	Price	Amount
03/01/2017	Certified Mailings sending Resolution	8.00	6.77	54.16

03/03/2017	Mike Johnson & Associates, LLC. - Service on HSBC and Westchester Medical Center	1.00	225.00	225.00
03/09/2017	Landrecords search	1.00	20.00	20.00
				<hr/>
			Sub-total Expenses:	\$299.16

**Payments**

03/20/2017	Payment	Thank you for your payment		2,250.00
				<hr/>
			Sub-total Payments:	\$2,250.00

Total Current Billing:	\$659.16
Previous Balance Due:	\$2,674.15
Total Payments:	<u>(\$2,250.00)</u>
<b>Total Now Due:</b>	<b>\$1,083.31</b>

# Memorandum

6

**To:** TOWN BOARD MEMBERS  
**From:** JUDY TRAVIS – DISTRICT CLERK  
**Date:** 3/1/17  
**Re:** ROARING BROOK LAKE SUPERINTENDENT

---

I formally request the Town Board appoint \_\_\_\_\_ as the Roaring Brook Lake Superintendent for the 2017 season at a salary of \$3500. The position will run from May 20 through Labor Day.

Friedel Muller-Landau  
7 Cove Rd. Putnam Valley, NY 10579

May 3, 2017

Re: Application for Lake Super for the Roaring Brook Lake District for the summer

To Judy Travis  
District Administrator  
Town Hall  
Putnam Valley, New York

Hi Judy.

Attached you find my Application for the position of Lake Supervisor. Please read it over and please call me if there was need for additional information. I would enjoy being again serving in that position. For reference the Board may call Ina Cholst (917-362-4409), Bobby Coles (347-399-87871), Karla Ruth (845-519-7187). My cell Phone Number is (914-299-1541) and my email address is [friedelm@gmail.com](mailto:friedelm@gmail.com).

I will be looking forward working with you and the Parks Depaartment,

Friedel

A handwritten signature in cursive script that reads "Friedel Muller-Landau". The signature is written in dark ink and is positioned below the typed name "Friedel".



# APPLICATION

for EXAMINATION and/or EMPLOYMENT

Roaring Brook Lake Seasonal Superintendent

EXAMINATION or POSITION TITLE

EXAMINATION NUMBER

THIS APPLICATION IS USED TO DETERMINE YOUR ELIGIBILITY FOR EXAMINATION AND/OR EMPLOYMENT. BE SURE TO ANSWER ALL QUESTIONS COMPLETELY & CAREFULLY. USE INK OR TYPE. YOUR APPLICATION IS NOT COMPLETE IF YOU DO NOT SUBMIT THE REQUIRED FILING FEE AND A SELF-ADDRESSED, STAMPED ENVELOPE. (Please make check or money order payable to "Putnam County Personnel Department" - no cash) RETURN COMPLETED APPLICATION TO: Putnam County Personnel Department, 110 Old Route Six, Building 3, Carmel, NY 10512.

Name and Legal Residence - PLEASE NOTIFY PUTNAM COUNTY PERSONNEL DEPARTMENT IN WRITING IMMEDIATELY IF ANY OF YOUR INFORMATION CHANGES

ST NAME: Muller-Landau | FIRST NAME: Friedel | M.L.: | SOCIAL SECURITY NUMBER: 073-46-1145  
REET ADDRESS (P.O. BOX NOT ACCEPTABLE): | CITY: | STATE: | ZIP CODE: | COUNTY:

Mailing Address (if different from Legal Residence)  
REET ADDRESS (P.O. BOX ACCEPTABLE): 2 Cove Rd | CITY: Putnam Valley | STATE: NY | ZIP CODE: 10579

Telephone, E-Mail, and Other Residence Information  
HOME TELEPHONE (AREA CODE & NUMBER): 845-528-7658 | BUSINESS TELEPHONE (AREA CODE & NUMBER): 914 294-1541 | E-MAIL ADDRESS (OPTIONAL): friedelm@gmail.com  
TOWN OR CITY OF RESIDENCE: Putnam Valley | SCHOOL DISTRICT: Putnam Valley

Employment Eligibility: \* Do you have the legal right to accept employment in the United States?  Yes  No  
\* Are you under 18 years of age?  Yes  No Proof of employment eligibility will be required upon employment.

Special Testing Arrangements: If you require special testing arrangements due to an examination with another Civil Service Agency on the same date, religious observance, disability, or any other reason, please explain:

Student Loan(s): Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation? Yes  No

- Check the appropriate box to the right of each question:
- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes  No
  - B. Have you ever resigned from any employment rather than face dismissal? Yes  No
  - C. Have you ever been convicted of any crime (felony or misdemeanor)? Yes  No
  - D. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? Yes  No
  - E. Are there any arrests or criminal accusations currently pending against you? Yes  No

If you answered "YES" to any question(s) above, please use the space below to give specifics. If you elect not to provide an explanation, you may be disqualified, or if such explanation is insufficient, you may be required to submit further information. Attach additional 8 1/2" x 11" sheets if needed.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which application is being made.

DO NOT WRITE BELOW - FOR CIVIL SERVICE USE ONLY			DATE RECEIVED:	
APPROVED	<input type="checkbox"/> FEE WAIVER	Check Amount:	Check No.:	
DISAPPROVED				
CONDITIONAL				
APPROVED BY:		OTHER:		



If High School Equivalency Diploma:

Issuing Governmental Authority:

Free State Bavaria Number:

Post High School Education:

Table with 5 columns: Name & Location of School, Type of Course or Major Subject, No. of College Credits Rec'd, Did You Graduate?, Type of Degree Rec'd. Rows include Tech University Munich, SUNY Buffalo, Pace University, and NYS State Teach. Certificates.

Partially Completed Course of Study: If credit is claimed for a partially completed college curriculum or course of study, attach a list of courses and credits completed, and indicate graduation requirements.

Indicating Specific Coursework: If the Examination or Position for which you are applying requires that you indicate specific course work, do so on an attached sheet.

Transcripts: If the Examination or Position for which you are applying requires that you provide a transcript, please send one. Required degrees and/or coursework will be verified.

Licenses: If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, please provide the following information:

Name of Trade or Profession: License No.

Dates of Validation: From To Licensing Agency City/State

1. Driver License: A Driver License may be a requirement for certain positions. Do you have a valid license to operate a motor vehicle in New York State? Yes [X] No [ ] License No. 625 283 676 Class D Date of Expiration 5-13-17 is being renewed

1. Contacting Employers: For reference purposes, may we contact your present employer? Yes [X] No [ ] Past employers? Yes [ ] No [ ] If no, please explain:

2. Performance Tests: If you have previously taken & passed any Putnam County Performance Test(s), indicate approximate dates below. STENO TYPING DATA ENTRY LANGUAGE ORAL OTHER (Describe) MO / YR MO / YR MO / YR LANGUAGE MO / YR MO / YR It is the responsibility of the applicant to provide documentation of successful completion of performance tests.

3. Other Examinations: Have you previously taken any other examinations given by this department? Yes [ ] No [ ] If yes, list titles and dates:

4. Veterans Credits: If you are an active duty member during wartime, a wartime veteran, or a disabled wartime veteran of the Armed Forces of the United States, then you may be eligible to have extra credits added to your examination score. To claim Veterans Credits, active duty members of the Armed Forces must submit proof of active duty status (e.g. current military ID, military orders or other official military document that substantiates active duty status); discharged and/or disabled veterans are required to submit a copy of their DD214 discharge papers.

1 "Disabled Wartime Veteran" means that you are entitled to receive payments for a service-connected disability (rated at 10% or more) incurred during time of hostile action or war. 2 The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force or Coast Guard and all components thereof, or the National Guard when in the service of the United States pursuant to call as provided by law on a full-time, active duty basis other than active duty for training purposes. 3 Please note that Veterans Credits can only be added to passing scores. "Active-duty status" means full-time, active duty other than active duty for training purposes. I am claiming credit as a [ ] Veteran [ ] Disabled Wartime Veteran [ ] Active Service Member. I am enclosing an Application for Veterans Credits and proof of active duty status or honorable discharge. I have previously claimed Veterans Credits (since January 1, 1951) for permanent appointment or promotion in New York State or a civil division of New York State [ ] Yes [ ] No. Check below to indicate your area(s) of service, and provide time period(s) of service:

Table with 2 columns: Service Area, Time Period of Service (From Mo/Yr - To Mo/Yr). Rows include World War II, US Public Health, Korean Conflict, US Public Health Service, Vietnam Conflict, Hostilities in Lebanon, Hostilities in Grenada, Hostilities in Panama, Persian Gulf Conflict.

\*If you served during this conflict, to be eligible for Veterans Credits you must have received the Armed Forces Expeditionary Medal for service in Zone of Conflict

**Post High School Education:**

Name & Location of School	Type of Course or Major Subject	No. of College Credits Rec'd	Did You Graduate?	Type of Degree Rec'd
Tech University, Munich	Engineering & Physics		✓	Dipl. Phys
Suny Buffalo	Biophysics Biochem		✓	Ph.D.
Yale University	NYS State Teach. Certificates		✓	4 subj. area
Other School or Special Courses	NYS Govt. Physics, Chemistry, Math, General Science			

**Partially Completed Course of Study:**  
If credit is claimed for a partially completed college curriculum or course of study, attach a list of courses and credits completed, and indicate graduation requirements.

**Indicating Specific Coursework:**  
If the Examination or Position for which you are applying requires that you indicate specific course work, do so on an attached sheet.

**Transcripts:**  
If the Examination or Position for which you are applying requires that you provide a transcript, please send one. Required degrees and/or coursework will be verified.

**Licenses:** If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, please provide the following information:

Name of Trade or Profession: \_\_\_\_\_ License No. \_\_\_\_\_  
 Dates of Validation: From \_\_\_\_\_ To \_\_\_\_\_ Licensing Agency \_\_\_\_\_ City/State \_\_\_\_\_

**Driver License:** A Driver License may be a requirement for certain positions. Do you have a valid license to operate a motor vehicle in New York State? Yes  No  License No. 625 283 676 Class D Date of Expiration 5-13-17  
*is being renewed*

**Contacting Employers:** For reference purposes, may we contact your present employer? Yes  No  Past employers? Yes  No   
 If no, please explain: \_\_\_\_\_

**Performance Tests:** If you have previously taken & passed any Putnam County Performance Test(s), indicate approximate dates below:

STENO	TYPING	DATA ENTRY	LANGUAGE ORAL	OTHER (Describe)
MO / YR	MO / YR	MO / YR	LANGUAGE MO / YR	MO / YR
<i>It is the responsibility of the applicant to provide documentation of successful completion of performance tests.</i>				

**Other Examinations:** Have you previously taken any other examinations given by this department? Yes  No   
 If yes, list titles and dates: \_\_\_\_\_

**Veterans Credits:** If you are an active duty member during wartime, a wartime veteran, or a disabled wartime veteran<sup>1</sup> of the Armed Forces of the United States,<sup>2</sup> then you may be eligible to have extra credits added to your examination score.<sup>3</sup> To claim Veterans Credits, active duty members of the Armed Forces must submit proof of active duty status<sup>4</sup> (e.g. current military ID, military orders or other official military document that substantiates active duty status); discharged and/or disabled veterans are required to submit a copy of their DD214 discharge papers.

<sup>1</sup> "Disabled Wartime Veteran" means that you are entitled to receive payments for a service-connected disability (rated at 10% or more) incurred during time of hostile action or war.  
<sup>2</sup> The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force or Coast Guard and all components thereof, or the National Guard when in the service of the United States pursuant to call as provided by law on a full-time, active duty basis other than active duty for training purposes.  
<sup>3</sup> Please note that Veterans Credits can only be added to passing scores. <sup>4</sup> "Active duty status" means full-time, active duty other than active duty for training purposes.

I am claiming credit as a  Veteran  Disabled Wartime Veteran  Active Service Member.  
 I am enclosing an Application for Veterans Credits and proof of active duty status or honorable discharge.  
 I have previously claimed Veterans Credits (since January 1, 1951) for permanent appointment or promotion in New York State or a civil division of New York State  Yes  No

Check below to indicate your area(s) of service, and provide time period(s) of service:

	Time Period of Service (From Mo/Yr - To Mo/Yr)
<input type="checkbox"/> World War II, US Public Health	December 7, 1941 – December 31, 1946
<input type="checkbox"/> Korean Conflict	June 27, 1950 – January 31, 1955
<input type="checkbox"/> US Public Health Service	June 26, 1950 – July 3, 1952
<input type="checkbox"/> Vietnam Conflict	February 28, 1961 – May 7, 1975
<input type="checkbox"/> Hostilities in Lebanon*	June 1, 1983 – December 1, 1987
<input type="checkbox"/> Hostilities in Grenada*	October 23, 1983 – November 21, 1983
<input type="checkbox"/> Hostilities in Panama*	December 20, 1989 – January 31, 1990
<input type="checkbox"/> Persian Gulf Conflict	August 2, 1990 – present

\*If you served during this conflict, to be eligible for Veterans Credits you must have received the Armed Forces Expeditionary Medal for service in Zone of Conflict

agencies, and/or any municipality within Putnam County to request verbal or written verification of records or any of the information contained herein. By signing this authorization, I give my consent for full and complete disclosure and review of all records concerning me, whether said records are of a public, private or confidential nature. Further, I hereby release the Putnam County Personnel Department, Putnam County and/or its respective departments, offices or agencies, and/or any municipality within Putnam County, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. By signing this authorization, I give my consent for a photocopy of the *Application for Examination and/or Employment* containing this release to be valid as an original thereof, even though said photocopy will not contain an original writing of my signature.

I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. My signature below certifies I have read and fully understand this "Affirmation and Authorization for Release of Personal Information."

*Fredel Wilkes Landau*  
Signature of Applicant

4/25/17  
Date

Please indicate any additional information relative to change of name, maiden name, use of an assumed name or nickname:

### PERJURY STATEMENT - APPLICANTS PLEASE BE ADVISED

Any verbal statements made by the applicant in connection with Application for Examination and/or Employment are subject to verification, including background investigation. Any false or misleading statements, misrepresentations may constitute cause for disqualification and discharge. Pursuant to Section 240.45 of the New York State Penal Law, THIS IS A CRIME PUNISHABLE AS A CLASS A MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.



### APPLICATION COMPLETION CHECKLIST ... DID YOU ... ?

- Read, Sign and Date the *Affirmation And Authorization For Release Of Personal Information*, above?
- Enter the *Title and Number* for the Examination, or the *Title* for the Position for which you are filing (top of application form)?
- Enter your *Social Security Number* (in Section 1, Page 1 of this application form)?
- Include a *Check or Money Order*, for the correct filing fee, payable to Putnam County Personnel Department?
- Include a *Self-Addressed Stamped Envelope* Business-size (#10 - 4 1/2" x 9 1/2") with appropriate amount of postage?
- Per Putnam County Resolution #305 of 2005, **EXAM FILING FEES ARE NOT REFUNDABLE** even if you are disqualified.

### \* NEXT STEP - AFTER YOU APPLY \*

Once your application materials are received, your application will be reviewed. If qualified, you will receive a letter of Admission to the examination with further information about the examination including location and time. If you are not qualified to take the examination, you will receive a letter explaining why you are disqualified. **Important!** Call the Putnam County Personnel Department - (845) 225-0860 - if you have not received a letter within three (3) days of the date of the examination informing you whether or not you are to be admitted to the examination.

### IMPORTANT APPLICANT INFORMATION

**ADMISSION TO EXAMINATION:** Notice of admission to, or actual participation in, an examination does not necessarily mean that you have been found to fully meet the announced requirements. In some cases, applicants may be admitted to an examination conditionally, if conclusive prior review or verification of the application has not been completed, or if further information has been requested but has not yet been received. Once conclusive review of the application is completed, and all further information has been received, it is possible that candidates who do not meet the requirements may be disqualified, and receive notification of such disqualification, after the examination has been held. Candidates who are disqualified subsequent to taking an examination will not be notified of their score.

**CHANGE OF ADDRESS:** Putnam County Personnel Department must receive *written notification of any change of address and/or telephone number* in order to communicate important examination and/or employment information to you. Please note the number and title of examination in your letter.

**DRUG & ALCOHOL TESTING:** In accordance with Putnam County's comprehensive drug-free workplace policy and procedures, and commitment to maintain a safe, alcohol and drug-free work environment, you may be required to submit to urinalysis; breath and/or blood tests to be considered for County employment.

**EQUAL OPPORTUNITY:** In compliance with the New York State Human Rights Law, which prohibits discrimination in employment based on age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, marital status or criminal record, no part of this application form is intended or should be construed to express, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, marital status or criminal record in connection with employment. Putnam County is an Equal Opportunity - Affirmative Action employer.

**EXAMINATION ANNOUNCEMENT:** Before completing an application, you must review the Examination Announcement for the examination for which you wish to apply. The Examination Announcement contains information about (1) the position for which the examination is testing, (2) the minimum qualifications for that position (and for the examination), (3) details about the subject of the examination, (4) last filing date, (5) filing fee, etc.

**VETERANS CREDITS:** All claims for, and grants of, Veterans Credits are tentative and must be verified through inspection of discharge papers and other related documents prior to the establishment of the eligible list. You will be advised as to which documents you must produce for such verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by Putnam County. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified.

**REMARKS:** Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2" x 11" sheet(s).





# APPLICATION

for EXAMINATION and/or EMPLOYMENT

RBl Lake Super  
EXAMINATION or POSITION TITLE

N/A  
EXAMINATION NUMBER

THIS APPLICATION IS USED TO DETERMINE YOUR ELIGIBILITY FOR EXAMINATION AND/OR EMPLOYMENT. BE SURE TO ANSWER ALL QUESTIONS COMPLETELY & CAREFULLY. USE INK OR TYPE. YOUR APPLICATION IS NOT COMPLETE IF YOU DO NOT SUBMIT THE REQUIRED FILING FEE AND A SELF-ADDRESSED, STAMPED ENVELOPE. (Please make check or money order payable to "Putnam County Personnel Department" - no cash) RETURN COMPLETED APPLICATION TO: Putnam County Personnel Department, 110 Old Route Six, Building 3, Carmel, NY 10512

Name and Legal Residence - PLEASE NOTIFY PUTNAM COUNTY PERSONNEL DEPARTMENT IN WRITING IMMEDIATELY IF ANY OF YOUR INFORMATION CHANGES

<u>Tarrant</u>	<u>Elena</u>				
LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER		
<u>17 Lake Shore Rd</u>	<u>Putnam Valley</u>	<u>NY</u>	<u>10579</u>	<u>Putnam</u>	
STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)	CITY	STATE	ZIP CODE	COUNTY	

Mailing Address (if different from Legal Residence)

STREET ADDRESS (P.O. BOX ACCEPTABLE)	CITY	STATE	ZIP CODE

Telephone, E-Mail, and Other Residence Information

<u>914-557-6985</u>		<u>elena.tarrant@gmail.com</u>
HOME TELEPHONE (AREA CODE & NUMBER)	BUSINESS TELEPHONE (AREA CODE & NUMBER)	E-MAIL ADDRESS (OPTIONAL)
<u>Putnam Valley</u>	<u>Putnam</u>	<u>Putnam School District</u>
TOWN OR CITY OF RESIDENCE		SCHOOL DISTRICT

Employment Eligibility: Do you have the legal right to accept employment in the United States?  Yes  No  
 Are you under 18 years of age?  Yes  No *Proof of employment eligibility will be required upon employment.*

Special Testing Arrangements: If you require special testing arrangements due to an examination with another Civil Service Agency on the same date, religious observance, disability, or any other reason, please explain: \_\_\_\_\_

Student Loan(s): Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation? Yes  No

Check the appropriate box to the right of each question:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
B. Have you ever resigned from any employment rather than face dismissal?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
C. Have you ever been convicted of any crime (felony or misdemeanor)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
D. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
E. Are there any arrests or criminal accusations currently pending against you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

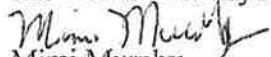
If you answered "YES" to any question(s) above, please use the space below to give specifics. If you elect not to provide an explanation, you may be disqualified, or if such explanation is insufficient, you may be required to submit further information. Attach additional 8 1/2" x 11" sheets if needed.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which application is being made.

NOT WRITE BELOW - FOR CIVIL SERVICE USE ONLY			DATE RECEIVED:	
APPROVED	<input type="checkbox"/> FEE WAIVER	Check Amount:	Check No.:	
DISAPPROVED				
CONDITIONAL				
SIGNED BY:		OTHER:		

Good Afternoon:

I am writing to inform you of my interest in serving as the Roaring Brook Lake Supervisor for the summer of 2017. I am including my application in this fax transmission. Please let me know if there is anything else that I need to submit at this time. Thank you.

  
Mimi Murphy

[signupmurphy@gmail.com](mailto:signupmurphy@gmail.com)

(845)538-7360

High School: Have you graduated from high school? Yes  No

If Yes, name & location of high school: Bloomfield High School, Bloomfield, NJ  
If High School Equivalency Diploma: Issuing Governmental Authority: \_\_\_\_\_ Number: \_\_\_\_\_

Post High School Education:

Name & Location of School	Type of Course or Major Subject	No. of College Credits Rec'd	Did You Graduate?	Type of Degree Rec'd
<u>Montclair State University, NJ</u>	<u>Phis.Ed./Health</u>		<u>YES</u>	<u>BS</u>
<u>NYIT</u>	<u>Instructional Technology</u>		<u>YES</u>	<u>MS</u>
Other School or Special Courses				

Partially Completed Course of Study: If credit is claimed for a partially completed college curriculum or course of study, attach a list of courses and credits completed, and indicate graduation requirements.

Indicating Specific Coursework: If the Examination or Position for which you are applying requires that you indicate specific course work, do so on an attached sheet.

Transcripts: If the Examination or Position for which you are applying requires that you provide a transcript, please send one. Required degrees and/or coursework will be verified.

Licenses: If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, please provide the following information:

Name of Trade or Profession: \_\_\_\_\_ License No. \_\_\_\_\_

Dates of Validation: From \_\_\_\_\_ To \_\_\_\_\_ Licensing Agency \_\_\_\_\_ City/State \_\_\_\_\_

Driver License: A Driver License may be a requirement for certain positions. Do you have a valid license to operate a motor vehicle in New York State? Yes  No  License No. \_\_\_\_\_ Class \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Contacting Employers: For reference purposes, may we contact your present employer? Yes  No  Past employers? Yes  No  If no, please explain: \_\_\_\_\_

Performance Tests: If you have previously taken & passed any Putnam County Performance Test(s), indicate approximate dates below:

STENO	TYPING	DATA ENTRY	LANGUAGE ORAL	OTHER (Describe)
MO / YR	MO / YR	MO / YR	LANGUAGE MO / YR	MO / YR

It is the responsibility of the applicant to provide documentation of successful completion of performance tests.

Other Examinations: Have you previously taken any other examinations given by this department? Yes  No

If yes, list titles and dates: \_\_\_\_\_

Veterans Credits: If you are an active duty member during wartime, a wartime veteran, or a disabled wartime veteran<sup>1</sup> of the Armed Forces of the United States,<sup>2</sup> then you may be eligible to have extra credits added to your examination score.<sup>3</sup> To claim Veterans Credits, active duty members of the Armed Forces must submit proof of active duty status<sup>4</sup> (e.g. current military ID, military orders or other official military document that substantiates active duty status); discharged and/or disabled veterans are required to submit a copy of their DD214 discharge papers.

<sup>1</sup> "Disabled Wartime Veteran" means that you are entitled to receive payments for a service-connected disability (rated at 10% or more) incurred during time of hostile action or war.

<sup>2</sup> The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force or Coast Guard and all components thereof, or the National Guard when in the service of the United States pursuant to call as provided by law on a full-time, active duty basis other than active duty for training purposes.

<sup>3</sup> Please note that Veterans Credits can only be added to passing scores. <sup>4</sup> "Active-duty status" means full-time, active duty other than active duty for training purposes.

- I am claiming credit as a  Veteran  Disabled Wartime Veteran  Active Service Member.
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- I have previously claimed Veterans Credits (since January 1, 1951) for permanent appointment or promotion in New York State or a civil division of New York State  Yes  No.
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<input type="checkbox"/> Hostilities in Panama*	December 20, 1989 - January 31, 1990
<input type="checkbox"/> Persian Gulf Conflict	August 2, 1990 - present

\*If you served during this conflict, to be eligible for Veterans Credits you must have received the Armed Forces Expeditionary Medal for service in Zone of Conflict

**AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

By my signature below, I hereby authorize the Putnam County Personnel Department, the County of Putnam, and/or its respective departments, offices or agencies, and/or any municipality within Putnam County to request verbal or written verification or records of any or all information contained herein. By signing this authorization, I give my consent for full and complete disclosure and review of all records concerning me, whether said records are of a public, private or confidential nature. Further, I hereby release the Putnam County Personnel Department, Putnam County and/or its respective departments, offices or agencies, and/or any municipality within Putnam County, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. By signing this authorization, I give my consent for a photocopy of the *Application for Examination and/or Employment* containing this release to be valid as an original thereof, even though said photocopy will not contain an original writing of my signature.

I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. My signature below certifies I have read and fully understand this "Affirmation and Authorization for Release of Personal Information."

W. Murphy  
Signature of Applicant

4/28/17  
Date

Please indicate any additional information relative to change of name, maiden name, use of an assumed name or nickname:

**PERJURY STATEMENT - APPLICANTS PLEASE BE ADVISED:**

Any and all statements made by the applicant in connection with Application for Examination are subject to verification, including background investigation and review of records. Misrepresentation may constitute cause for disqualification or discharge. Pursuant to Section 207 of the New York State Penal Law, IT IS A CRIME PUNISHABLE AS A CLASS A MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.



**APPLICATION COMPLETION CHECKLIST ... DID YOU ... ?**

- Read, Sign and Date the Affirmation And Authorization For Release Of Personal Information, above?
- Enter the Title and Number for the Examination, or the Title for the Position for which you are filing (top of application form)?
- Enter your Social Security Number (in Section 1, Page 1 of this application form)?
- Include a Check or Money Order, for the correct filing fee, payable to Putnam County Personnel Department?
- Include a Self-Addressed Stamped Envelope Business-size (#10 - 4 1/4" x 9 1/2") with appropriate amount of postage?
- Per Putnam County Resolution #305 of 2005, EXAM FILING FEES ARE NOT REFUNDABLE even if you are disqualified.

**NEXT STEP - AFTER YOU APPLY:**

Once your application material is received, your application will be reviewed. If qualified, you will receive a letter of Admission to the examination with further information about the examination including location and time. If you are not qualified to take the examination, you will receive a letter explaining why you are disqualified. **Important:** Call the Putnam County Personnel Department - (845) 225-0860 - if you have not received a letter within three (3) days of the date of the examination informing you whether or not you are to be admitted to the examination.

**IMPORTANT APPLICANT INFORMATION**

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- CHANGE OF ADDRESS:** Putnam County Personnel Department must receive *written notification of any change of address and/or telephone number* in order to communicate important examination and/or employment information to you. Please note the number and title of examination in your letter.
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- EQUAL OPPORTUNITY:** In compliance with the New York State Human Rights Law, which prohibits discrimination in employment based on age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, marital status or criminal record, no part of this application form is intended or should be construed to express, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, marital status or criminal record in connection with employment. Putnam County is an Equal Opportunity - Affirmative Action employer.
- EXAMINATION ANNOUNCEMENT:** Before completing an application, you must review the Examination Announcement for the examination for which you wish to apply. The Examination Announcement contains information about (1) the position for which the examination is testing, (2) the minimum qualifications for that position (and/or the examination), (3) details about the subject of the examination, (4) last filing date, (5) filing fee, etc.
- VETERANS CREDITS:** All claims for, and grants of, Veterans Credits are tentative and must be verified through inspection of discharge papers and other related documents prior to the establishment of the eligible list. You will be advised as to which documents you must produce for such verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by Putnam County. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified.

**REMARKS:** Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2" x 11" sheet(s).

As a teacher, I am available all summer. I have many contacts and a lot of support from my neighbors in RBL.  
Thank You!



1/A

## Town of Putnam Valley

**To:** Putnam Valley Town Board  
**From:** Susan L. Manno  
**Date:** May 2, 2017  
**Subject:** Surplus Pitney Bowes Postage Machine

I formally request that the Putnam Valley Town Board authorize the following Pitney Bowes Postage Machine be recorded as surplus and disposed of as electronic waste. The hard drive components have been returned to Pitney Bowes. This is an old machine and of no monetary value.

Serial #0015602  
Serial #0020728





7B

## Town of Putnam Valley

To: Putnam Valley Town Board

From: Susan L. Manno

Date: May 2, 2017

Subject: Authorize Supervisor to Sign Bill of Sale  
Lawn Mower Trailer

*Susan L. Manno*

I formally request, that the Putnam Valley Town Board authorize the Town Supervisor to sign documents for the purchase of a 12 foot Big Tex Trailer. This trailer will be used to transport lawn equipment to various sites that the town is responsible for maintaining. Purchase price for trailer is \$1,550.00 from Ness Automotive, Danbury Connecticut which is the lowest price of three quotes. This expense has been included in the 2016 budget.

1. Retail Purchase Order for Motor Vehicle
2. Sales and Use Tax Exemption for a Motor Vehicle Purchased by a Nonresident of Connecticut

**NESS Automotive**  
92 Federal Road  
Danbury, CT, 06810  
WWW.NESSAUTOCT.COM  
203-792-NESS (6377)

**Bill To:** Town of Putnam Valley NY  
Town of Putnam Valley NY  
265 Oscawana Lake Rd  
Putnam Valley, NY 10579  
646-208-0714

INSTRUCTIONS: 35SA-12  
For Mark  
**Order Status:** Open

Description 1	Description 2	Attribute	Size	Order	Sold	Due	Price	Ext Price	Tax
Trailer	Serial # 16VAX1219H3039258			1	0	1	\$1,550.00	\$1,550.00	T
Total Qty Ordered:				1	0	1			

Percent Unfilled: 100

	Subtotal:	\$1,550.00
Exempt	0 % Tax	+ \$0.00
	<b>TOTAL:</b>	<b>\$1,550.00</b>
	Deposit Balance:	\$0.00
	Balance Due:	\$1,550.00

Thank you for your order!

FAX 845 528 2130

SOLD TO

INVOICE

ADDRESS

CT LICENSE # \_\_\_\_\_

NEW  USED  DEMONSTRATOR

SALESPERSON \_\_\_\_\_

DATE \_\_\_\_\_

YEAR & MAKE	MODEL	CYL	BODY TYPE	COLOR	TRIM
-------------	-------	-----	-----------	-------	------

STOCK NO.	V.I.R. NUMBER	TITLE NO.	KEY NO.
-----------	---------------	-----------	---------

Title No.		TRADE-IN		Reg. No.	
YEAR	MAKE	MODEL	TYPE	COLOR	ENGINE

IDENT. NO.	MILEAGE
ALLOW: \$	NET ALLOW. \$
BALANCED OWED TO	BAL OWED \$

NO INSURANCE IS INCLUDED IN THIS ORDER

Enter My Order For insurance as follows:

Accident and Health \$ \_\_\_\_\_  Life \$ \_\_\_\_\_  Vendor's Single Interest Fee \$ \_\_\_\_\_

My insurance agent: \_\_\_\_\_

My company is \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_

THIS MOTOR VEHICLE IS GUARANTEED FOR \_\_\_\_\_ DAYS OR \_\_\_\_\_ MILES WHICHEVER COMES FIRST. The dealership will pay 100% of the labor and 100% of the parts for the covered systems repair which renders the vehicle mechanically operational and sound during the warranty period. All WORK MUST BE DONE AT THE DEALERSHIP. NO OUTSIDE INVOICE WILL BE HONORED BY THE DEALERSHIP. SIGNATURE \_\_\_\_\_

"AS IS" THIS VEHICLE IS SOLD "AS IS." THIS MEANS THAT YOU WILL LOSE YOUR IMPLIED WARRANTIES. YOU WILL HAVE TO PAY FOR ANY REPAIRS NEEDED AFTER SALE. IF WE HAVE MADE ANY PROMISES TO YOU, THE LAW SAYS WE MUST KEEP THEM, EVEN IF WE SELL "AS IS." TO PROTECT YOURSELF, ASK US: 1. TO PUT ALL PROMISES INTO WRITING, AND 2. IF WE OFFER A WARRANTY ON THIS VEHICLE.

SIGNATURE \_\_\_\_\_

THIS MOTOR VEHICLE BEING PURCHASED IS A PREVIOUS

RENTAL  LEASE VEHICLE  TAXI  POLICE  TRADE-IN

AUCTION  BUY  OTHER \_\_\_\_\_ (INITIAL)

The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale. Buyer's Guide Disclosure

MILEAGE AT TIME OF SALE: \_\_\_\_\_

CASH PRICE OF VEHICLE \_\_\_\_\_

OPTIONAL EQUIP. & ACCESS: \_\_\_\_\_

Dealer Conveyance Fee  
The Dealer Conveyance Fee is Not Payable To The State of CT. This Fee is Negotiable.

REGISTRATION, TITLE & FEES	
SALES TAX	
TOTAL CASH PRICE DELIVERED	
FINANCE CHARGE	
INSURANCE	
TOTAL TIME PRICE	
SETTLEMENT DEPOSIT (NO REFUND OF DEPOSIT) CASH ON DELIVERY	
NET TRADE ALLOWANCE	
LIEN HOLDER	
PAYMENTS	
_____ AT \$ _____	
_____ AT \$ _____	
<b>TOTAL</b>	

ANNUAL PERCENTAGE RATE A.P.R. \_\_\_\_\_ %

**ALWAYS SHOW VEHICLE IDENTIFICATION NUMBER AND KEY NUMBER**

# RETAIL PURCHASE ORDER FOR MOTOR VEHICLE

Purchaser's Name \_\_\_\_\_ Email: \_\_\_\_\_ Date \_\_\_\_\_ Stock No. \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Salesperson \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Body Type \_\_\_\_\_ Color \_\_\_\_\_ Trim \_\_\_\_\_  
 Year & Make (YEAR & MAKE) \_\_\_\_\_ Model (MODEL) \_\_\_\_\_ Cyl. (CYL.) \_\_\_\_\_

O.D.B. No. \_\_\_\_\_ S.S. No. \_\_\_\_\_ Delivered On or About \_\_\_\_\_

FILL OUT THIS SECTION IF USED CAR OR TRUCK IS TO BE TRADED IN AS PART PAYMENT AND DO NOT SIGNIFY AND TO THE BEST OF MY KNOWLEDGE I THE UNDERSIGNED STATE THAT THE MILEAGE AS SHOWN ON THE ODOMETER IS THE ACTUAL MILEAGE WHICH THE CAR HAS DRIVEN

THE MILEAGE AS SHOWN ON THE ODOMETER OF THE MOTOR VEHICLE TO BE PURCHASED IS:

Make & Year Used \_\_\_\_\_ Model \_\_\_\_\_  
 Cyl. \_\_\_\_\_ Body Type \_\_\_\_\_ Color \_\_\_\_\_ Trim No. \_\_\_\_\_  
 Ident. No. \_\_\_\_\_  
 Balanced Owed \$ \_\_\_\_\_ Allowance \$ \_\_\_\_\_  
 To Whom Owed \_\_\_\_\_ Net Allowance \$ \_\_\_\_\_

CASH PRICE AT SELLER'S PLACE OF BUSINESS: \_\_\_\_\_  
 ACCESSORIES AND EXTRA EQUIPMENT: \_\_\_\_\_  
 VIN ETCH SERVICE (OPTIONAL)  
 YES  NO (INIT) \_\_\_\_\_

NO INSURANCE IS INCLUDED IN THIS ORDER  
 OTHER CHARGES:  Enter My Order for Insurance as follows:  
 CREDIT INSURANCE AGREEMENT: The purchase of Accident & Health & Credit Life Insurance is voluntary and not required for credit.  
 Credit Life \$ \_\_\_\_\_  Accident & Health \$ \_\_\_\_\_

BUYER'S SIGNATURE \_\_\_\_\_  
 My Ins. Co. is \_\_\_\_\_  
 My Ins. I.D. No. is \_\_\_\_\_  
 Driver's License Number \_\_\_\_\_

### TERMS OF WARRANTY

THIS MOTOR VEHICLE NOT GUARANTEED BY \_\_\_\_\_  
 THIS VEHICLE IS SUBJECT TO A LIMITED WARRANTY OF \_\_\_\_\_  
 FOR \_\_\_\_\_ MILES OR \_\_\_\_\_ MONTHS, WHICHEVER OCCURS FIRST. COPY GIVEN CLIENT.

THIS MOTOR VEHICLE IS GUARANTEED For \_\_\_\_\_ Days or \_\_\_\_\_ miles whichever comes first. The retailer will pay 100% of the labor and 100% of the parts for the covered systems which renders the vehicle mechanically operational and sound during the warranty period. All work must be done in retailer's shop.

THIS VEHICLE IS NOT GUARANTEED

"AS IS" THIS VEHICLE IS SOLD "AS IS". THIS MEANS THAT YOU WILL LOSE YOUR IMPLIED WARRANTIES. YOU WILL HAVE TO PAY FOR ANY REPAIRS NEEDED AFTER SALE. IF WE HAVE MADE ANY PROMISES TO YOU, THE LAW SAYS WE MUST KEEP THEM. EVEN IF WE SELL "AS IS". TO PROTECT YOURSELF, ASK US (1) TO PUT ALL PROMISES INTO WRITING AND (2) IF WE OFFER A WARRANTY ON THIS VEHICLE.

THIS MOTOR VEHICLE BEING PURCHASED IS A PREVIOUS  
 RENTAL  LEASE VEHICLE  TAXI  POLICE  
 TRADE-IN  AUCTION  BUY  OTHER

The information you see on the invoice form for this vehicle is part of the contract information on the window form overrides any contrary provisions in the contract of sales. Buyer's Guide Disclosure

LIEN

Payment Schedule, will be to

NUMBER OF PAYMENTS	AMOUNT OF EACH PAYMENT	WHEN PAYMENTS ARE DUE
1 First	\$	MONTHLY BEGINNING
6	\$	DUPLICATE

ANNUAL PERCENTAGE RATE: The cost of your credit as a yearly rate. A.P.R. % \$

FINANCE CHARGE: The dollar amount the credit will cost you. \$

Amount Financed: The amount of credit provided to you or on your behalf. \$

Total of Payments: The amount you will have paid after you have made all the payments as scheduled. \$

Total Sale Price: The total cost of your purchase on credit, including your down-payment of \$ \$

CASH PRICE  
 Dealer Conveyance Fee This Fee is Negotiable  
 The Dealer Conveyance Fee is Not Payable To The State of CT.

SALES TAX

REG.	TRANS.	TITLE	LIEN

1. TOTAL CASH PRICE DELIVERED

2. DEPOSIT SUBMITTED WITH ORDER

ADDITIONAL DEPOSIT

NO REFUND OF DEPOSIT

NET TRADE ALLOW

CASH ON DELIVERY

CASH DOWN PAYMENT AND ALLOWANCES

TOTAL DOWN PAYMENT

3. UNPAID BALANCE OF CASH PRICE (1-2)

4. Credit Life Ins.

Accident & Health Ins.

Vendors Single Interest

OTHER CHARGES

TOTAL OTHER CHARGES

5. UNPAID BALANCE AMT. FIN. (3 + 4)

**THIS ORDER IS NOT BINDING UNTIL SIGNED AND ACCEPTED BY DEALER**

Purchaser's Signature: \_\_\_\_\_ and I have received a copy of this order \_\_\_\_\_ Date \_\_\_\_\_

Accepted By: \_\_\_\_\_ (Name and Title) Date \_\_\_\_\_

**FINAL PAYMENT BANK OR CERTIFIED CHECK PLEASE**

AUTO AD SALES, INC. (203) 678-1241

"I", "me", "Consumer" and "Buyer" refer to the Purchaser. "You", "your" and "Dealer" refer to the Seller.

I agree this order is subject to the following terms:

1. I understand that this purchase order should be treated that the title is not a title or at any special purpose. You do not authorize any other person to assume responsibility for any verbal promise or void unless it is in writing and signed by a selected person of the Dealer and incorporated into the order.
  2. In case this vehicle is for a used motor vehicle, I understand that there is no guarantee (unless it is written on the face of this order). The mileage shown on the specification is not guaranteed or assumed to be correct. The excessive wear and tear on vehicles being purchased will be covered from damages resulting from an automobile accident or from misuse of the used motor vehicle by the consumer. Consumer warranty period will be excluded by any time periods during which the used motor vehicle is in the possession of the dealer or its authorized agent for the purpose of repairing the used motor vehicle under the terms and obligations of the extended warranty.
  3. In case this order is for a new vehicle, I understand that it is my responsibility to get delivery from the manufacturer. I agree to pay any amount in place of the manufacturer at any time before the date of delivery. I agree to pay any and all taxes (State and Federal Excise and Sales Taxes, Texas) which are or may be imposed on this sale by State or Federal Government.
  4. a. If part of the purchase price is covered by a vehicle to be turned in, I agree to deliver the vehicle to you when I sign this order. If you loan back this vehicle to me (pending delivery of the new vehicle) I agree that you may re-appraise the allowance made for the turned in vehicle (as stated on the face of this order) at the time I deliver the trade-in vehicle to you. I agree to give you satisfactory proof that I own the vehicle and to sign a mileage certification statement for the trade-in vehicle. I warrant (guarantee) (a) that there are no liens or encumbrances on the trade-in vehicle except as shown on the face of this agreement, (b) that the trade-in does not have a welded or bent frame and that the motor block is not cracked, welded or repaired; (c) that the vehicle has not been flood damaged or declared a total loss for insurance purposes; and (d) that the emission controls have not been removed or tampered with.
- Emissions Control:**
- b. In accordance with Connecticut Public Act 79-238 Motor Vehicle Emissions Sec.2(a) No person shall fail to maintain in good working order or remove, dismantle or otherwise cause to be inoperative any equipment or feature constituting an operational element of the air pollution control system or mechanism of a motor vehicle required by regulations of the commissioner of environmental protection to be maintained on the vehicle.
  - c. Consumer is responsible for any repairs to emission control system to conform to emissions standards.
5. If this order is for a new vehicle which you do not have in stock when the order is placed, and you are not able to provide it within 120 days of the specified delivery date (when I may cancel my order at any time after I give you 10 days notice) during which you may still deliver the vehicle. If I do cancel my order as above, I shall be entitled to the return of any deposits in cash which I have made. If the deposit has been on a trade-in vehicle, I shall be entitled to its return if it has not been sold. If the deposited vehicle is returned, I agree to pay storage cost and any sums spent on reconditioning. If the deposited vehicle has been sold, you may pay me its sale price less 20 per cent and less the cost of reconditioning.
  6. I agree to accept and pay for the vehicle within five days after I am notified that it is ready for delivery. If part of the purchase price is to be financed, I agree to execute such forms of note and conditional bill of sale which you shall provide. You shall have the right to demand payment of the balance in cash if my credit is not approved.
  7. If I do not accept delivery of the vehicle within 5 days, (after I have been notified that it is ready for delivery) I will forfeit any deposit previously made on this order (whether by cash or trade in vehicle); you may retain such deposit which will then (at your option) constitute liquidated damages for my breach of this contract.
  8. Buyer shall not be entitled to recover from the selling dealer any consequential damages, damages to property, damages for loss of use, loss of time, loss of profits, or income, or any other incidental damages.
  9. This order is not transferable.

## Sales and Use Tax Exemption for a Motor Vehicle Purchased by a Nonresident of Connecticut

### Part I Instructions

Conn. Gen. Stat. §12-412(60) exempts from sales and use taxes the sale of any motor vehicle in this state:

- When the purchaser of the motor vehicle is not a resident of this state and does not maintain a permanent place of abode in this state; and
- The motor vehicle is not presented, or is not required to be presented, for registration with the Department of Motor Vehicles (DMV) in this state.

**General Purpose:** A nonresident purchaser should use this certificate in connection with the purchase of a motor vehicle exempt from sales and use taxes from a licensed Connecticut motor vehicle dealer (retailer) when the vehicle will not be presented, or is not required to be presented, for any form of registration in Connecticut except to obtain an in-transit plate.

This certificate is not valid unless it is wholly and correctly completed and acknowledged. Any misrepresentation will result in the imposition of use tax liability and statutory interest and penalties on the purchaser or sales tax liability and statutory interest and penalties on the retailer. The information in this certificate will be furnished to other states and is subject to verification by the State of Connecticut. If the purchaser is a corporation, an officer or authorized representative must sign the Purchaser's Declaration.

**Instructions for the Purchaser:** Use this certificate only if you do not maintain a permanent place of abode in Connecticut and will not present, or are not required to present, the motor vehicle for any form of registration in Connecticut except to obtain an in-transit plate.

Do not use this form if you maintain a permanent place of abode in Connecticut. A *permanent place of abode* is a dwelling place permanently maintained by an individual, whether or not owned by, rented, or leased to the individual and generally includes a dwelling place owned by or leased to his or her spouse. Generally, a barracks, motel room, or any construction that does not contain facilities ordinarily found in a dwelling, such as facilities for cooking, bathing, etc., are not deemed a permanent place of abode. Also, a place of abode is not deemed permanent if it is maintained only during a temporary stay for the accomplishment of a particular purpose.

A corporation, partnership, limited liability company, or other business entity may qualify for this exemption only if:

- The entity maintains no Connecticut situs and owns no fixed assets located in this state;
- No partner, officer, or member of the entity or its affiliates, and no operator or user of the motor vehicle with an ownership interest in the entity or its affiliates, is a resident of Connecticut or is a nonresident that maintains a permanent place of abode in Connecticut; and
- The motor vehicle is not presented, or is not required to be presented, for registration with DMV.

**Instructions for the Retailer:** You must keep a copy of the certificate and a bill or invoice for at least six years from the date the item is purchased. The certificate is valid only if taken in good faith from a person who does not maintain a permanent place of abode in this state or a business entity that meets the requirements stated above and will not present, or is not required to present, this motor vehicle for any form of registration in Connecticut except to obtain an in-transit plate. The good faith of the retailer will be questioned if the retailer knows or has knowledge of facts that give rise to a reasonable inference that the purchaser is a resident of Connecticut, maintains a permanent place of abode here, intends to present, or is required to present, the motor vehicle for registration with DMV in this state except to obtain an in-transit plate. The bill, purchase invoice, or records covering the purchase made under this certificate must be appropriately marked to indicate that an exempt purchase has occurred. The words "Exempt under CERT-125" satisfy this requirement.

**For More Information:** See Informational Publication 2004(27), *Q & A on Purchases of Motor Vehicles by Nonresidents*. Call Taxpayer Services at 1-800-382-9463 (in-state) or 860-297-5962 (from anywhere). TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911.

**Part II Retailer and Purchaser - Read Instructions first, then complete Parts II, III, IV, and V.**

**Retailer Information**

Name of retailer \_\_\_\_\_ CT Tax Registration No. \_\_\_\_\_  
Street address \_\_\_\_\_ Date of sale \_\_\_\_\_  
City or town, State, ZIP Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Purchaser Information**

Name of Purchaser \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_  
If an individual: \_\_\_\_\_ If corporation, partnership, limited liability company, or other business entity:  
Home address \_\_\_\_\_ Business address \_\_\_\_\_  
Name and address of employer \_\_\_\_\_ Name and address of partners, officers, members, and operator(s) of motor vehicle \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(Attach copy of each out-of-state driver's license. Use additional sheets if necessary for the names, addresses, and license numbers of additional drivers.)

**Part III Motor Vehicle Identification Data**

Year \_\_\_\_\_ Model \_\_\_\_\_ Make of vehicle \_\_\_\_\_ Color \_\_\_\_\_  
Vehicle identification number \_\_\_\_\_ State of registration and number \_\_\_\_\_

**Computation of Price**

**Trade-In Data**

Gross sales price\* \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Trade-in allowance \_\_\_\_\_ State of registration and plate number \_\_\_\_\_  
Net sales price \_\_\_\_\_ Vehicle identification number \_\_\_\_\_

\* Do not deduct manufacturer's rebates from the gross sales price.

**Part IV Purchaser's Declaration**

Please initial:

\_\_\_\_\_, I, the purchaser, or person authorized to sign on behalf of the purchaser named in Part II, acknowledge that the retailer has explained to me the meaning of a permanent place of abode as defined in Part I (or the requirements for business entities as described in Part I) and I declare that I do not maintain such a permanent place of abode in Connecticut.

\_\_\_\_\_, I, the purchaser, or person authorized to sign on behalf of the purchaser named in Part II, declare that I purchased the motor vehicle described in Part III from the retailer named in Part II. The purchaser is not a Connecticut resident and does not maintain a permanent place of abode in Connecticut, or the business entity meets the requirements described in Part I. The purchaser is a resident of (or the business entity is located in) the State of \_\_\_\_\_. This motor vehicle will not be presented, or is not required to be presented, for registration with the Connecticut DMV. I declare under the penalty of false statement that I have examined this certificate and to the best of my knowledge and belief it is true, complete, and correct. I understand the penalty for wilfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Signature of purchaser or authorized person \_\_\_\_\_ Date \_\_\_\_\_

If corporation, partnership, limited liability company, or other business entity:

Print name of purchaser or authorized person \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If jointly purchased, signature of other purchaser \_\_\_\_\_ Print name of other purchaser \_\_\_\_\_

**Part V Retailer's Declaration**

Please initial:

\_\_\_\_\_, I, an authorized agent of the retailer named in Part II, declare that I have explained to the purchaser that owning, leasing or otherwise maintaining a permanent place of abode in Connecticut, even if it is not permanently occupied by the purchaser, subjects this purchase to Connecticut sales tax and prohibits the use of this certificate. If the purchaser is a business entity, I have explained the exemption requirements for business entities set forth in Part I, or if pertinent, I have explained the requirement for business entities to use this certificate as described in Part I.

\_\_\_\_\_, I, an authorized agent of the retailer named in Part II, declare under the penalty of false statement that I have examined this certificate and to the best of my knowledge and belief it is true, complete, and correct. I understand the penalty for wilfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Print name of retailer's authorized agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of retailer's authorized agent \_\_\_\_\_ Title \_\_\_\_\_

# Town of Putnam Valley

## WORK SESSION

May 10, 2017

6 PM

1. Pledge
2. Discussion regarding public comment and material to be aired on channels.
3. Discussion about Wildwood Knolls water tower bids.
4. Discussion about property adjacent log cabin at Oregon Corners
5. Resolution to have the engineering and legal cost for demolition of 31 Orchard Street, Putnam Valley be Applied as a tax lien on 31 Orchard Street. Total costs are as follows:

Legal	\$1,083.31
Engineering	<u>510.00</u>
Total	\$1,593.31

### Districts

6. Appoint Roaring Brook Lake Superintendent

### Facilities

7. A. Record Pitney Bowes postage machine as surplus.  
B. Authorize Supervisor to sign Bill of Sale for lawn mower trailer.