

QUITCLAIM DEED

THIS INDENTURE, made the _____ day of September, 2017

BETWEEN

TOWN OF ORANGETOWN, a municipal corporation, organized and existing under the Laws of the State of New York, with offices at 26 Orangeburg Road, Orangeburg, New York 10962,

As party of the first part, and

PEARL RIVER CEMETERY CORP, a not-for-profit corporation formed pursuant to Article 15 of the N.Y.S. Not-for-Profit Corporation Law, with offices c/o P.O. Box 804, Nanuet, New York 10954,

As party of the second part,

WITNESSETH, that the party of the first part, in consideration of the sum of ZERO (\$0.00), and other valuable consideration, paid by the party of the second part, does hereby remise, release and quitclaim unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,

ALL that certain plot, piece, parcel of land, with the buildings and improvements thereon erected, situate, lying and being in the Town of Orangetown, Hamlet of Pearl River, County of Rockland, State of New York, as more fully described on Schedule "A", annexed hereto, and made a part hereof.

TOGETHER with the appurtenances and all the estate and rights, if any, of the party of the first part in and to said premises; **TO HAVE AND TO HOLD** the premises herein granted unto the party of the second part, the heirs or successors and assigns of the party of the second part forever.

SUBJECT to easements, restrictions, rights of cemetery plot owners within the boundaries of the described premises, and agreements of record, or to be recorded as a part of this conveyance.

AND the party of the first part, in compliance with Section 13 of the Lien Law, covenants that the party of the first part will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose. The word "party" shall be construed as if it read "parties" whenever the sense of this indenture so requires.

This conveyance by the party of the first part was approved, pursuant to N.Y.S. Town Law §§ 291[1] and 292, by Resolution No. 51 of 2017 the Town Board of the Town of Orangetown, subject to permissive referendum, which resolution became effective 30 days thereafter, no petition having been filed seeking a referendum; and, further, was approved by the Legislature of the County of Rockland, as required by § 1506 of the Not-for-Profit Corporation Law, by Resolution No. 417 of 2017 of that body.

IN WITNESS WHEREOF, the party of the first part has duly executed this deed the day and year first above written.

IN PRESENCE OF:

Andrew Y. Stewart, Town Supervisor
Town of Orangetown

STATE OF NEW YORK)

ss:

COUNTY OF ROCKLAND)

On the _____ day of September in the year 2017, before me, the undersigned, personally appeared, ANDREW Y. STEWART, personally known to me or proved to me on the basis of satisfactory evidence to be the individual who name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or person upon behalf of which the individual acted, executed the instrument.

Notary Public

SCHEDULE "A"

QUITCLAIM DEED

TOWN OF ORANGETOWN

TO

PEARL RIVER CEMETERY CORP.

Dated: September __, 2017

Premises: Orangeburg, New York

Section: 68.20

Block 2

Lot 68

County of Rockland

State of New York

RECORD AND RETURN TO:

David A. Englander, Esq.
1 Kings Highway
Tappan, New York 10983

RECEIVED

TOWN OF ORANGETOWN

RECEIVED

SPECIAL USE PERMIT FOR USE OF TOWN PROPERTY/ITEMS

AUG 23 2017

PERMIT # 17-SP-37

SEP 11 2017

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

EVENT NAME: Team KJ Mickey Sullivan Doathlan
APPLICANT NAME: Michael J Bosco
TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

ADDRESS: 8 Robin ST Pearl River

PHONE #: 917 514 2311 CELL # _____ FAX # _____

CHECK ONE: PARADE _____ RACE/RUN/WALK OTHER _____

The above event will be held on Oct 8th 2017 from 7am to 2pm RAIN DATE: none

Location of event: PR middle school and roads - Gilbert Ave, western Highway, Bataf Road, Dutton Hill Road, Orangeburg road, Viet near drive

Sponsored by: Team KJ Telephone #: 917 514 2311

Address: PO BOX 1222 PR NY

Estimated # of persons participating in event: 200 vehicles 3

Person (s) responsible for restoring property to its original condition: Name-Address-Phone #: same as above

Signature of Applicant: Michael J Bosco Date: 8/23/17

GENERAL INFORMATION REQUIRED: (HIGHWAY/PARKS/POLICE)

Letter of Request to Town Board requesting aid for event -- Received On: 8-23-17

Certificate of Insurance -- Received On: 9.5.17

FOR HIGHWAY DEPARTMENT USE ONLY:

Road Closure Permit: Y N Received On: _____

Rockland County Highway Dept. Permit: Y N Received On: 9.5.17

NYS DOT Permit: Y N Received On: _____

Route/Map/Parking Plan: Y N Received On: _____

RES #: 41248 BARRICADES: Y N CONES: Y N TRASH BARRELS: Y N OTHER: Scattered letter

APPROVED: [Signature] DATE: 9.5.17
Superintendent of Highways

FOR PARKS & RECREATION DEPARTMENT USE ONLY:

Show Mobile: Y N Application Required: _____ Fee Paid -- Amount/Check # _____

Port-a-Sans: Y N Other: _____

APPROVED: [Signature] DATE: 9/7/17
Superintendent of Parks & Recreation

FOR POLICE DEPARTMENT USE ONLY:

Police Detail: Y N Items: _____

APPROVED: 567 [Signature] #200 DATE: 9/7/17
Chief of Police

Please return to the Highway Department to be placed on the Town Board Workshop

Workshop Agenda Date: 9.26.17 Approved On: _____ TBR #: _____

RECEIVED

17-57.37

AUG 23 2017

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

8/23/17

To: Allen Kim, Supervisors Administrative Secretary

From: Michael Bosco

RE: Team KJ Duathlon on October 8th 2017

We hereby request the use of the following items from the Town of Orangetown Highway Department.
Please put these items on the next Town Board Agendas meeting:

- 30 Barrels with bases
- Approximately 40 Verticades with bases
- 40 Soap Box cones
- 75 Regular cones
- 500' of crowd control barriers

If you have any questions or concerns, please give me a call at 917-514-2311 thank you,

Sincerely yours,



Michael J Bosco

917-514-2311



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/31/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|--|--|-------------------------------------|
| PRODUCER McKay Insurance Agency, Inc. 106 East Main Street P O Box 151 Knoxville IA 50138 | CONTACT NAME: Kalie Swayne PHONE (A/C, No, Ext): (641)842-2135 E-MAIL ADDRESS: kswayne@mckayinsagency.com | FAX (A/C, No): (641)828-2013 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Silent Sports Association - Du/Running Team KJ, Inc. 3 Bingham Hill Cirle Rumson NJ 87760 | INSURER A: Lexington Insurance Company NAIC #: 19437 | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |


COVERAGES **CERTIFICATE NUMBER:** CL1783152355 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Athletic Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Event | Y | N | 17522417-02 | 10/08/2017 | 10/09/2017 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Mickey Sullivan Duathlon (Run/Bike/Run) and 5K Run/Walk: October 8, 2017. Certificate holder is an additional insured but only with respect to liability arising out of the operations of the above named insured. "This policy is issued, pursuant to Iowa Code section 515.147, by a nonadmitted company in Iowa and as such is not covered by the Iowa Insurance Guaranty Association."

| | |
|---|---|
| CERTIFICATE HOLDER County of Rockland 23 New Hempstead Road New City NY 10956 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|---|



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DATE (MM/DD/YYYY)

08/31/2017

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| | | |
|---|---|------------------------------|
| PRODUCER McKay Insurance Agency, Inc. 106 East Main Street P O Box 151 Knoxville NJ 87760 | CONTACT NAME: Kallie Swayne PHONE (A/C, No, Ext): (641)842-2135 E-MAIL ADDRESS: kswayne@mckayinsagency.com | FAX (A/C, No): (641)828-2013 |
| | INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

SEP - 5 2017

TOWN OF LANGELOWN
HIGHWAY DEPARTMENT**COVERAGES**

CERTIFICATE NUMBER: CL1783152355

REVISION NUMBER:


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| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| Pearl River Naurshawn Swim Club 580 Gilbert Avenue Pearl River NY 10965 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|--|

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| | | |
|--|---|--|
| PRODUCER McKay Insurance Agency, Inc. 106 East Main Street P O Box 151 Knoxville TN 37902 | SEP - 5 2017 TOWN OF ORANGETOWN HIGHWAY DEPARTMENT 50138 | CONTACT NAME: Kalie Swayne PHONE (A/C, No, Ext): (641)842-2135 FAX (A/C, No): (641)828-2013 E-MAIL ADDRESS: kswayne@mckayinsagency.com |
| | | INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |
| INSURED Silent Sports Association - Du/Running Team KJ, Inc. 3 Bingham Hill Circle Rumson NJ 87760 | | |

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| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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|---|---|

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RECEIVED

HIGHWAY DEPARTMENT
23 New Hempstead Road
New City, New York 10956
Phone: (845) 638-5060 Fax: (845) 638-5037
Email: highway@co.rockland.ny.us

SEP - 5 2017

TOWN OF ORANGETOWN
HIGHWAY DEPARTMENT

Charles H. "Skip" Vezzetti
Superintendent of Highways

PERMIT AND NOTICE TO Use A ROAD

To the Town Clerk of *Orangetown* in Rockland County:

This is to certify that the Superintendent of Highways of Rockland County has been requested by

K J Race (Mike Bosco @ 917-514-2311)

To Use a section of Highway in the Town of *Orangetown* Rockland County, known as

Gilbert Avenue, Sickletown Road, Convent Road, Western Highway, Vets Memorial Drive, Blue Hill Road

The portion of highway will be Used under Highway Law on Oct. 8, 2017 Sunday from 8:00 am - 1 pm

For the purpose of K J Dualthon Bike / Run for Charity

This activity can not be properly conducted unless the portion described above is Used during the time such activity is in progress.

To the Town Highway Superintendent of *Orangetown* in Rockland County:

A certificate of which the foregoing is a copy having been executed by me under the authority conferred by Section 104 of the Highway Law and filed in the office of the Town Clerk in *Orangetown* on the 1st Day of September 2017, you are hereby notified that I have authorized the Use of the above described section of highway. The applicant must provide a detour for traffic during the time the road is Used and notify police, fire, ambulance, school districts and public transportation prior to Using of the roadway. The applicant must provide the necessary signs, barricades, lights, flagmen, etc. and make every effort to cooperate with the traveling public. Keep fire, police, ambulance, public transportation and school entities informed as to daily activities, concerning the Use

Dated this 1st September 2017

Rockland County Superintendent of Highways

Handwritten notes: 1/14, 2/3/17



CERTIFICATE OF LIABILITY INSURANCE

DLM
R002DATE ISSUED/TYVE:
9/22/2017

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| | |
|--|---|
| INSURER NORTHEAST AGENCIES INC/PHS 210619 P:(866) 467-8730 F:(888) 443-6112 301 WOODS PARK DRIVE CLINTON NY 13323 | CONTACT Name: _____ Title: _____ Cell No. Ext: (866) 467-8730 Fax No. Ext: (888) 443-6112 |
| | EMAIL ADDRESS _____ |
| INSURER'S ADDRESS (OPTIONAL) | |
| INSURER A Sentinel Ins Co LTD | 11001 |
| INSURER B | |
| INSURER C | |
| INSURER D | |
| INSURER E | |
| INSURER F | |

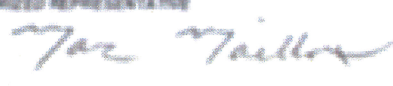
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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| POLICY | TYPE OF INSURANCE | DATE TO BE IN FORCE | DATE TO EXPIRE | POLICY NUMBER | START DATE / EXPIRES DATE | POLICY LIMIT / EXEMPTION | LIMITS | |
|--------|---|---------------------|----------------|---------------|---------------------------|--------------------------|---|--|
| A | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liab | X | | 01 08M AT3942 | 09/06/2017 | 09/06/2018 | EACH OCCURRENCE | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER | | | | | | DAMAGE TO RENTED PREMISES (As insured) MED EXP (As insured) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS / COMPOF AGG | 1,000,000 10,000 1,000,000 2,000,000 2,000,000 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | X | | 01 08M AT3942 | 09/06/2017 | 09/06/2018 | Combined Single Limit (As insured) | 1,000,000 |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | BODILY INJURY (As insured) BODILY INJURY (As insured) PROPERTY DAMAGE (As insured) | 1,000,000 1,000,000 1,000,000 |
| | LIQUOR LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, describe under DESCRIPTION OF OPERATIONS below | | | | | | EACH OCCURRENCE AGGREGATE | 1,000,000 1,000,000 |
| A | Liquor Liability | X | | 01 08M AT3942 | 09/06/2017 | 09/06/2018 | 21,000,000 | 21,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the insured's Operations. The Town of Orangetown are additional insured per the Business Liability Coverage Form SS0008, attached to this policy.

| | |
|---|--|
| CERTIFICATE HOLDER The Town of Orangetown 81 HUNT RD ORANGETOWN, NY 10962 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|--|



TOWN OF ORANGETOWN PARKS & RECREATION
81 HUNT ROAD, ORANGETOWN, NY 10962
(845) 359-6503



2017 Application for Showmobile Use

Event/Festival Name: South Orangetown Day
Organization Name _____

Applicant's Name: 29 Fairview Lane Orangetown, NY 10962
Marisa Marrone Phone (w): (914) 429-7508

Address: 120 Western Hwy S. City: Tappan Zip: 10983

Cell Phone _____ E-Mail: Marisa.marrone@gmail.com

Day 10/14/17 Date Saturday Time of Set-up: 9am Time of Take-down: 6pm

Requested Location (park, street, location on premises, etc., be specific, attach map if needed):
German Masonic Grounds 120 Western Hwy S. Tappan NY 10983

Showmobile stage measures **28 feet long x 14 feet 7 inches deep x 25 feet high** when open. One set of stairs is available with hand railings. (Please note that this measurement does not include the trailer hitch or the tow vehicle. See space requirements below.) The Showmobile does not have a sound system and comes with fluorescent lighting only.

Stair Arrangement: (1 set of stairs) Left side of stage Right side of stage Front of stage

The lights require a 110 volt, 20 amp circuit to plug into within 150 feet of the right front side of the Showmobile. The stage does not come with a generator. Additional electrical equipment must be plugged into a separate circuit.

Please describe in detail what the stage will be used for and how you intend to set it up: (Note: The Town seal is not to be covered and no nails, staples or tacks may be used to attach any items to the Showmobile)

Local bands to play for the day.

Showmobile space requirements:

- The showmobile must be parked in a relatively level space.
- The area must be free of obstructions such as overhanging tree limbs, electrical wires, etc.
- **The total area needed for the showmobile is a space 50 feet in length, 15 feet in width and 25 feet in height.**
- The tow vehicle must remain with the showmobile for the duration of the event.
- In the event of winds or wind gusts in excess of 30 MPH, the stage canopy must be closed.

Additional Requirements:

- **Certificate of insurance required at time of reservation** naming the Town of Orangetown as additionally insured.
- **Any changes to the event must be made 24 hours in advance** by contacting Mark Albert at malbert@orangetown.com

I have read, understand and agree to all conditions listed on above:

Applicant's Signature Marisa Marrone Date 9/7/2017

Department Approval Mark W Albert Date 9/18/17

JAMES J. DEAN
Superintendent of Highways
Roadmaster II

Orangetown Representative
R.C. Soil & Water Conservation Dist.-Chairman
Member:
American Public Works Association NY Metro Chapter
NYS Association of Town Superintendents of Highways
Hwy. Superintendents' Association of Rockland County



HIGHWAY DEPARTMENT
TOWN OF ORANGETOWN
119 Route 303 • Orangeburg, NY 10962
(845) 359-6500 • Fax (845) 359-6062
E-mail - highwaydept@orangetown.com

Memorandum

DATE: September 21, 2017
TO: Town Board
FROM: Superintendent of Highways
RE: Declare Surplus

RESOLVED, the Superintendent of Highways declares the following pieces of equipment surplus.

| | | |
|------|-----------------|-------------------|
| 1990 | FWD | 1F9AH28R4LCFT1125 |
| 1992 | FWD | 1F9AA28G6NCFT1083 |
| 1988 | FWD | 1F9AH28R8JCFT1142 |
| 2005 | FELLING TRAILER | 5FTTE162551024962 |
| 2006 | FELLING TRAILER | 5FTTE162561026079 |

FWD PARTS BY PALLET

1. Two rear differentials complete, Two rear differential ring and pinion gear sets, Miscellaneous yokes, pinion nuts, spider gears and crosses, bearings, cups, ring gear adjusting nuts, clutch pack pads and spacers. Wheel nuts and locks
2. Transfer Case gears, power divider housings and parts, shift forks, miscellaneous transfer case parts.
3. Six rear brake shoes relined, 8 front brake shoes relined, extra front shoe lining, S-cams and bushings, brake hardware, seals, all parts associated with brakes
4. Three rear skeins, Suspension hangers, pins and bushings, front hub ends. Tie rod ends and miscellaneous suspension and steering parts
5. Miscellaneous body and cab parts, gauges, switches, fan motors, air powered wiper motors, door hinges, fuel tank and 2 support brackets and assorted parts associated with the cab.
6. 8-Long rear axles, 1-Short rear axle, miscellaneous exhaust pipes and parts

kj

HAMLET'S: PEARL RIVER•BLAUVELT•ORANGETOWN•TAPPAN•SPARKILL•PALISADES•UPPER GRANDVIEW



CLEAN STREETS=CLEAN STREAMS

TOWN OF ORANGETOWN
TOWN HALL
26 ORANGEBURG RD.
ORANGEBURG, NY 10962



RECEIVED SEP 19 2017

TELEPHONE
(845) 359-5100
FAX (845) 359-2623

September 15, 2017

TO: TOWN BOARD

FROM: TRAFFIC ADVISORY BOARD *af*

Residents from **Forest Avenue, Pearl River** and the Traffic Advisory Board have met several times to discuss parking/safety problems on this street.

The following is a recommendation from the Board:

“Restrict parking on Forest Avenue on the north side from North Middletown Roads to house #185 and on the south side from North Middletown Road to house #184” for a six month trial period.