



TOWN OF RIVERHEAD
Sean M. Walter, Supervisor
200 Howell Avenue
Riverhead, New York 11901-2596
631-727-3200

BID #PRINTING-2014

BID FOR: TOWN WIDE PRINTING 2014 (REBID)

BIDDERS NAME

BIDDERS ADDRESS

CITY, STATE, ZIP

DATE () PHONE NUMBER

EMAIL ADDRESS

In compliance with your advertisement for bids to be opened on **NOVEMBER 20, 2014** and subject to all conditions thereof, the undersigned hereby proposes to furnish the item(s) and/or service(s) itemized in this proposal in accordance with the Notice to Bidders, General Information Agreement and Specifications contained herein on the Bid Proposal Form attached.

Bidder certifies that the prices quoted herein do not include Federal Excise Tax or any Federal, New York State or City Sales Tax and are not higher than prices charged to any governmental or commercial consumer for like merchandise and/or service; and all prices include shipping and freight charges to any Municipal building or site within the Town of Riverhead.

Respectfully submitted,

SIGNED BY

TITLE

BIDDERS ARE INVITED TO ATTEND BID OPENING

TOWN OF RIVERHEAD
NOTICE TO BIDDERS

Sealed bids for the printing of business cards, brochures and misc. Forms requested by various Town facilities will be received by the Town Clerk of the Town of Riverhead at 200 Howell Avenue, Riverhead, New York, 11901 until 2:00 pm on NOVEMBER 20TH, 2014 at which time they will be publicly opened and read aloud.

Bid Packets including specifications may be examined and/or obtained on OCTOBER 30, 2014 on the Town's website at www.townofriverheadny.gov, click on bid requests.

Each proposal must be submitted on the form provided in a sealed envelope clearly marked bids for "TOWN WIDE PRINTING 2014-REBID". Any and all exceptions to the specifications must be listed on a separate sheet of paper, bearing the designation 'EXCEPTIONS TO THE SPECIFICATIONS' and attached to the bid form.

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

BY ORDER OF THE TOWN BOARD
OF THE TOWN OF RIVERHEAD

Diane M. Wilhelm, Town Clerk

GENERAL SPECIFICATIONS

GENERAL

Bidders shall be responsible to carefully examine the Specifications enclosed.

These specifications require the doing of all things necessary or proper for, or incidental to the furnishing and delivery of said equipment and associated components.

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

All bids received after the time stated for the opening in the Notice to Bidders may not be considered and will be returned unopened to the bidder. The bidders assumes the risk of any delay in the mail or in the handling of the mail by employees of the Town. Whether sent by mail or by means of personal delivery, the bidder assumes responsibility for having his bid deposited on time at the place specified.

Bidder may bid on all or any part of the bid thereof.

COMPLIANCE WITH RULES AND REGULATIONS

The unit and associated equipment furnished shall comply with all provisions which would be applicable, if the Town of Riverhead were a private corporation of Federal and State of New York Laws, Ordinances, Codes, Rules, Regulations, Orders, Permits and Licenses and with fire underwriters requirement, except that where the weight and dimensions requirements set forth herein exceed such provisions, these Specifications shall control.

DEVIATION

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

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

All proposed minor deviations, with full details, must be listed on a separate Detail Sheet, which must be attached to and made part of this bid.

The Town of Riverhead reserves the right to reject any or all bids in whole or in part, to waive any and all informalities, and to disregard all non-conforming, non-responsive or conditional bids.

PURPOSE

The intent of these specifications is to furnish information to responsible bidders for the purpose of obtaining bids for **Printing of Business Cards, NCR and Misc. Forms** as requested by various **Town of Riverhead facilities**.

GUARANTEE

The vendor warrants and guarantees the equipment herein specified, including all associated equipment furnished, against any defects in design, workmanship and materials, and against failure to operate satisfactorily for a period of six months from the date of acceptance of the units, except defects or failure shown by the vendor. The vendor

also warrants and guarantees that the equipment herein specified, if found to be defective or in need of repairs, will be picked up from and delivered back to the Town of Riverhead within a reasonable length of time.

TERM OF BID

The bid shall be for the period of one (1) year from the date of award to date ending. Prices shall remain firm for the entire bid period.

At the end of the initial bid period, upon mutual agreement of the Town and the Contractor, the agreement may be renewed for an additional year not to exceed 2 one year extensions.

PRICES

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

QUANTITY

The Town of Riverhead is in no way obligated to purchase quantities neither shown nor limited to said quantities listed.

RESERVATIONS

All inquiries with respect to this Request for Bids must be directed to the Town of Riverhead Purchasing Agent as follows:

Mary Ann Tague
Town of Riverhead Purchasing Agent
1295 Pulaski Street
Riverhead, NY 11901
tague@townofriverheadny.gov

Furthermore, the Town Board of the Town of Riverhead reserves the right and responsibility to reject any or all bids if they believe such action to be in the best interest of the Town.

BID EVALUATION

The Town reserves the right to purchase items pursuant to General Municipal Law 104 from the New York State contracts, other County contracts, or New York State Preferred sources within its discretion.

DELIVERY AND PAYMENT

All bids shall include freight and shall be quoted F.O.B. destination.

The Town of Riverhead operates a formal Purchase Order System. Under **NO** circumstances will the vendor or contractor be paid without a purchase order. Contractor shall deliver only the items specified on the purchase order. Any Contractor who delivers items which are not ordered, or who duplicates or over ships items, does so entirely at his own expense. Such shipments will be at no cost or responsibility to the Town of Riverhead.

Unless otherwise specified by the Town, inside delivery is required. Some delivery locations are not equipped with loading docks and no additional compensation shall be paid to vendors for inside delivery at those locations.

THE TOWN OF RIVERHEAD IS NOT SUBJECT TO FEDERAL, STATE OR LOCAL TAXES.

NON-COLLUSIVE CERTIFICATE
(MUST BE COMPLETED, SIGNED, NOTARIZED AND RETURNED WITH BID)

UNDER PENALTIES OF PERJURY:

_____ (BIDDER), BEING DULY SWORN, DEPOSES AND SAYS:

- A) This bid or proposal has been independently arrived at without collusion with any other bidder or with any competitor or potential competitor;
- B) This bid or proposal has not knowingly been disclosed, prior to the opening of bids or proposals for this project, to any other bidder, competitor, or potential competitor;
- C) No attempt has been made or will be made to induce any other person, partnership, or corporation to submit or not to submit a bid or proposal;
- D) The person signing this bid or proposal certifies that he has been fully informed regarding the accuracy of the statements contained in this certification, and under penalties of perjury, affirms the truth thereof, such penalties being applicable to the bidder as the person signing on its behalf; and
- E) That the attached hereto (if a corporate bidder) is a certified copy of a resolution authorizing the execution of this certificate by the signatory of this bid or proposal on behalf of the corporate bidder.

Corporation: _____
PRINT CORPORATION NAME

By: _____
SIGNATURE

TITLE

Address: _____

Sworn to before me this
_____ day of _____, 20____

NOTARY PUBLIC

CONTRACT PERIOD: ONE YEAR FROM DATE OF AWARD. At the termination of this contract, the contract may be extended (not to exceed two extensions) for a total three (3) year contract at the sole discretion of the Town of Riverhead and with the consent of the vendor. The Town also reserves the right to cancel this contract at any time without notice.

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

I/WE FULLY UNDERSTAND THAT THE ACCEPTANCE OF THIS BID IS SUBJECT TO THE PROVISIONS OF SECTION 103A AND 103B OF THE GENERAL MUNICIPAL LAW.

NAME OF AGENT/DEALER

ADDRESS

CITY, STATE, ZIP CODE

CONTACT PERSON

DATE

SIGNATURE OF DEALER/AGENT

IRAN DIVESTMENT ACT CERTIFICATION

As a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York, a new provision has been added to the State Finance Law (SFL), § 165-a, effective April 12, 2012. Under the Act, the Commissioner of the Office of General Services (OGS) will be developing a list (prohibited entities list) of “persons” who are engaged in “investment activities in Iran” (both are defined terms in the law). Pursuant to SFL § 165-a(3)(b), the initial list is expected to be issued no later than 120 days after the Act’s effective date, at which time it will be posted on the OGS website.

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that once the prohibited entities list is posted on the OGS website, it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list.

Additionally, Bidder/Contractor is advised that once the list is posted on the OGS website, any Contractor seeking to renew or extend a Contract or assume the responsibility of a Contract awarded in response to the solicitation, must certify at the time the Contract is renewed, extended or assigned that it is not included on the prohibited entities list.

During the term of the Contract, should the TOWN OF RIVERHEAD receive information that a person is in violation of the above-referenced certification, the TOWN OF RIVERHEAD will offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then the TOWN OF RIVERHEAD shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

The TOWN OF RIVERHEAD reserves the right to reject any bid or request for assignment for an entity that appears on the prohibited entities list prior to the award of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the prohibited entities list after contract award.

Signature: _____

Print Name: _____

Title: _____

Company Name: _____

Date: _____

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RIVERHEAD POLICE DEPARTMENT

210 Howell Avenue, Riverhead, NY 11901

Central Records: (631) 727-4500

Mon - Fri 8:30 A.M. - 4:30 P.M.



Craig W. Zitek

Fire Marshal

Town of Riverhead

210 Howell Avenue

Riverhead, New York 11901

Office (631) 727-3200 Ext. 209

Office Fax (631) 727-3370

zitek@riverheadli.com

CC# _____ P.O. Name: _____

Date: _____ Incident Type: _____

**ITEM #1 - 3 1/2 X 2 BLUE LETTERING;
WHITE CARDSTOCK; BUSINESS CARD**

**ITEM #2 - 3 1/2 X 2 BLUE LETTERING; WHITE
GLOSS CARDSTOCK; 4 COLOR SEAL; RED
YELLOW, BLUE, GREEN; CARDSTOCK;
BUSINESS CARD**



OFFICE OF THE TOWN SUPERVISOR

TARA McLAUGHLIN

CHIEF OF STAFF

Town of Riverhead
200 Howell Avenue
Riverhead, N.Y. 11901

Office (631) 727-3200 Ext. 209
Fax (631) 727-6712
Email mclaughlin@riverheadli.com



Sean Egan

SERGEANT

RIVERHEAD POLICE DEPARTMENT

210 HOWELL AVENUE
RIVERHEAD, NY 11901

TEL (631) 727-4500 EXT 318
FAX (631) 727-0304
EMAIL egan@townofriverheadny.gov

**ITEM #3 - 3 1/2 X 2 BLUE LETTERING;
WHITE GLOSS CARDSTOCK; 4 COLOR
SEAL; BLUE, GREEN, YELLOW, WHITE;
BUSINESS CARD**

**ITEM #4 & 5 - 3 1/2 X 2 BLACK LETTERING;
WHITE CARDSTOCK, GOLD RAISED POLICE
DEPARTMENT DETECTIVE SEAL; BUSINESS
CARD (RAISED LETTERING & FLAT)**



Maureen Tague
Purchasing Agent

1295 Puraski Street
Riverhead, NY 11901

631-727-3200
Ext. 271

e-mail: tague@townofriverheadny.gov

**ITEM # 6 - ITEM - 3 1/2 X 2 BLACK
LETTERING; WHITE CARDSTOCK ;TOWN
SEAL; BUSINESS CARD**



Riverhead Recreation Department

Bus Trip Chaperone:

Cell (631) 599-1804

Office (631) 727-5744

TOWN OF RIVERHEAD POLICE DEPARTMENT
IMPOUND RECEIPT

CC# _____

No. 7170

DATE: _____, 20____

Received of _____ \$ _____

Address _____

_____ DOLLARS

Release of _____

Vehicle Identification Number: _____

FOR OFFICIAL USE

Fee for Towing: _____

Fee for Storage: _____

Other: _____

Total: \$ _____

BY: _____

TITLE

TOWN OF RIVERHEAD POLICE DEPARTMENT
IMPOUND RECEIPT

CC# _____

No. 7171

DATE: _____, 20____

Received of _____ \$ _____

Address _____

_____ DOLLARS

Release of _____

Vehicle Identification Number: _____

FOR OFFICIAL USE

Fee for Towing: _____

Fee for Storage: _____

Other: _____

Total: \$ _____

BY: _____

TITLE

ITEM # 8

**Accident
Exchange
Information**

**TOWN OF RIVERHEAD
POLICE DEPARTMENT**

(631) 727-4500

Accident Date / /	Day of Week	Time AM PM	No. of Vehicles	CC#
Location			Ref.	
			Marker	
Reporting Officer				Shield No.
Official Signature				

VEHICLE 1

Motorist Identification Number Exactly as Printed on License

/ /											
Last Name of Driver 1				First Name				Middle Initial			
Number and Street						City		State		Zip	
Date of Birth / / Mo/Day/Year			Sex	State of License			Year and Make of Vehicle				
Last Name of Owner 1				First Name				Middle Initial			
Number and Street						City		State		Zip	
No. of Occupants			Plate No. & State				Vehicle Type		Insurance Code		

VEHICLE 2

Motorist Identification Number Exactly as Printed on License

/ /											
Last Name of Driver 2				First Name				Middle Initial			
Number and Street						City		State		Zip	
Date of Birth / / Mo/Day/Year			Sex	State of License			Year and Make of Vehicle				
Last Name of Owner 2				First Name				Middle Initial			
Number and Street						City		State		Zip	
No. of Occupants			Plate No. & State				Vehicle Type		Insurance Code		

ITEM # 9

THE PEOPLE OF THE STATE OF NEW YORK vs THE OWNER OF THE MOTOR VEHICLE DESCRIBED BELOW

PLATE #	REG EXP	STATE <input type="checkbox"/> NY <input type="checkbox"/>	PLATE TYPE <input type="checkbox"/> PASS <input type="checkbox"/> COMM <input type="checkbox"/>
VEHICLE MAKE		COLOR	BODY TYPE
<input type="checkbox"/> 1 FORD <input type="checkbox"/> 2 CHEV <input type="checkbox"/> 3 PLYM	<input type="checkbox"/> 4 OLDS <input type="checkbox"/> 5 PONT <input type="checkbox"/> 6 BUICK	<input type="checkbox"/> 7 DODGE <input type="checkbox"/> 8 TOYOTA <input type="checkbox"/> 9 VW	<input type="checkbox"/> 10 NISSAN <input type="checkbox"/> 11 HONDA <input type="checkbox"/> 12 MERC
OTHER		<input type="checkbox"/> 13 MEBE <input type="checkbox"/> 14 BMW <input type="checkbox"/> 15 MAZD	<input type="checkbox"/> 16 LEXUS <input type="checkbox"/> 17 INFI <input type="checkbox"/> 18 JEEP
		<input type="checkbox"/> 2 DR <input type="checkbox"/> 4 DR	<input type="checkbox"/> SW <input type="checkbox"/>

YOU ARE HEREBY CHARGED WITH THE FOLLOWING VIOLATION WHICH WAS OBSERVED BY THE DEPONENT IN HIS PRESENCE.

TOWN CODE		FINE	AFT 30	AFT 60	AFT 90
<input type="checkbox"/> 48-2	No MV on Beach May 15 thru Sept 15 Except 6PM-9AM	\$500.00			
<input type="checkbox"/> 48-07	No Permit (MV on Beach)	\$500.00			
<input type="checkbox"/> 48-13	No Parking Permit at Beach (1 see below)	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 48-20	No Parking at Beach after 10PM (1 see below)	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-10	Parking Prohibited	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-10.1	Parking, Standing & Stopping Prohibited Fire Zone	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-11	No Parking Certain Hours: School Zones	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-12	No Parking Certain Hours: Roads Leading to Water	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-13	Parking Time Limit	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-14	Parking Prohibited (Except Buses)	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-15	Parking at Beach (Trailers)	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-16	Parking Field (Out of Stall)	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-17	Parking Prohibited Certain Roads W/O Permit	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-18	Seasonal Parking Prohibited	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-35	Parking for Handicapped (2 see below)	\$280.00	\$300.00	\$320.00	\$340.00
<input type="checkbox"/> 101-10.3	Parking, Standing and Stopping Prohibited (Specified Places)	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101.20	Additional Parking Regulations	\$100.00	\$120.00	\$140.00	\$160.00
<input type="checkbox"/> 101-20D	Expired Registration/Inspection	\$100.00	\$120.00	\$140.00	\$160.00

OTHER

- 1 FINE AMOUNT INCREASES \$20 AFTER 30 DAYS, \$40 AFTER 60 DAYS AND \$60 AFTER 90 DAYS
- 2 FINE AMOUNT INCLUDES NEW YORK STATE MANDATORY SURCHARGE (HANDICAPPED PARKING) of \$30

LOCATION OF OFFENSE

- IN FRONT OF
- OPPOSITE OF

IN THE TOWN OF RIVERHEAD

ON	DATE OF OFFENSE	AT	TIME OF OFFENSE	AM / PM
----	-----------------	----	-----------------	---------

THIS TICKET IS RETURNABLE 30 DAYS FROM THE DATE OF OFFENSE. SEE REVERSE SIDE OF TICKET.

FAILURE TO ANSWER A PARKING TICKET MAY RESULT IN THE IMPOSITION OF PENALTIES AS DESCRIBED ON THE REAR OF THIS TICKET.

ANY FALSE STATEMENTS CONTAINED HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

SIGNATURE OF DEPONENT	DATE	RANK	SHIFT #
-----------------------	------	------	---------

51151

TOWN CODE APPEARANCE TICKET

The undersigned duly sworn, deposes and says:
The named defendant did violate the
Code of the Town of Riverhead

Riverhead Town Police Department
210 Howell Avenue
Riverhead, NY 11901
631-727-4500

Local Criminal/Traffic Court
210 Howell Avenue
Riverhead, NY 11901
631-727-3200

LAST NAME (DEFENDANT) _____

FIRST NAME _____ DOB _____

NUMBER & STREET _____

CITY _____

STATE _____ ZIP CODE _____

LIC. PLATE _____ STATE _____

EXP DATE _____ VEH MAKE _____

VIN _____

VEH YEAR _____ BODY TYPE _____

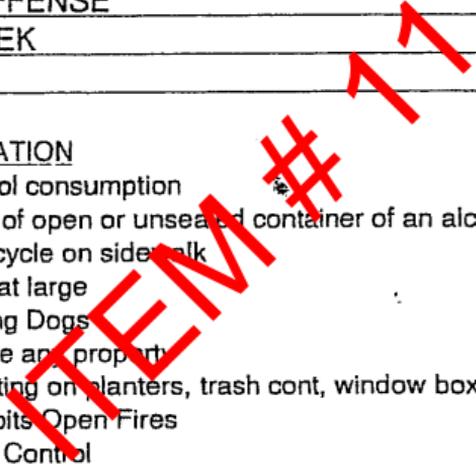
COLOR _____ PLATE TYPE _____

DATE OF OFFENSE _____ TIME _____

DAY OF WEEK _____

LOCATION _____

- | CODE | VIOLATION |
|--------|--|
| 46.1A | Alcohol consumption |
| 46.1b | Poss. of open or unsealed container of an alcoholic beverage |
| 49.2 | No Bicycle on sidewalk |
| 58.2 | Dogs at large |
| 58.3 | Barking Dogs |
| 63a-4a | Deface any property |
| 63a-4c | No sitting on planters, trash cont, window boxes |
| 64-82 | Prohibits Open Fires |
| 81.5 | Noise Control |
| 84.3 | Peddling, Soliciting, License required |
| 98.3 | Littering on Property |
| 98.5 | Vehicles Uncovered - Littering |
| 101.8 | Weight limit of 8 tons |



OTHER _____

SPECIFICS AS REQUIRED _____

Returnable at the Justice Court, 210 Howell Avenue, Riverhead, NY
_____ day of _____ 20____ at 9:30. A.M. A plead of guilty to this
charge is equivalent to a conviction after trial. If you are convicted, you will
be liable to a Penalty.

Officer's Signature _____

Rank _____ Shield _____

Print Officer's
Last Name _____

F.I. _____ M.I. _____ SECTOR _____

You may appear before the Traffic Bureau and dispose of this matter in full
satisfaction between 9:00 A.M. and 4:00 P.M. on any day except Saturday,
Sundays and Holidays, unless such privilege has been denied and noted
hereon.

MEMO

Riverhead Town Police Department
210 Howell Ave., Riverhead, N.Y 11901
INTER-OFFICE COMMUNICATION

Time: A.M. P.M.

Date:

Subject:

From: Address:

To:

ITEM #12

CC#:

INCIDENT:

DATE:

DET:

CASE STATUS:

ACTIVE

PENDING

CBA

EXC. CLEARED

CLOSED

DATE:

DEF:			
DOB:		REPORTS	RAPE VICTIMS
IB#		FIELD REPORT	SEX OFFENSE INFO. QUESTIONNAIRE
ADDRESS:		OFFENSE/BURGLARY/STOLEN VEH.	FAMILY OFFENSE ASSISTANCE FORM
		MVA/DEATH REPORT	SEARCH WARRANT/VOL. CONSENT FO
DEF:		SUPPLEMENTAL REPORT	FDR TEST FOR DEF. (if weapon was discharged)
DOB:		STATEMENT/MORAL ADMISSIONS	
IB#		AFFIDAVITS	IMPOUNDED VEHICLES
ADDRESS:		ARREST REPORTS	IMPOUND INVOICE
		FELONY/MISDEMEANORS COMPLAINT	RELEASE/HOLD IMPOUND VEHICLE
I/L:		FILE 15	
HAMLET:		GRAND JURY NOTICE	CONNECTED CC#s
		TT'S (FEL. w/DPF OR D.W.	
		w/30 min PROPERTY w/ SERIAL #)	
		PHOTO COVER SHEET	
		PHOTOS	
		CC CARD	
		PROPERTY INVOICE	REMARKS:
		LAB INVOICE	

ITEM #13

CASE STATUS: Active Pending Cleared By Arrest Exceptionally Cleared

Closed Reason _____ Arresting Officer _____

PROPERTY BUREAU EVIDENCE Yes No

CONTENTS WITHIN (Check) (Check) (Check)

Arrest Report	DMV Computer Print-Out	Offense Report
Alcoholic Influence Report	DWI Information	Report of Refusal
Breathalyzer Check List	Information	Statements
Breathalyzer Test Results	Information	Supplemental Report
Central Complaint Card (copy)	Information	T S L E & D Copies
Chemical Test Kit	Field Report	Misc./Other
DMV Record of Convictions	MVA Report	Alcohol Related License Suspension/Revocation

ITEM #1A

D.A. INFORMATION

A.D.A. Assigned _____ Date _____

Grand Jury _____ Date _____ Indicted No Yes Date _____

Day of Week _____ BAC _____ A.L.E.R.T. Yes _____ No _____ Charge 1192.1

Time of Day _____ Given/Offered Yes No Refusal _____ 1192.2

Age _____ Refusal Yes No _____ 1192.2 &

BAC Result: _____ % _____ 1992.3

RECEIPT

CC No. _____

RIVERHEAD POLICE – DETECTIVE DIVISION

00601

Riverhead, NY

_____ 20_____

RECEIVED FROM _____

ADDRESS _____

THE FOLLOWING _____

ITEM #16

Re _____

RANK _____

4	Date Disposition	Magistrate	
	Disposition		
5	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		
6	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		
7	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		
8	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		
9	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		
10	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		

ITEM #17

Sex	DOB	Height	Weight	Hair
Eyes	Build	Complexion	Scar/Moles	
Teeth	Race	Tattoo		
Occupation	Employer			
Birthplace	Citizen	Social Status		
SS #	Religion	Education	yrs	

1	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		

2	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		

3	Crime	Section	Date
	Date Disposition	Magistrate	
	Disposition		

RECEIPT
RIVERHEAD POLICE
Riverhead, NY

72085 19

_____ 20 _____

RECEIVED FROM _____
ADDRESS _____

THE FOLLOWING _____

Re _____ RANK _____

RECEIPT
RIVERHEAD POLICE
Riverhead, NY

72086

_____ 20 _____

RECEIVED FROM _____
ADDRESS _____

THE FOLLOWING _____

Re _____ RANK _____

ITEM #18

RECEIPT
RIVERHEAD POLICE
Riverhead, NY

72087

_____ 20 _____

RECEIVED FROM _____
ADDRESS _____

THE FOLLOWING _____

Re _____ RANK _____

RECEIPT
RIVERHEAD POLICE
Riverhead, NY

72088

_____ 20 _____

RECEIVED FROM _____
ADDRESS _____

THE FOLLOWING _____

Re _____ RANK _____

TOWN OF RIVERHEAD, NY
POST-ARRAIGNMENT CASH BAIL RECEIPT
 PDTR-1079

CASH RECEIPT NO.
Nº 1902

COMMAND	C.C. NO.
ARREST #:	

PRINT FIRMLY & LEGIBLY

DISTRIBUTION: WHITE/SURETY, BLUE/PROPERTY - RECORDS OFFICER, GREEN & CANARY/COURTS SECTION, PINK/CENTRAL RECORDS, GOLDEN ROD/STAYS IN PAD, GREEN/RECEIPTED COPY RETURNED TO POLICE DEPARTMENT BY COURT

PEOPLE VS. DEFENDANT	FIRST NAME	M.I.	LAST NAME
	CHARGE: LAW SECTION	COURT	COURT RETURN DATE

I, _____ Defendant, residing at _____
 in the _____ of _____ hereby undertake and agree that I will appear and answer to the above
 indicated criminal charge at The Local Criminal Court in the Town of Riverhead, 210 Howell Avenue, Riverhead, New York on the _____
 day of _____ 19 _____ at _____ o'clock in the forenoon. Cash Bail of: _____ dollars.
 (\$ _____), as fixed by The Local Criminal Court, is deposited herewith.

SIGNATURE:	DATE:
FIRST NAME	LAST NAME
OCCUPATION	
RESIDENTIAL ADDRESS:	NO. STREET VILLAGE/TOWN STATE ZIP CODE
AMOUNT OF BAIL POSTED	WRITTEN AMOUNT DOLLAR

I, _____ affirm that I am the owner of the cash bail deposit
 described in the forgoing undertaking, and is authorized to, and hereby does, pledge and deposit the same, in the above indicated amount, as security for the
 appearance of the defendant to answer the criminal charge made against said defendant.

SIGNATURE

WARNING: CASH BAIL BECOMES FORFEIT UPON FAILURE OF DEFENDANT TO APPEAR AS DIRECTED AND AGREED.

SIGNATURE OF PERSON
 RECEIVING BAIL: _____

DATE: _____

RECEIPT OF BAIL

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

DESK APPEARANCE TICKET

WHITE - DEFENDANT, PINK - COURT COPY, YELLOW - AUDIT COPY

AMT. OF BAIL	CASH BAIL RECEIPT NO.	APPEARANCE TICKET NO. 7655
--------------	-----------------------	--------------------------------------

WARRANT NUMBERS					
VIOLATION NUMBERS	ONE	TWO	THREE	FOUR	FIVE
DEFENDANT/BAILOR'S NAME	ADDRESS			D.O.B.	

THE PEOPLE OF THE STATE OF NEW YORK VS:

NAME AND ADDRESS _____

You are hereby notified to appear in the Local Criminal Court, 210 Howell Ave., Riverhead, N.Y. or the _____

_____ Court, address _____

on the _____ day of _____, 20____ at _____ o'clock in the _____ to answer a criminal charge made

against you by _____ for violation(s) of

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

AUTHORIZED BY (DESK OFFICER)	DATE	ISSUED BY	RANK/SHIELD	SQUAD	COMM.
------------------------------	------	-----------	-------------	-------	-------

Should you fail to appear for the offense(s) charged above in addition to a warrant being issued for your arrest, you may be charged with an additional violation of the Penal Law which upon conviction may subject you to a fine, imprisonment or both. Also, any cash bail posted hereunder shall be forfeited should you fail to appear at the above time and place.

NOTICE: YOU ARE ADVISED TO CONSULT AN ATTORNEY AS SOON AS POSSIBLE REGARDING THIS MATTER.

ACKNOWLEDGEMENT OF DEFENDANT: I, the undersigned do hereby acknowledge receipt of the above appearance ticket and do agree to appear as indicated above.

SIGNATURE OF DEFENDANT _____

TIME _____

DATE _____

ITEM #20

POLICE DEPARTMENT, TOWN OF RIVERHEAD, N.Y.

CASH BAIL RECEIPT NO.

COMMAND	DATE	C.C. NO.
APPEARANCE TICKET # ()-		

PRE-ARRAIGNMENT CASH BAIL RECEIPT

4706

PDTR-1078

PRINT FIRMLY & LEGIBLY

DISTRIBUTION: WHITE/SURETY. GREEN & CANARY/COURTS SECTION. PINK/CENTRAL RECORDS. GOLDEN ROD/STAYS IN PAD. GREEN/RECEIPTED COPY RETURNED TO POLICE DEPARTMENT BY COURT.

PEOPLE VS. DEFENDANT	FIRST NAME	M.I.	LAST NAME		
	CHARGE: LAW SECTION	COURT	COURT RETURN DATE		
PERSON POSTING BAIL	NAME: FIRST	LAST		OCCUPATION	
	RESIDENTIAL ADDRESS NO.	STREET	VILLAGE/TOWN	STATE	ZIP CODE
	AMOUNT OF BAIL POSTED	WRITTEN AMOUNT			
	DOLLARS				

ITEM #21

WARNING: I ACKNOWLEDGE THAT CASH BAIL BECOMES FORFEIT UPON FAILURE OF DEFENDANT TO COMPLY WITH THE DIRECTIONS OF THE APPEARANCE TICKET

SIGNATURE OF PERSON POSTING BAIL _____ DATE _____

RECEIPT OF BAIL

The Clerk of The _____ Court
acknowledges the receipt of cash bail in the amount of _____
_____ as indicated above.

DATE: _____ Signature Court Section _____

DESK OFFICER	SIGNATURE	RANK	SHIELD	AUTHORIZED BY	RANK	SHIELD
						25

OFFICIAL NOTICE TOWN OF RIVERHEAD

An Application Has Been Made For

SUBDIVISION

In the Town of Riverhead concerning
this property

A Public Hearing Will Be Held By

THE PLANNING BOARD

On _____
MONTH DAY YEAR

at _____ P.M.

**IN THE RIVERHEAD TOWN HALL
TO CONSIDER THIS
AND OTHER APPLICATIONS**

THIS NOTICE IS POSTED BY ORDER OF THE
TOWN OF RIVERHEAD IN COMPLIANCE WITH
THE CODE OF THE TOWN OF RIVERHEAD

ITEM #24

OFFICIAL NOTICE TOWN OF RIVERHEAD

An Application Has Been Made For A

SITE PLAN

In The Town Of Riverhead Concerning
This Property

A Public Hearing Will Be Held By

THE PLANNING BOARD

On _____
Month Day Year

At _____ P.M.

AT THE RIVERHEAD TOWN HALL
TO HEAR ALL PERSONS UPON THE
MERITS OF THIS APPLICATION.

This Notice Is Posted By Order Of
The Town Of Riverhead In Compliance With
The Zoning Ordinance of the Town of Riverhead

OFFICIAL NOTICE TOWN OF RIVERHEAD

An Application Has Been Made For

VARIANCE

In The Town of Riverhead concerning
this property

A Public Hearing Will Be Held By
**THE ZONING BOARD
OF APPEALS**

On _____

at _____ P.M.

IN THE RIVERHEAD TOWN HALL
200 HOWELL AVENUE • RIVERHEAD, NY 11901
TO CONSIDER THIS
AND OTHER APPLICATIONS

THIS NOTICE IS POSTED BY ORDER OF
THE TOWN OF RIVERHEAD IN COMPLIANCE WITH
THE CODE OF THE TOWN OF RIVERHEAD



TOWN OF RIVERHEAD

Office of the Town Attorney / Code Enforcement Division

200 HOWELL AVENUE, RIVERHEAD, NEW YORK 11901-2596

CONSENT TO SEARCH

I, _____, on this _____ day of _____, 20____
having been informed of my constitutional right not to have a search made of the premises herein without a
search warrant, and of my right to refuse consent to such search, I hereby authorize Code Enforcement
Official(s) / Inspectors / Investigators: _____ (with the
assistance of the Riverhead Town Police Department as employees of the Riverhead Town Attorney's Office,
and in their employment capacity with the Town of Riverhead to enter the exterior property and the interior of
the residence designated as _____ located
in the Township of Riverhead, New York for the purpose of an inspection pursuant to the Code of the Town of
Riverhead, the New York State Building and Fire Prevention Code and New York State Property Maintenance
Code and to photograph, video tape and/or make official reports of any evidence found as a result of the search.

I also state on this _____ day of _____, 20____ that I am the owner or tenant in
control of the above referenced residence. I also state and acknowledge that I have read and understand this
consent form. I am giving this written permission to the above named Code Enforcement Official(s) / Inspectors
/ Investigators, voluntarily and without threats or promises of any kind.

ITEM #27

Sign

Witness

CONSENTIMIENTO DE BUSCAR

Yo, _____, durante este día _____ de _____, 20____ que
han sido informados de mi derecho constitucional de no hacer hacer una búsqueda del local aquí sin un
mandamiento de registro, y de mi derecho de rechazar consentimiento a tal búsqueda, por este medio autorizo al
Funcionario(s) de Imposición de Código / Inspectores / Investigadores: _____
_____ (con la ayuda del Departamento de Policía de Ciudad Riverhead)
como empleados de la Procuraduría de Ciudad Riverhead, y en su capacidad de empleo con la Ciudad de
Riverhead, para entrar en la propiedad exterior y el interior de la residencia designada como
_____ localizado en el Municipio de
Riverhead, Nueva York para una inspección de acuerdo con el Código de la Ciudad de Riverhead, el Estado de
Nueva York que Construye un y Código de Prevención de Fuego y Código de Mantenimiento de Propiedad de
Estado de Nueva York y fotografiar, videocinta y/o hacer informes oficiales de cualquier prueba encontrada a
consecuencia de la búsqueda.

También declaro durante este día _____ de _____, 20____ que soy el dueño o el
arrendatario en el control de la residencia arriba mencionada. También declaro durante y reconozco que he leído
y he entendido esta forma del consentimiento. Doy este permiso escrito al encima de Oficial(s) denominado de
Imposición de Código / Inspectores / Investigadores voluntariamente y sin amenazas o promesas de cualquier
clase.

Firma

Testigo



TOWN OF RIVERHEAD
Office of the Town Attorney/Investigation Unit

OFFICE USE ONLY
Complaint # _____
SCTM# _____ - _____ - _____
Date Returned _____

COMPLAINT FORM
(Please print or type all entries)

THIS FORM IS BEING PRESENTED TO YOU IN RESPONSE TO YOUR REQUEST FOR ASSISTANCE FROM THE RIVERHEAD TOWN ATTORNEY'S OFFICE, INVESTIGATIONS UNIT, CONCERNING ALLEGED VIOLATIONS OF THE RIVERHEAD TOWN CODE. YOU MAY INCLUDE ANY DOCUMENTATION OR PHOTOS YOU MAY WISH TO HAVE REVIEWED REGARDING THIS COMPLAINT.

ALL INFORMATION, INCLUDING SIGNATURE MUST BE PROVIDED FOR ON THIS FORM

FUTURE INQUIRES MUST BE DONE IN WRITING INCLUDING THE ABOVE MENTIONED COMPLAINT NUMBER. PLEASE FORWARD INQUIRES TO - RIVERHEAD TOWN ATTORNEY'S OFFICE / INVESTIGATION UNIT, 200 HOWELL AVENUE, RIVERHEAD, NY 11901. DUE TO CONFIDENTIALITY TELEPHONE INQUIRES REGARDING THIS MATTER WILL NOT BE PROVIDED.

THIS FORM MUST BE COMPLETED AND RECEIVED BY OUR OFFICE WITHIN 30 DAYS OF THE ORIGINAL WHITE COPY MUST BE RETURNED. NO PHOTOCOPYS OR FAX COPIES OF THIS FORM WILL BE ACCEPTED.

ALLEGED VIOLATION ADDRESS

Street Number _____ Street Name _____

Hamlet _____ Town of Riverhead, New York, Zip Code _____

Closest Cross Street _____

VIOLATOR NAME (If known) _____

BRIEF DESCRIPTION OF COMPLAINT _____

ITEM #28

HAVE ANY PREVIOUS COMPLAINTS BEEN MADE? ___ UNKNOWN ___ NO ___ YES - DATE MADE _____

IS THE LOCATION OF THE COMPLAINT OCCUPIED BY THE OWNER? ___ UNKNOWN ___ YES ___ NO

OWNER NAME (if known) _____ ADDRESS _____

I AFFIRM THAT ALL INFORMATION PROVIDED IN THIS COMPLAINT IS TRUE AND FACTUAL

YOUR SIGNATURE _____

PRINT NAME _____

DATE _____

PLEASE RETURN ORIGINAL WHITE COPY IN THE PROVIDED ENVELOPE AND RETAIN YELLOW COPY FOR YOUR RECORDS

Request by

Name: _____

Telephone Number(s) _____

Address: _____



TOWN OF RIVERHEAD
 OFFICE OF THE TOWN ATTORNEY / INVESTIGATION UNIT
 200 Howell Avenue, Riverhead, NY 11901
 (631) 727-3200 Ext 670 Fax (631) 727-0433

INVESTIGATION REPORT/

CC# _____

(Investigator/Officer)

DATE: ___/___/___ TIME: _____ SCTM: 0600-_____-_____-

INCIDENT LOCATION: _____

OWNER: _____ OWNER PHONE: _____

OWNER ADDRESS: _____

ALLEGED COMPLAINT: _____

REASON FOR INVESTIGATION:

- COMPLAINT RECEIVED
- COMPLIANCE INSPECTION
- PATROL/PICKUP
- OTHER _____
- SERVICE OF PAPERS

ENTRY:

- CONSENT SIGNED
- NO ENTRY NEEDED (EXTERIOR OBSERVATIONS AND/OR FRONT DOOR ONLY)
- NO ONE HOME
- ACCESS DENIED BY OCCUPANT

INFORMATIVE: (OBSERVATIONS/PERSONS INTERVIEWED)

ITEM #29

OUTCOME(S) OF INVESTIGATION:

- INVESTIGATION COMPLETED
- UNFOUNDED COMPLAINT
- FURTHER INVESTIGATION REQUIRED
- IN COMPLIANCE WITH PRIOR VIOLATION(S)

ACTION(S) TAKEN WHILE AT LOCATION:

- ISSUED WARNING NOTICE
- POSTED STOP WORK ORDER
- SUMMONS ISSUED; AMT _____
- VERBAL WARNING
- POSTED PROPERTY (OTHER)
- SERVED DOCUMENTS
- SUMMONS FORTHCOMING
- NONE
- OTHER _____

REQUESTED ADMINISTRATIVE ACTIONS:

- MAIL ORDER TO REMEDY
- MAIL NOTICE OF COMPLAINT
- CLOSE FILE
- MAIL STOP WORK ORDER
- ORDER DEED
- ORDER MORTGAGE
- OTHER _____



TOWN OF RIVERHEAD
OFFICE OF THE TOWN ATTORNEY / INVESTIGATION UNIT
 200 Howell Avenue, Riverhead, NY 11901
 (631) 727-3200 Ext 670 Fax (631) 727-6152

FILE NOTES

CC# _____

SCTM: ____ - ____ - ____

INCIDENT LOCATION: _____

NOTES:

DATE: _____ TIME: _____ NOTES TAKEN BY: _____

ITEM #30

New Comply Date: _____

NOTES:

DATE: _____ TIME: _____ NOTES TAKEN BY: _____

New Comply Date: _____

CLOSED BY: _____ REASON: _____

FWD. TO INVESTIGATOR: _____ DATE: _____



TOWN OF RIVERHEAD

OFFICE OF THE TOWN ATTORNEY / INVESTIGATION UNIT
200 Howell Avenue, Riverhead, NY 11901
(631) 727-3200 Ext 670 Fax (631) 727-0433

RENTAL APPLICATION FLOOR PLAN REVIEW

SCTM: _____ - _____ - _____

Date: _____

Rental Address _____

1) Your rental housing floor plans were reviewed by: _____
(New York State Code Enforcement Official)

2) Based **solely** on these plans submitted, (by the applicant) the occupancy of the above-mentioned rental dwelling unit is predicated as follows:

- | | |
|------------------------------------|------------------------------------|
| Bedroom #1 _____ person(s) maximum | Bedroom #5 _____ person(s) maximum |
| Bedroom #2 _____ person(s) maximum | Bedroom #6 _____ person(s) maximum |
| Bedroom #3 _____ person(s) maximum | Bedroom #7 _____ person(s) maximum |
| Bedroom #4 _____ person(s) maximum | Bedroom #8 _____ person(s) maximum |

With a combined total maximum occupancy of _____ person(s) allowed based on the square footage of sleeping rooms and other applicable areas for eating, dining and living for the above-mentioned dwelling unit.

****Note: The above mentioned maximum person(s) permitted as depicted above may be VOID if the inspector determines that the actual dimensions of the dwelling unit is different than what the attached floor plan submitted indicates.**

← If this box is checked, the above Code Enforcement Official was unable to determine occupancy of the above-mentioned rental dwelling unit due to the following checked conditions, if so please review the checked items below and make any corrections necessary on your plans and resubmit them to our office for further processing of your application. Thank You.

ALL rooms must be **labeled** (Example: i.e. Bedroom #1, Bedroom #2, Dining Room, Living Room, Porch etc). and indicate the **accurate dimensions** (length & width in feet or to scale 1/4" = 1 foot).

Every rental dwelling unit whose capability of maximum occupancy (based on sleeping rooms) is 1-2 person(s), must adequately provide (1) living room and (1) dining area (area for eating), or combined living / dining area in addition, to there must be and (1) kitchen of at least 50 square feet as per NYSPM§ 404.5.

Every rental dwelling unit whose capability of maximum occupancy (based on sleeping rooms) is over 3-5 persons, must adequately provide (1) living room of at least 120 square feet, (1) dining room (room for eating) of at least 80 square feet or a combined living / dining room of at least 200 square feet and (1) kitchen of at least 50 square feet as per NYSPM§ 404.5. (Floor plan must adequately depict these areas)

Every rental dwelling unit whose capability of maximum occupancy (based on sleeping rooms) is 6 or more persons, must adequately provide (1) living room at least 150 square feet, (1) dining room (room for eating) of at least 100 square feet or a combined living / dining Area of at least 250 square feet and (1) kitchen of at least 60 square feet as per NYSPM§ 404.5. (Floor plan must adequately depict these areas)

The indicated room(s) of _____ does not meet NYSPM Code. (Please call above Code Official for more details)

The floor plan(s) submitted were illegible, slipshod and not properly done, Please redo respectively.

Name: _____

Address: _____

****PLEASE NOTE****

REVISED CODE CONFORMING FLOOR PLANS MUST BE SUBMITTED BACK TO THIS OFFICE BY ____/35/____. FAILURE TO DO SO WILL RESULT IN AN INCOMPLETE RENTAL APPLICATION WHEREBY A COURT APPEARANCE



TOWN OF RIVERHEAD - INVESTIGATION UNIT – HOUSING INSPECTION REPORT
TOWN ATTORNEYS OFFICE, RIVERHEAD, NEW YORK 11901 (631)-727-3200 Ext. # _____

SCTM # _____ DATE ____ / ____ / ____ INSPECTOR _____ BADGE# _____

ADDRESS: _____ PERSON PRESENT: _____

INSPECTION TYPE: RENTAL 1st RENTAL 2nd RENTAL 3rd COMPLAINT PATROL/PICKUP

RESULTS: INSPECTION PASSED FAILED CALL TO RESCHEDULE BEFORE THE COMPLY DATE ____ / ____ / ____

EXTERIOR STRUCTURE & PROPERTY AREA(S)			CELLAR / BASEMENT / MECH ROOM.		
IDC#	VIOLATION DESCRIPTION(S)	FAIL	IDC#	VIOLATION DESCRIPTION(S)	FAIL
1.	Structure is properly identified as per promulgated maps recorded in the Town, & Such must be min 3" for visibility.	<input type="checkbox"/>	31.	STAIRS must be sound and stable.	<input type="checkbox"/>
2.	Roof drains, gutters and downspouts present and in good repair with no obstructions	<input type="checkbox"/>	32.	<input type="checkbox"/> Railing must be provided on stairway. <input type="checkbox"/> Railing must be firmly fastened not loose.	<input type="checkbox"/>
3.	Roof Shingles do not exceed more than two layers	<input type="checkbox"/>	33.	Extension cords must not be used as permanent wiring. (Provide proper fixed grounded outlets)	<input type="checkbox"/>
4.	Roof is in good repair no dry rot or deterioration on shingle Surfaces.	<input type="checkbox"/>	34.	Multi-Plug adaptors must be eliminated and such appliance or device must be plugged directly into a outlet.	<input type="checkbox"/>
5.	ALL Exterior surfaces must be free from: <input type="checkbox"/> Peeling/Chipping Paint <input type="checkbox"/> Rust <input type="checkbox"/> Corrosion	<input type="checkbox"/>	35.	ELECTRICAL HAZZARD FOUND:	<input type="checkbox"/>
6.	ALL Exterior walls must be free from cracks, holes or loose and/or missing shingles or siding.	<input type="checkbox"/>	36.	Oil Fired Equip must be serviced annually (Certificate of Proof of Service must be provided or affixed to appliance	<input type="checkbox"/>
7.	ALL Exterior exposed wood surfaces must be suitably coated with paint or other suitable weather resistive compounds.	<input type="checkbox"/>	37.	Remove storage of combustible materials within 36 inches of any fuel or gas fired appliances	<input type="checkbox"/>
8.	ALL Screens must be present & in good repair and fit within the window(s) or doorframes firmly.	<input type="checkbox"/>	38.	Fuel or Gas appliances must be in good condition and capable of a safe operation. PM § 203.1	<input type="checkbox"/>
9.	Decorative Trim and wall facings must be in good repair with the proper anchorage, and free from deterioration and rot.	<input type="checkbox"/>	39.	All fuel appliance vents must be properly installed, free of rust, holes or capable of re-anchoring without hazard.	<input type="checkbox"/>
10.	Overhang Extensions including canopies & porches must be in good repair, properly anchored free from deformation & rot.	<input type="checkbox"/>	40.	Septic lines must be securely fastened, free of leaks, holes or cracks.	<input type="checkbox"/>
11.	Handrails and Guards must be firmly fastened and free from deterioration and unjust movement.	<input type="checkbox"/>	41.	Plumbing piping must be free of leaks, holes or cracks. Specifically:	<input type="checkbox"/>
12.	Handrail Required on any stairway with 4 or more steps.	<input type="checkbox"/>	42.	Any additional construction must have a Certificate of Occupancy, including any walls, electric, and sheetrock.	<input type="checkbox"/>
13.	Guards required on any deck, balcony or porch, which is over (30)-Inches in height.	<input type="checkbox"/>	43.	Cellar occupancy is prohibited without the proper Certificate of Occupancy for such use.	<input type="checkbox"/>
14.	Stairways, Porches or Balconies are of sound construction, firmly fastened with proper anchorage.	<input type="checkbox"/>	44.	Smoke detector is not installed and mounted accordingly.	<input type="checkbox"/>
15.	<input type="checkbox"/> Window frames and trim <input type="checkbox"/> Door Frames must be in sound condition weather tight and free from deterioration.	<input type="checkbox"/>	45.	Smoke detector is not operable at time of inspection.	<input type="checkbox"/>
16.	ALL Window GLASS and/or Glazing must be free from cracks, chips or holes.	<input type="checkbox"/>	46.	<input type="checkbox"/> Lighting must be provided within cellar. <input type="checkbox"/> Lighting must be operational (bulb working)	<input type="checkbox"/>
17.	Chimney must be in sound condition free from: <input type="checkbox"/> Cracks <input type="checkbox"/> Holes <input type="checkbox"/> Unsafe settlement/unplumbed	<input type="checkbox"/>	47.	Clear path of travel must be maintained to electrical panel, Furnace/Boiler and Water heating appliances.	<input type="checkbox"/>
18.	Exterior Vent piping is in good repair and installed Correctly.	<input type="checkbox"/>	48.	Interior Foundation walls must be free from: <input type="checkbox"/> Cracks <input type="checkbox"/> Step Fractures <input type="checkbox"/> Holes	<input type="checkbox"/>
19.	Connection of service utilities including Electric, Gas, Water or Fuel is connected properly.	<input type="checkbox"/>	NOTES / ADDITIONAL DEFICIENCIES		LOCATION
20.	ALL Exterior Door hardware and doors must be operational and securely fastened and locking.	<input type="checkbox"/>			
21.	Basement Hatchways (BILCO DOORS) must be securely fastened, free from rust and or decay, and rodent entry.	<input type="checkbox"/>			
22.	FOUNDATION walls must be free from cracks, holes or deficiencies which cause un-plumb walls.	<input type="checkbox"/>			
23.	PROVIDE ENGINEERS REPORT to this department that Certifies that the structure is not compromised and safe.	<input type="checkbox"/>			
24.	Unregistered Vehicles not permitted on property unless Appropriately screened.	<input type="checkbox"/>			
25.	Litter must be removed from property areas	<input type="checkbox"/>			
26.	Property must be free from weeds & or high grass in excess of (10) inches must be cut (mowed) accordingly.	<input type="checkbox"/>			
27.	Property must be free from physical hazards. Observed was:	<input type="checkbox"/>			
28.	Cesspool(s) must be capable of disposing waste without a Health hazard or overflow.	<input type="checkbox"/>			
29.	ALL ACCESSORY structures including decks must be structural sound and free from deterioration, and rot.	<input type="checkbox"/>			36
30.	Driveway must be free from physical hazards and in good repair with no sinkholes and drainage problems.	<input type="checkbox"/>			

EXPLANATION INSTRUCTIONS FOR CODES IN MARKED BOXES ON FRONT OF SHEET

1. ANY ITEM WITH A CHECKED SQUARE IN THE FAIL COLUMN MEANS THAT THE ITEM WAS OBSERVED TO BE IN VIOLATION AT THE TIME OF THE INSPECTION. (SEE IDC # EXPLANATION BELOW)
2. IF THE SHADED SQUARE IN THE FAIL COLUMN IS NOT CHECKED OFF, THE ITEM WAS NOT OBSERVED TO BE IN VIOLATION AT THE TIME OF THE INSPECTION.

EXPLANATION OF IDC # COLUMN (ITEM DEFICIENCY CODE(S))

- A **BLANK SPACE** IN THE **IDC # COLUMN** INDICATES THAT THE INSPECTOR OBSERVED NO DEFICIENCY REF. ITEM.
- A **NUMBER "1"** IN THE **IDC # COLUMN** INDICATES THAT THE INSPECTOR OBSERVED SUCH DEFICIENCY IN **ONE LOCATION ONLY**.
- A **NUMBER "2"** IN THE **IDC # COLUMN** INDICATES THAT THE INSPECTOR OBSERVED THE MARKED VIOLATION IN **TWO OR MORE LOCATIONS**.
- A **NUMBER "3"** IN THE **IDC # COLUMN** INDICATES THAT THE INSPECTOR OBSERVED THE MARKED DEFICIENCY **WAS CORRECTED** AT THE TIME OF THE INSPECTION.
- A **NUMBER "4"** IN THE **IDC # COLUMN** INDICATES THAT THE DEFICIENCY WAS NOT APPLICABLE, REVIEWED OR OBSERVED AT THE TIME OF INSPECTION.

SECTIONS OF LAW

<u>EXTERIOR STRUCTURE & PROPERTY AREAS</u>		<u>BATHROOM(S) & TOILET ROOMS</u>	<u>PORCHE(S) / BALCONY(S) SCREENROOM(S)</u>
1. PM§ 304.3 TC§ 68-51 (A) 2. PM§ 302.7 TC§ 68-18 (C) 3. RR§ 907.3 (3) 4. PM§ 304.7 TC§ 68-18 (C) 5. PM§ 304.2 TC§ 68-34 6. PM§ 304.6 7. PM§ 304.2 8. TC§ 68-35 (C) 9. PM§ 304.8 10. PM§ 304.9 11. PM§ 304.12 12. PM§ 306.1 TC§ 68-15 (B) 13. PM§ 306.1 TC§ 68-15 (B) 14. PM§ 304.10 TC§ 68-34 15. PM§ 304.13 16. PM§ 304.13.1 17. PM§ 304.11 TC§ 68-27 (A) 18. PM§ 304.11 TC§ 68-27 (A) 19. PM§ 104.1 20. PM§ 304.15 21. PM§ 304.16 22. PM§ 304.5 TC§ 68-18 (A) 23. PM§ 107.1 24. TC§ 100-3 25. PM§ 302.11 TC§ 98-4 26. PM§ 302.4 TC§ 68-33 (E) 27. TC§ 68-33 (D) 28. PM§ 506.2 TC§ 68-24 (C) (2) 29. PM§ 302.7 TC§ 68-34 (C) 30. PM§ 302.3	39. PM§ 304.11 TC§ 68-27 (A) (1) 40. PM§ 506.1 TC§ 68-24 (A) (1) 41. PM§ 504.1 TC§ 68-24 (A) (1) 42. TC§ 52-14 43. PM§ 404.4.4 TC§ 68-11 (B) 44. PM§ 704.2 45. PM§ 704.1 46. PM§ 605.3 47. PM§ 702.1 - PM§ 702.2 48. PM§ 107.1.1 PM§ 304.5 TC§ 68-18(A)	69. PM§ 305.1 TC§ 68-34 (B) 70. PM§ 305.3 TC§ 68-34 (A) 71. PM§ 503.4 TC§ 68-19 (B) 72. PM§ 505.3 TC§ 68-24 (B) (2) 73. PM§ 505.1 TC§ 68-24 (E) (1) 74. A. PM§ 305.1 TC§ 68-24 (B) B. PM§ 305.1 TC§ 68-11 (C) 75. PM§ 304.12 76. PM§ 504.1 TC§ 68-24 (A) 77. PM§ 605.2 78. PM§ 604.3 TC§ 68-28 (A)	79. PM§ 404.1 - PM§ 404.5 TC§ 68-12 80. PM§ 702.1 TC§ 68-20 (B) 81. F§ 605.5 82. F§ 605.4 83. PM§ 304.13.2 84. PM§ 702.3 TC§ 68-20 (B)
<u>CELLAR/ BASEMENT/MECH. ROOM</u> 31. PM§ 305.4 TC§ 68-15 (B) 32. PM§ 305.5 TC§ 68-15 (B) 33. FC§ 605.5 34. FC§ 605.4 35. PM§ 604.3 TC§ 68-28 (A) 36. TC§ 64-13 (E) (1) 37. PM§ 603.3 TC§ 68-26 (D) 38. PM§ 603.1	<u>LIVING ROOMS / DENS / COMMON AREAS</u> 49. PM§ 305.1 TC§ 68-34 (B) 50. PM§ 305.3 TC§ 68-34 (A) 51. PM§ 702.1 TC§ 68-11 (A) 52. PM§ 305.3 TC§ 68-18 (A) 53. PM§ 304.13.2 54. PM§ 304.1 55. A. PM§ 704.1 B. PM§ 704.1 56. F§ 605.5 <u>KITCHENS</u> 57. PM§ 305.1 TC§ 68-34 (B) 58. PM§ 305.3 TC§ 68-34 (A) 59. PM§ 308.1 PM§ 308.5 TC§ 68-35 (A) 60. PM§ 305.4 61. PM§ 604.3 TC§ 68-28 (A) 62. PM§ 505.3 TC§ 68-24 (B) (2) 63. PM§ 505.1 TC§ 68-24 (E) (1) 64. PM§ 603.1 TC§ 68-14 (C) (1) 65. PM§ 304.13.2 66. PM§ 304.15 67. A. TC§ 68-29 (A) B. TC§ 68-29 (B) C. TC§ 68-34 (B) 68. A. TC§ 68-29 (A) B. TC§ 68-29 (B) C. TC§ 68-34 (B)	<u>LAUNDRY ROOM AREAS</u> 79. PM§ 403.5 TC§ 68-28 (A) (1) 80. PM§ 603.4 TC§ 68-27 (A) (2) 81. A. PM§ 505.1 TC§ 68-24 (E) (1) B. PM§ 504.1 TC§ 68-24 (A) <u>SLEEPING ROOM(S)</u> 82. PM§ 305.1 TC§ 68-34 (B) 83. PM§ 305.3 TC§ 68-34 (A) 84. A. PM§ 704.2 B. PM§ 704.1 85. F§ 605.5 86. F§ 605.4 87. PM§ 304.13.2 88. PM§ 702.3 89. TC§ 108 (Zoning Violation) 90. PM§ 404.2 91. PM§ 404.3 92. PM§ 404.4.1 TC§ 68-10 93. PM§ 702.1 TC§ 68-20 (B) 94. PM§ 404.4.2 <u>COMMON HALL(S)</u> 95. A. PM§ 704.2 B. PM§ 704.1 96. PM§ 402.2 TC§ 68-13 (B) (2) 97. PM§ 702.1 TC§ 68-20 (B) <u>STAIRWAY(S)</u> 98. A. PM§ 704.2 B. PM§ 704.1 99. PM§ 402.2 TC§ 68-13 (B) (2) PM§ 702.1 TC§ 68-20 (B) 100. PM§ 305.5 TC§ 68-15 (B)	<p align="center">***PLEASE NOTE***</p> <p align="center"> ANY REPAIRS, MAINTENANCE WORK, ALTERATIONS OR INSTALLATIONS WHICH ARE CAUSED DIRECTLY OR INDIRECTLY BY THE DEFICIENCIES NOTED ON THIS REPORT SHALL BE EXECUTED AND INSTALLED IN ACCORDANCE WITH THE CODE STATE OF NEW YORK, THE MANUFACTURER'S INSTALLATION INSTRUCTIONS AND IN A SKILLFUL MANNER WITH LIKE MATERIALS BY A QUALIFIED PERSON(S) TO PERFORM SUCH. </p> <p align="center">(PURSUANT TO PM§103.3)</p>

Mail to:

IF YOU FAILED ANY ITEMS LISTED ON THE FRONT OF THIS REPORT YOU MUST CORRECT ALL, AND CONTACT THIS OFFICE AT 727-3200 EXT 670, BEFORE THE SCHEDULED COMPLY DATE SO A COMPLIANCE INSPECTION CAN BE ARRANGED ACCORDINGLY.

INTERIOR INSPECTION SHEET

ADDRESS:

SCTM# _____ - _____ - _____

DATE:

LIVING ROOM(S) DENS / COMMON AREA(S)			SLEEPING ROOM(S)		
IDC#	VIOLATION DESCRIPTION(S)	FAIL	IDC#	VIOLATION DESCRIPTION(S)	FAIL
49.	All interior surfaces must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>	82.	All interior surfaces must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>
50.	All interior surfaces were not free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>	83.	All interior surfaces were not free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>
51.	Exit Doors must be free and clear of obstructions.	<input type="checkbox"/>	84.	<input type="checkbox"/> Smoke Detector(s) is not installed and mounted correctly <input type="checkbox"/> Smoke Detector(s) was not operable at time of inspection	<input type="checkbox"/>
52.	ELECTRICAL HAZARDS :	<input type="checkbox"/>	85.	Extension cords must not be used as permanent wiring. (Provide proper fixed grounded outlets)	<input type="checkbox"/>
53.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>	86.	Multi-Plug adaptors must be eliminated and such appliance or device must be plugged directly into a outlet.	<input type="checkbox"/>
54.	Door Hardware must be intact, not loose and capable of performing its intended function(s).	<input type="checkbox"/>	87.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>
55.	<input type="checkbox"/> Smoke Detector is not installed and mounted correctly. <input type="checkbox"/> Smoke Detector is not operable at time of inspection	<input type="checkbox"/>	88.	LOCKED DOORS must be readily open-able from the side In which is being exited from. (Hasp locking prohibited)	<input type="checkbox"/>
56.	Extension cords must not be used as permanent wiring and be eliminated. (Provide fixed grounded outlets)	<input type="checkbox"/>	89.	Keyed Entry to Sleeping rooms is prohibited. (Exception : Hotels, Motels, Dormitories)	<input type="checkbox"/>
KITCHEN(S)			90.	Sleeping Rooms must have a minimum of (7) feet width in any plan dimension. (Discontinue use if under min. distance)	<input type="checkbox"/>
57.	All interior surfaces must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>	91.	Sleeping Room must have a minimum ceiling height of (7) Feet. (Discontinue use if such is under min dimension)	<input type="checkbox"/>
58.	All interior surfaces were not free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>	92.	SLEEPING ROOM(S) IS/ARE OVEROCCUPIED (Based on formula of square feet per person)	<input type="checkbox"/>
59.	Area and interior of structure must be free from infestation Rodents. (Exterminate and provide copy of such to this dept.)	<input type="checkbox"/>	93.	<input type="checkbox"/> EXIT DOORS MUST BE CLEAR OF OBSTRUCTION <input type="checkbox"/> WINDOWS MUST BE CLEAR OF OBSTRUCTIONS	<input type="checkbox"/>
60.	Walking surfaces (floors) must be in good repair without defects. Tiles must be presently in good repair.	<input type="checkbox"/>	94.	Occupants cannot exit a sleeping room through another sleeping room. (Discharge must be through a common area)	<input type="checkbox"/>
61.	ELECTRICAL HAZARDS :	<input type="checkbox"/>	COMMON HALL(S)		
62.	SINK(S) did not have : <input type="checkbox"/> Adequate Water Pressure <input type="checkbox"/> Free from Leaks	<input type="checkbox"/>	95.	<input type="checkbox"/> Smoke Detector is not installed and mounted correctly. <input type="checkbox"/> Smoke Detector is not operable at time of inspection	<input type="checkbox"/>
63.	SINK(S) did not have : <input type="checkbox"/> HOT WATER SUPPLIED <input type="checkbox"/> COLD WATER SUPPLY	<input type="checkbox"/>	96.	Adequate lighting is not provided for and functional. <input type="checkbox"/> Fixture Missing <input type="checkbox"/> Bulb Inoperable	<input type="checkbox"/>
64.	Exhaust Fan (if provided) must be operational.	<input type="checkbox"/>	97.	Hallway is not free and clear of obstructions	<input type="checkbox"/>
65.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>	STAIRWAY(S)		
66.	Door Hardware must be intact, not loose and capable of performing its intended function(s).	<input type="checkbox"/>	98.	<input type="checkbox"/> Smoke Detector is not installed and mounted correctly. <input type="checkbox"/> Smoke Detector is not operable at time of inspection	<input type="checkbox"/>
67.	COOKING APPLIANCE IS: <input type="checkbox"/> Missing <input type="checkbox"/> Igniter Inoperable <input type="checkbox"/> Not Functional	<input type="checkbox"/>	99.	<input type="checkbox"/> Adequate lighting not provided for and/or functional. <input type="checkbox"/> Stairway is not free and clear of obstructions.	<input type="checkbox"/>
68.	REFRIGERATION APPLIANCE <input type="checkbox"/> Missing <input type="checkbox"/> Not Functional <input type="checkbox"/> Unsanitary	<input type="checkbox"/>	100.	Railings and Guards were: <input type="checkbox"/> NOT SECURELY FASTENED <input type="checkbox"/> NOT PROVIDED	<input type="checkbox"/>
BATHROOM(S) AND TOILET ROOM(S)			PORCHE(S) / BALCONY(S) / SCREEN ROOM(S)		
69.	All interior surfaces i.e. walls, ceilings, floors must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>	101.	Said area is deemed a non-habitable space for sleeping Discontinue the use of this area for sleeping purposes.	<input type="checkbox"/>
70.	All interior surfaces ie walls, ceilings fixt. must be free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>	102.	<input type="checkbox"/> EXIT DOORS MUST BE CLEAR OF OBSTRUCTION <input type="checkbox"/> WINDOWS MUST BE CLEAR OF OBSTRUCTIONS	<input type="checkbox"/>
71.	Walking surfaces (floors) must be in good repair without defects. Tiles must be present and non-absorbent to water.	<input type="checkbox"/>	103.	Extension cords must not be used as permanent wiring. (Provide proper fixed grounded outlets)	<input type="checkbox"/>
72.	<input type="checkbox"/> SINK(S) & <input type="checkbox"/> BATH(S) did not have : <input type="checkbox"/> Adequate Water Pressure <input type="checkbox"/> Free from leaks	<input type="checkbox"/>	104.	Multi-Plug adaptors must be eliminated and such appliance or device must be plugged directly into an outlet.	<input type="checkbox"/>
73.	<input type="checkbox"/> SINK(S) & <input type="checkbox"/> BATH(S) did not have <input type="checkbox"/> HOT WATER SUPPLIED <input type="checkbox"/> COLD WATER SUPPLY	<input type="checkbox"/>	105.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>
74.	Mechanical Ventilation is required were a window is not and <input type="checkbox"/> Clean free of dust <input type="checkbox"/> Provided for <input type="checkbox"/> Operational	<input type="checkbox"/>	106.	LOCKED DOORS must be readily open-able from the side In which is being exited from. (Hasp locks prohibited)	<input type="checkbox"/>
75.	Windows must be open-able and capable of being held in Place. Locking Hardware and pulleys must be operational.	<input type="checkbox"/>	NOTES / ADDITIONAL DEFICIENCIES		LOCATION
76.	TOILET(S) DID NOT: <input type="checkbox"/> FLUSH PROPERLY <input type="checkbox"/> BE FREE FROM LEAKS	<input type="checkbox"/>			
77.	Must Contain (1) electrical receptacle (new bathroom must be ground fault)	<input type="checkbox"/>			
78.	ELECTRICAL HAZARDS :	<input type="checkbox"/>			
LAUNDRY ROOM AREA(S)					
79.	Clothes Dryer must be exhausted properly in accordance with the Manufactures guidelines.	<input type="checkbox"/>			
80.	GAS DRYERS (gas feed line) must contain a safety control Shut off line valve.	<input type="checkbox"/>			
81.	WASHER HOOKUPS DID NOT HAVE	<input type="checkbox"/>			

ITEM #33

INTERIOR INSPECTION SHEET

SCTM# _____ - _____ - _____

ADDRESS: _____

DATE: _____

LIVING ROOM(S) DENS / COMMON AREA(S)			SLEEPING ROOM(S)		
IDC#	VIOLATION DESCRIPTION(S)	FAIL	IDC#	VIOLATION DESCRIPTION(S)	FAIL
49.	All interior surfaces must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>	82.	All interior surfaces must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>
50.	All interior surfaces were not free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>	83.	All interior surfaces were not free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>
51.	Exit Doors must be free and clear of obstructions.	<input type="checkbox"/>	84.	<input type="checkbox"/> Smoke Detector(s) is not installed and mounted correctly <input type="checkbox"/> Smoke Detector(s) was not operable at time of inspection	<input type="checkbox"/>
52.	ELECTRICAL HAZARDS :	<input type="checkbox"/>	85.	Extension cords must not be used as permanent wiring. (Provide proper fixed grounded outlets)	<input type="checkbox"/>
53.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>	86.	Multi-Plug adaptors must be eliminated and such appliance or device must be plugged directly into a outlet.	<input type="checkbox"/>
54.	Door Hardware must be intact, not loose and capable of performing its intended function(s).	<input type="checkbox"/>	87.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>
55.	<input type="checkbox"/> Smoke Detector is not installed and mounted correctly. <input type="checkbox"/> Smoke Detector is not operable at time of inspection	<input type="checkbox"/>	88.	LOCKED DOORS must be readily open-able from the side In which is being exited from. (Hasp locking prohibited)	<input type="checkbox"/>
56.	Extension cords must not be used as permanent wiring and be eliminated. (Provide fixed grounded outlets)	<input type="checkbox"/>	89.	Keyed Entry to Sleeping rooms is prohibited. (Exception : Hotels, Motels, Dormitories)	<input type="checkbox"/>
KITCHEN(S)			90.	Sleeping Rooms must have a minimum of (7) feet width in any plan dimension. (Discontinue use if under min. distance)	<input type="checkbox"/>
57.	All interior surfaces must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>	91.	Sleeping Rooms must have a minimum ceiling height of (7) Feet. (Discontinue use if such is under min dimension)	<input type="checkbox"/>
58.	All interior surfaces were not free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>	92.	SLEEPING ROOM(S) IS/ARE OVEROCCUPIED (Based on formula of square feet per person)	<input type="checkbox"/>
59.	Area and interior of structure must be free from infestation Rodents. (Exterminate and provide copy of such to this dept.)	<input type="checkbox"/>	93.	<input type="checkbox"/> EXIT DOORS MUST BE CLEAR OF OBSTRUCTION <input type="checkbox"/> WINDOWS MUST BE CLEAR OF OBSTRUCTIONS	<input type="checkbox"/>
60.	Walking surfaces (floors) must be in good repair without defects. Tiles must be presently in good repair.	<input type="checkbox"/>	94.	Occupants cannot exit a sleeping room through another sleeping room. (Discharge must be through a common area)	<input type="checkbox"/>
61.	ELECTRICAL HAZARDS :	<input type="checkbox"/>	COMMON HALL(S)		
62.	SINK(S) did not have : <input type="checkbox"/> Adequate Water Pressure <input type="checkbox"/> Free from leaks	<input type="checkbox"/>	95.	<input type="checkbox"/> Smoke Detector is not installed and mounted correctly. <input type="checkbox"/> Smoke Detector is not operable at time of inspection	<input type="checkbox"/>
63.	SINK(S) did not have <input type="checkbox"/> HOT WATER SUPPLIED <input type="checkbox"/> COLD WATER SUPPLY	<input type="checkbox"/>	96.	Adequate lighting is not provided for and functional. <input type="checkbox"/> Fixture Missing <input type="checkbox"/> Bulb Inoperable	<input type="checkbox"/>
64.	Exhaust Fan (if provided) must be operational.	<input type="checkbox"/>	97.	Hallway is not free and clear of obstructions	<input type="checkbox"/>
65.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>	STAIRWAY(S)		
66.	Door Hardware must be intact, not loose and capable of performing its intended function(s).	<input type="checkbox"/>	98.	<input type="checkbox"/> Smoke Detector is not installed and mounted correctly. <input type="checkbox"/> Smoke Detector is not operable at time of inspection	<input type="checkbox"/>
67.	COOKING APPLIANCE IS: <input type="checkbox"/> Missing <input type="checkbox"/> Igniter Inoperable <input type="checkbox"/> Not Functional	<input type="checkbox"/>	99.	<input type="checkbox"/> Adequate lighting not provided for and/or functional. <input type="checkbox"/> Stairway is not free and clear of obstructions.	<input type="checkbox"/>
68.	REFRIGERATION APPLIANCE <input type="checkbox"/> Missing <input type="checkbox"/> Not Functional <input type="checkbox"/> Unsanitary	<input type="checkbox"/>	100.	Railings and Guards were: <input type="checkbox"/> NOT SECURELY FASTENED <input type="checkbox"/> NOT PROVIDED	<input type="checkbox"/>
BATHROOM(S) AND TOILET ROOM(S)			PORCHE(S) / BALCONY(S) / SCREEN ROOM(S)		
69.	All interior surfaces i.e. walls, ceilings, floors must be : <input type="checkbox"/> Clean and Sanitary <input type="checkbox"/> Free from Mold and Mildew	<input type="checkbox"/>	101.	Said area is deemed a non-habitable space for sleeping Discontinue the use of this area for sleeping purposes.	<input type="checkbox"/>
70.	All interior surfaces ie walls, ceilings fixt. must be free from: <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Rust <input type="checkbox"/> Cracks & Holes	<input type="checkbox"/>	102.	<input type="checkbox"/> EXIT DOORS MUST BE CLEAR OF OBSTRUCTION <input type="checkbox"/> WINDOWS MUST BE CLEAR OF OBSTRUCTIONS	<input type="checkbox"/>
71.	Walking surfaces (floors) must be in good repair without defects. Tiles must be present and non-absorbent to water.	<input type="checkbox"/>	103.	Extension cords must not be used as permanent wiring. (Provide proper fixed grounded outlets)	<input type="checkbox"/>
72.	<input type="checkbox"/> SINK(S) & <input type="checkbox"/> BATH(S) did not have : <input type="checkbox"/> Adequate Water Pressure <input type="checkbox"/> Free from leaks	<input type="checkbox"/>	104.	Multi-Plug adaptors must be eliminated and such appliance or device must be plugged directly into an outlet.	<input type="checkbox"/>
73.	<input type="checkbox"/> SINK(S) & <input type="checkbox"/> BATH(S) did not have <input type="checkbox"/> HOT WATER SUPPLIED <input type="checkbox"/> COLD WATER SUPPLY	<input type="checkbox"/>	105.	Windows must be open-able and capable of being held in place. Locking hardware and pulleys must be operational	<input type="checkbox"/>
74.	Mechanical Ventilation is required were a window is not and <input type="checkbox"/> Clean free of dust <input type="checkbox"/> Provided for <input type="checkbox"/> Operational	<input type="checkbox"/>	106.	LOCKED DOORS must be readily open-able from the side In which is being exited from. (Hasp locks prohibited)	<input type="checkbox"/>
75.	Windows must be open-able and capable of being held in Place. Locking Hardware and pulleys must be operational.	<input type="checkbox"/>	NOTES / ADDITIONAL DEFICIENCIES		LOCATION
76.	TOILET(S) DID NOT: <input type="checkbox"/> FLUSH PROPERLY <input type="checkbox"/> BE FREE FROM LEAKS	<input type="checkbox"/>			
77.	Must Contain (1) electrical receptacle (new bathroom must be ground fault)	<input type="checkbox"/>			
78.	ELECTRICAL HAZARDS :	<input type="checkbox"/>			
LAUNDRY ROOM AREA(S)					
79.	Clothes Dryer must be exhausted properly in accordance with the Manufactures guidelines.	<input type="checkbox"/>			39
80.	GAS DRYERS (gas feed line) must contain a safety control Shut off line valve.	<input type="checkbox"/>			
81.	WASHER HOOKUPS DID NOT HAVE	<input type="checkbox"/>			

ITEM 333



ITEM #34



TOWN OF RIVERHEAD
200 HOWELL AVENUE
RIVERHEAD, NY 11901

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE
PAID
RIVERHEAD, NY 11901
PERMIT NO. 100

IMPORTANT TAX INFORMATION

ITEM #35



TOWN OF RIVERHEAD
200 HOWELL AVENUE
RIVERHEAD, NY 11901

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE
PAID
RIVERHEAD, NY 11901
PERMIT NO. 100

DEPARTMENT (INDICATE DEPARTMENT PROCESSING THIS VOUCHER ONLY)

VENDOR NO

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

Official Claim Voucher

VOUCHER NO

CHECK NO CHECK DATE

APPROPRIATION NUMBER	PURCHASE ORDER NO	INVOICE NO	AMOUNT LIQUIDATED	AMOUNT PAID
1				
2				
3				
4				

Vendor Information

CLAIMANT'S NAME	TELEPHONE
ADDRESS	FED ID NO
CITY & STATE	FAX NO

DATE	INVOICE NO.	INVOICE DESCRIPTION OF MATERIALS AND SERVICES	AMOUNT
ITEM #36			

SEND INVOICE & VOUCHER DIRECTLY TO DEPARTMENT WHICH RECEIVED GOODS OR SERVICES AS PER OUR PURCHASE ORDER

CLAIMANT CERTIFICATION I CERTIFY THAT THE ABOVE EXPENDITURES HAVE BEEN MADE IN ACCORDANCE WITH THE PROVISION OF THE APPLICABLE STATUTE THAT THE CLAIM IS JUST AND CORRECT THAT NO PART THEREOF HAS BEEN PAID EXCEPT AS STATED THAT THE BALANCE ACTUALLY DUE AND OWING AND THAT THE PRICES CHARGED HEREIN DO NOT INCLUDE FEDERAL EXCISE TAX OR ANY FEDERAL NY SALES TAX AND ARE NOT HIGHER THAN PRICES CHARGED TO ANY GOVERNMENTAL OR CONSUMER FOR LIKE DELIVERIES

CLAIMANT'S SIGNATURE IN INK	TITLE	
DATE	NAME OF COMPANY	
		AMOUNT CLAIMED

AUDIT USE ONLY	DEPARTMENT CERTIFICATION I CERTIFY THAT THIS CLAIM IS CORRECT AND THAT SERVICES OR MATERIALS WERE RENDERED, AND PAYMENT IS APPROVED.	AMOUNT DISALLOWED	42
	SIGNATURE	NET AMOUNT PAYABLE	
VERIFIED	TITLE		
AUDITED			

DEPARTMENT USE ONLY

VENDOR COMPLETE THIS SECTION ONLY

REASON FOR NO PICK-UP

- Contents have paper, and / or garbage mixed with recyclables.
- No Electronics at curbside.
- Branches not tied in bundles (4 ft. Long).
- No plastic bags.
- Too many bulk items.
- Items not put out properly or not on scheduled day / time.
- Other - no chemicals or loose leaves.

Please follow pick-up schedule. Extra copies of our pick-up schedule are available at Town Hall.

ITEM #37



TOWN OF RIVERHEAD

YEAR

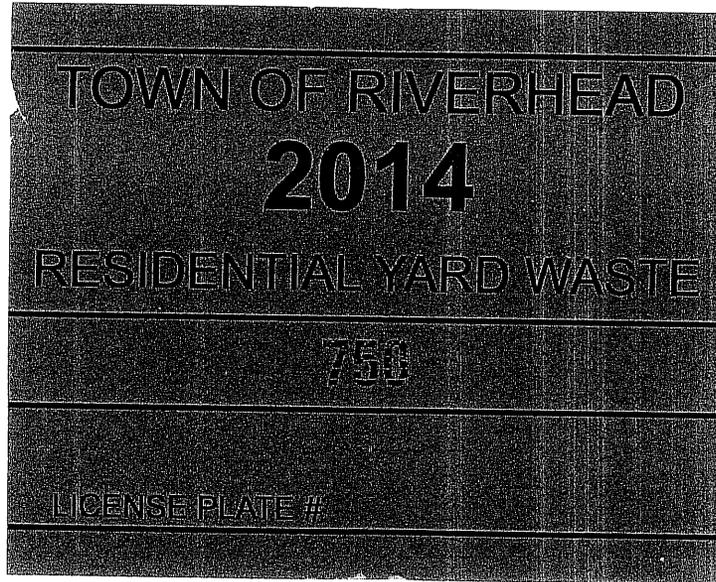
LIC. PLATE

STICKER #

SOLID WASTE PERMIT

ITEM

#38



ITEM #39

RIVERHEAD



RECYCLES



PURCHASE ORDER

Town of Riverhead

41

PURCHASE ORDER NO.

EMAIL: tague@townofriverheadny.gov

Vendor must show Purchase Order No. on all packages, Bills of Lading, Invoices, and correspondence

VENDOR NUMBER	P.O. DATE	DIRECT INQUIRIES AND SEND INVOICE TO:
---------------	-----------	---------------------------------------

V
E
N
D
O
R

S
H
I
P
T
O

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

ITEM #41

I _____ Purchasing Agent for the Town of Riverhead, certify that I have reviewed all documents in support of the request for the purchase order, including but not limited to order forms, quotes... or in the case of public work contracts or purchase contracts subject to competitive bidding requirements under the General Municipal Law, schedule for opening bids, all bids and documents related to bid and bid procedures, and based upon review of above documents. I certify that this purchase order complies with the provisions of law, including General Municipal Law and Town Code for the Town of Riverhead and may properly be processed for payment." Date signed:

ACCOUNT NO.	AMOUNT	ACCOUNT NO.	AMOUNT
-------------	--------	-------------	--------

2012 drinking water quality report

RIVERHEAD WATER DISTRICT
PUBLIC WATER SUPPLY IDENTIFICATION NO. 5103705

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

Superintendent
Gary Pendzick

ANNUAL WATER SUPPLY REPORT

MAY 2013

Dear Water District Resident:

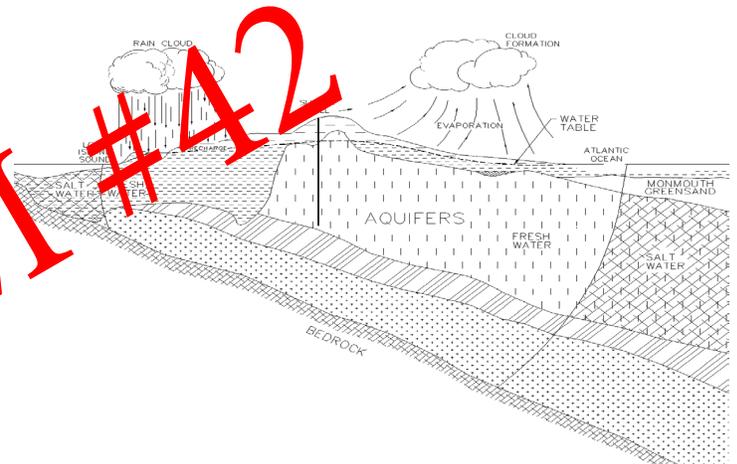
We are pleased to present to you the Riverhead Water District's 2012 Consumer Confidence Report/Annual Water Supply Statement. As shown in this report, the Riverhead Water District continues to provide the residents with a source of water for all of our domestic needs which is reliable and of high quality.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

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

SOURCE OF OUR WATER

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

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



THE LONG ISLAND AQUIFER SYSTEM

INFORMATION ABOUT OUR DRINKING WATER

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

COST OF WATER

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

CONTACTS FOR ADDITIONAL INFORMATION

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

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

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

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

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

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

WATER QUALITY

In accordance with State regulations, the Riverhead Water District routinely monitors your drinking water for numerous parameters. We test your drinking water for coliform bacteria, turbidity, inorganic contaminants, lead and copper, nitrate, volatile organic contaminants, total trihalomethanes, and synthetic organic contaminants. Over 100 separate parameters are tested in each of our wells numerous times per year. The table presented on page 3 reflects the quality of your drinking water. It should be noted that many of these parameters are naturally found in all Long Island drinking water and do not pose any adverse health effects.

WATER CONSERVATION MEASURES

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

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

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

WATER TREATMENT

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

2012 DRINKING WATER QUALITY REPORT - TABLE OF DETECTED PARAMETERS

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

Definitions:

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

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

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

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

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

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

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

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

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

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

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

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

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

WATER SYSTEM IMPROVEMENTS

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

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

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

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

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

SOURCE WATER ASSESSMENT

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

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

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



CONTINUOUSLY TESTED DRINKING WATER QUALITY

In this issue:

CONTINUOUSLY TESTED
DRINKING WATER QUALITY

WATER CONSERVATION PROGRAM

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

OTHER WATER CONSERVATION
TIPS



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

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

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

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

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

Wishing you and your family a happy and safe summer,

Sean M. Walter
SUPERVISOR, TOWN OF RIVERHEAD

ITEM #43

Sean Walter - Town Supervisor

John Dunleavy - Councilman

James Wooten - Councilman

George Gabrielsen - Councilman

Jodi Giglio - Councilwoman

Gary Pendzick
Water District Superintendent

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

www.townofriverheadny.gov

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

WATER CONSERVATION PROGRAM

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

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

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

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

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



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

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

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

WATER QUALITY REPORT

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

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

ITEM #43

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

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

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



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

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

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



I want to be here for you.

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

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

www.townofriverheadny.gov

ITEM #43



Only Tap Water Delivers™



Presented in cooperation with

 American Water Works Association



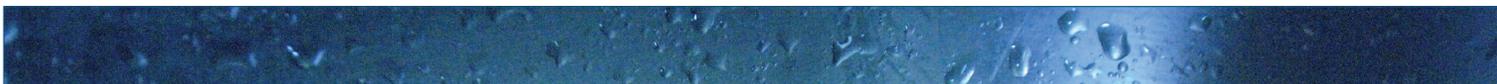


Town of Riverhead
 Riverhead Water District
 1035 Pulaski Street,
 Riverhead, New York 11901
 631.727.3205



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

ITEM #43



OTHER WATER CONSERVATION TIPS

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



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



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

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



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



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

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



**THE FOLLOWING ITEMS
44a THROUGH 44h
ARE STICKERS USED BY
RIVERHEAD RECREATION
DEPARTMENT.**

ITEM #44

RESIDENT PARKING

\$15.00 RESIDENT RECREATION \$15.00

DATE	PLATE #
NAME	
ADDRESS	
CITY	
CASH	CHECK
CHARGE	
RECEIVED BY	DATE PAID UP
TOTAL AMOUNT RECEIVED	
4291	
	FIN. FEELDS

TOWN OF RIVERHEAD

RESIDENT VEHICLE PARKING PERMIT

EXPIRES 9-2-14

PLATE # 4291

TC 48-13

DRIVER'S SIDE REAR WINDOW

ITEM #44a

SENIOR RESIDENT PARKING

SENIOR/VETERAN
RESIDENT RECREATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____

2612

REGISTRATION: _____

DATE ISSUED: _____

DATE EXPIRES: _____

CASH CHECK CHANGE

TOWN OF RIVERHEAD

SENIOR/VETERAN
RESIDENT VEHICLE
PARKING PERMIT

PLATE # _____

EXPIRES 9-2-14

2612

T.C.
48-13

DRIVER'S SIDE REAR WINDOW

ITEM #44b

NON-RESIDENT PARKING

ITEM #44c

NON-RESIDENT RECREATION

0050

DATE	PLATE #
NAME	
ADDRESS	
CITY	
CASH CHECK CHARGE	
RECEIVED BY	ISSUANCE
TOTAL AMOUNT RECEIVED	DATE PICKED UP

TOWN OF RIVERHEAD

NON-RESIDENT VEHICLE PARKING PERMIT

14 14

EXPIRES 9-2-14

PLATE #

0050

T.C. 48-13

DRIVER'S SIDE REAR WINDOW

ITEM #44d



NON RESIDENT BOAT RAMP

ITEM #44e



DOCKING PERMIT

\$35.00

**DAILY
NON-RESIDENT**

\$35.00

DATE		PLATE #	
NAME			
ADDRESS			
CITY	CASH	CHECK	CHARGE

No:0961

RECEIVED BY		# OF PERMITS
TOTAL AMOUNT RECEIVED	DATE PICKED UP	

\$35.00

\$35.00

No:0961

DAILY

TOWN OF RIVERHEAD

T.C. 48-13

**NON-RESIDENT
RECREATION PARKING LOT
PERMIT**

DATE _____ 62

DISPLAY ON INSIDE OF WINDSHIELD OR DASHBOARD

ITEM #44f

DAILY / WEEKLY	DATE	REG. #		\$25.00	No:0061	\$150.00	
	NAME		DAILY		WEEKLY		
	ADDRESS		CASH CHECK CHARGE		RIVERFRONT TOWN OF RIVERHEAD PERMIT		
	CITY						
	No:0061	RECEIVED BY	NO OF PERMITS	REG. # _____			DATE _____ TO: _____
# _____	TOTAL AMOUNT RECEIVED	DATE PICKED UP	DISPLAY ON INSIDE OF WINDSHIELD				
NIGHTS @ \$25.00							

ITEM #44g

ITEM #44h

OPERATION SOUND BEACHES

DATE	PLATE NO
NAME	
ADDRESS	
CITY	CASH CHECK CHARGE

0621

RECEIVED BY	NO OF PERMITS
TOTAL AMOUNT RECEIVED	DATE PICKED UP

Town of Riverhead
Operation On Sound Beaches
Expires 12-31-14
\$45.00

2014

0621 PLATE #

PERMIT #

2014

Driver's Side Rear Window T.C. 48-13



Town of Riverhead Beach Attendant End Of Season Evaluation Form

Name: _____

Season: 20__

Time in Dept.: _____

Evaluator: _____

Rating Scale

- 1-Developmental Need
- 2-Meets Expectations
- 3- Exceeds Expectations

Note: Any scores with a one (1) or three (3) must be accompanied with a comment.

Evaluation Skills	Score	Explanation/Comment
Beach Attendant Skills		
Stickers		
Selling Appropriate Stickers		
Use of Street List		
Money Prepared & Ready for Deposit		
Money Neat & Organized		
Accuracy of Deposit		
Recording All Information on Stickers		
Paperwork		
Daily Paperwork-Neat & Accurate		
Box Neat & Organized		
Use of Beach Coverage Form		
Cleanliness		
Bathrooms		
Parking Lot & Facility		
Daily Tasks		
Displaying & Taking Down Permit		
Displaying & Taking Down Flags		
Putting Out & Taking In Cones		
Watering Plants		
Use of 2-Way Radio		
Work Habits		
Attendance		
Attendance at Meetings & Trainings		
Punctuality		
Knowledge of Rules & Regulations		
Interaction with Public		
Professional Appearance		
Ability Carryout Instruction		
Use of Good Judgment		
Ability to Problem Solve		
Communication		
Finding Coverage for Shifts		
Communication with Co-workers		
Communication with Superiors		
Overall Performance		
End of Season: Overall Performance	1 2 3	
Comments:		
End of Season: Employee's Signature: _____ Date: _____		
Evaluator's Signature: _____ Date: _____		
Supervisor's Signature: _____ Date: _____		
Employee Comments (Optional):		

ITEM #45

Recommend to Rehire _____



Town of Riverhead Water Safety Instructor Evaluation Form

Name: _____

Season: 20____

Time in Dept.: _____ Years as WSI: _____

Evaluator: _____

For each category an employee will score a **3** for exceeds expectations; **2** for meets expectations; or **1** for developmental

Evaluation Skills	Score	Explanation/Comment
Risk Management		
Attentive to all participants in class		
Appropriate response to accidents and emergencies		
Keeps calm during conflict		
Ability to engage an unwilling participant		
Keeps certifications current- (WSI/Waterfront LG/CPR/AED)		
Identifies & Reports safety issues with facilities and equipment		
Relational Service		
Knows students on first name basis		
Creates welcoming environment for participants and parents		
Listens and responds to participants questions and requests		
Brings new ideas to the program		
Gives feedback to everyone in class equally		
Ability to manage participants in the water		
Interaction with coworkers		
Interaction with supervisors		
Wears proper swim attire (according to handbook)		
Swim Instructor Responsibilities		
Understands skills for different swim levels and how to teach them		
Ability to handle diverse (age, ability, language) and large classes		
Completion of daily paperwork/ARC paperwork/timesheets		
Sets correct example for coworkers		
Is on time for all shifts, does not leave early		
Attends all meetings & trainings		
Prepares and follows lesson plans		
Ability to adjust lesson plans according to the participants in the class		
Accomplishes skills for each class in the allotted time		
Applies knowledge of swim skills to properly teach swimmer's techniques to pass the levels		

ITEM #46

Overall Performance		
Overall Performance	1	2 3
Comments:		
Employee's Signature: _____	Date: _____	
Evaluator's Signature: _____	Date: _____	
Supervisor's Signature: _____	Date: _____	
Employee Comments (Optional):		

Recommend to Rehire _____

Town of Riverhead

INDIVIDUAL ATTENDANT DEPOSIT RECORD

NAME	DEPOSIT DATE	BEACH/LOCATION	DEPOSIT BAG #
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	TYPE	BOOK #	# SOLD	STICKER #'S SOLD- Cash	Sticker #'s SOLD-C.C.	# VOIDS	STICKER #'S VOIDED	Credit Card TOTAL	CASH TOTAL
1									
2									
3									
4									
5									
6									
7									

ITEM #47

BOOK TYPE			
R-Resident	SC- Senior Citizen Ramp	NR- Non Resident Daily	BR- Boat

Cash Total	
Credit Card Total	
Total Deposit	
Signature	
Attested By	

Town of Riverhead

INDIVIDUAL ATTENDANT DEPOSIT RECORD

NAME	DEPOSIT DATE	BEACH/LOCATION	DEPOSIT BAG #
------	--------------	----------------	---------------

	TYPE	BOOK #	# SOLD	STICKER #'S SOLD- Cash	Sticker #'s SOLD-C.C.	# VOIDS	STICKER #'S VOIDED	Credit Card TOTAL	CASH TOTAL
1									
2									
3									
4									
5									
6									
7									

BOOK TYPE			
R-Resident	SC- Senior Citizen Ramp	NR- Non Resident Daily	BR- Boat

Cash Total	
Credit Card Total	
Total Deposit	
Signature	
Attested By	



Town of Riverhead Lifeguard End Of Season Evaluation Form

Name: _____

Season: 20____

Time in Dept.: _____

Evaluator: _____

Rating Scale 1-Developmental Need 2-Meets Expectations

Date	Distress	Active	CPR/1 st Aid	Swim Log	Whistle	Cards	Sup. Initials

Evaluation Skills	Score	Explanation/Comment
Lifeguard Skills		
Attentiveness on Stand		
Attentiveness on Reserve		
Attitude towards workouts		
Proficiency in water skills		
Ability to spot potential danger		
Work Habits		
Attendance		
Attendance at Meetings & Trainings		
Punctuality		
Use of Down Time		
Professional Appearance		
Completion of Required Paperwork		
Follows Rules & Regulations		
Interaction with Superiors		
Interaction with Co-workers		
Interaction with Public		
Four Guiding Principles		
Proactivity		
Continuous Improvement		
Leadership		
Cooperative Teamwork		

ITEM #48

Overall Performance			
Overall Performance	1	2	3
Comments:			

Employee's Signature: _____	Date: _____
Evaluator's Signature: _____	Date: _____
Supervisor's Signature: _____	Date: _____

Employee Comments (Optional):

Recommend to Rehire _____



TOWN OF RIVERHEAD SKATE PARK REGISTRATION & WAIVER FORM



*- indicates field must be completed

Participant Info: *Date of Birth _____ Current School Attended (if applicable) _____

*Participant First Name _____ *Participant Last Name _____

*Street Address: _____

*City: _____ *State _____ *Zip _____

*Primary Phone: _____ *Secondary Phone: _____ *Email: _____

Parent/Guardian Info (if participant is under 18): *Relationship to participant _____

*First Name _____ *Last Name _____ *Date of Birth _____

*Street Address: _____

*City: _____ *State _____ *Zip _____

*Primary Phone: _____ Secondary Phone: _____ *Email: _____

*****IN CASE OF EMERGENCY, CONTACT*****

Name _____ Cell Phone: _____ Home Phone: _____

Please note any special medical conditions, allergies, etc: _____

WAVEN OF LIABILITY

PARTICIPANT & PARENT/GUARDIAN - READ & SIGN

I hereby express my desire and intent to use the Town of Riverhead Skate Park (herein after referred to as "this facility"), or grant permission for the above named child's use of this facility.

I understand that both experienced and inexperienced skateboarders/skaters may use this facility, and I acknowledge and understand that there are risks and dangers inherent in skateboarding, skating/biking/scooter riding, and that serious injury may result from my/the above named child's use of this facility. With full knowledge, comprehension, and understanding of these dangers, **I voluntarily accept and assume all risks involved in the sport of skateboarding/skating/biking/scooter riding for myself or the above named child, and agree that I/the above named child will wear all appropriate safety equipment as described in the Town of Riverhead Skate Park Code of Conduct.**

In case of emergency, I authorize the Town of Riverhead personnel/trained volunteers to administer first aid treatment to secure the services of a physician, to transport me/the above named child to the nearest emergency facility for treatment, and to try to notify me/my contact person.

I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Town of Riverhead, the Town of Riverhead Recreation Dept., its supervisors, employees, and all program volunteers, as well as other persons connected with the Town of Riverhead and this facility, from all liability and all claims relating to personal injury or property damage that I or the above named child may sustain by reason of my/our use of this facility and its equipment.

In addition, I have received, do fully understand, and will abide by all rules and regulations as written in the Town of Riverhead Skate Park code of Conduct, and as posted at this facility.

I/WE HAVE REVIEWED AND AGREE TO ABIDE BY THE SKATE PARK RULES

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian (if participant is younger than 18 years) _____

FOR OFFICE USE ONLY

Registration Type: Resident/Annual Resident/Session Non-Resident Annual Non-Resident/Session

Proof of Residency (if applicable): _____

(Driver's License, Vehicle Registration, Riverhead Town Tax Bill, etc.)

Fee Paid: \$ _____ Cash Check Check # _____ Received by: _____ Date _____



Riverhead Recreation Department
55 Columbus Avenue ♦ Riverhead, NY 11901
(631) 727-5744

TOWN OF RIVERHEAD SKATE PARK

CODE OF CONDUCT

1. **All skaters must be appropriately registered. For skaters under the age of 18 years, a parent or legal guardian must be present at the time of registration.** Children under the age of ten (10) must be accompanied by a parent/guardian at all times while the child uses the Skate Park. Children under the age of six (6) are not allowed in the Skateboard facility.
2. Upon entering the Skate Park, all skaters must register with the Skate Park Supervisor/Attendant on duty.
3. All skaters must wear appropriate safety equipment: **Properly fitted helmets** Knee pads, elbow pads and wrist guards are **required**. All equipment is to be used per manufacturer's specifications. Skateboarders must wear closed/slip resistant footwear.
4. Skateboards, in-line skates, BMX bikes and non-motorized scooters are permitted in this facility during regular sessions. Bikers are permitted to ride during all sessions, but must remain separate from skaters and scooter riders as directed by the attendants. **Motorized vehicles are prohibited at all times.**
5. **This facility must not be used when the equipment/apparatus is wet and/or icy.** The Supervisor/Attendant on duty will determine whether or not weather conditions permit opening of the Skate Park.
6. Skaters are to use only the equipment that is appropriate for their skill level.
7. No skating or trespassing is permitted when the Skate Park is closed. Violators will be prosecuted.
8. Recklessness will not be tolerated. All skaters must use this facility responsibly to avoid injury to themselves or others. **The use of proper skater etiquette is expected at all times.**
9. Profanity, abusive language, and/or fighting will not be tolerated.
10. Smoking is prohibited within the Skate Park.
11. Use of drugs, alcohol, and/or vandalism is prohibited on Town Property.
12. **The following things are not allowed in the Skate Park:** Food, Beverages, Gum, and Loose Items such as Radios/Boom Boxes. Backpacks, Coats, Personal Music Players, Cell Phones, and Video/Camera Equipment may be permitted at the discretion of the attendant. Coats and Backpacks must be hung up. Glass containers are prohibited on Town Property. **All personal items are the responsibility of the owner.**
13. Report all injuries to the Skate Supervisor/Attendant on duty.
14. Report visible hazards or repair needs to the Supervisor/Attendant on duty.
15. The Town will not be responsible for personal property.
16. Any infractions of rules may result in loss of Skate Park Privileges.

Parent/Guardian Initials _____
Participant Initials _____

Enterprise Park at Calverton

Town of Riverhead, Suffolk County New York



	PRICING SHEET	500	1000	2500	5000	10000 +
	BUSINESS CARDS - 65LB 3 1/2" X 2"					
1	WHITE W/BLUE LETTERING RIVERHEAD POLICE DEPARTMENT					
2	WHITE W/BLUE LETTERING; FIRE MARSHAL SEAL; COLORED SEAL; RED, YELLOW, BLUE, GREEN.					
3	WHITE WITH BLUE LETTERING; WHITE GLOSS CARDSTOCK; 4 COLOR TOWN OF RIVERHEAD SEAL; BLUE, GREEN, YELLOW, WHITE.					
4	BLACK LETTERING; WHITE CARDSTOCK, GOLD RAISED POLICE DEPARTMENT DETECTIVE SEAL					
5	SAME AS #4 ABOVE WITHOUT RAISED LETTERING					
6	WHITE W/BLACK LETTERING; TOWN OF RIVERHEAD SEAL; CARDSTOCK					
7	WHITE W/BLUE LETTERING; TOWN OF RIVERHEAD SEAL; CARDSTOCK; CHAPERONE CARDS FOR RECREATION DEPT.					
8	NCR FORMS -3 PART - WHITE,YELLOW,GREEN-8 1/2 X 11 - " TOWN OF RIVERHEAD POLICE DEPARTMENT IMPOUND RECEIPT " (NUMBERED) SEE ATTACHED; 2 PER PAGE; 52 PAGES PER BOOK					
9	NCR FORMS - 3 PART-WHITE, YELLOW, PINK 5-1/2 X 8-1/2; 50 to a book, " ACCIDENT EXCHANGE INFORMATION " see attached					
10	NCR FORMS 3 PLY, ENVELOPE W/RETURN ADDRESS " PARKING TICKETS " (directions on back of pink copy)pre numbered					
11	PADS; NCR BOOKS 2 part pink & yellow; cardboard backing; 25 per book; " TOWN CODE APPEARANCE TICKET "; pre numbered					
12	PADS; BLUE MEMO ; " INTER OFFICE COMMUNICATION "; 50 per book; attached					
13	GOLD FOLDER - size 11 3/4 x 9 1/2; " DETECTIVE CASE FOLDER "; black ink					
14	GOLD FOLDER; size 11 3/4" x 9 1/2"; " DWI CASE FOLDER "; black ink					
15	MEMO BOOK PAGES - WHITE W/BLACK INK, 7000 EACH; SAMPLE ATTACHED					
16	PADS; RECEIPT - RIVERHEAD POLICE - DETECTIVE DIVISION - numbered; sample attached; NCR white, yellow pink; 50 per book					
17	ARREST CARDS; double sided; white w/black ink; 1000 card stock; 5x8					
18	PADS; "RECEIPT" RIVERHEAD POLICE, RIVERHEAD, NY 8 1/2 x 11- 4 per page; numbered NCR 2 ply white-yellow; 200 per book					
19	PADS; NCR 5 PLY; white,green,yellow,pink,gold TOWN OF RIVERHEAD " POST ARRAIGNMENT CASH BAIL RECEIPT "; numbered; black ink; 25 per book					
20	PADS; NCR 3 PLY; white, pink,yellow-POLICE DEPARTMENT, TOWN OF RIVERHEAD, NY " DESK APPEARANCE TICKET "; numbered; black ink; 50 per book.					
21	NCR 4 PLY; Green, yellow, pink, gold; POLICE DEPARTMENT, TOWN OF RIVERHEAD, NY " PRE ARRAIGNMENT CASH BAIL RECEIPT "; numbered; black ink; 25 per book					

	PRICING SHEET	500	1000	2500	5000	10000 +
22	8 1/2 X 14- "TSLE&D CONTROL SHEET" ; black ink; 500 single sheets					
23	8 1/2 x 14 "TOWN SUMMONS CONTROL SHEET" ; black ink; 500 single sheets					
24	14" X 22" Poster board "OFFICIAL NOTICE TOWN OF RIVERHEAD SUBDIVISION" ; black ink					
25	13" x 20" Poster board "OFFICIAL NOTICE TOWN OF RIVERHEAD SITE PLAN" ; black ink					
26	13" x 20" Poster board "OFFICIAL NOTICE TOWN OF RIVERHEAD VARIANCE" ; black ink					
27	NCR 3 PLY; white, yellow, pink; CODE ENFORCEMENT DIVISION; TOWN OF RIVERHEAD "CONSENT TO SEARCH" ; black ink					
28	NCR 3 PLY; white yellow,pink; OFFICE OF THE TOWN ATTORNEY/INVESTIGATION UNIT; "COMPLAINT FORM" ; black ink					
29	NCR 3 PLY; white, yellow, pink; OFFICE OF THE TOWN ATTORNEY/INVESTIGATION UNIT "INVESTIGATION REPORT" ; black ink					
30	NCR 3 PLY; white, yellow, pink; OFFICE OF THE TOWN ATTORNEY/INVESTIGATION UNIT "FILE NOTES" ; black ink					
31	NCR 2 PLY; white, yellow; OFFICE OF THE TOWN ATTORNEY/INVESTIGATION UNIT "RENTAL APPLICATION FLOOR PLAN REVIEW" ; black ink					
32	NCR 2 PLY white on white;" TOWN OF RIVERHEAD- INVESTIGATION UNIT- HOUSING INSPECTION REPORT" ; two sided; black & red ink					
32a	NCR 2 PLY; white on white; "INTERIOR INSPECTION SHEET" ; two sided; black & red ink; back side					
33	NCR 2 PLY; white on white; "INTERIOR INSPECTION SHEET" ; two sided; black & red ink					
33a	NCR 2 PLY; white on white; "INTERIOR INSPECTION SHEET" ; two sided; black & red ink; back page					
34	8 1/2 x 11 "TRI-FOLD TAX VOUCHERS" ; indicia printed on document; "IMPORTANT TAX INFORMATION" ; TOWN OF RIVERHEAD SEAL WATER MARKED ON VOUCHER.					
35	8 1/2 X 11 "TRI-FOLD VOUCHERS; PAYROLL/WATER BILLS" ; indicia printed on document; TOWN OF RIVERHEAD SEAL; WATERMARKED ON VOUCHER					
36	8 1/2 X 11 "TOWN OF RIVERHEAD OFFICIAL CLAIM VOUCHER" ; red & black ink					
37	TOWN OF RIVERHEAD - SANITATION DEPARTMENT "REASON FOR NO PICKUP" ; yellow sticker; 4 1/2 x 5 1/2; 1000					
38	TOWN OF RIVERHEAD - "SOLID WASTE PERMIT" ; red sticker w/white lettering; 3 1/2 x 4 1/2;					
39	TOWN OF RIVERHEAD - "RESIDENTIAL YARD WASTE" ; green sticker w/black lettering; 750					
40	8 1/2 x 11 "RIVERHEAD RECYCLES" ; white sticker w/blue lettering and recycle logo; 1000					

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