

## Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

Type of Service (check one)

- ☒ New service (Sections A,B,C,D,F)  
☐ Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)  
☐ Transfer of existing service operating authority (Sections A,D,E,F)

- ☒ Ambulance  
☐ ALS First Responder

### Section A Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Name of Service	DOH Agency Code	Federal Employer Identification Number		
Town of Alden EMS	6259	16-6002150		
Address	City	State	Zip	County
3311 Wende Road	Alden	NY	14004	Erie
Contact Person	Title			
Richard A. Savage	Supervisor			
Business Phone ( 716 ) 937- 6969	Home Phone ( 716 ) -	Cell Phone ( 716 ) 319 - 0798	E-mail richard.savage@erie.gov	
Current Organizational Sponsor Type				
<input type="checkbox"/> Proprietary	<input type="checkbox"/> Hospital Based	<input type="checkbox"/> Volunteer Independent	<input type="checkbox"/> Industrial	
<input type="checkbox"/> Volunteer Fire Department	<input checked="" type="checkbox"/> Municipal/Government	<input type="checkbox"/> Other		
Type of Ownership				
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Government	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)

Town of Alden

### Section B Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

Town of Alden

For expansion list existing primary operating territory

### Section C Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier	
N.Y. Municipal Insurance Reciprocal	
Agent	Business Phone
Haylor, Freyer & Coon, Inc.	( 315 ) 362 - 5729
Types and Limits of Coverage	<input checked="" type="checkbox"/> General Liability 1,000,000
	<input type="checkbox"/> Other Automobile: 1,000,000; Public Officers: 1,000,000; Excess Liability: 8,000,000

**Section D Description of Proposed Services**

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)

☐ EMT

☐ AEMT

☐ Critical Care

☒ Paramedic

Agency Medical Director

Joseph Bart DO

Address

100 High Street

City

Buffalo

State

NY

Phone Number

( 716 ) 859 - 5600

Agency Providing Medical Control

ECMC, 462 Grider Street, Buffalo NY

Phone Number

( 716 ) 898 - 3000

System Medical Director

Joseph Bart DO

Address

100 High Street

City

Buffalo

State

NY

Phone Number

( 716 ) 859 - 5600

Size of Population to be Served

13,470

Days of operation

7

Hours of operation

24

Projected Call Volume

Total 864

Emergency 864

Non-Emergency 0

Source of Statistics for Call volume

☐ PCR

☐ Dispatch Center

☒ Agency Call Record

☐ Other

Total no. of ambulances

6

Total no. of emergency ambulance service vehicles (EASV'S)

3

Total no. of ALS First Response vehicles

0

**Section E Proposed Organizational Structure**

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service

Alden EMS

Federal Employer Identification Number

16-6002150

Address

3311 Wende Road

City

Alden

State

NY

Zip

14004

County

Erie

Contact Person

Richard A. Savage

Title

Supervisor

Business Phone

( 716 ) 937 - 6969

Home Phone

( ) -

Cell Phone

( 716 ) 319 - 0798

E-mail

richard.savage@erie.gov

Proposed Organizational Sponsor Type

☐ Proprietary

☐ Hospital Based

☐ Volunteer Independent

☐ Industrial

☐ Volunteer Fire Department

☒ Municipal/Government

☐ Other

Proposed Type of Ownership

☐ Individual

☐ Partnership

☒ Government

☐ Corporation

☐ LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)

Town of Alden EMS

**Section F Certification of Accuracy and Ownership Competency**

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

Attachments Required

- Detailed narrative to support need or statement of purpose and intent for transfer
- Affirmation of Fitness and Competence (DOH-3778)
- DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
- Financial information including funding budget and insurance
- Primary operating territory map

Name of Owner or CEO

Richard A. Savage

Title

Supervisor

Signature

Date

Notary Public affirmation and acknowledgement

DEBRA STELIANOU  
Notary Public, State of New York  
No. 01ST4989344

Qualified in Erie County

Commission Expires December 2, 2021

**FOR REGIONAL EMS COUNCIL USE ONLY**

Date Application Received

Date of Council Decision

☐ Approved

☐ Denied

☐ Rejected - Incomplete

Council Chair Signature

## **THE TOWN OF ALDEN'S STATEMENT OF PURPOSE IN SUPPORT OF ITS APPLICATION FOR CONVERSION OF ITS MUNICIPAL DECLARATION TO A PERMANENT OPERATING CERTIFICATE**

The Town of Alden ("Alden") seeks to convert its municipal declaratory Certificate of Need ("Muni-CON") to a permanent operating certificate. In view of the tremendous success Alden has experienced in regard to its EMS delivery system since commencing service in 2016 and the success that it is poised to achieve in the future, as well as the "strong presumption in favor of approving" municipal applications such as this under Public Health Law § 3008, it is respectfully submitted that Alden's application should be granted.

### **BACKGROUND**

Alden received its Muni-CON in 2016. Over the past two years, the delivery of emergency medical services in Alden has been uninterrupted and fully addressed the need in the town for BLS and ALS emergency medical and ambulance services. For all of that, Alden has contracted with Lancaster Volunteer Ambulance Corps, Inc. ("LVAC") for the provision of emergency and general ambulance services within Alden.

The evolution of the EMS delivery system in Alden since 2016 has been both challenging and remarkable. Prior to securing the Muni-CON, ambulance services were provided in Alden by a commercial ambulance service. On June 27, 2016 the prior commercial ambulance service provider put the Town of Alden on 90 days' notice that it was no longer going to provide such services, compelling the Town Board to take immediate steps to form its own municipal service pursuant to the authority of Public Health Law 3008.

The Town of Alden EMS (TAEMS) was established and authorized by the Town Board of the Town of Alden on July 18, 2016 for the provision of ambulance services within a primary area of operating authority coterminous with the town, including the Village of Alden which is situate wholly within the town. A certified copy of the Town Board of the Town of Alden Declaring Need and Establishing Town of Alden EMS is attached as Exhibit A. The intent of Alden was to use the authority conferred under General Municipal Law 122-b to contract for emergency and general ambulance services throughout the town and has been done on a contract basis with LVAC as the provider agency for BLS and ALS.

At the time Alden made its declaration of need and established its ambulance service under Public Health Law 3008 (7) (a) there was no other ambulance provider who had a certificate allowing them to service the Town of Alden who was interested in providing ambulance service to the Town of Alden. It is noted that this conversion application is for the entire Town of Alden including the Village of Alden, that being the operating territory previously obtained. The Village of Alden has a CON for the Village only with BLS service provided by volunteers. If in the future the Village can no longer provide such service, they will be covered under the Town of Alden's operating authority.

A certified copy of the Resolutions of the Town Board of the Town of Alden, dated July 18, 2016, declaring need for such ambulance service within the Town of Alden and authorizing the establishment of TAEMS, is attached to this Application as Exhibit A.

Thereafter, on September 16, 2016 the NYS Department of Health issued an Ambulance Service Certificate to TAEMS, a copy of which is attached as Exhibit B.

### **STREAMLINED SERVICE & DELIVERY OF EMS**

In connection with obtaining its Muni-CON, Alden established a single, town-wide ambulance service under the auspices the Alden Town Board. As part of a town-wide approach, the Town Board contracted with a single provider, LVAC, pursuant to the authority granted to the Town Board under General Municipal Law 122-b. The engagement of this single provider has assured predictable and reliable delivery and continuity of care, and has had the additional effect of stabilizing the delivery of ambulance services within the town under the direct, local control of the Town Board in order to best serve the residents of Alden and assuring their EMS and ambulance needs are being met.

A copy of the current agreement with LVAC, the ambulance service provider agency contracted by TAEMS pursuant to General Municipal Law 122-b, is attached as Exhibit C.

LVAC also enjoys operating authority by the New York State Department of Health ("Department") independent of its contract relationship with TAEMS and outside of the Town of Alden. In view of the fact that LVAC regularly submits the requisite materials to the Department and REMSCO and has been found to meet or exceed the appropriate training, staffing, and equipment standards, Alden relies upon and incorporates by reference herein the Department's earlier determinations in regard to the competency of LVAC to deliver the services, under its contract with the Town of Alden.

Since commencing service in August 2016 and through April 2018, LVAC ran 1,502 calls under the TAEMS operating certificate.

### **PUBLIC NEED & THE "STRONG PRESUMPTION" IN FAVOR OF APPROVING THIS APPLICATION**

As noted above, this application carries with it a strong presumption in favor of approval specified in Public Health Law § 3008 (7) (b). The challenge for this application is to demonstrate public need where, as here, the public need that existed was been addressed and met by TAEMS since August 2016.

The best exemplar of public need in support of this application is the former system for provision of emergency medical services. Since the establishment of TAEMS, there has been continuous progress in both the operational implementation through town-wide EMS and the stability of municipal support for the ambulance service, with the town as the certificate holder. Simply put, coordination of the town-wide, town-supported and directed EMS system would not have been possible without the establishment of TAEMS.

In addition to developing and effecting a cogent system to support EMS in Alden, TAEMS also provides for long-range planning to address needs and demands that will inevitably arise in the future. Through TAEMS, forecasting and future planning for EMS and Alden's obligations going forward are openly addressed and provided for. This process provides Alden with a means of anticipating and preventing the emergence of new instances of public need in the future. Consequently, the demonstration of public need is best accomplished by comparing the past to the present, and understanding that the progress of the current system has been achieved through the singular objective of eliminating historical needs weaknesses in the EMS delivery system in Alden. Clearly, no one can legitimately claim that the former system, where instances of public need were readily apparent, was a better system. Conversely, the management and elimination of such public need is the testament to the current system and the most compelling reason to grant the application.

Given the spectacular evolution that has occurred within the EMS system in Alden over the past two years, Alden can confidently state that, through its Muni-CON, it has addressed the public need that preexisted TAEMS, and that the only way to prevent need in the future is to authorize the conversion to a permanent certificate. As both the applicant and advocate for the conversion of the Muni-CON to permanent operating authority, Alden looks to continue to meet the entire spectrum of challenges that lay ahead in EMS. The joint public-private approach to the provision of ambulance services and EMS in the town has eradicated shortcomings in the continuity of care that previously existed. The collaboration of LVAC and TAEMS has elevated the standard of care in the community and has provided a solid platform for implementing continuous quality improvement and fiscal stability going forward. Integral to this plan is the continuation of TAEMS as the platform from which the ambulance service and EMS contract provider delivers care to the residents of the town.

### **FINANCIAL MANAGEMENT & OVERSIGHT**

The funding for the provision of emergency medical services is achieved through revenue recovery and tax budgeting by the Town of Alden. This system allows for the stability and continuity that government-based services provide but also incorporates the benefits of revenue recovery to any annual tax levy. Third-party billing is pursued through a contract vendor. Revenues are properly credited to the benefit of Alden consistent with the position articulated by the Office of the Comptroller. A comprehensive system of financial controls, including monthly and annual financial reporting, is in place to ensure proper handling and management of revenues.

Adequate funding is assured and stable by virtue of the tax-budgeting of the Town of Alden and the financial efficiencies of third-party billing. The current 2018 Town budget for ambulance services, together with the current year budget of LVAC are attached as Exhibit D evidencing the financial stability of the second full year of operation.

A copy of the Alden's Billing Service Agreement is attached as Exhibit E.

## **IMPACT ON FINANCIAL STRUCTURE**

The continuation of TAEMS as a permanent certificate holder will maintain a stabilizing effect upon the financial structure of Alden relative to the provision of ambulance service. Currently the financial impact on Alden is revenue neutral, with the costs of the service covered in full by the revenue generated by the service provided. With Alden's contractual relationship with its service provider, it is able to maintain quality assurance and quality control for users of the town's EMS and ambulance system, while assuring cost controls through revenue recovery providing reliability of the service being provided and the cost of the service to the taxpaying public.

## **OTHER REQUIRED STATEMENTS**

By this transfer, TAEMS and its contracted ambulance service provider will continue to operate 24 hours per day, 7 days per week, 365 days per year, as has been the case since initiation of the service in 2016.

The contract provider, LVAC, is dispatched by the Town of Lancaster Police Department which is the local 911 and Public Service Answering Point. LVAC is dispatched by two-way radio and fire pager and has capacity for transceiving on the 155.302.5 frequency.

There are currently 64 active personnel of LVAC, 20 of whom are volunteer and 44 paid personnel. LVAC currently has 31 EMT-B, 4 AEMT and 24 EMT-P personnel.

There have been a total of 1502 ambulance calls within the operating territory of TAEMS since commencing service in August 2016 and through April 30, 2018.

Using the first fifteen months of operation (August 2016-April 30, 2018) as the most accurate projection of total call volume, 1,502 total calls were received; using a monthly average of 72 calls per month, and by projection of these call volume statistics, TAEMS projects total annual call volume as approximately 864 calls for 2018 and thereafter.

A statistical evaluation for average response time (measured from the time of dispatch until an EMS unit has arrived on scene) of LVAC during the past year shows from initial response to on location average is 13.5 minutes in 2017 and 12 minutes in 2018. Similarly, from response to on location averaged 10.5 minutes in 2017 and 10 minutes in 2018. It is anticipated that these response times will remain constant for the next 12 months.

According to the United States Census Bureau, the Town of Alden contains a total area of 34.5 square miles with 10,865 people and 3,278 households as of the 2010 census. The Village of Alden has a population of 2,605 as of the 2010 census, with 1,083 households. A map of the Service Area is attached as Exhibit F.

TAEMS provides the only ambulance service within the town, and provides ALS services within the Village of Alden, while providing back-up BLS and transport services to the village. A copy of correspondence of the Village of Alden supporting the Town of

Alden's application for ambulance authority and certificate of need, as well as requesting inclusion of the Village of Alden in TAEMS primary operating territory dated August 1, 2016 is attached as Exhibit G, together with the Village's further letter of support for this application, dated April 16, 2018. Mutual aid is readily available, both by contract and mutual aid planning. Mutual aid calls account for approximately 20 to 30 calls per year.

Absent TAEMS, there is an absolute absence and inadequate level of care and ambulance or emergency medical service available to the Town of Alden which would not be readily correctable through the reallocation or improvement of existing resources; indeed, there are no other existing resources with which to be reallocated or improved, given the decision of other providers regarding services within Alden. There is no adverse or financial impact on any existing service, as any other existing service has either withdrawn or is not providing service to the coverage area.

As required by contract with TAEMS, LVAC has implemented, has trained its personnel and continues to conduct on-going program development, including full compliance with 10 NYCRR Part 800.21 by the adoption and implementation of standard operating guidelines, policies and procedures, including quality improvement and assurance, and such other policies and procedures as required by Department of Health regulations. Those guidelines track each of the requirements of Part 800.21 as well as delineating LVAC's compliance with quality improvement requirements.

Also as required by its contract with TAEMS, all EMS personnel under the authority and jurisdiction of LVAC have maintained training, education and qualification as required both under Department of Health regulations, policies and procedures as well as those of the Regional EMS Council. All LVAC personnel regularly participate in training and education, continuing medical education and other programs developed and administered both by the Department of Health and the Regional Council. Dr. Joseph Bart, D.O. is the medical director for TAEMS and his Medical Director Verification is attached as Exhibit H.

Affirmations of Fitness and Competency, Form DOH 3778 for the Town Supervisor Savage and Town Board members Paulter and Adamski, together with that of LVAC Director of Operations David Marrocco, are attached as Exhibit I. The attached versions are redacted as to social security number and date of birth. The originals are also being submitted herewith in a sealed envelope for submission to the NYS Department of Health for Fitness & Competency evaluation purposes.

There has been no statements of deficiency or QA/QI corrective actions by DOH or otherwise against TAEMS since the issuance of the original operating authority in 2016.

As requested by the NYS Department of Health, also attached is Form DOH 206 with required attachments, for information purposes, as Exhibit J.

Solicitations for support by Town of Alden Supervisor Savage dated April 3, 2018 and May 18, 2018 are attached as Exhibit K. The solicitations were mailed by regular mail and certified mail - return receipt requested on April 3, 2018 and May 22, 2018 and the


affidavits of mailing therefor are attached as Exhibit L. Copies of the U.S. Postal Service certified mail certificates are attached as Exhibit M and copies of the U.S. Postal Service return receipt cards (the "green cards") are attached as Exhibit N. The original letters of support, together with a summary of those received are attached as Exhibit O.

## **CONCLUSION**

Conversion of the Muni-CON into a permanent operating certificate is central to the continued improvement of the EMS system in Alden. The centralization of services under the auspices of the town and under TAEMS' operating certificate has resulted in across-the-board efficiencies from ambulance response time to revenue recovery. Alden's proactive participation as a provider of EMS and meeting the EMS and ambulance service needs of its community is a potential model for other communities and is a successful example of the integration of governmental and private sector resources to provide for high quality and economically efficient emergency medical services.

For the reasons set forth in this narrative and supported by the totality of the application, Alden submits that its application to convert its municipal declaratory Certificate of Need ("Muni-CON") to a permanent operating certificate should be granted.

**Town of Alden**  
**Town of Alden EMS**

  
By: Richard A. Savage, Town Supervisor  
June ~~29~~, 2018



## **Town of Alden EMS Table of Exhibits**

### **Exhibit A:**

Certified Resolutions of Town Board of the Town of Alden  
Declaring Need and Establishing Town of Alden EMS  
July 18, 2016

### **Exhibit B:**

Current Ambulance Service Certificate  
No. 33586  
Issued 9/16/2016

### **Exhibit C:**

Town of Alden and LVAC Agreement dated August 18, 2016

### **Exhibit D:**

2018 Town of Alden Ambulance Service Budget  
2018 Operating Budget LVAC

### **Exhibit E:**

Billing Service Agreement dated August 1, 2016

### **Exhibit F:**

Map of Service Area

### **Exhibit G:**

Request of Village of Alden to be included in Operating Territory dated August 1, 2016 and Support Letter dated April 16, 2018

### **Exhibit H:**

Medical Director Verification of Dr. Joseph Bart, D.O.

### **Exhibit I:**

Affirmations of Fitness and Competency  
Town Supervisor Savage, Town Board Member Pautler, Town Board Member  
Adamski and LVAC Director of Operations Marrocco  
(Redacted as to date of birth and social security numbers: originals being  
presented in sealed envelope)

**Exhibit J:**

DOH-206 Form with Attachments:

- DOH-1881 (TAEMS)
- DOH-1881 (LVAC)
- DOH-2828
- Map of Operating Territory
- Current Certificate of Insurance for TAEMS
- Current Certificates of Insurance for LVAC (town and village)

**Exhibit K:**

Solicitation of Support Letters from Alden Town Supervisor Savage dated April 3, 2018 and May 18, 2018

**Exhibit L:**

Affidavit of Mailing of April 3, 2018 Letter of Solicitation  
Affidavit of Mailing of May 18, 2018 Letter of Solicitation

**Exhibit M:**

U.S. Postal Service certified mail certificates

**Exhibit N:**

U.S. Postal Service return receipt cards ("green cards")

**Exhibit O:**

Original Letters of Support with Summary Schedule

# **Exhibit A**



DEBRA CRIST  
ALDEN TOWN CLERK

(716) 937-6869 ext. 2  
(716) 937-8817 Fax

ALDEN TOWN HALL  
3311 WENDE ROAD  
ALDEN, NEW YORK 14004

STATE OF NEW YORK  
COUNTY OF ERIE } SS  
TOWN OF ALDEN

I, Debra A. Crist, Town Clerk of the Town of Alden, Erie County, New York, do hereby certify that at an adjourned, regular meeting of the Town Board of the aforesaid Town, on the 18th day of July/2016 at the Alden Town Office Building, 3311 Wendé Road, Alden, New York, the following Resolution was unanimously adopted, every member present voting therefore, to wit:

"SEE ATTACHED"

I do further certify that I have compared the foregoing with the original minutes of the adjourned, regular meeting of the Town Board of the said Town held on the 18th day of July/2016 and that the foregoing is a true and correct transcript from said original minutes and the whole thereof and that the resolutions duly adopted by the said Town Board are on file in the Town Clerk's Office.

I do further certify that the following members of the Town Board were present at such meeting, namely,

Richard Savage } Supervisor  
Colleen Pautler } Councilmen  
Ralph Witt } Councilmen  
\_\_\_\_\_ } Councilmen  
\_\_\_\_\_ } Councilmen

Being all the persons constituting said Town Board of the Town of Alden, Erie County, New York.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of the said Town of Alden, Erie County, New York this 19th day of July/2016.

Debra A. Crist  
Debra A. Crist, Town Clerk

SEAL

**RESOLUTION REQUESTING THAT THE TOWN OF ALDEN APPLY FOR A MUNICIPAL CERTIFICATE OF NEED AND AUTHORIZING THE SUPERVISOR TO APPLY FOR SAID CERTIFICATE FOR AMBULANCE SERVICE IN THE TOWN OF ALDEN OFFERED BY SUPERVISOR SAVAGE, WHO MOVED ITS ADOPTION, SECONDED BY COUNCILMEMBER WITT TO WIT;**

WHEREAS, the current ambulance service provider has given notice to the Town of Alden of its intent to cancel its Contract with the Town;

WHEREAS, because of the cancellation, the Town of Alden will be without Ambulance Service on September 27, 2016;

WHEREAS, no ambulance service providers who have a Certificate of Need covering the Town of Alden are willing or able to contract with the Town of Alden to provide ambulance service in the Town;

WHEREAS, NYS Public Health Law section 3008(7) permits a town to establish and operate an ambulance service;

WHEREAS, the Town of Alden (Erie County) has determined that it is in the best interest of the Town to establish and operate an ambulance service (directly or through contract);

WHEREAS, Lancaster Volunteer Ambulance Corps, Inc. is willing to contract with the Town of Alden to provide ambulance service in the Town, but does not have a Certificate of Need covering the Town of Alden; and

WHEREAS the best course of action for the residents of and visitors to the Town of Alden is for the Town to apply for a Municipal Certificate of Need.

**NOW THEREFORE BE IT RESOLVED AS FOLLOWS THAT:**

1. The Town of Alden, finding need for ambulance service in the Town of Alden, declare that the Town establish and operate (by contract or directly as the case may be) an ambulance service within the Town including the Village of Alden;
2. Such ambulance service shall be a basic and an advanced life support service providing up to paramedic level care;
3. The Town Board hereby requests and directs Supervisor Savage to submit an application for a Municipal Certificate of Need on behalf of the Town of Alden to the New York State Department of Health and to the Regional Emergency Medical Services Counsel;
4. The Town Board hereby empowers Supervisor Savage to take all steps necessary to obtain ambulance operating authority;
5. The Town Board hereby authorizes Supervisor Savage to execute on behalf of the Town an agreement between the Town Lancaster Volunteer Ambulance Corps, Inc. Such agreement shall be subject to approval by the Town Attorney of the Town;
6. Supervisor Savage is also authorized to enter into a Contract for Ambulance Billing Services; to apply for a Medicaid Number; and to apply for a Medicare Number all to effectuate the Certificate of Need;
7. A copy of this Resolution shall be sent by the Town Clerk to the Millgrove V.F.D.; Crittenden V.F.D.; Townline V.F.D.; the Alden Hook & Ladder Fire Company, Inc.; and the Village of Alden;
8. A copy of this Resolution shall be included in the applications to New York State Department of Health and to the Regional Emergency Medical Services Counsel; and
9. This resolution shall take effect immediately.

The foregoing Resolution was duly put to a roll call vote at a regular meeting on July 18, 2016, and

**ADOPTED.**

**Ayes 3 Savage, Pautler & Witt**

**Nays 0**

# **Exhibit B**

Agency Code Number: 6256

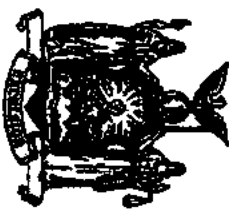
Issued: 9/18/2016

Expires: 8/23/2018

# NEW YORK STATE DEPARTMENT OF HEALTH Ambulance Service Certificate

Alden EMS, Town of

*is hereby certified as a New York State ambulance service in  
accordance with the provisions of Article 30 of the  
Public Health Law*



PRIMARY TERRITORY: Town of Alden including the Village of Alden

Emergency Medical Services Program

Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

**THIS CERTIFICATE IS NOT TRANSFERABLE**  
Keep conspicuously posted



# **Exhibit C**

## AGREEMENT

THIS AGREEMENT, made the 18<sup>th</sup> day of August, 2016, by and between the Town of Alden, a municipal corporation with its principal place of business at 3311 Wende Road, Alden, New York 14004 (hereinafter "Town"), and the Lancaster Volunteer Ambulance Corps, Inc., a not for profit corporation with its principal place of business in the 40 Embury Place, Lancaster, New York 14086, existing under the laws of the State of New York, New York (hereinafter "Ambulance").

## WITNESSETH

WHEREAS, Town desires to arrange for ambulance services for persons situated within its borders, including the entire Town and Village of Alden;

WHEREAS, Ambulance desires to provide ambulance services to its residents and persons situated within the Town's borders;

WHEREAS, in order to defray the cost of ambulance service and in order to provide the residents with the services it desires, it is necessary for Town impose user fees billed to patients; and

WHEREAS, such emergency services are vital and necessary to the health and welfare of the inhabitants of the Town;

NOW, THEREFORE, in consideration of the mutual covenants and conditions herein contained, the parties hereto mutually agree as follows:

### 1. PROVISION OF EMERGENCY MEDICAL SERVICES

- (a) Ambulance will provide Town with basic and advanced life support emergency medical ambulance services, which complies with the regulations of the New York State Department of Health, Bureau of Emergency Medical Services to serve the emergency medical needs of those persons within the boundaries of the Town. Services to be provided include Basic Life Support transport and treatment and arranging for or providing Advanced Life Support Treatment. Such services in the village are primary Advanced Life Support Services and Basic Life Support Transporting Services upon request or as necessary.
- (b) Provide Advanced Life Support ("ALS") Coverage on a 24-hour basis with one (1) Level 4 Paramedic and one (1) EMT. The provision of additional equipment, services and transportation are limited to the extent reasonable and possible based upon Ambulance's available resources and personnel.
- (c) Until such time as AMBULANCE obtains its own Ambulance Service Certificate, at least one vehicle (ambulance) serving the Town shall denote on at least three sides of the ambulance in at least three inches letters an acceptable name to the

Department of Health, Bureau of EMS.

- (d) Ambulances equipment and vehicles shall at all times while in service comply with "Part 800" as well as other federal and state requirements for ambulances. Ambulance shall receive medical direction in accordance with REMAC protocol. Ambulance shall maintain the equipment upon its vehicles in order to conduct such communications. Ambulance shall provide and maintain direct radio or telephone communication between the Dispatch Center and each unit in the Service Area.
- (e) Ambulance shall maintain appropriate records providing complete details regarding all emergency service calls, including the time of receipt of the calls, the time of response, the time of arrival at the site of the emergency and the disposition of the call.

2. TERM

The term of this Agreement shall be for a period of eighteen (18) months, commencing upon receipt of the Town's municipal ambulance service certificate or upon AMBULANCE receiving its own certificate, whichever is sooner, and shall continue through the 31<sup>st</sup> day of December of such year, unless sooner terminated as herein provided. The Agreement shall automatically renew for a period of one year for three successive renewal periods. However, either party shall have the right to cancel the upcoming renewal without cause upon providing ninety (90) days written notice to the other of its notice not to renew.

3. COMPENSATION

- A. Town agrees to pay Ambulance the amount of five hundred fifty thousand (\$550,000.00) dollars for the provision of ambulance services (hereinafter "contract fee"). All of the funds shall be collected from billing revenue, and no funds will be collected from tax revenues. Should the amount of revenue collected during the contract year from billing funds be less than the Contract Fee, the Town shall not be liable for the difference and shall be held harmless for such difference in billing fees.
- B. Town has established a schedule of user fees to be imposed upon persons served by the Ambulance. Ambulance shall arrange for the billing of all patients and the collection of the funds. Ambulance shall provide an accounting of the funds received from persons served in the boundaries of the contracted area approximately each month. In order to ensure easy accounting of billing receipts, all billing revenue shall be maintained in a separate bank account until transferred out to AMBULANCE's general funds. No expenses other than the billing company expenses shall be paid from this account and the only income shall be the receipt of Town billing funds. Copies of the account statements shall be made available to the Town.
- C. Any billing funds collected which exceed the Contract Fee shall be applied to that year's contract funds and shall remain in the account. Should the parties terminate the

Agreement, any billing revenues collected by Ambulance in the year following termination shall be paid to the Ambulance, but only up to the amount of the actual contract fee, and the remainder shall be paid to the Town.

- D. Ambulance may bill residents the deductibles and copayments and other out of pocket costs and such amounts received shall be credited to the Town.
- E. For so long as the ambulance services are provided for under the Town's ambulance service certificate, billing shall be performed under the name and billing number of the Town. At such time as AMBULANCE obtains an ambulance service certificate for the Town, billing may be performed under AMBULANCE's name and billing number.

#### 4. AVAILABILITY OF SERVICE

Town recognizes that in some or all cases, only basic life support may be available or apparently necessary based upon the information available. Town also recognizes that on some occasions no ambulance may be available due to Ambulance's lack of vehicles and/or personnel to respond to all emergencies for which it contracts to provide services, both within and without the Town's boundaries. Town holds Ambulance harmless for Ambulance's failure to provide services on occasions when such resources are temporarily unavailable.

#### 5. INSURANCE

Ambulance agrees to maintain liability insurance sufficient to insure itself against claims for unintentional torts resulting in personal injuries in the amount of One Million Dollars (\$1,000,000.00). Ambulance agrees to maintain automobile insurance for injuries arising out of the operation of emergency vehicles for at least One Million Dollars (\$1,000,000.00). Ambulance shall have the Town and Village of Alden named as an additional insureds in the insurance policy and present the Town with a certificate of insurance and make arrangements for automatic notification of the Town in the case the insurance policy lapses or is cancelled.

Town shall be responsible for providing the Volunteer Ambulance Workers Benefit Law benefit, as required by such law. However, as a portion of the Contract Fee paid to Ambulance from the billing revenue, Ambulance shall arrange for and be responsible for paying all VAWBL enrollment fees necessary to cover all required benefits and Town shall be relieved from making such arrangements or providing such benefits.

#### 6. NO EMPLOYMENT

Ambulance's employees shall not be deemed employees of the Town. Nothing herein creates an employment relationship which subjects the Ambulance or its employees/volunteers to the supervision and control of the Town or is intended to create any municipal liability for such supervision on behalf of the Town.

## 7. CONFIDENTIALITY

Nothing herein shall entitle the Town to the name, address or social security number of any patient served. Town will not require Ambulance to release any patient's medical information.

## 8. CONTINUATION OF SERVICES

If Ambulance's services continue to be provided by the request of the Town beyond the expiration of the term hereof, the terms of this Agreement shall continue on a monthly basis unless and until the parties enter into a subsequent written agreement.

## 9. EXPIRATION OR TERMINATION OF RESPONSIBILITIES

Upon expiration or termination of the Agreement as provided hereunder, Ambulance shall have no liability or responsibility for providing services under this Agreement to any person within the Town's boundaries. In the event either party desires to cancel this Agreement or cease providing or receiving ambulance services, the terminating party must provide written notice thereof to the other party at least ninety (90) days prior to the expiration of any term of the Agreement.

## 10. GROUNDS FOR TERMINATION

This Agreement shall terminate prior to the expiration of the term hereof upon the happening of any of the following events:

- (a) upon the Town's failure to deliver the monies due Ambulance under this Agreement by the date due, so long as Ambulance provides thirty (30) days written notice to the Town of the date it will stop providing services;
- (b) upon the loss or suspension of Ambulance's ability to deliver emergency medical services due to the loss of a certificate of need or the loss of operating permits or licenses. In such instance, Ambulance shall reimburse Town for the prorated balance of the fee paid for the then term.

## 11. PERFORMANCE STANDARDS, MISC. REGULATIONS

- (a) AMBULANCE shall arrive at ALS emergencies on an average of twelve (12) minutes over the duration of each contract year. AMBULANCE shall arrive at all BLS emergencies on an average of fifteen (15) minutes over the duration of each contract year.
- (b) For as long as AMBULANCE is operating under the Ambulance Service Certificate ("ASC") of the Town, at least one ambulance shall be marked in at least three inch letters (or as otherwise required by the DOH/EMS) as operated under the authority of the Town of Alden.

- (c) AMBULANCE promptly, and at the first reasonable moment, shall apply for and maintain ALS certification including the use of narcotics for servicing the Town of Alden.
- (d) AMBULANCE shall submit to the Town on a monthly basis summaries of all calls giving information regarding emergency service that was provided during the previous month, without violating HIPAA by providing any patient identifiable information or protected health information;
- (e) AMBULANCE shall maintain the confidentiality of patient information acquired in the course of services provided in accordance with applicable law, including HIPAA;
- (f) AMBULANCE shall keep the Town of Alden informed of its policies, procedures and activities that have a bearing on it fulfilling its obligations under this Agreement;
- (g) AMBULANCE shall meet with representatives of the Town of Alden on a regular basis as is necessary in order to review procedures, policies and quality of services;
- (h) AMBULANCE shall make any and all records related to this Agreement available for inspection and/or audit upon written request by the Town of Alden as required by state and federal law.
- (i) AMBULANCE shall be solely responsible, in accordance with AMBULANCE's established protocols, for the selection of and transportation to a hospital of any patient and shall consider the practices of the emergency medical services community and the wishes of the patient or patient's family where other factors do not take precedence in such selection.
- (j) All of AMBULANCE's EMS providers shall meet the professional qualifications as prescribed by the State of New York during the term of this Agreement. All advanced providers shall maintain certification in accordance with standards established by the Regional Emergency Medical Advisory Committee.
- (k) All ALS certified personnel assigned to the Town shall display AMBULANCE's employee identification card, which shall indicate the level of professional training. "Personal information" shall include the employee's name, photograph and level of professional training and the date of New York State certification expiration.
- (l) AMBULANCE shall have a sufficient number of medical personnel to perform the services herein described.

- (m) The parties agree to notify each other, by telephone or writing, within ten (10) days of receiving any complaint relative to emergency service provided by AMBULANCE or any charge for such service made by AMBULANCE covered by this Agreement. AMBULANCE agrees to cooperate with the Town, Regional and/or State Emergency Medical Services Council, and with any other investigative organization in the investigation of the validity of such complaint.
- (n) AMBULANCE shall maintain its own Worker's Compensation and VAWB Benefits, at Ambulance's sole expense.

## 12. NOTICES

All notices, requests, demands and other communications required or permitted to be given hereunder shall be in writing, and shall be deemed duly given if delivered by hand or mailed by registered or certified mail, return receipt requested, to the parties at their respective addresses hereinabove stated or to such other addresses as may be designated by written notice complying as to delivery with the terms of this Section.

## 13. SAVINGS CLAUSE

If any provision of this Agreement is determined to be legally invalid, inoperative or unenforceable, only that particular provision shall be affected, such determination shall have no effect whatsoever on any other provision of this Agreement, and all other provisions shall remain in full force and effect.

## 14. WAIVER

No delay or failure to exercise any remedy or right occurring upon any default shall be construed as a waiver of such remedy or right, or an acquiescence in such default, nor shall; it affect any subsequent default of the same or a different nature. All rights and remedies herein conferred shall be in addition to and not exclusive of any and all other rights or remedies now or hereafter existing at law or in equity.

## 15. HEADINGS

All headings and captions in this Agreement are for convenience only. They shall not be deemed part of this Agreement and shall in no way define, limit, extend or describe the scope or intent of any provisions hereof.

## 16. FURTHER ASSURANCES

The parties shall execute and deliver all documents, provide all information and take or forbear from all such action as may be necessary or appropriate to achieve the purposes set forth in this Agreement.

17. BINDING EFFECT

This Agreement shall be binding upon and shall inure to the benefit of the parties hereto and their respective heirs, executor, administrators, successors and assigns.

18. COUNTERPARTS

This Agreement may be executed in counterparts and each such counterpart, when taken together, shall constitute a single and binding Agreement.

19. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of New York. The County of Erie in the State of New York is hereby designated as the place of trial for any action or proceeding arising from or in any way connected to this Agreement.

20. NO ASSIGNMENT

This Agreement shall not be assigned by any party without the prior written consent of the other party.

21. GENDER NEUTRAL

Wherever used herein and required by the context, the singular number shall include the plural, the plural shall include the singular number, and the use of either gender shall include both genders and the words "hereof" and "herein" and "hereafter" shall refer to the entire Agreement and not to any provision or section.

22. MISC.

- A. Qualifications to Participate in Federal and State Healthcare Programs. Each party represents and warrants, upon execution of this Agreement and throughout the term of this Agreement that it has not been, is not, and during the term of the Agreement will not be (1) suspended, excluded, barred or sanctioned under the Medicare Program, any Medicaid programs, any other federal program for the payment or provision of medical services or any government licensing agency and has not been listed by a federal agency as barred, excluded or otherwise ineligible for federal program participation; and (2) has never been convicted of a felony or an offense related to health care. Each party shall provide the other with prompt written notice if it fails to comply with these requirements. In such an event, the non-breaching party may immediately terminate this Agreement.
- B. Warranties & Representations. Ambulance warrants and represents: (i) that it shall perform its services in accordance with industry standards; (ii) that to the best of its knowledge all goods and services reflected in its billing have been furnished to such



patient; and (iii) it shall perform all its obligations and maintain all records and patient information used for the performance of services under this Agreement in compliance with all Applicable Law, including but not limited to the Fair Debt Collection Practices Act, 15 U.S.C. §§ 1601 *et seq.*, as amended, any applicable state Consumer Protection laws, as amended, the Bankruptcy Code, 11 U.S.C. §§ 101 *et. Seq.*, as amended, and the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §§ 1320d through d-8, as amended.

- C. Compliance with Medicare and Medicaid Laws and Regulations. The parties expressly agree that nothing contained in this Agreement shall require either party to knowingly or intentionally conduct itself in a manner as to violate the prohibition against fraud and abuse in connection with the Medicare and Medicaid programs, 42 U.S.C. § 1320a7b, as amended.
- D. Compliance with Anti-Kickback Statute. Each party shall comply with the Federal Health Care Programs' Anti-Kickback Statute (42 U.S.C. § 1320a-7b) and any applicable regulations promulgated thereunder. The parties further recognize that this Agreement shall be subject to the amendments of the Anti-Kickback Statute or any of its applicable regulations. In the event any applicable provisions of the Anti-Kickback Statute or its regulations invalidate, or are otherwise inconsistent with the terms of this Agreement, or would cause one or both of the parties to be in violation of the law, the parties shall exercise their best efforts to accommodate the terms and intent of this Agreement to the greatest extent possible consistent with the requirements of the Statute and its applicable regulations.
- E. Advanced Life Support Services Defined. Advanced Life Support services shall be defined under this agreement to include the ability to provide all services permitted by New York State to be performed at the paramedic level, as limited or expanded under the protocols and policies of the Regional Emergency Medical Advisory Committee ("REMAC") in charge of Erie County. Advanced Life Support services shall include the ability to carry and administer controlled substances permitted by 10 NYCRR Part 80 and by the REMAC in charge of coordinating EMS care in Erie County.
- F. Confidentiality of Protected Health Information
- (1) For purposes of this section: (i) "HHS Privacy Regulations" shall mean 45 C.F.R. Parts 160 and 164, as they may be amended from time to time; and (ii) "Protected Health Information" shall have the meaning given such term in 45 C.F.R. §164.501, as it may be amended from time to time.
  - (2) The parties acknowledge that AMBULANCE is a "business associate" of Town within the meaning of 45 C.F.R. §160.103, and as such, each party is obligated to

require that all its subcontractors, including the other party, adhere to the same restrictions and conditions that apply to Town under the HHS Privacy Regulations.

- (3) Each party may use or disclose Protected Health Information received from, or created or received by the other party only as necessary for such party to perform its obligations under this Agreement. Unless otherwise limited herein, each party may use or disclose Protected Health Information if necessary for the proper management and administration of their business as it relates to their performance of this Agreement or to carry out their legal responsibilities if (i) the disclosure is required by law, or (ii) the party obtains reasonable assurances from any person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the other party of any instances of which it is aware in which the confidentiality of the information has been breached.

- (4) Each party will:

- a. Not use or further disclose Protected Health Information other than as permitted or required by this Agreement or as required by law
- b. Use appropriate safeguards to prevent use or disclosure of Protected Health Information other than as provided for by this Agreement;
- c. Report to the other in writing any use or disclosure of Protected Health Information not provided for by this Agreement of which such party becomes aware within five (5) days of their discovery of such unauthorized use or disclosure;
- d. Ensure that any agents, including any subcontractor, to whom such party provides Protected Health Information agrees to the same restrictions and conditions that apply to them with respect to such information;
- e. At the request of such party, and in the time and manner chosen by such party, provide access to Protected Health Information to the other or the individual to whom such Protected Health Information relates or his or her authorized representative, in accordance with 45 C.F.R. §164.524;
- f. Make available Protected Health Information for amendment and incorporate any amendments to Protected Health Information that such party directs, in accordance with 45 C.F.R. §164.526;
- g. Make available to the other party upon request the information required to provide an accounting of disclosures in accordance with 45 C.F.R. §164.528; and
- h. Make its internal practices, books, and records relating to the use and disclosure of Protected Health Information received from such party

available to the other and to the Secretary of Health and Human Services, upon the request of either, for purposes of determining the other party's compliance with 45 C.F.R. Part 164, Subpart A and determining such party's compliance with the terms of this Agreement.

- i. Within thirty (30) days of any termination of this Agreement, one party will, at the other party's option, return or destroy all Protected Health Information received from, or created or received by the other on behalf of the other. This shall not include any PCRs or other reports created by AMBULANCE for the purpose of treating a patient. Town will not retain any copies of the Protected Health Information after the termination of this Agreement except as may be required by law or applicable regulations. If Protected Health Information is destroyed at AMBULANCE's direction, Town will certify in writing to AMBULANCE that the Protected Health Information has been destroyed. Nothing in this sub-paragraph shall apply to Protected Health Information received directly by Town from the patient or patient's representative. Nor shall this sub-paragraph apply to any information provided by AMBULANCE to Town for the purpose of AMBULANCE billing, or vice-versa, or completing a medical record or Pre-hospital Care Report (PCR).
- j. The Protected Health Information shall be and remain the property of AMBULANCE. Town agrees that it acquires no title or rights to the Protected Health Information, including any de-identified information, as a result of this Agreement or otherwise.

### 23. ENTIRE AGREEMENT

This Agreement is the entire agreement among the parties and shall not be changed, except by a writing signed by the party to be charged. Further, this Agreement shall supersede all prior agreements between the parties.

IN WITNESS WHEREOF, the parties hereto have set their respective hands and seals as of the day and year first above written.

TOWN OF ALDEN

BY: Richard A. Sawyer  
                    , Supervisor  
                    RICHARD A. SAWYER

LANCASTER VOLUNTEER AMBULANCE  
CORPS INC.  
BY: Jeffrey A. Bono  
                    Jeffrey A. Bono, President  
                    JEFFREY A. BONO VP

**SCHEDULE A**  
**SCHEDULE OF FEES**

Included in such approved fees are the amounts established by government programs including but not limited to Medicare and Medicaid.

**LVAC Rates**

Treat and Release- \$250

BLS- \$825

BLS-NI- \$640

ALS- \$1085

ALS NE- \$900

ALS2- \$1285

Miles- \$25

Paramedic Intercept- \$580

# **Exhibit D**

**TOWN OF ALDEN, NEW YORK  
2018 ADOPTED BUDGET  
GENERAL FUND - TOWN OUTSIDE VILLAGE FUND  
APPROPRIATIONS**

Account Code	Description	Adopted Appropriations 2018
<b>HEALTH</b>		
Ambulance		
B4650		
	<b>Contractual expenses:</b>	
.440	Professional Ambulance Billing	\$ 10,000
.460	Ambulance Certificate	7,500
	Total contractual expenses	<u>17,500</u>
	<b>Total Ambulance - Rescue Squad</b>	<b>\$ <u>17,500</u></b>
<b>TOTAL HEALTH</b>		<b>\$ <u>17,500</u></b>

LVAC BUDGET 1/1/18 - 12/31/18

PROPOSED

Submitted 11/8/2017.

REVENUES:

4000 REVENUE RECOVERY	\$2,218,000.00
4025 REVENUE RECOVERY - ALDEN	\$22,000.00
4050 REVENUE RECOVERY - LEGAL	\$2,200.00
4100 FUND DRIVE	\$95,000.00
4130 UNSOLICITED DONATIONS	\$6,000.00
4300 REFRESHMENTS	\$250.00
4400 INTEREST	\$25.00
4410 INSURANCE RECOVERY	\$500.00
4500 CPR	\$4,000.00
4600 MISCELLANEOUS	\$500.00
4610 UNANTICIPATED	\$0.00
4640 GRANT/SPONSOR	\$10,000.00
4700 SALE OF ASSETS	\$250.00
4710 OUTSIDE CONTRACTS	\$0.00

2017 TOTAL REVENUES  
(Proposed)

\$2,358,725.00

(11.0%>)

\$257,425.00 increase vs. 2017



**EXPENSES:****PRESIDENT:**

5000	PROFESSIONAL STAFF/EXP	\$1,300,000.00
5010	PAYROLL TAXES	\$118,888.00
5020	FRINGES	\$34,000.00
5030	ADP INVOICE	\$6,000.00
5050	PS WORKERS COMP	\$30,000.00
5060	PS UNIFORMS	\$5,500.00
5070	PS MSC	\$500.00
5100	INSURANCE	\$67,000.00
5250	VOLUNTEER EXPENSE	\$5,000.00
5300	VEHICLE-DEBT SERVICE	\$160,000.00
5310	VEHICLE RESERVE	\$20,000.00
5320	EXPLORER POST 803	\$200.00
6100	NATIONAL FUEL	\$8,000.00
6110	NYSEG	\$19,500.00
6120	WATER/SEWER	\$3,000.00
6130	CABLE TV	\$2,000.00
6200	TELEPHONE	\$5,500.00
6300	REVENUE RECOVERY FEES	\$135,000.00
6400	LEGAL FEES	\$10,000.00
6720	MEMBERSHIP FEES	\$400.00
6860	RESERVE EQUIPMENT	\$15,000.00
7200	COMPLIANCE/HIPPA	\$15,000.00
7700	INTEREST EXPENSE	\$6,000.00
7210	RESERVE -BUILDING	\$8,000.00
7230	DONATIONS	\$1,000.00
7600	DEPRECIATION	\$6,500.00
7710	BANK SERVICE CHARGES	\$150.00
7720	MISCELLANEOUS	\$600.00
TOTAL PRESIDENT		\$1,992,818.00
		(11.7% >) \$232,818.00 increase vs. 2017

**VICE-PRESIDENT**

6870	HOUSE-FOOD	\$2,200.00
6880	HOUSE -VENDING MACHINE	\$1,500.00
6890	POP/JUICE MACHINES	\$500.00
6910	REFRESHMENTS	\$3,000.00
7000	FUND DRIVE	\$8,500.00
7010	INSTALLATION	\$7,000.00
7040	HOUSE-EQUIPMENT	\$1,800.00
7240	MORALE IMPROVEMENT	\$1,800.00
7330	RECRUITMENT	\$3,000.00
7340	P.R.	\$3,000.00
TOTAL VICE-PRESIDENT		\$32,300.00
		(3.1% >) \$1000.00 increase vs. 2017

**SECRETARY:**

6500	POSTAGE	\$1,200.00
6600	PRINTING	\$3,000.00
6800	OFFICE SUPPLY	\$3,000.00
6810	COPIER RENTAL	\$2,500.00
6840	NEW COMPUTER EQUIPMENT	\$5,000.00
6850	COMPUTER SUPPLY	\$2,800.00

TOTAL SECRETARY	\$17,200.00	\$17,200.00
	(21.8% <)	\$4800.00 decrease vs. 2017

**TREASURER:**

5500	VEHICLE FUEL	\$30,000.00
5620	OXYGEN REFILLS	\$2,700.00
5730	HAZARDOUS WASTE DISP	\$7,500.00
6210	CELLULAR PHONES	\$15,000.00
6401	ACCOUNTING FEES	\$12,000.00
6402	AUDIT FEES	\$7,750.00
7100	MEMBERSHIP INCENTIVES	\$5,000.00
7110	YEARLY HONORARIUMS	\$7,750.00
7120	SUNSHINE	\$1,200.00

TOTAL TREASURER	\$88,900.00	
	(15.1% >)	\$13,400 increase vs. 2017

**OPERATIONS:**

5800	UNIFORMS	\$5,200.00
6220	COMMUNICATIONS	\$18,000.00
6250	PAGER/RADIO BATTERIES	\$2,500.00
6915	REFRESHMENTS	\$1,500.00
8940	MEDICAL EQUIP TEST/REPAIR	\$10,500.00
6950	E-Z PASS TOLLS	\$1,200.00

TOTAL OPERATIONS	\$38,900.00	
	(0.6% >)	\$200.00 increase vs. 2017

**TRAINING:**

5900	COURSES/SEMINARS	\$8,000.00
5910	CPR INSTRUCTION	\$8,000.00
6700	BOOKS/SUBSCRIPTIONS	\$2,000.00
6710	TRAINING EQUIPMENT	\$12,000.00

TOTAL TRAINING	\$28,000.00	
	(7.2% >)	\$2000.00 increase vs. 2017

**GENERAL BLDG AND MEDICAL SUPPLIES:**

5600 GENERAL BLS SUPPLIES	\$30,000.00
5610 GENERAL ALS SUPPLIES	\$39,600.00
5636 PHYSICAL FITNESS TESTING	\$1,200.00
5640 ALS DRUGS	\$15,000.00
5700 GEN'L BUILDING SUPPLY	\$1,600.00
6846 GEN'L CLEANING SUPPLY	\$1,600.00

TOTAL GENERAL BLD	\$88,000.00
	(11.0% >) \$9700.00 increase vs. 2017

**MAINTENANCE:**

5400 VEHICLE - REPAIRS	\$35,000.00
5410 VEHICLE - PARTS	\$8,500.00
5420 VEHICLE - PREVN. MAINT.	\$9,000.00
5707 BUILDING MAINTENANCE	\$27,000.00
5710 SECURITY LOCKS	\$2,600.00
5720 NEW EQUIPMENT	\$3,000.00

TOTAL MAINTENANCE	\$83,000.00
	(1.8% >) \$1500.00 increase vs. 2017

2018 <b><u>TOTAL EXPENSES</u></b>	<b><u>\$2,357,118.00</u></b>
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<b><u>SURPLUS</u></b>	<b><u>\$1,607.00</u></b>
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# **Exhibit E**

## **BILLING SERVICE AGREEMENT**

THIS AGREEMENT made and entered into as of August 1<sup>st</sup> 2016 by and between Professional Ambulance Billing LLC, a New York limited liability company having its principal place of business at 5530 Sheridan Drive Suite 3B, Williamsville, NY 14221 and the Town of Alden New York (hereinafter the "Provider").

### WITNESSETH

WHEREAS, the Provider and Professional Ambulance Billing LLC wish to establish a professional relationship for ambulance billing services; and,

WHEREAS, the Provider supplies certain ambulance services to the residents and visitors of its primary and mutual aid territories;

WHEREAS, the Provider desires to be reimbursed, to the extent legally permissible, by the individuals utilizing the Provider's ambulance service, by such individuals or through their government and/or private health insurance carriers; and,

WHEREAS, Professional Ambulance Billing LLC has experience in revenue recovery for services as a third party billing service and is willing to provide such service to the Provider for a fee; and,

WHEREAS, the Provider desires to have Professional Ambulance Billing LLC provide certain revenue recovery services (as described in Paragraph 1) as a third party billing service.

NOW, THEREFORE, in consideration of the foregoing promises and the usual covenants and promises contained herein, the parties agree as follows:

1. **Work To Be Performed and Services To Be Rendered**

- (A) Professional Ambulance Billing LLC shall provide revenue recovery services on behalf of the Provider. Provider hereby designates Professional Ambulance Billing LLC as the exclusive provider of Provider's billing services for the term of this contract, and for each renewal or extension thereof. Professional Ambulance Billing, LLC shall utilize its best efforts to comply with industry standards of professional ambulance billing.
- (B) Professional Ambulance Billing LLC shall serve as the Provider's authorized agent for the purpose of obtaining the necessary agency authorizations, provider numbers and insurance company contracts required for revenue recovery.
- (C) Professional Ambulance Billing LLC will mail or electronically transmit a claim to the insurance carrier of the patient in accordance with federal, state or other applicable requirements. In the absence of insurance information or a patient's signature, correspondence will be sent to the patient to obtain the required billing information. Professional Ambulance billing will make all reasonable attempts to refer accounts to collection in 120 days or less from the date of service.

- (D) Professional Ambulance Billing LLC shall upon receipt of any payment by or on behalf of the individual(s) who received the service, forward the payment to the Provider or deposit the said payment in a bank account established for the Provider based upon a mutually agreed upon schedule. All funds shall belong to Provider.

## 2. Obligations of Provider

Provider shall:

- (A) Provide accurate, complete and detailed medical, treatment, patient care, and mileage and transportation information for patients. In no way shall Professional Ambulance Billing LLC be required to verify the accuracy of any such information provided.
- (B) Use its best efforts to obtain accurate billing and insurance information;
- (C) Timely submit PCRs to Professional Ambulance Billing LLC;
- (D) Cooperate with Professional Ambulance Billing LLC in all respects with regard to the collection of information and the submission of accurate bills.

## 3. Compensation and Fees

- (A) Provider agrees to a flat fee of \$32.00 per Patient Care Report submitted to or on behalf of each of Provider's patients. Within five (5) days after the last day of every calendar month, Professional Ambulance Billing LLC shall determine the total number of Patient Care Reports for that given month which were processed for billing and actually submitted or billed to or on behalf of the patient, and transmit such number and the amount due to Provider. In addition, while this contract is in effect, there will be no cost to the provider for the monthly cost of emsCharts charts.
- (B) The Provider shall pay Professional Ambulance Billing LLC's invoice in the next normal check production/accounts payable cycle, but in no event more than twenty five (25) calendar days from the date of the invoice from Professional Ambulance Billing LLC. Failure to pay within a timely manner shall result in interest on the late fee at a rate of five (5%) percent per annum. There shall be no interest charged on any fees less than five (5) days late. Any payments made shall be first applied to the interest owed, and then to the oldest outstanding fees, and then to the current charges.
- (C) Provider shall provide any disputed bills to the attention of Professional Ambulance Billing LLC, in writing, within thirty (30) days of the date of the invoice, or such bill shall be deemed appropriate and accepted and Provider shall be deemed to have waived any such dispute of any actual charges, plus interest.

## 4. Reports

Reports will be mailed to the Provider each calendar month by Professional Ambulance Billing LLC. The reports will include charge detail, credit and collection detail and an aged patient receivable report as of the end of each month. Other standard reports will be

provided upon request without charge. Professional Ambulance Billing LLC shall determine what constitutes "standard" reports.

5. Availability of Records

All records generated by Professional Ambulance Billing LLC pursuant to this Agreement shall be open and available to the Provider for inspection at any time during the normal and ordinary course of business of Professional Ambulance Billing LLC. All records generated by Professional Ambulance Billing LLC with respect to this Agreement shall be available at the office of Professional Ambulance Billing LLC in Williamsville, New York. Likewise, the Provider shall make its records regarding collections available to Professional Ambulance Billing LLC.

Upon the termination, cancellation or expiration of this Agreement, Provider shall have the right to any and all information maintained by Professional Ambulance Billing LLC on the Provider's behalf, and shall transmit such information, including but not limited to uncollected accounts, to Provider, but only once Provider has paid all outstanding fees and interest to date.

6. Limitation of Liability

- (A) Should any action arise from inaccurate or inappropriate billing based on inaccurate or inappropriate information which the Provider has provided to Professional Ambulance Billing LLC, the Provider shall be responsible for any and all actions, costs, judgments, fines and fees. Provider shall defend, indemnify and hold Professional Ambulance Billing, LLC harmless for any such acts where the acts or omissions of Professional Ambulance Billing, LLC were due to Professional Ambulance Billing's unintentional conduct.
- (B) Professional Ambulance Billing, LLC shall defend, indemnify and hold Provider harmless for any lawsuits, actions, judgments, fines, or other costs or fees arising solely out of Professional Ambulance Billing, PLLC's acts or omissions.

7. Confidentiality

- (A) Professional Ambulance Billing LLC, its employees and agents shall not disclose or use for benefit of other than the Provider, any and all information obtained from the Provider. Professional Ambulance Billing LLC shall be bound by the laws of confidentiality which bind the Provider in the Provider's jurisdiction.
- (B) The Provider, its employees and agents shall not disclose or use for benefit of other than Professional Ambulance Billing LLC, any and all written or tangible information developed as a result of this Agreement.
- (C) The Parties shall enter into a Business Associates Agreement for purposes of protecting patient confidentiality.

8. Terms of Agreement

This Agreement shall run for a period of three (3) years from the effective date of this agreement. This Agreement can be terminated by either party upon ninety (90) written notice to the other party.

9. General

(A) Professional Ambulance Billing LLC represents, warrants and agrees that it is and will continue to be compliant with all regulations of the Office of the Inspector General (OIG) and the New York State Office of the Medicaid Inspector General (OMIG).

a. Each party warrants to the other that it will check the Office of the Inspector General's List of Excluded Individuals/Entities (LEIE) prior to making a decision to employ an individual or contract with an entity to provide items or services directly or indirectly payable by a federal health care program, will check the LEIE periodically to determine whether any of its personnel or contractors have been excluded from a federal health care program, will terminate any excluded person or contractor from performing work that it is directly or excluded person or contractor who has performed work for it under this contract during the period of the exclusion that was billed or would otherwise be billable to a federal health care program.

b. Notwithstanding any other provisions of this agreement, either party may terminate this agreement immediately upon the exclusion of the other party from any state federal health care program.

(B) This Agreement is the sole and entire understanding between the parties relating to the subject matter hereof, and supersedes all prior understandings, agreements, and documentation relating to the subject hereof. This Agreement may be amended only by an instrument executed by the authorized representatives of both parties.

(C) This Agreement shall be interpreted in accordance with the laws of the State of New York.

(D) Professional Ambulance Billing LLC and its representatives are independent contractors of the Provider, and Professional Ambulance Billing LLC and its representatives in no event will be considered an agent, employee or joint venture of, or with the Provider or its representative or agents. The sole exception to this paragraph is for the purpose of obtaining necessary authorizations, provider numbers and insurance company contracts as cited in Section 1., paragraph (C) and for conducting billing services on behalf of Provider.

(E) Any waiver of any provision of this Agreement must be in writing. No waiver of any provision of this Agreement will constitute a waiver of any other provision hereof, whether or not similar, or a continuing waiver. The performance by any of the parties hereto of any act not required of it under the terms and conditions of this Agreement will not constitute a waiver of the parameter for and limitation on its obligation under this Agreement, and no



such performance shall stop such party from asserting such parameters or limitations as to any further or future performance of its obligations.

- (F) Any notice to a party hereto pursuant to this Agreement must, in order to be valid and binding, be submitted in writing and mailed by certified or registered mail, addressed as follows, or at such other address for a party as shall be specified pursuant hereto:

If to Professional Ambulance Billing LLC, to:  
Professional Ambulance Billing LLC  
5530 Sheridan Drive  
Suite 3B  
Williamsville, New York 14221

If to the Provider, to:  
Town of Alden New York  
3311 Wende Road  
Alden, NY 14004

#### 10. Definitions

For the purpose of this Agreement, the following definitions shall apply:

- (A) "Service" shall mean any ambulance, transportation or emergency medical service provided by the Provider or other individual(s), whether treated and/or transported by the Provider or its representatives.
- (B) "Information" shall mean a document containing the following:
- (i) The date and time the service was rendered by the Provider or its representative(s) to an individual or individuals.
  - (ii) The location where the service originated and occurred.
  - (iii) The apparent reason why the service was requested (e.g. auto accident, heart attack, non-vehicle trauma, seizure, etc.)
  - (iv) If the service is, in part or in whole, transportation, the destination of the service including the name of any hospital.
  - (v) The name, address and gender of the individual(s) who received the service.
  - (vi) The name and address of the legally responsible party if other than the individual(s) who received the service
  - (vii) The date of birth of the individual(s) who received the service.

- (viii) An assessment of the illness/injury of the individual(s) who received the service.
- (ix) Whether the injury/illness to the individual who received the service is work related.
- (x) If the service is provided to an individual who is insured for any portion of the cost of the service, the name and address of the insurer and the insured's insurance identification number(s) including group and individual numbers, also, any signatures required for revenue recovery.
- (xi) Any supplemental insurance information requested by Professional Ambulance Billing LLC where the service is provided to an insured individual.
- (xii) Whether the Provider desires direct billing to a third party (such as a third party payer) for the service provided to an insured individual(s).

The information required hereunder shall be supplied to Professional Ambulance Billing LLC based upon a mutually agreed upon schedule for all services provided by the Provider during the preceding period.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representative as of the date first above written.

Professional Ambulance Billing LLC

Town of Alden New York

By:

Charles Jordan  
signature

By:

Richard A. Savaco  
signature

Name: Charles Jordan

Name:

RICHARD A. SAVACO

Title: President

Title:

SUPERVISOR TOWN OF ALDEN

Date: 8/12/16

Date: 8/19/16

## **Exhibit F**

Town of Newstead

Town of Lancaster

Genesee County

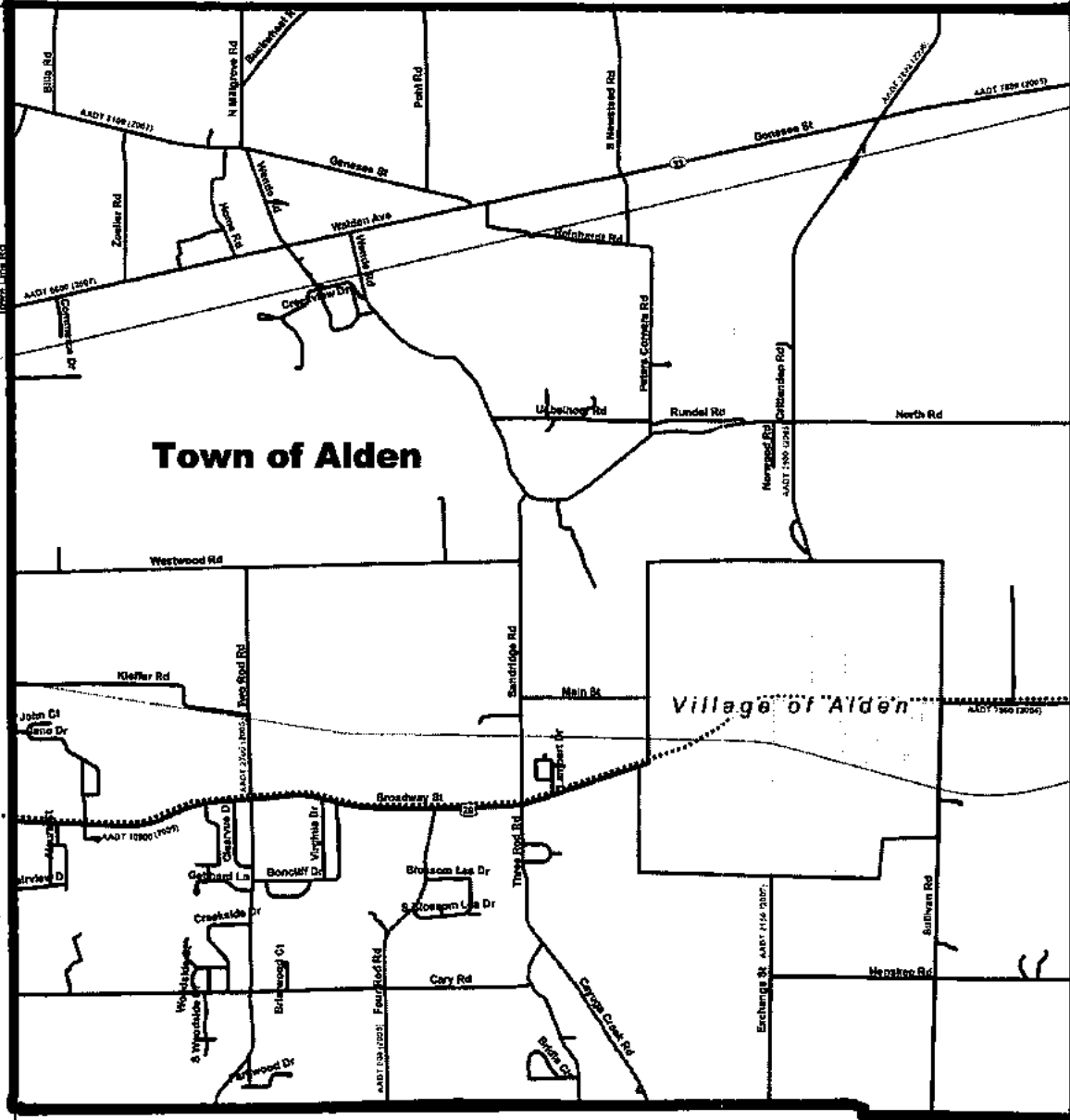
**Town of Alden**

Village of Alden

Town of Marilla

Wyoming  
County

0 0.25 0.5 1 Miles



# **Exhibit G**

# VILLAGE OF ALDEN

INCORPORATED MAY 7, 1869

PUBLIC WORKS  
(716) 937-7392

ALL VILLAGE  
OFFICES  
(716) 937-9216  
FAX (716) 937-8936



13336 BROADWAY  
ALDEN, ERIE CO., NEW YORK 14004-1375  
[WWW.ERIE.GOV](http://WWW.ERIE.GOV)

August 1, 2016

Town of Alden  
3311 Wende Rd.  
Alden, NY 14004

New York State EMS Council  
c/o Bureau of Emergency Medical Services - Operations Unit  
New York State Department of Health  
875 Central Avenue  
Albany, N.Y. 12206

The Village of Alden fully supports the Town of Alden's application for an ambulance authority and certificate of need. We request that the resulting Article 30 PIIIL ambulance authority and certificate include the Village of Alden as primary operating territory.

Sincerely,

Mayor Michael Manicki

*Alden "Alive and Growing"*

ALL VILLAGE  
OFFICES  
(716) 937-9216  
FAX (716) 937-8936

# VILLAGE OF ALDEN

INCORPORATED MAY 7, 1869

PUBLIC WORKS  
(716) 937-7392



13336 BROADWAY  
ALDEN, ERIE CO., NEW YORK 14004-1375  
WWW.ERIE.GOV

April 16, 2018

Hon. Richard A Savage, Supervisor

Town of Alden

3311 Wende Rd.

Alden, NY 14004

Dear Supervisor Savage,

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael Manicki".

Mayor Michael Manicki

Mayor, Village of Alden

*Alden "Alive and Growing"*

# **Exhibit H**



## Medical Director Verification

Please identify the physician providing Quality Assurance oversight to your individual agency. If your agency provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council's Medical Advisory Committee (REMAC) and oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your REMAC's written approval notice.

If your service wishes to change to a lower level of care, provide written notice of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your agency has more than one Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records.

<input type="checkbox"/> Defibrillation / PAD	<input type="checkbox"/> Epi Autoinject	<input type="checkbox"/> Albuterol	<input type="checkbox"/> Blood Glucometry	<input type="checkbox"/> Naloxone
<input type="checkbox"/> CPAP	<input type="checkbox"/> Check and Inject	<input type="checkbox"/> 12 Lead	<input type="checkbox"/> Ambulance Transfusion Service (ATS)	
<input type="checkbox"/> EMT Level of Care	<input type="checkbox"/> AEMT Level of Care	<input type="checkbox"/> Critical Care Level of Care	<input checked="" type="checkbox"/> Paramedic Level of Care	<input type="checkbox"/> Controlled Substances (BNE License on File)

Agency Name Town of Alden EMS

Agency Code Number 6259 Agency Type: ☒ Ambulance ☐ ALSFR ☐ BLSFR

Agency CEO Richard Savage, Town Supervisor

Name

Medical Director Joseph Bart, DO, FACEP

Name

258856

NYS Physician's License Number

Ambulance/ALSFR Agency Controlled Substance License # if Applicable: 03C - \_\_\_\_\_

Ambulance/ALSFR Agency Controlled Substance License Expiration Date: \_\_\_\_\_

*I affirm that I am the Physician Medical Director for the above listed EMS Agency. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this agency. This includes medical oversight on a regular and on-going basis, in-service training and review of Agency policies that are directly related to medical care.*

*I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this Agency.*

*If the service I provide oversight to is not a certified EMS agency and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4135) and a Completed Collaborative Agreement with its Regional EMS Council.*

Medical Director

Signature

Date of Signature

5/11/18

# **Exhibit I**

## Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Town of Alden EMS

6259

Name of EMS Agency

NYS EMS Agency Code

Town of Alden, NY (municipality)

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Richard A. Savage

Supervisor

Full Name of Individual

Title

3311 Wende Road, Alden, NY 14004

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stockholder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005(5))

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

### REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences

## Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Richard A. Savage

Full Name

Richard A. Savage

Signature

6/29/11

Date

## Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Richard A. Savage

Full Name

Richard A. Savage

Signature

6/29/18

Date

## Notary Public Affirmation and Acknowledgement

Debra Stelianou

Notary Public Name

Debra Stelianou

Signature

6/29/18

Date

DEBRA STELIANOU  
Notary Public, State of New York  
No. 01ST4989344  
Qualified in Erie County  
Commission Expires December 2, 2021

Please affix Notary Public Stamp or equivalent.

**I have operated the Town of Alden EMS as the elected Supervisor of the Town of Alden, since its inception thorough a municipal declaration and the ambulance service certificate issued by the NYS Department of Health on September 16, 2016.**

**The Town of Alden EMS operates under certificate number 33586.**

**The address of the Town of Alden EMS is Alden Town Hall, 3311 Wende Road, Alden, New York 14004.**

**The agency code for Town of Alden EMS is 6259.**

**The daily operations of the Town of Alden EMS are conducted by contract with Lancaster Volunteer Ambulance Corps, Inc., pursuant to General Municipal Law 122-b.**

**A copy of the ambulance service certificate is attached.**

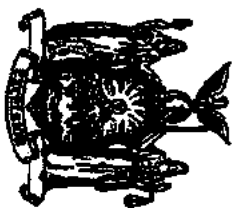
Agency Code Number: 6259

Issued: 9/18/2016

Expires: 8/23/2018

# NEW YORK STATE DEPARTMENT OF HEALTH Ambulance Service Certificate

Alden EMS, Town of



*is hereby certified as a New York State ambulance service in  
accordance with the provisions of Article 30 of the*

*Public Health Law*



PRIMARY TERRITORY: Town of Alden including the Village of Alden

*[Signature]*

Emergency Medical Services Program

*Howard Zucker M.D.*

Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

**THIS CERTIFICATE IS NOT TRANSFERABLE**

**Keep conspicuously posted**

## Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Town of Alden EMS

6259

Name of EMS Agency

NYS EMS Agency Code

Town of Alden, NY (municipality)

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Colleen M. Pautler

Council member

Full Name of Individual

Title

3311 Wende Road, Alden, NY 14004

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, thereby certify that I am or have been a director, sponsor, principal stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30.53(6)(5)):

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

### REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences

## Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Colleen M. Pautler

Full Name

Colleen M. Pautler

Signature

5/2/2018

Date

## Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Colleen M. Pautler

Full Name

Colleen M. Pautler

Signature

5/2/2018

Date

## Notary Public Affirmation and Acknowledgement

Colleen Rogers

Notary Public Name

Colleen Rogers

Signature

5/2/2018

Date

COLLEEN ROGERS  
Notary Public, State of New York  
Qualified In Erie County  
My Commission Expires 4/30/2019

Please affix Notary Public Stamp or equivalent.



**I have operated the Town of Alden EMS as an elected Councilmember of the Town Board of the Town of Alden, since its inception through a municipal declaration and the ambulance service certificate issued by the NYS Department of Health on September 16, 2016.**

**The Town of Alden EMS operates under certificate number 33586.**

**The address of the Town of Alden EMS is Alden Town Hall, 3311 Wende Road, Alden, New York 14004.**

**The agency code for Town of Alden EMS is 6259.**

**The daily operations of the Town of Alden EMS are conducted by contract with Lancaster Volunteer Ambulance Corps, Inc., pursuant to General Municipal Law 122-b.**

**A copy of the ambulance service certificate is attached.**

Agency Code Number: 6259

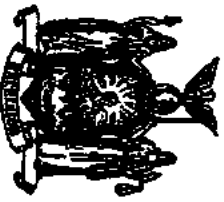
Issued: 9/16/2016

Expires: 8/23/2018

NEW YORK STATE DEPARTMENT OF HEALTH

**Ambulance Service Certificate**

Alden EMS, Town of



*is hereby certified as a New York State ambulance service in  
accordance with the provisions of Article 30 of the  
Public Health Law*



PRIMARY TERRITORY: Town of Alden including the Village of Alden

A handwritten signature in black ink, appearing to read "Howard Zucker".

Emergency Medical Services Program

*Howard Zucker M.D.*

Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

**THIS CERTIFICATE IS NOT TRANSFERABLE**

**Keep conspicuously posted**

## Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Town of Alden EMS	6259
Name of EMS Agency	NYS EMS Agency Code
Town of Alden, NY (municipality)	
Full Name of Corporate Entity requiring F&C review as a new owner/operator	
Dean W. Adamski	Council member
Full Name of Individual	Title
3311 Wende Road, Alden, NY 14004	
Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator	
Social Security Number (this is not releasable under the provisions of FOIL)	Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005(5)):

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

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- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

### REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 3 years, addresses of prior residences

## Certification of Competency

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Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Dean W. Adamski

Full Name

Signature

Date

05-02-2018

## Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Dean W. Adamski

Full Name

Signature

Date

05-02-2018

## Notary Public Affirmation and Acknowledgement

Notary Public Name

Signature

Date

Colleen Rogers

Colleen Rogers

5/2/2018

COLLEEN ROGERS  
Notary Public, State of New York  
Qualified in Erie County  
My Commission Expires 4/30/2019

Please affix Notary Public Stamp or equivalent.

**I have operated the Town of Alden EMS as an elected Councilmember of the Town Board of the Town of Alden, upon my election and taking office on January 1, 2018, thorough a municipal declaration and the ambulance service certificate issued by the NYS Department of Health on September 16, 2016.**

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**A copy of the ambulance service certificate is attached.**

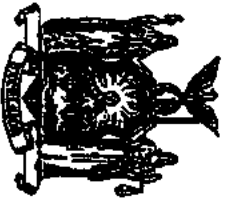
Agency Code Number: 6259

Issued: 9/16/2016

Expires: 8/23/2018

# NEW YORK STATE DEPARTMENT OF HEALTH Ambulance Service Certificate

Alden EMS, Town of



*is hereby certified as a New York State ambulance service in  
accordance with the provisions of Article 30 of the  
Public Health Law*

PRIMARY TERRITORY: Town of Alden including the Village of Alden

*Howard Zucker M.D.*

Emergency Medical Services Program

Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law  
**THIS CERTIFICATE IS NOT TRANSFERABLE**  
Keep conspicuously posted

## Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Lancaster Volunteer Ambulance Corps

Name of EMS Agency

1484

NYS EMS Agency Code

Lancaster Volunteer Ambulance Corps

Full Name of Corporate Entity requiring F&C review as a new owner/operator

David V. Marrocco

Full Name of Individual

Director of Operations

Title

40 Embury Place Lancaster, NY 14086

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 § 3005(5)(i)):

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

### REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences

## Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

David V Marrocco

Full Name

David Marrocco

Signature

6/12/2018  
Date

## Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

David V Marrocco

Full Name

David Marrocco

Signature

6/12/2018  
Date

## Notary Public Affirmation and Acknowledgement

Jennifer L Strong

Notary Public Name

Jennifer Strong

Signature

6/12/2018  
Date

JENNIFER L. STRONG  
Notary Public, State Of New York  
Qualified In Erie County  
Commission Expires Aug. 24, 2018

Please affix Notary Public Stamp or equivalent.



# **Exhibit J**

## Application for EMS Operating Certificate

Current Expiration Date 08 / 23 / 2018 ☒ Ambulance Service ☐ ALS First Response Service (non-transporting)

Name of Service Federal Employer ID No. NYS EMS Agency Code  
Town of Alden EMS 16-6002150 6259

Physical Address of Principal Business Location Street and Number  
3311 Wende Road

City, Town, Village State Zip Code County  
Alden NY 14004 Erie

Mailing Address (PO Box)  
Same as above

Business Phone Number Fax Number 911 Center 10 Digit Phone Number  
( 716 ) 937-6969 ( 716 ) 937-9817 ( 716 ) 684-1234

Agency E-mail Address Agency Website  
richard.savage@erie.gov www.alden.erie.gov

Organizational Structure (check only one)

☐ Commercial ☐ Hospital Based ☐ Independent ☐ Industrial  
☐ Fire Department ☒ Municipal/Government ☐ College (State or Private Campus/University)

Type of Ownership

☐ Individual ☐ Corporation (☒ for profit ☐ not for profit) ☐ Municipal Fire ☐ Ambulance District  
☐ Partnership ☒ Municipal (☐ village ☒ town ☐ city ☐ county) ☐ Government (☐ State ☐ Federal)

Name of Individual Owner, Partners or Government/Municipal entity  
Town of Alden

If a corporation, give official corporate name. Also indicate all DBAs on file with NYS Department of State. Attach separate list if more than one DBA on file. (initial applications must provide certified copies of all DOS filings both corporation and DBA)

Corporation Name  
NA

DBA/Assumed Name  
NA

For Profit and Not for Profit Corporations must provide names/addresses of current corporation officers

Name	Home Address	Home Phone
President		( ) -
Vice President		( ) -
Secretary		( ) -
Treasurer		( ) -

Chief Operating Officer (Captain, Operations Manager)

Name	Title	Day Phone	Night Phone
Richard A. Savage	Town Supervisor	( 716 ) 937-6969 x3	( 716 ) 319-0798

Tax District  
Is this organization funded by a tax district? ☒ Yes ☐ No Name of District Town of Alden (General Fund)

Name of Operator (if different from owner) Business Phone  
Lancaster Volunteer Ambulance Corps (by GML 122-b contract) ( 716 ) 683-3282

Address City State Zip  
40 Embury Place Lancaster NY 14086

Highest Level of Care Currently Authorized by REMAC (check only one) ☐ EMT ☐ AEMT ☐ Critical Care ☒ Paramedic

Agency Participates in CME Program ☐ Yes ☒ No

Billing for Service ☒ Yes ☐ No

If yes, Name of Service Bureau Service Bureau Number (if not agency) Medicaid Number  
Professional Ambulance Billing LLC 03304836 03304836

Service Physician Medical Director (please list all others on separate sheet)

Joseph Bart DO

Address

100 High Street, Buffalo, NY 14203

Phone

( 716 ) 859-5600

NYS Physician License Number

60258856

List the address of each location where any certified EMS response vehicle is garaged if not the same as your principal location.

Provide list if more than 3

Location 1

LVAC, 40 Embury Place, Lancaster, NY 14086

Number of vehicles assigned

9

Location 2

Number of vehicles assigned

Location 3

Number of vehicles assigned

Total Number of Vehicles operated by certificate holder

Ambulances 6

EASV's (ambulance service only) 3

First Response (ALSFR) 0

Description of operating territory boundaries etc:

Town of Alden

Total Employees/Members: 64

Number Volunteer 20

Number Paid (on payroll) 44

Provide number of individuals currently certified at each level

CFR

EMT 31

AEMT 4

Critical Care

Paramedic 24

#### Communications/Dispatch Information

Principal Dispatch Method:

☒ Two-way

☐ Cellular Phone

☐ Pager

☐ Other

Frequency on which you are dispatched \_\_\_\_\_ MHz 000155-302-50000

Agency that dispatches your service Lancaster Police

☒ Local 911/PSAP

☐ Self

Identify radio systems for hospital calling/medical direction

☐ VHF

☐ UHF

☒ Cellular

☒ Other

UHF MED 1-8 capacity

☒ Yes

☐ No

Do your vehicles have Cellular Phones

☒ Yes

☐ No

155.340 capability

☒ Yes

☐ No

Call sign if service has FCC License WPYE 862

#### Attachments Required

- Affirmation of Compliance (DOH-1881, Affirmation Side 1 MUST BE NOTARIZED)
- List of all vehicle operated by the service (DOH-1881 Affirmation side 2)
- List of all agency personnel—Use DOH-2828
- List of all owners with 10% of more share of ownership
- Map of current operating territory

#### Agency Certification

I have received and read and understand the contents of the following documents and will comply with all requirements:

- Article 30/30A, NYS Public Health Law
- Part 800, 10NYCRR, State EMS Code
- Applicable DOH EMS Policy Statements and SEMAC Advisories

In addition, I certify that all the information contained in this application is true and correct, and that neither the corporation nor any of the owners, principals, or stockholders have been convicted of Medicaid or Medicare fraud, and I understand that under Section 3012(a) or PHL Article 30 that the ambulance service or ALSFR service certificate for this agency may be revoked, suspended, limited or annulled if this application includes willful misrepresentation.

Name of Owner, CEO or COO

Richard A. Savage

Title

Supervisor

Signature

Date

6/29/18

Notary Public affirmation and acknowledgement

*Debra Stelianou*

DEBRA STELIANO  
Notary Public, State of New York

No. 01ST4989344

Qualified in Erie County

Commission Expires December 2, 2021

DOH-206 (4/14) p 2 of 2

For DOH Use Only

Date Application Received

New Expiration Date

BEMS review and approval

Date

**Please use this form to list additional Corporate Officers not listed on DOH-206 Form.  
See General Instructions for Renewal Form Completion.**

**DOH-206 (4/14) Addendum**

## Affirmation of Compliance

### Affirmation of Compliance for New Vehicles or Agency Recertification

Please note that a Notary Public MUST complete section at bottom of page.

Check one ☒ Ambulance Service ☐ ALS First Response Service

Current Operating Certificate Expiration Date

08 / 23 / 2018

6259

Name of Service

Town of Alden EMS

NYS EMS Agency Code

Address

3311 Wende Road

NY

14004

City

Alden

State

Zip

Contact Person

Richard A. Savage, Supervisor

E-mail

richard.savage@erie.gov

Work Phone Number

716-937-6969 ext 3

Additional Phone Number

716-319-0798

By completing and signing this affirmation, I certify that the vehicles listed are in compliance with all requirements of the State EMS Code, Part 800.

The records and documentation of the agency have also been reviewed for compliance with all applicable requirements.

The ambulance vehicles listed are registered with the NYS Department of Motor Vehicle (DMV) and the appropriate DMV inspection has been conducted. Those vehicles which are not ambulances have appropriate DMV registration, DMV inspection, and/or any safety inspection as required by the NYS Department of Transportation, The United States Coast Guard, or the Federal Aviation Administration.

I understand that under the authority of the Public Health Law any deficiencies that result in violations being issued are subject to the penalties of the Public Health Law, including fines, suspension, revocation or annulment of the operating certificate.

Name

Richard A. Savage

Title

Supervisor

Signature



Date

6 / 29 / 18

Note: Notary Public Must Complete

Affirmation and Acknowledgement



DEBRA STELIANOU  
Notary Public, State of New York  
No. 01ST4989344  
Qualified in Erie County  
Commission Expires December 2, 2021

FOR OFFICE USE ONLY	

Affirmation of compliance for New Vehicles or Agency Recertification

Please note that a Notary Public MUST complete section at bottom of page.

Check one ☒ Ambulance Service ☐ ALS First Response Service

Current Operating Certificate Expiration Date

8 / 23 / 2018

01484

Name of Service

NYS EMS Agency Code

Lancaster Volunteer Ambulance Corps

Address

40 EMORY PLACE

NY

14086

City

State

Zip

Lancaster

Contact Person

E-mail

Chester Popolowski

Work Phone Number

Additional Phone Number

716-683-3282

By completing and signing this affirmation, I certify that the vehicles listed are in compliance with all requirements of the State EMS Code, Part 800.

The records and documentation of the agency have also been reviewed for compliance with all applicable requirements.

The ambulance vehicles listed are registered with the NYS Department of Motor vehicle (DMV) and the appropriate DMV inspection has been conducted. Those vehicles which are not ambulances have appropriate DMV registration, DMV inspection, and/or any safety inspection as required by the NYS Department of Transportation, The United States Coast Guard, or the Federal Aviation Administration.

I understand that under the authority of the Public Health law any deficiencies that result in violations being issued are subject to the penalties of the Public Health Law, including fines, suspension, revocation or annulment of the operating certificate.

Name

David Marrocco

Title

Director of Operations

Signature

*David Marrocco*

Date

6 / 13 / 2018

Note: Notary Public Must Complete

Affirmation and Acknowledgement

Sworn to before me this 12<sup>th</sup> day  
of June 2018.

*Jennifer L. Strong*

JENNIFER L. STRONG

Notary Public, State Of New York

Qualified In Erie County

Commission Expires Aug. 24, 2018

FOR OFFICE USE ONLY

# of stickers sent

to

Date

Rep

**(Note: if vehicle(s) is new to fleet, please indicate if you need new certification logos for the sides and rear of the vehicle.**

### Vehicle Information

License Plate #*	Radio or Agency ID	Motor Vehicle Identification# (VIN)	Make	Year	Color	Vehicle Type**
AY8640	700	1GNUKAE06AR258747	CHEVROLET	2010	WHITE	AGENCY-EASV
AY8642	800	1FDWE35P55HB48815	FORD	2005	WHITE	AMBULANCE- TYPE II
12794ET	825	1FDWE35P79DA42931	FORD	2009	WHITE	AMBULANCE- TYPE II
AZ7594	802	1FDBW2XM0HKA47388	FORD	2017	WHITE	AMBULANCE- TYPE I
AY8644	801	1FDXE45P66DA53778	FORD	2006	WHITE	AMBULANCE- TYPE II
AZ7595	803	1FDBW2XMXHKA47396	FORD	2017	WHITE	AMBULANCE- TYPE I
AV6707	824	1FDSS3ELXEDB14591	FORD	2014	WHITE	AMBULANCE- TYPE I
AY8643	826	1FDSS3ES3CDB06790	FORD	2012	WHITE	AMBULANCE- TYPE I
AV6708	827	1FDSS3EL3EDB14593	FORD	2014	WHITE	AMBULANCE- TYPE I

\*\* Such as: AMBULANCES - Type I, Type II, Type III, Helicopter Boat, Fixed Wing Aircraft

DOH-1881 page 2 of 2 (1/14)

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services

EMS Agency Personnel Roster

Agency Name  
Lancaster Volunteer Ambulance Corps.

Agency Code  
1484

Date Submitted  
3/31/18

Page 1 of 4

List All Personnel Alphabetically		DOB	DOH Certified Personnel		Level of Certification (check one)					Check Other Levels	
Last name,	First name	MM/DD/YY	DOH issued ID number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
Abraham	Richard	10 / 07 / 87	355642	11 / 30 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurso	Mark	04 / 28 / 77	260085	07 / 31 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolf	John	01 / 25 / 59	047016	10 / 31 / 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ammon	Lisa	12 / 02 / 68	196920	09 / 30 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzee	David	12 / 27 / 67	201444	07 / 31 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carlo	Steve	08 / 05 / 55	037389	07 / 31 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chumm	Phearon	12 / 20 / 90	406001	04 / 31 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cramer	Christopher	12 / 25 / 86	356802	08 / 31 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cullo	Robert	08 / 19 / 61	118826	09 / 30 / 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fenik	Brian	06 / 04 / 75	260047	05 / 31 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fisher	Patrick	11 / 24 / 89	376692	09 / 30 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foote	Brian	04 / 01 / 88	355140	07 / 31 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gangloff	Andrew	06 / 28 / 83	339581	07 / 31 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gowanlock	Richard	02 / 28 / 89	350745	11 / 31 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gowanlock	Robert	09 / 17 / 64	066254	08 / 31 / 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gowanlock	Zechariah	08 / 16 / 87	342525	11 / 31 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Happ	Doug	06 / 21 / 89	352344	10 / 31 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heibel	Anthony	10 / 14 / 56	370914	09 / 30 / 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hodge	Benjamin	07 / 24 / 89	340971	07 / 31 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services

EMS Agency Personnel Roster

Agency Name  
Lancaster Volunteer Ambulance Corps.

Agency Code  
1484

Date Submitted  
3/31/18

Page 2 of 4

List All Personnel Alphabetically		DOB	DOH Certified Personnel		Level of Certification (check one)					Check Other Levels	
Last name,	First name	MM/DD/YY	DOH issued ID number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
Hussain	Alli	10 / 23 / 97	445736	09 / 30 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hutler	Rachel	07 / 07 / 93	437529	02 / 28 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnson	Brent	02 / 14 / 90	373936	01 / 31 / 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kelly	Christopher	11 / 11 / 83	341353	11 / 30 / 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kuczmarski	Brandon	09 / 22 / 93	401316	09 / 30 / 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lechevel	Ian	04 / 29 / 87	367012	10 / 31 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lengel	Daniel	09 / 01 / 82	262374	07 / 31 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mangus	David	09 / 29 / 86	334353	11 / 30 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marocco	David	07 / 18 / 89	447961	02 / 29 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marshall	Daniel	03 / 31 / 95	447962	02 / 29 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marshall	Timothy	11 / 14 / 59	265994	01 / 31 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McCarthy	Daniel	04 / 16 / 83	257664	03 / 31 / 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McClenathan	Allen	11 / 02 / 93	431569	11 / 30 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McKnight	Jonathan	12 / 04 / 82	263259	11 / 30 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measer	David	12 / 06 / 73	186996	12 / 31 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myers	Jarren	10 / 17 / 72	346815	07 / 31 / 19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natalzia	Peter	08 / 18 / 89	340978	09 / 30 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nowoyta	Mark	12 / 25 / 67	155061	09 / 30 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O'Donnell	Lynn	08 / 28 / 77	306743	05 / 30 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services

EMS Agency Personnel Roster

Agency Name  
Lancaster Volunteer Ambulance Corps.

Agency Code  
1484

Date Submitted  
03/31/18

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List All Personnel Alphabetically		DOB	DOH Certified Personnel		Level of Certification (check one)					Check Other Levels
Last name,	First name	MM/DD/YY	DOH issued ID number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED First Aid
Peterson	Jennifer	09 / 22 / 91	458171	01 / 31 / 21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piersa	Jacob	10 / 20 / 94	413770	09 / 30 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Popela	Sarah	08 / 11 / 82	363490	10 / 31 / 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reed	Christian	12 / 05 / 91	385465	02 / 29 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revelas	Amy	09 / 06 / 92	369526	03 / 30 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sank	Robert	09 / 19 / 88	395254	01 / 31 / 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schieber	Kevin	12 / 02 / 87	338696	05 / 31 / 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schneider	Gary	07 / 23 / 71	306362	05 / 30 / 21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schrimmel	Matthew	04 / 26 / 87	362254	10 / 31 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Silvestri	Matthew	03 / 27 / 95	415838	01 / 31 / 21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steiner	Sarah	02 / 25 / 97	447965	02 / 28 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swigonski	Joshua	08 / 03 / 93	402827	07 / 31 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Szetela	Deborah	05 / 14 / 70	214498	12 / 31 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thienke	Stephen	01 / 11 / 86	402827	07 / 31 / 18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VonHegel	Heather	01 / 17 / 89	361555	02 / 28 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Whelan	Jason	03 / 03 / 80	332406	07 / 31 / 20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Williams	Michele	12 / 23 / 85	415886	07 / 31 / 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wislowski	Michael	07 / 15 / 70	227769	10 / 31 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wilkowski	McKenna	08 / 17 / 99	437363	09 / 30 / 20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services

EMS Agency Personnel Roster

Agency Name  
Lancaster Volunteer Ambulance Corps

Agency Code  
1484

Date Submitted  
03/31/18

Page 4 of 4

List All Personnel Alphabetically			DOB	DOH Certified Personnel		Level of Certification (check one)						Check Other Levels	
Last name,	First name	MM/DD/YY	DOH issued ID number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid		
Yunusov	Bekhzod	03 / 16 / 80	387916	09 / 30 / 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Zgoda	Jeffery	02 / 20 / 93	420718	09 / 30 / 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Zielinski	Nicholas	12 / 05 / 87	345221	01 / 30 / 20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		/ /		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Driver Only Status		/ /		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Graham	Blake	07 / 20 / 83		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
McKinney	Nicholas	05 / 01 / 86		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
O'Donnell	John	12 / 03 / 70	406632	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Popiolkowski	Chester	10 / 30 / 51	083246	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
		/ /		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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		/ /		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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		/ /		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Town of Newstead

Town of Lancaster

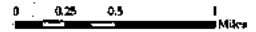
Genesee County

## Town of Alden

Village of Alden

Town of Marilla

Wyoming  
County





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/4/2018

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

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<b>PRODUCER</b> Haylor, Freyer & Coon, Inc. 231 Salina Meadows Parkway P.O. Box 4743 Syracuse NY 13221		<b>CONTACT NAME:</b> Shannon O'Keefe Clearwater <b>PHONE (A/C, No, Ext):</b> 315-703-9137 <b>FAX (A/C, No):</b> 315-362-5729 <b>E-MAIL:</b> svelasquez@haylor.com <b>ADDRESS:</b> svelasquez@haylor.com	
<b>INSURED</b> Town of Alden 3311 Wende Road Alden NY 14004		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> N.Y. Municipal Insurance Reciprocal <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 9405799**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	MPLTALD001	5/1/2018	5/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	MCATALD001	5/1/2018	5/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y	MECTALD001	5/1/2018	5/1/2019	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 16,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Public Officials Liab	Y	MPOTALD001	5/1/2018	5/1/2019	Limit \$1 mil per cdm \$5 mil agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Blanket Additional Insured applies to the General Liability per form MPL216 (3/06) per written contract, agreement or permit  
Umbrella follows form  
Regarding Ambulance Service Agreement

**CERTIFICATE HOLDER****CANCELLATION**

Lancaster Volunteer Ambulance Corp 40 Embury Place Lancaster NY 14086	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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LANCVOL-01

ESMITH

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/15/2018

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<b>PRODUCER</b> Potter, Harris & Scherrer Agency 8810 Main Street Williamsville, NY 14221	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): (716) 634-5656 <b>FAX</b> (A/C, No): (716) 626-5057 <b>E-MAIL ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A : ARCH Insurance Company</b>
<b>INSURED</b> Lancaster Volunteer Ambulance Corp Inc Corp Inc 40 Embry Place Lancaster, NY 14086	<b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

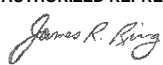
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			MEPK05915513	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MEPK05915513	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			MEUM05915713	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ Pers & Adv \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

## CERTIFICATE HOLDER

## CANCELLATION

Town of Alden Alden Town Hall 3311 Wende Rd Alden, NY 14004	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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LANCVOL-01

ESMITH

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/15/2018

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PRODUCER <b>Potter, Harris &amp; Scherrer Agency</b> 8810 Main Street Williamsville, NY 14221	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(716) 634-5656	FAX (A/C, No): (716) 626-5057
INSURED  <b>Lancaster Volunteer Ambulance Corp Inc</b> 40 Embry Place Lancaster, NY 14086	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : <b>ARCH Insurance Company</b>		
	INSURER B :		
	INSURER C :		
	INSURER D :		
INSURER E :			
INSURER F :			

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

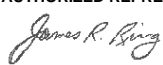
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A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MEPK05915513	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			MEUM05915713	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ Pers & Adv \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

## CERTIFICATE HOLDER

## CANCELLATION

Village of Alden 13336 Broadway St Alden, NY 14004	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

# **Exhibit K**





**Town of Alden**  
Office of the Supervisor  
3311 Wende Road  
Alden, New York 14004

April 3, 2018

Dear EMS Colleague:

I write seeking your support for the Town of Alden's application for permanent ambulance operating authority in the Town and Village of Alden.

In July 2016 the Town of Alden Town Board found an immediate need for the Town to establish and operate a municipal ambulance service within the Town and Village of Alden. A municipal Ambulance Operating Certificate was issued to the Town of Alden EMS on September 16, 2016. Since commencing operations, the Town of Alden EMS has operated its basic life support ambulance service through a contract with Lancaster Volunteer Ambulance Service, Inc. pursuant to General Municipal Law 122-b and has been the primary response for ambulance service, meeting the ambulance service needs of its community.

The initial operating authority for the Town of Alden EMS will expire on August 23, 2018. The Town of Alden application for permanent operating status requires that we obtain letters of support from elected officials, public safety entities, and local healthcare institutions to demonstrate support for our service.

The application process requires that the Town demonstrates "public need" for the issuance of an ambulance operating certificate. "Public Need" is defined as: *the demonstrated absence, reduced availability or inadequate level of care in ambulance or emergency medical service available to a geographical area which is not readily correctable through the reallocation or improvement of existing resources.*

In addition to defining public need, we are required to obtain letters of support from elected officials, public safety entities and local healthcare institutions in order to demonstrate support for the service.

We respectfully request your assistance by providing us with your written statement of support. Letters of support must:

1. Be on your organization's letterhead;
2. Reference receipt of the definition of "public need" as set forth above; and
3. Be signed by your CEO or designee.

We have included a draft letter of support for your use; it merely requires that you print it on your letterhead prior to signature and dating. Please contact me if you would like a copy emailed to you.

We ask that you submit your letter of support as soon as possible and be received by May 1, 2018. You may fax your letter of support to (716) 839-5422 or email to [AldenEMS2018@gmail.com](mailto:AldenEMS2018@gmail.com).

If you have any questions, please contact me at (716) 937-9286 or [richard.savage@alden.erie.gov](mailto:richard.savage@alden.erie.gov).

Thank you for your support!

Very truly yours,

Richard A. Savage, Supervisor  
Town of Alden

April \_\_, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

\_\_\_\_\_  
<signature>

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

Chief Executive Officer or  
title of administrator signing letter



**Town of Alden**  
Office of the Supervisor  
3311 Wende Road  
Alden, New York 14004

**VIA CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

May 18, 2018

Dear EMS Colleague:

I write once again seeking your support for the Town of Alden's application for permanent ambulance operating authority in the Town and Village of Alden.

We previously corresponded with you on April 3, 2018 and have been advised that our letter seeking your support should be mailed by certified mail-return receipt requested in order to prove you have received this letter.

In July 2016 the Town of Alden Town Board found an immediate need for the Town to establish and operate a municipal ambulance service within the Town and Village of Alden. A municipal Ambulance Operating Certificate was issued to the Town of Alden EMS on September 16, 2016. Since commencing operations, the Town of Alden EMS has operated its basic life support ambulance service through a contract with Lancaster Volunteer Ambulance Service, Inc. pursuant to General Municipal Law 122-b and has been the primary response for ambulance service, meeting the ambulance service needs of its community.

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1. Be on your organization's letterhead;
2. Reference receipt of the definition of "public need" as set forth above; and
3. Be signed by your CEO or designee.

We have included a draft letter of support for your use; it merely requires that you print it on your letterhead prior to signature and dating. Please contact me if you would like a copy emailed to you.


If you responded previously, thank you. We apologize for the necessity of this letter. If you responded previously, I would suggest you merely send a copy of your prior letter, since it will be dated within 6 months of our current application. If you have not responded, your support would be very helpful in our application.

We ask that you submit your letter of support as soon as possible and be received by June 15, 2018. You may fax your letter of support to (716) 839-5422 or email to [AldenEMS2018@gmail.com](mailto:AldenEMS2018@gmail.com).

If you have any questions, please contact me at (716) 937-9286 or [richard.savage@alden.erie.gov](mailto:richard.savage@alden.erie.gov).

Thank you for your support!

Very truly yours,

  
Richard A. Savage, Supervisor  
Town of Alden

May \_\_\_, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

\_\_\_\_\_  
<signature>

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

Chief Executive Officer or  
title of administrator signing letter

*Please print on your agency letterhead, insert the date above, sign and print your name below your signature.  
Please return by mail, fax (716-839-5422) or email (AldenEMS2018@gmail.com)*

# **Exhibit L**

**In the matter of:**


**Town of Alden**

**AFFIDAVIT OF MAILING**


**Application for Permanent Operating Certificate**

The undersigned being duly sworn, deposes and says:

1. Deponent is not a party to the above-captioned proceeding, and is over 18 years of age.
2. That on the 5th day of April 2018 deponent mailed the annexed solicitation letter dated April 3, 2018 to all persons or agencies at the addresses for such as stated on the attached list.
3. Such was mailed by depositing a true copy of same enclosed in a first-class postpaid wrapper, addressed to the address designated by a person for that purpose or, if none is designated, at that person's last known address, in a post office or official depository under the exclusive care and custody of the United States Postal Service within the United States.

  
Debra Stelianou

Sworn to before me this 5<sup>th</sup>  
day of April, 2018

  
Notary Public

MARK C. BUTLER  
Notary Public, State of New York  
No. 02BU4840381  
Qualified in Erie County  
Commission Expires July 31, 2021

Chief Executive Officer  
Bertrand Chaffee Hospital  
224 East Main St  
Springville NY 14141

Chief Executive Officer  
Kenmore Mercy Hospital  
2950 Elmwood Avenue  
Kenmore NY 14217

Chief Executive Officer  
Millard Fillmore Suburban  
Hospital  
1540 Maple Road  
Amherst NY 14221

Chief Executive Officer  
Oishei Children's Hospital  
818 Ellicott St  
Buffalo NY 14203

Emergency Department Director  
Erie County Medical Center  
462 Grider Street  
Buffalo NY 14215

Emergency Department Director  
Mercy Hospital-Orchard Park  
Division  
3669 Southwestern Blvd  
Orchard Park NY 14227  
Emergency Department Director  
Sisters of Charity Hospital- St  
Joseph Campus  
2605 Harlem Road  
Cheektowaga NY 14225

Chief Officer  
Alden EMS Department  
13336 Broadway  
Alden NY 14004

Chief Officer  
Bellevue Fire Co.  
511 Como Park Blvd.  
Cheektowaga NY 14227

Chief Officer  
Blossom Volunteer Fire Co.  
1000 North Blossom Road  
Elma NY 14059

Chief Executive Officer  
Buffalo General Medical Center  
Hospital  
100 High Street  
Buffalo NY 14203

Chief Executive Officer  
Mercy Hospital  
565 Abbott Road  
Buffalo NY 14220

Chief Executive Officer  
Sisters of Charity Hospital  
2157 Main Street  
Buffalo NY 14214

Emergency Department Director  
Bertrand Chaffee Hospital  
224 East Main St  
Springville NY 14141

Emergency Department Director  
Kenmore Mercy Hospital  
2950 Elmwood Avenue  
Kenmore NY 14217

Emergency Department Director  
Millard Fillmore Suburban  
Hospital  
1540 Maple Road  
Amherst NY 14221

Emergency Department Director  
Women And Children's Hospital of  
Buffalo  
219 Bryant Street  
Buffalo NY 14222

Chief Officer  
Angola Volunteer Fire Company  
51 Commercial Street  
Angola NY 14006

Chief Officer  
BigTree Volunteer Firemen's  
Co.,Inc.  
4307 South Park Ave.  
Blasdell NY 14219

Chief Officer  
Boston Emergency Squad,Inc.  
8500 Boston State Road  
Boston NY 14025

Chief Executive Officer  
Erie County Medical Center  
462 Grider Street  
Buffalo NY 14215

Chief Executive Officer  
Mercy Hospital-Orchard Park  
Division  
3669 Southwestern Blvd  
Orchard Park NY 14127  
Chief Executive Officer  
Sisters of Charity Hospital-St  
Joseph Campus  
2605 Harlem Road  
Cheektowaga NY 14225

Emergency Department Director  
Buffalo General Medical Center  
100 High Street  
Buffalo NY 14203

Emergency Department Director  
Mercy Hospital  
565 Abbott Road  
Buffalo NY 14220

Emergency Department Director  
Sisters of Charity Hospital  
2157 Main Street  
Buffalo NY 14214

Chief Officer  
Akron Fire Company.  
1 Main Street  
Akron NY 14001

Chief Officer  
Armor Volunteer Fire Co.,Inc.  
P.O. Box 971  
Hamburg NY 14075

Chief Officer  
Blasdell Volunteer Fire  
Dept.,Village  
121 Miriam Ave.  
Blasdell NY 14219

Chief Officer  
Boston Volunteer Fire Co.  
6746 Mill Street  
Boston NY 14025

Chief Officer  
Bowmansville Volunteer Fire  
Assoc.  
36 Main Street  
Bowmansville NY 14026

Chief Officer  
Clarence Center Volunteer Fire  
Co.,Inc.  
9415 Clarence Center Road  
Clarence Center NY 14032

Chief Officer  
Colden Fire District  
8511 Center Street  
Colden NY 14033

Chief Officer  
Crittenden Fire Dept.  
13415 Genesee St.  
Crittenden NY 14038

Chief Officer  
East Aurora Fire Department  
33 Center St.  
East Aurora NY 14052

Chief Officer  
Eden Emergency Squad, Inc.  
2795 E. Church St.  
Eden NY 14057

Chief Officer  
Elma Volunteer Fire Co. Inc.  
2945 Bowen Rd.  
Elma NY 14059

Chief Officer  
Forks Hose Co.  
3330 Broadway  
Cheektowaga NY 14227

Chief Officer  
Grand Island Fire Co. Inc.  
2275 Baseline Road  
Grand Island NY 14072

Chief Officer  
Hlghland Hose Vol. Fire Co., Inc.  
1 George Nablo Parkway  
Derby NY 14047

Chief Officer  
Buffalo City Fire Department  
195 Court Street  
Buffalo NY 14202

Chief Officer  
Clarence Fire Dlst #1  
10355 Main Street  
Clarence NY 14031

Chief Officer  
Collins Center Vol. Fire Company  
3514 Main Street  
Collins Center NY 14035

Chief Officer  
Doyle Hose Co.  
2199 William Street  
Cheektowaga NY 14206

Chief Officer  
East Concord Fire Department,  
Inc.  
9413 Genesee Road  
East Concord NY 14055

Chief Officer  
Eggertsvllle Fire District  
1880 Eggert Road  
Eggertsville NY 14226

Chief Officer  
Evans Center Volunteer Fire Co.  
8298 Erle Rd.  
Angola NY 14006

Chief Officer  
Getzville Fire Co. Inc.  
630 Dodge Road  
Getzville NY 14068

Chief Officer  
Hamburg Volunteer Fire Dept. Inc.  
301 Union Street  
Hamburg NY 14075

Chief Officer  
Holland Fire Dlst.#1  
49 North Main Street  
Holland NY 14080

Chief Officer  
Cattaraugus Indian Reservation  
Vol. Fire Dept.  
12879 Route 438  
Irving NY 14081

Chief Officer  
Cleveland Hill Hose Company  
440 Cleveland Drive  
Cheektowaga NY 14225

Chief Officer  
Collins Volunteer Fire Company  
2365 Main St.  
Collins NY 14034

Chief Officer  
East Amherst Fire Dept. Inc.  
9100 Transit Road  
East Amherst NY 14051

Chief Officer  
East Seneca Volunteer Fire Co.  
100 Leln Road  
West Seneca NY 14224

Chief Officer  
Ellicott Creek Volunteer Fire Co.  
45 South Ellicott Creek Road  
Amherst NY 14228

Chief Officer  
Farnham Volunteer Fire Co. Inc.  
526 Commercial Street  
Farnham NY 14061

Chief Officer  
Gowanda Ambulance Service  
Corp.  
10 Mill Street  
Gowanda NY 14070

Chief Officer  
Harris Hill Volunteer Fire Co. Inc.  
8630 Main Street  
Williamsville NY 14221

Chief Officer  
Hy-View Hose Company  
8 Airport Avenue  
Depew NY 14043



Chief Officer  
Jamison Road Vol Fire Co.,Inc.  
1071 Jamison Road  
Elma NY 14059

Chief Officer  
Lake Erie Beach Vol. Fire Co.,Inc.  
9483 Old Lake Shore Road  
Angola NY 14006

Chief Officer  
Lancaster Volunteer Ambulance  
Corps, Inc.  
40 Embry Place  
Lancaster NY 14086

Chief Officer  
Marilla Fire Company,Inc.  
1950 West Ave.  
Marilla NY 14102

Chief Officer  
Millgrove Volunteer Fire Dept.  
11621 Genesee Street  
Alden NY 14004

Chief Officer  
Newton Abbott Fire Co.,Inc.  
3426 Abbott Road  
Blasdell NY 14219

Chief Officer  
North Boston Fire Co.  
5646 Herman Hill Rd.  
North Boston NY 14110

Chief Officer  
Orchard Park Fire District  
EMS,Inc.  
3920 Taylor Road  
Orchard Park NY 14127

Chief Officer  
Rescue Hose Co.  
20 Pine Ridge Road  
Cheektowaga NY 14221

Chief Officer  
Seneca Hose Fire Co.One  
2801 Seneca Street  
West Seneca NY 14224

Chief Officer  
Kenmore Volunteer Fire Dept.  
16 Nash Road  
Kenmore NY 14218

Chief Officer  
LakeShore Volunteer Fire Co., Inc.  
4591 Lake Shore Road  
Hamburg NY 14075

Chief Officer  
Memorial Vol. Fire Co.of Chaffee  
Sardinia  
12719 West Schutt Rd.  
Sardinia NY 14134

Chief Officer  
Morton Comers Fire Dept  
13363 Mortons Comers Road  
Springville NY 14141

Chief Officer  
North Amherst Fire Co.,Inc.  
2200 Tonawanda Creek Road  
Amherst NY 14228

Chief Officer  
North Collins Emergency  
Squad,Inc.  
2037 Sherman Ave.  
North Collins NY 14111

Chief Officer  
Patchin Fire Co.  
8333 Boston State Rd.  
Boston NY 14025

Chief Officer  
Reserve Hose Fire Co.#1  
2400 Berg Road  
West Seneca NY 14224

Chief Officer  
Sloan Active Hose Co.#1  
55 Gates Avenue  
Sloan NY 14212

Chief Officer  
Lackawanna Fire Dept.  
1630 Abbott Road  
Lackawanna NY 14218

Chief Officer  
Lake View Fire Dept.  
2005 Lake View Rd.  
LakeView NY 14085

Chief Officer  
Main Transit Fire Dept.  
6777 Main Street  
Amherst NY 14221

Chief Officer  
Mercy Flight, Inc.  
100 Amherst Villa Rd.  
Buffalo NY 14225

Chief Officer  
Newstead Volunteer Fire Co., Inc.  
5691 Cummings Road  
Akron NY 14001

Chief Officer  
North Bailey Fire Co.,Inc.  
966 Sweet Home Road  
Amherst NY 14226

Chief Officer  
Orchard Park Fire District  
30 School St  
Orchard Park NY 14127

Chief Officer  
Pine Hill Hose Co.  
2433 Genesee Street  
Cheektowaga NY 14225

Chief Officer  
Scranton Volunteer Fire  
Company,Inc.  
5395 Scranton Road  
Hamburg NY 14075

Chief Officer  
Snyder Fire Dept.  
4531 Main Street  
Snyder NY 14226

Chief Officer  
South Line Fire District No.10.  
1049 French Road  
Cheektowaga NY 14227

Chief Officer  
Springville Volunteer Fire Co., Inc.  
405 W.Main Street  
Springville NY 14141

Chief Officer  
City Tonawanda Fire Dept.  
44 William Street  
Tonawanda NY 14150

Chief Officer  
Twin City Ambulance  
555 Commerce Drive  
Amherst NY 14228

Chief Officer  
Wales Center Vol Fire Co.,Inc.  
12300 Big Tree Rd.  
Wales Center NY 14169

Chief Officer  
West Seneca Fire District #6  
666 Main Street  
West Seneca NY 14224

Chief Officer  
Woodlawn Vol. Fire Co.  
3281 Lake Shore Road  
Blasdell NY 14219

Mayor  
Village of Alden  
13336 Broadway  
Alden NY 14004

Supervisor  
Town of Aurora  
300 Gieed Ave  
East Aurora NY 14052

Supervisor  
Town of Brant  
1272 Brant-North Collins Rd  
Brant NY 14027

Chief Officer  
South Wales Vol Fire Co.,Inc.  
6406 Olean Road  
South Wales NY 14139

Chief Officer  
Swormville Fire Co., Inc.  
6971 Transit Road  
East Amherst NY 14051

Chief Officer  
Town Line Vol Fire Dept.,Inc.  
6507 Broadway  
Lancaster NY 14086

Chief Officer  
Twin District Fire Co.  
4999 William Street  
Lancaster NY 14086

Chief Officer  
West Falls Volunteer Fire Co.,Inc.  
1864 Davis Road  
West Falls NY 14170

Chief Officer  
Winchester Fire co  
514 Harlem Road  
West Seneca NY 14224

Mayor  
Village of Akron  
21 Maln St.  
Akron NY 14001

Supervisor  
Town of Amherst  
5583 Main St.  
Williamsville NY 14221

Mayor  
Village of Blasdell  
121 Miriam Ave.  
Blasdell NY 14219

Mayor  
City of Buffalo  
201 City Hall  
Buffalo NY 14202

Chief Officer  
SpringBrook Fire Dlst.  
70 Pound Road  
SpringBrook NY 14140

Chief Officer  
Tonawanda Emergency Medical  
Unit  
1835 Sheridan Drive  
Kenmore NY 14223

Chief Officer  
AMR  
481 William Gaiter Parkway  
Buffalo NY 14215

Chief Officer  
U-Crest Fire Co.  
225 Clover Place  
Cheektowaga NY 14225

Chief Officer  
West Seneca Fire District #2  
2055 Union Road  
West Seneca NY 14224

Chief Officer  
Williamsville Fire Dept.  
5565 Main Street  
Williamsville NY 14221

Supervisor  
Town of Alden  
3311 Wende Rd.  
Alden NY 14004

Mayor  
Village of Angola  
41 Commercial St.  
Angola NY 14006

Supervisor  
Town of Boston  
8500 Boston State Road  
Boston NY 14025

Supervisor  
Town of Cheektowaga  
3301 Broadway  
Cheektowaga NY 14227

Supervisor  
Town of Clarence  
One Clarence Place  
Clarence NY 14031

Supervisor  
Town of Colden  
P.O. Box 335  
Colden NY 14033

Supervisor  
Town of Collins  
P.O. Box 420  
Collins NY 14034

Supervisor  
Town of Concord  
P.O. Box 368  
Springville NY 14141

Mayor  
Village of Depew  
85 Manitou St.  
Depew NY 14043

Mayor  
Village of East Aurora  
571 Main St.  
East Aurora NY 14052

Supervisor  
Town of Eden  
2795 E.Church St.  
Eden NY 14057

Supervisor  
Town of Elma  
1600 Bowen Rd.  
Elma NY 14059

Supervisor  
Town of Evans  
8787 Erie Rd.  
Angola NY 14006

Mayor  
Village of Gowanda  
27 East Main St.  
Gowanda NY 14070

Supervisor  
Town of Grand Island  
2255 Baseline Rd.  
Grand Island NY 14072

Supervisor  
Town of Hamburg  
6100 South Park Ave.  
Hamburg NY 14075

Mayor  
Village of Hamburg  
100 Main St.  
Hamburg NY 14075

Supervisor  
Town of Holland  
47 Pearl St.  
Holland NY 14080

Mayor  
Village of Kenmore  
2919 Delaware Ave.  
Kenmore NY 14217

Mayor  
City of Lackawanna  
714 Riddle Rd.  
Lackawanna NY 14218

Supervisor  
Town of Lancaster  
21 Central Ave.  
Lancaster NY 14085

Mayor  
Village of Lancaster  
5423 Broadway  
Lancaster NY 14085

Supervisor  
Town of Marilla  
1740 Two Rod Rd.  
Marilla NY 14102

Supervisor  
Town of Newstead  
P.O. Box 227  
Akron NY 14001

Supervisor  
Town of North Collins  
P.O. Box 2  
North Collins NY 14111

Supervisor  
Town of Orchard Park  
4295 South Buffalo St.  
Orchard Park NY 14127

Mayor  
Village of Orchard Park  
4295 South Buffalo St.  
Orchard Park NY 14217

Supervisor  
Town of Sardinia  
12320 Savage Rd.  
Sardinia NY 14134

Mayor  
Village of Sloan  
425 Reiman St.  
Sloan NY 14212

Mayor  
Village of Springville  
P.O. Box 17  
Springville NY 14141

Mayor  
City of Tonawanda  
200 Niagara St.  
Tonawanda NY 14150

Supervisor  
Town of Tonawanda  
2919 Delaware Ave.  
Tonawanda NY 14217

Supervisor  
Town of Wales  
12345 Big Tree Rd.  
Wales Center NY 14169

Supervisor  
Town of West Seneca  
1250 Union Rd.  
West Seneca NY 14224

Mayor  
Village of Williamsville  
5565 Main Street  
Williamsvllle NY 14221

Daniel J. Neaverth,Jr., Comm.  
Erie County Dept of Emergency  
Services  
95 Franklin St.  
Buffalo NY 14202

Gregory Gill, Dep. Comm. of EMS  
Erie County Dept of Emergency  
Services  
3359 Broadway  
Cheektowaga NY 14227

Dr. Joseph Bart  
100 High St  
Buffalo, NY 14203

Dr. Anthony Billittier  
462 Grider Street  
Buffalo NY 14215

Dr. Jennifer Brown  
2605 Harlem Rd.  
Buffalo NY 14225

Dr. Brian Clemency  
100 High St  
Buffalo, NY 14203

Dr. Sam Cloud  
462 Grider Street  
Buffalo NY 14215

Dr. Gregory Collins  
1400 North Main St.  
Warsaw NY 14569

Dr. Lori Hudzlinski  
210 East Main St  
Springville NY 14141

Dr. Thomas Kowalak  
2950 Elmwood Ave  
Kenmore, NY 14217

Dr. Chrlstian Krawczyk  
1 John James Audubon Pkwy #210  
Amherst, NY 14228

Dr. Joshua Lynch  
3085 Southwestern Blvd #204,  
Orchard Park, NY 14127

Dr. Kevin McGee  
100 High St  
Buffalo, NY 14203

Dr. Joseph Takats  
445 Tremont Street  
N. Tonawanda, NY 14120

Dr. Josette Teuscher  
100 High St  
Buffalo, NY 14203

Chief Executive Officer  
United Memorial Medical Center  
127 North Street  
Batavia, NY 14020

Timothy Yaeger, Coordinator  
Genesee Co. Emer. Management  
7690 State Street Rd  
Batavia, NY 14020

Chief Officer  
City of Batavia Fire Dept.  
18 Evans St.  
Batavia, NY 14020

Chief Officer  
Bethany Fire Dept.  
5253 Old Telephone Rd  
E. Bethany, NY 14054

Chief Officer  
Darien Fire Dept.  
PO Box 135  
Darien Center NY 14040

Chief Officer  
East Pembroke Fire Dept.  
PO Box 44  
E. Pembroke, NY 14056

Chief Officer  
LeRoy Fire Dept.  
4 Clay Street  
LeRoy, NY 14482

Chief Officer  
Pembroke Fire Dept  
630 Main Rd  
Corfu, NY 14036

Chief Officer  
Town of Darien  
10569 Alleghany Road  
Darien Center, NY 14040

Chief Executive Officer  
United Memorial Medical Center  
16 Bank Street  
Batavia, NY 14020

Chief Officer  
Alabama Fire Dept.  
2230 Judge Road  
Oakfield NY 14125

Chief Officer  
Town of Batavia Fire Dept.  
PO Box 417  
Batavia, NY 14020

Chief Officer  
Byron Fire Dept.  
PO Box 210  
Byron, NY 14422

Chief Officer  
Darien EMS  
PO Box 135  
Darien Center NY 14040

Chief Officer  
Elba Fire Dept.  
PO Box 58  
Elba, New York 14058

Chief Officer  
Oakfield Fire Dept.  
PO Box 184  
Oakfield, NY 14125

Chief Officer  
South Byron Fire Dept.  
PO Box 30  
S. Byron, NY 14557

Chief Officer  
Town of Pembroke  
1145 Main Road  
Corfu, NY 14036

Chief Executive Officer  
VA Western NY Healthcare System  
222 Richmond Ave  
Batavia, NY 14020

Chief Officer  
Alexander Fire Dept.  
PO Box 336  
Alexander NY 14005

Chief Officer  
Bergen Fire Dept.  
PO Box 428  
Bergen, NY 14416

Chief Officer  
Corfu Fire Dept.  
PO Box 134  
Corfu, NY 14036

Chief Executive Officer  
Darien Lake Theme Park  
9993 Alleghany Rd  
Corfu, NY 14036

Chief Officer  
Indian Falls Fire Dept.  
8030 Allegany Rd.  
Corfu, NY 14036

Chief Officer  
Pavilion Fire Dept  
PO Box 156  
Pavilion NY 14525

Chief Officer  
Stafford Fire Dept.  
PO Box 56  
Stafford, NY 14143

Chief Officer  
Arcade Fire Dept  
P.O. Box 303  
Arcade NY 14009

Chief Officer  
Bliss Fire Dept  
P.O. Box 184  
Bliss NY 14024

Chief Officer  
Gainesville Fire Dept, Inc.  
P.O. Box 353  
Gainesville NY 14066

Chief Officer  
Perry Emergency Ambulance, Inc.  
11 Mill St  
Perry NY 14530

Chief Officer  
Silver Springs Rescue Squad.  
P.O. Box 117  
Silver Springs NY 14550

Chief Officer  
Warsaw Fire Dept. Rescue Squad  
P.O. Box 22  
Warsaw NY 14569

Chief Officer  
Wyoming Co. Community Hospital  
400 North Main St.  
Warsaw NY 14569

Supervisor  
Town of Attica  
914 Route 98  
Attica NY 14001

Supervisor  
Town of Covington  
P.O. Box 445  
Pavilion NY 14525

Supervisor  
Town of Genesee Falls  
6673 Church St  
Portageville NY 14536

Chief Officer  
Attica Fire Department, Inc.  
11 Water St.  
Attica NY 14011

Chief Officer  
Castile Fire Dept  
P.O. Box 338  
Castile NY 14427

Chief Officer  
Harris Corners Fire Dept. Rescue  
Squad  
Route 20A  
Strykersville NY 14145

Chief Officer  
Pike Fire District #1  
P.O. Box 26  
Pike NY 14130

Chief Officer  
Strykersville Vol. Fire Co. Inc.  
P.O. Box 38  
Strykersville NY 14145

Chief Officer  
Wyoming County Emergency  
Services  
51 North Main St.  
Warsaw NY 14569

Emergency Dept Director  
Wyoming Co. Community Hospital  
400 North Main St.  
Warsaw NY 14569

Supervisor  
Town of Bennington  
134 Clinton St.  
Alden NY 14004

Supervisor  
Town of Eagle  
3468 E. Main St.  
Bliss NY 14024

Supervisor  
Town of Java  
2436 McCormick Rd  
North Java NY 14113

Chief Officer  
Bennington Vol. Fire Co., Inc.  
1353 Clinton St.  
Bennington NY 14011

Chief Officer  
Cowlesville Fire Co., Inc.  
361 Clinton St.  
Cowlesville NY 14037

Chief Officer  
North Java Fire Co. Inc.  
P.O. Box 137  
North Java NY 14113

Chief Officer  
Sheldon Vol. Fire Company. Inc.  
996 Centerline Road  
Strykersville NY 14145

Chief Officer  
Varysburg Fire Dept., Inc.  
P.O. Box 638  
Varysburg NY 14167

Chief Officer  
Wyoming Hook & Ladder Co., Inc.  
P.O. Box 36  
Wyoming NY 14595

Supervisor  
Town of Arcade  
6608 E. Arcade Rd  
Arcade NY 14009

Supervisor  
Town of Castile  
53 N. Main St.  
Castile NY 14427

Supervisor  
Town of Gainesville  
5898 School Rd.  
Castile NY 14427

Supervisor  
Town of Middlebury  
712 Transit Rd  
Wyoming NY 14591

Supervisor  
Town of Orangeville  
2916 Orangeville Center Rd.  
Warsaw NY 14569

Supervisor  
Town of Perry  
7618 Route 20A  
Perry NY 14530

Supervisor  
Town of Pike  
4643 Safford Rd.  
Gainesville NY 14066

Supervisor  
Town of Sheldon  
2246 Thomas Rd.  
Varysburg NY 14167

Supervisor  
Town of Warsaw  
172 W. Buffalo St.  
Warsaw NY 14569

Supervisor  
Town of Wethersfield  
5888 Sheppard Rd.  
Bliss NY 14024

Mayor  
Village of Arcade  
17 Church St.  
Arcade NY 14009

Mayor  
Village of Attica  
9 Water St.  
Attica NY 14011

Mayor  
Village of Castile  
53 N. Main St.  
Castile NY 14427

Mayor  
Village of Gainesville  
29 East Street  
Gainesville NY 14066

Mayor  
Village of Perry  
46 N. Main St.  
Perry NY 14530

Mayor  
Village of Silver Springs  
P.O. Box 317  
Silver Springs NY 14550

Mayor  
Village of Warsaw  
P.O. Box 49  
Warsaw NY 14569

Mayor  
Village of Wyoming  
P.O. Box 183  
Wyoming NY 14591

Director  
Wyoming Co. Bureau of Emer.  
Management  
151 N. Main St.  
Warsaw NY 14569

William Streicher, Fire Coord.  
Wyoming Co. Bureau of Emer.  
Management  
151 N. Main St.  
Warsaw NY 14569

**In the matter of:**

**Town of Alden**

**AFFIDAVIT OF MAILING**

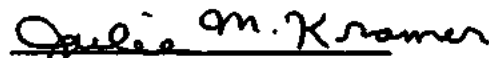
**Application for Permanent Operating Certificate**

The undersigned being duly sworn, deposes and says:

1. Deponent is not a party to the above-captioned proceeding, and is over 18 years of age.
2. That on the 22nd day of May 2018 deponent mailed the annexed solicitation letter dated May 18, 2018 to all persons or agencies at the addresses for such as stated on the attached list.
3. Such was mailed by depositing a true copy of same enclosed in a a postpaid properly addressed wrapper, certified mail, return receipt requested, addressed to the address designated by a person for that purpose or, if none is designated, at that person's last known address, in a post office or official depository under the exclusive care and custody of the United States Postal Service within the United States.

  
Debra Stelianou

Sworn to before me this 30th  
day of May, 2018.

  
Notary Public

Julie M Kramer  
Notary Public State of New York  
No. 01KR6318304  
Qualified in Erie County 19  
Commission Expires 01/26/20



**Chief Executive Officer  
Bertrand Chaffee Hospital  
224 East Main St  
Springville NY 14141**

**Chief Executive Officer  
Kenmore Mercy Hospital  
2950 Elmwood Avenue  
Kenmore NY 14217**

**Chief Executive Officer  
Millard Fillmore Suburban  
Hospital  
1540 Maple Road  
Amherst NY 14221**

**Chief Executive Officer  
Oishei Children's Hospital  
818 Ellicott St  
Buffalo NY 14203**

**Emergency Department Director  
Erie County Medical Center  
462 Grider Street  
Buffalo NY 14215**

**Emergency Department Director  
Mercy Hospital-Orchard Park  
Division  
3669 Southwestern Blvd  
Orchard Park NY 14227**

**Emergency Department Director  
Sisters of Charity Hospital- St  
Joseph Campus  
2605 Harlem Road  
Cheektowaga NY 14225**

**Chief Officer  
Alden EMS Department  
13336 Broadway  
Alden NY 14004**

**Chief Officer  
Bellevue Fire Co.  
511 Como Park Blvd.  
Cheektowaga NY 14227**

**Chief Officer  
Blossom Volunteer Fire Co.  
1000 North Blossom Road  
Elma NY 14059**

**Chief Executive Officer  
Buffalo General Medical Center  
Hospital  
100 High Street  
Buffalo NY 14203**

**Chief Executive Officer  
Mercy Hospital  
565 Abbott Road  
Buffalo NY 14220**

**Chief Executive Officer  
Sisters of Charity Hospital  
2157 Main Street  
Buffalo NY 14214**

**Emergency Department Director  
Bertrand Chaffee Hospital  
224 East Main St  
Springville NY 14141**

**Emergency Department Director  
Kenmore Mercy Hospital  
2950 Elmwood Avenue  
Kenmore NY 14217**

**Emergency Department Director  
Millard Fillmore Suburban  
Hospital  
1540 Maple Road  
Amherst NY 14221**

**Emergency Department Director  
Women And Children's Hospital of  
Buffalo  
219 Bryant Street  
Buffalo NY 14222**

**Chief Officer  
Angola Volunteer Fire Company  
51 Commercial Street  
Angola NY 14006**

**Chief Officer  
BigTree Volunteer Firemen's  
Co.,Inc.  
4307 South Park Ave.  
Blasdell NY 14219**

**Chief Officer  
Boston Emergency Squad,Inc.  
8500 Boston State Road  
Boston NY 14025**

**Chief Executive Officer  
Erie County Medical Center  
462 Grider Street  
Buffalo NY 14215**

**Chief Executive Officer  
Mercy Hospital-Orchard Park  
Division  
3669 Southwestern Blvd  
Orchard Park NY 14127**

**Chief Executive Officer  
Sisters of Charity Hospital-St  
Joseph Campus  
2605 Harlem Road  
Cheektowaga NY 14225**

**Emergency Department Director  
Buffalo General Medical Center  
100 High Street  
Buffalo NY 14203**

**Emergency Department Director  
Mercy Hospital  
565 Abbott Road  
Buffalo NY 14220**

**Emergency Department Director  
Sisters of Charity Hospital  
2157 Main Street  
Buffalo NY 14214**

**Chief Officer  
Akron Fire Company.  
1 Main Street  
Akron NY 14001**

**Chief Officer  
Armor Volunteer Fire Co.,Inc.  
P.O. Box 971  
Hamburg NY 14075**

**Chief Officer  
Blasdell Volunteer Fire  
Dept.,Village  
121 Miriam Ave.  
Blasdell NY 14219**

**Chief Officer  
Boston Volunteer Fire Co.  
6746 Mill Street  
Boston NY 14025**

**Chief Officer**  
**Bowmansville Volunteer Fire**  
**Assoc.**  
**36 Main Street**  
**Bowmansville NY 14026**

**Chief Officer**  
**Clarence Center Volunteer Fire**  
**Co.,Inc.**  
**9415 Clarence Center Road**  
**Clarence Center NY 14032**

**Chief Officer**  
**Colden Fire District**  
**8511 Center Street**  
**Colden NY 14033**

**Chief Officer**  
**Crittenden Fire Dept.**  
**13415 Genesee St.**  
**Crittenden NY 14038**

**Chief Officer**  
**East Aurora Fire Department**  
**33 Center St.**  
**East Aurora NY 14052**

**Chief Officer**  
**Eden Emergency Squad, Inc.**  
**2795 E. Church St.**  
**Eden NY 14057**

**Chief Officer**  
**Elma Volunteer Fire Co. Inc.**  
**2945 Bowen Rd.**  
**Elma NY 14059**

**Chief Officer**  
**Forks Hose Co.**  
**3330 Broadway**  
**Cheektowaga NY 14227**

**Chief Officer**  
**Grand Island Fire Co. Inc.**  
**2275 Baseline Road**  
**Grand Island NY 14072**

**Chief Officer**  
**Highland Hose Vol. Fire Co., Inc.**  
**1 George Nablo Parkway**  
**Derby NY 14047**

**Chief Officer**  
**Buffalo City Fire Department**  
**195 Court Street**  
**Buffalo NY 14202**

**Chief Officer**  
**Clarence Fire Dist #1**  
**10355 Main Street**  
**Clarence NY 14031**

**Chief Officer**  
**Collins Center Vol. Fire Company**  
**3514 Main Street**  
**Collins Center NY 14035**

**Chief Officer**  
**Doyle Hose Co.**  
**2199 William Street**  
**Cheektowaga NY 14206**

**Chief Officer**  
**East Concord Fire Department,**  
**Inc.**  
**9413 Genesee Road**  
**East Concord NY 14055**

**Chief Officer**  
**Eggertsville Fire District**  
**1880 Eggert Road**  
**Eggertsville NY 14226**

**Chief Officer**  
**Evans Center Volunteer Fire Co.**  
**8298 Erie Rd.**  
**Angola NY 14006**

**Chief Officer**  
**Getzville Fire Co. Inc.**  
**630 Dodge Road**  
**Getzville NY 14068**

**Chief Officer**  
**Hamburg Volunteer Fire Dept. Inc.**  
**301 Union Street**  
**Hamburg NY 14075**

**Chief Officer**  
**Holland Fire Dist.#1**  
**49 North Main Street**  
**Holland NY 14080**

**Chief Officer**  
**Cattaraugus Indian Reservation**  
**Vol. Fire Dept.**  
**12879 Route 438**  
**Irving NY 14081**

**Chief Officer**  
**Cleveland Hill Hose Company**  
**440 Cleveland Drive**  
**Cheektowaga NY 14225**

**Chief Officer**  
**Collins Volunteer Fire Company**  
**2365 Main St.**  
**Collins NY 14034**

**Chief Officer**  
**East Amherst Fire Dept. Inc.**  
**9100 Transit Road**  
**East Amherst NY 14051**

**Chief Officer**  
**East Seneca Volunteer Fire Co.**  
**100 Lein Road**  
**West Seneca NY 14224**

**Chief Officer**  
**Ellicott Creek Volunteer Fire Co.**  
**45 South Ellicott Creek Road**  
**Amherst NY 14228**

**Chief Officer**  
**Farnham Volunteer Fire Co. Inc.**  
**526 Commercial Street**  
**Farnham NY 14061**

**Chief Officer**  
**Gowanda Ambulance Service**  
**Corp.**  
**10 Mill Street**  
**Gowanda NY 14070**

**Chief Officer**  
**Harris Hill Volunteer Fire Co. Inc.**  
**8630 Main Street**  
**Williamsville NY 14221**

**Chief Officer**  
**Hy-View Hose Company**  
**8 Airport Avenue**  
**Depew NY 14043**

**Chief Officer**  
**Jamison Road Vol Fire Co.,Inc.**  
**1071 Jamison Road**  
**Elma NY 14059**

**Chief Officer**  
**Lake Erie Beach Vol. Fire Co.,Inc.**  
**9483 Old Lake Shore Road**  
**Angola NY 14006**

**Chief Officer**  
**Lancaster Volunteer Ambulance**  
**Corps, Inc.**  
**40 Embury Place**  
**Lancaster NY 14086**

**Chief Officer**  
**Marilla Fire Company,Inc.**  
**1950 West Ave.**  
**Marilla NY 14102**

**Chief Officer**  
**Millgrove Volunteer Fire Dept.**  
**11621 Genesee Street**  
**Alden NY 14004**

**Chief Officer**  
**Newton Abbott Fire Co.,Inc.**  
**3426 Abbott Road**  
**Blasdell NY 14219**

**Chief Officer**  
**North Boston Fire Co.**  
**5646 Herman Hill Rd.**  
**North Boston NY 14110**

**Chief Officer**  
**Orchard Park Fire District**  
**EMS,Inc.**  
**3920 Taylor Road**  
**Orchard Park NY 14127**

**Chief Officer**  
**Rescue Hose Co.**  
**20 Pine Ridge Road**  
**Cheektowaga NY 14221**

**Chief Officer**  
**Seneca Hose Fire Co.One**  
**2801 Seneca Street**  
**West Seneca NY 14224**

**Chief Officer**  
**Kenmore Volunteer Fire Dept.**  
**16 Nash Road**  
**Kenmore NY 14218**

**Chief Officer**  
**LakeShore Volunteer Fire Co., Inc.**  
**4591 Lake Shore Road**  
**Hamburg NY 14075**

**Chief Officer**  
**Memorial Vol. Fire Co.of Chaffee**  
**Sardinia**  
**12719 West Schutt Rd.**  
**Sardinia NY 14134**

**Chief Officer**  
**Morton Comers Fire Dept**  
**13363 Mortons Comers Road**  
**Springville NY 14141**

**Chief Officer**  
**North Amherst Fire Co.,Inc.**  
**2200 Tonawanda Creek Road**  
**Amherst NY 14228**

**Chief Officer**  
**North Collins Emergency**  
**Squad,Inc.**  
**2037 Sherman Ave.**  
**North Collins NY 14111**

**Chief Officer**  
**Patchin Fire Co.**  
**8333 Boston State Rd.**  
**Boston NY 14025**

**Chief Officer**  
**Reserve Hose Fire Co.#1**  
**2400 Berg Road**  
**West Seneca NY 14224**

**Chief Officer**  
**Sloan Active Hose Co.#1**  
**55 Gates Avenue**  
**Sloan NY 14212**

**Chief Officer**  
**Lackawanna Fire Dept.**  
**1630 Abbott Road**  
**Lackawanna NY 14218**

**Chief Officer**  
**Lake View Fire Dept.**  
**2005 Lake View Rd.**  
**LakeView NY 14085**

**Chief Officer**  
**Main Transit Fire Dept.**  
**6777 Main Street**  
**Amherst NY 14221**

**Chief Officer**  
**Mercy Flight, Inc.**  
**100 Amherst Villa Rd.**  
**Buffalo NY 14225**

**Chief Officer**  
**Newstead Volunteer Fire Co., Inc.**  
**5691 Cummings Road**  
**Akron NY 14001**

**Chief Officer**  
**North Bailey Fire Co.,Inc.**  
**966 Sweet Home Road**  
**Amherst NY 14226**

**Chief Officer**  
**Orchard Park Fire District**  
**30 School St**  
**Orchard Park NY 14127**

**Chief Officer**  
**Pine Hill Hose Co.**  
**2433 Genesee Street**  
**Cheektowaga NY 14225**

**Chief Officer**  
**Scranton Volunteer Fire**  
**Company,Inc.**  
**5395 Scranton Road**  
**Hamburg NY 14075**

**Chief Officer**  
**Snyder Fire Dept.**  
**4531 Main Street**  
**Snyder NY 14226**

**Chief Officer**  
**South Line Fire District No.10.**  
**1049 French Road**  
**Cheektowaga NY 14227**

**Chief Officer**  
**Springville Volunteer Fire Co., Inc.**  
**405 W.Main Street**  
**Springville NY 14141**

**Chief Officer**  
**City Tonawanda Fire Dept.**  
**44 William Street**  
**Tonawanda NY 14150**

**Chief Officer**  
**Twin City Ambulance**  
**555 Commerce Drive**  
**Amherst NY 14228**

**Chief Officer**  
**Wales Center Vol Fire Co.,Inc.**  
**12300 Big Tree Rd.**  
**Wales Center NY 14169**

**Chief Officer**  
**West Seneca Fire District #6**  
**666 Main Street**  
**West Seneca NY 14224**

**Chief Officer**  
**Woodlawn Vol. Fire Co.**  
**3281 Lake Shore Road**  
**Blasdell NY 14219**

**Mayor**  
**Village of Alden**  
**13336 Broadway**  
**Alden NY 14004**

**Supervisor**  
**Town of Aurora**  
**300 Gleed Ave**  
**East Aurora NY 14052**

**Supervisor**  
**Town of Brant**  
**1272 Brant-North Collins Rd**  
**Brant NY 14027**

**Chief Officer**  
**South Wales Vol Fire Co.,Inc.**  
**6406 Olean Road**  
**South Wales NY 14139**

**Chief Officer**  
**Swormville Fire Co., Inc.**  
**6971 Transit Road**  
**East Amherst NY 14051**

**Chief Officer**  
**Town Line Vol Fire Dept.,Inc.**  
**6507 Broadway**  
**Lancaster NY 14086**

**Chief Officer**  
**Twin District Fire Co.**  
**4999 William Street**  
**Lancaster NY 14086**

**Chief Officer**  
**West Falls Volunteer Fire Co.,Inc.**  
**1864 Davis Road**  
**West Falls NY 14170**

**Chief Officer**  
**Winchester Fire co**  
**514 Harlem Road**  
**West Seneca NY 14224**

**Mayor**  
**Village of Akron**  
**21 Main St.**  
**Akron NY 14001**

**Supervisor**  
**Town of Amherst**  
**5583 Main St.**  
**Williamsville NY 14221**

**Mayor**  
**Village of Blasdell**  
**121 Miriam Ave.**  
**Blasdell NY 14219**

**Mayor**  
**City of Buffalo**  
**201 City Hall**  
**Buffalo NY 14202**

**Chief Officer**  
**SpringBrook Fire Dist.**  
**70 Pound Road**  
**SpringBrook NY 14140**

**Chief Officer**  
**Tonawanda Emergency Medical Unit**  
**1835 Sheridan Drive**  
**Kenmore NY 14223**

**Chief Officer**  
**AMR**  
**481 William Gaiter Parkway**  
**Buffalo NY 14215**

**Chief Officer**  
**U-Crest Fire Co.**  
**225 Clover Place**  
**Cheektowaga NY 14225**

**Chief Officer**  
**West Seneca Fire District #2**  
**2055 Union Road**  
**West Seneca NY 14224**

**Chief Officer**  
**Williamsville Fire Dept.**  
**5565 Main Street**  
**Williamsville NY 14221**

**Supervisor**  
**Town of Alden**  
**3311 Wende Rd.**  
**Alden NY 14004**

**Mayor**  
**Village of Angola**  
**41 Commercial St.**  
**Angola NY 14006**

**Supervisor**  
**Town of Boston**  
**8500 Boston State Road**  
**Boston NY 14025**

**Supervisor**  
**Town of Cheektowaga**  
**3301 Broadway**  
**Cheektowaga NY 14227**

**Supervisor  
Town of Clarence  
One Clarence Place  
Clarence NY 14031**

**Supervisor  
Town of Concord  
P.O. Box 368  
Springville NY 14141**

**Supervisor  
Town of Eden  
2795 E.Church St.  
Eden NY 14057**

**Mayor  
Village of Gowanda  
27 East Main St.  
Gowanda NY 14070**

**Mayor  
Village of Hamburg  
100 Main St.  
Hamburg NY 14075**

**Mayor  
City of Lackawanna  
714 Riddle Rd.  
Lackawanna NY 14218**

**Supervisor  
Town of Marilla  
1740 Two Rod Rd.  
Marilla NY 14102**

**Supervisor  
Town of Orchard Park  
4295 South Buffalo St.  
Orchard Park NY 14127**

**Mayor  
Village of Sloan  
425 Reiman St.  
Sloan NY 14212**

**Supervisor  
Town of Tonawanda  
2919 Delaware Ave.  
Tonawanda NY 14217**

**Supervisor  
Town of Colden  
P.O. Box 335  
Colden NY 14033**

**Mayor  
Village of Depew  
85 Manitou St.  
Depew NY 14043**

**Supervisor  
Town of Elma  
1600 Bowen Rd.  
Elma NY 14059**

**Supervisor  
Town of Grand Island  
2255 Baseline Rd.  
Grand Island NY 14072**

**Supervisor  
Town of Holland  
47 Pearl St.  
Holland NY 14080**

**Supervisor  
Town of Lancaster  
21 Central Ave.  
Lancaster NY 14085**

**Supervisor  
Town of Newstead  
P.O. Box 227  
Akron NY 14001**

**Mayor  
Village of Orchard Park  
4295 South Buffalo St.  
Orchard Park NY 14217**

**Mayor  
Village of Springville  
P.O. Box 17  
Springville NY 14141**

**Supervisor  
Town of Wales  
12345 Big Tree Rd.  
Wales Center NY 14169**

**Supervisor  
Town of Collins  
P.O. Box 420  
Collins NY 14034**

**Mayor  
Village of East Aurora  
571 Main St.  
East Aurora NY 14052**

**Supervisor  
Town of Evans  
8787 Erie Rd.  
Angola NY 14006**

**Supervisor  
Town of Hamburg  
6100 South Park Ave.  
Hamburg NY 14075**

**Mayor  
Village of Kenmore  
2919 Delaware Ave.  
Kenmore NY 14217**

**Mayor  
Village of Lancaster  
5423 Broadway  
Lancaster NY 14085**

**Supervisor  
Town of North Collins  
P.O. Box 2  
North Collins NY 14111**

**Supervisor  
Town of Sardinia  
12320 Savage Rd.  
Sardinia NY 14134**

**Mayor  
City of Tonawanda  
200 Niagara St.  
Tonawanda NY 14150**

**Supervisor  
Town of West Seneca  
1250 Union Rd.  
West Seneca NY 14224**

**Mayor  
Village of Williamsville  
5565 Main Street  
Williamsville NY 14221**

**Daniel J. Neaverth, Jr., Comm.  
Erie County Dept of Emergency  
Services  
95 Franklin St.  
Buffalo NY 14202**

**Gregory Gill, Dep. Comm. of EMS  
Erie County Dept of Emergency  
Services  
3359 Broadway  
Cheektowaga NY 14227**

**Dr. Joseph Bart  
100 High St  
Buffalo, NY 14203**

**Dr. Anthony Billittier  
462 Grider Street  
Buffalo NY 14215**

**Dr. Jennifer Brown  
2605 Harlem Rd.  
Buffalo NY 14225**

**Dr. Brian Clemency  
100 High St  
Buffalo, NY 14203**

**Dr. Sam Cloud  
462 Grider Street  
Buffalo NY 14215**

**Dr. Gregory Collins  
1400 North Main St.  
Warsaw NY 14569**

**Dr. Lori Hudzinski  
210 East Main St  
Springville NY 14141**

**Dr. Thomas Kowalak  
2950 Elmwood Ave  
Kenmore, NY 14217**

**Dr. Christian Krawczyk  
1 John James Audubon Pkwy #210  
Amherst, NY 14228**

**Dr. Joshua Lynch  
3085 Southwestern Blvd #204,  
Orchard Park, NY 14127**

**Dr. Kevin McGee  
100 High St  
Buffalo, NY 14203**

**Dr. Joseph Takats  
445 Tremont Street  
N. Tonawanda, NY 14120**

**Dr. Josette Teuscher  
100 High St  
Buffalo, NY 14203**

**Chief Executive Officer  
United Memorial Medical Center  
127 North Street  
Batavia, NY 14020**

**Timothy Yaeger, Coordinator  
Genesee Co. Emer. Management  
7690 State Street Rd  
Batavia, NY 14020**

**Chief Officer  
City of Batavia Fire Dept.  
18 Evans St.  
Batavia, NY 14020**

**Chief Officer  
Bethany Fire Dept.  
5253 Old Telephone Rd  
E. Bethany, NY 14054**

**Chief Officer  
Darien Fire Dept.  
PO Box 135  
Darien Center NY 14040**

**Chief Officer  
East Pembroke Fire Dept.  
PO Box 44  
E. Pembroke, NY 14056**

**Chief Officer  
LeRoy Fire Dept.  
4 Clay Street  
LeRoy, NY 14482**

**Chief Officer  
Pembroke Fire Dept  
630 Main Rd  
Corfu, NY 14036**

**Chief Officer  
Town of Darien  
10569 Alleghany Road  
Darien Center, NY 14040**

**Chief Executive Officer  
United Memorial Medical Center  
16 Bank Street  
Batavia, NY 14020**

**Chief Officer  
Alabama Fire Dept.  
2230 Judge Road  
Oakfield NY 14125**

**Chief Officer  
Town of Batavia Fire Dept.  
PO Box 417  
Batavia, NY 14020**

**Chief Officer  
Byron Fire Dept.  
PO Box 210  
Byron, NY 14422**

**Chief Officer  
Darien EMS  
PO Box 135  
Darien Center NY 14040**

**Chief Officer  
Elba Fire Dept.  
PO Box 58  
Elba, New York 14058**

**Chief Officer  
Oakfield Fire Dept.  
PO Box 184  
Oakfield, NY 14125**

**Chief Officer  
South Byron Fire Dept.  
PO Box 30  
S. Byron, NY 14557**

**Chief Officer  
Town of Pembroke  
1145 Main Road  
Corfu, NY 14036**

**Chief Executive Officer  
VA Western NY Healthcare System  
222 Richmond Ave  
Batavia, NY 14020**

**Chief Officer  
Alexander Fire Dept.  
PO Box 336  
Alexander NY 14005**

**Chief Officer  
Bergen Fire Dept.  
PO Box 428  
Bergen, NY 14416**

**Chief Officer  
Corfu Fire Dept.  
PO Box 134  
Corfu, NY 14036**

**Chief Executive Officer  
Darien Lake Theme Park  
9993 Alleghany Rd  
Corfu, NY 14036**

**Chief Officer  
Indian Falls Fire Dept.  
8030 Allegany Rd.  
Corfu, NY 14036**

**Chief Officer  
Pavillion Fire Dept  
PO Box 156  
Pavillion NY 14525**

**Chief Officer  
Stafford Fire Dept.  
PO Box 56  
Stafford, NY 14143**

**Chief Officer  
Arcade Fire Dept  
P.O. Box 303  
Arcade NY 14009**

**Chief Officer  
Bliss Fire Dept  
P.O. Box 184  
Bliss NY 14024**

**Chief Officer  
Gainesville Fire Dept, Inc.  
P.O. Box 353  
Gainesville NY 14066**

**Chief Officer  
Perry Emergency Ambulance, Inc.  
11 Mill St  
Perry NY 14530**

**Chief Officer  
Silver Springs Rescue Squad.  
P.O. Box 117  
Silver Springs NY 14550**

**Chief Officer  
Warsaw Fire Dept. Rescue Squad  
P.O. Box 22  
Warsaw NY 14569**

**Chief Officer  
Wyoming Co. Community Hospital  
400 North Main St.  
Warsaw NY 14569**

**Supervisor  
Town of Attica  
914 Route 98  
Attica NY 14001**

**Supervisor  
Town of Covington  
P.O. Box 445  
Pavilion NY 14525**

**Supervisor  
Town of Genesee Falls  
6673 Church St  
Portageville NY 14536**

**Chief Officer  
Attica Fire Department, Inc.  
11 Water St.  
Attica NY 14011**

**Chief Officer  
Castile Fire Dept  
P.O. Box 338  
Castile NY 14427**

**Chief Officer  
Harris Corners Fire Dept. Rescue  
Squad  
Route 20A  
Strykersville NY 14145**

**Chief Officer  
Pike Fire District #1  
P.O. Box 26  
Pike NY 14130**

**Chief Officer  
Strykersville Vol. Fire Co. Inc.  
P.O. Box 38  
Strykersville NY 14145**

**Chief Officer  
Wyoming County Emergency  
Services  
51 North Main St.  
Warsaw NY 14569**

**Emergency Dept Director  
Wyoming Co. Community Hospital  
400 North Main St.  
Warsaw NY 14569**

**Supervisor  
Town of Bennington  
134 Clinton St.  
Alden NY 14004**

**Supervisor  
Town of Eagle  
3468 E. Main St.  
Bliss NY 14024**

**Supervisor  
Town of Java  
2436 McCormick Rd  
North Java NY 14113**

**Chief Officer  
Bennington Vol. Fire Co., Inc.  
1353 Clinton St.  
Bennington NY 14011**

**Chief Officer  
Cowlesville Fire Co., Inc.  
361 Clinton St.  
Cowlesville NY 14037**

**Chief Officer  
North Java Fire Co. Inc.  
P.O. Box 137  
North Java NY 14113**

**Chief Officer  
Sheldon Vol. Fire Company, Inc.  
996 Centerline Road  
Strykersville NY 14145**

**Chief Officer  
Varysburg Fire Dept., Inc.  
P.O. Box 638  
Varysburg NY 14167**

**Chief Officer  
Wyoming Hook & Ladder Co., Inc.  
P.O. Box 36  
Wyoming NY 14595**

**Supervisor  
Town of Arcade  
6608 E. Arcade Rd  
Arcade NY 14009**

**Supervisor  
Town of Castile  
53 N. Main St.  
Castile NY 14427**

**Supervisor  
Town of Gainesville  
5898 School Rd.  
Castile NY 14427**

**Supervisor  
Town of Middlebury  
712 Transl Rd  
Wyoming NY 14591**



**Supervisor  
Town of Orangeville  
2916 Orangeville Center Rd.  
Warsaw NY 14569**

**Supervisor  
Town of Sheldon  
2246 Thomas Rd.  
Varysburg NY 14167**

**Mayor  
Village of Arcade  
17 Church St.  
Arcade NY 14009**

**Mayor  
Village of Gainesville  
29 East Street  
Gainesville NY 14066**

**Mayor  
Village of Warsaw  
P.O. Box 49  
Warsaw NY 14569**

**William Streicher, Fire Coord.  
Wyoming Co. Bureau of Emer.  
Management  
151 N. Main St.  
Warsaw NY 14569**

**Supervisor  
Town of Perry  
7618 Route 20A  
Perry NY 14530**

**Supervisor  
Town of Warsaw  
172 W. Buffalo St.  
Warsaw NY 14569**

**Mayor  
Village of Attica  
9 Water St.  
Attica NY 14011**

**Mayor  
Village of Perry  
46 N. Main St.  
Perry NY 14530**

**Mayor  
Village of Wyoming  
P.O. Box 183  
Wyoming NY 14591**

**Supervisor  
Town of Pike  
4643 Safford Rd.  
Gainesville NY 14066**

**Supervisor  
Town of Wethersfield  
5888 Sheppard Rd.  
Bliss NY 14024**

**Mayor  
Village of Castile  
53 N. Main St.  
Castile NY 14427**

**Mayor  
Village of Silver Springs  
P.O. Box 317  
Silver Springs NY 14550**

**Director  
Wyoming Co. Bureau of Emer.  
Management  
151 N. Main St.  
Warsaw NY 14569**

# **Exhibit M**

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 MAY 22 2018  
 AMHERST NY 14226

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

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☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
 Chief Officer  
 Alexander Fire Dept.  
 PO Box 336  
 Alexander NY 14005

Postmark Here  
 SNYDER SQUARE CPU  
 MAY 22 2018  
 AMHERST NY 14226

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7018 0360 0001 1683 8457

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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
 Chief Officer  
 Town of Batavia Fire Dept.  
 PO Box 417  
 Batavia, NY 14020

Postmark Here  
 SNYDER SQUARE CPU  
 MAY 22 2018  
 AMHERST NY 14226

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

7018 0360 0001 1683 7557

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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
 Chief Officer  
 City of Batavia Fire Dept.  
 18 Evans St.  
 Batavia, NY 14020

Postmark Here  
 SNYDER SQUARE CPU  
 MAY 22 2018  
 AMHERST NY 14226

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7018 0360 0001 1683 8365

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate):  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
 Chief Officer  
 Bergen Fire Dept.  
 PO Box 428  
 Bergen, NY 14416

Postmark Here  
 SNYDER SQUARE CPU  
 MAY 22 2018  
 AMHERST NY 14226

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

7018 0360 0001 1683 7580

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate):  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
 Chief Officer  
 Bethany Fire Dept.  
 5253 Old Telephone Rd  
 E. Bethany, NY 14054

Postmark Here  
 SNYDER SQUARE CPU  
 MAY 22 2018  
 AMHERST NY 14226

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

7018 0360 0001 1683 7556

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
East Pembroke Fire Dept.  
PO Box 44  
E. Pembroke, NY 14056

City, State, ZIP+4<sup>®</sup> E. Pembroke, NY 14056

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7018 0360 0001 1683 7573

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Darien Fire Dept.  
PO Box 135  
Darien Center NY 14040

City, State, ZIP+4<sup>®</sup> Darien Center NY 14040

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 0360 0001 1683 8341

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Darien EMS  
PO Box 135  
Darien Center NY 14040

City, State, ZIP+4<sup>®</sup> Darien Center NY 14040

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 0360 0001 1683 8341

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Executive Officer  
Darien Lake Theme Park  
9993 Alleghany Rd  
Corfu, NY 14036

City, State, ZIP+4<sup>®</sup> Corfu, NY 14036

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7018 0360 0001 1683 8358

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Corfu Fire Dept.  
PO Box 134  
Corfu, NY 14036

City, State, ZIP+4<sup>®</sup> Corfu, NY 14036

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7018 0360 0001 1683 8440

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Byron Fire Dept.  
PO Box 210  
Byron, NY 14422

City, State, ZIP+4<sup>®</sup> Byron, NY 14422

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

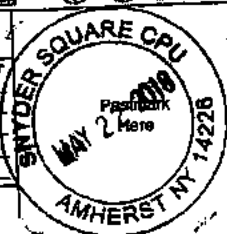
7018 0360 0001 1683 7542

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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To

Chief Officer  
 Pembroke Fire Dept  
 630 Main Rd  
 Corfu, NY 14036

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

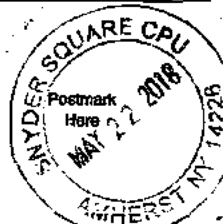
7018 0360 0001 1683 8322

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 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To

Chief Officer  
 Pavilion Fire Dept  
 PO Box 156  
 Pavilion NY 14525

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

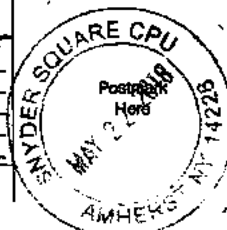
7018 0360 0001 1683 8417

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 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To

Chief Officer  
 Oakfield Fire Dept.  
 PO Box 184  
 Oakfield, NY 14125

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Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To

Chief Officer  
 LeRoy Fire Dept.  
 4 Clay Street  
 LeRoy, NY 14482

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

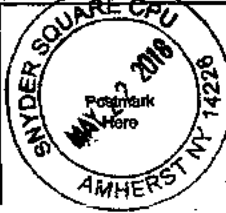
7018 0360 0001 1683 8334

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 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To

Chief Officer  
 Indian Falls Fire Dept.  
 8030 Allegany Rd.  
 Corfu, NY 14036

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

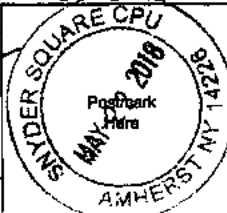
7018 0360 0001 1683 8426

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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To

Chief Officer  
 Elba Fire Dept.  
 PO Box 58  
 Elba, New York 14058

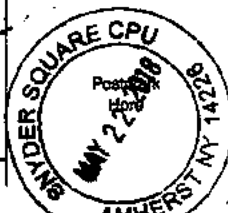
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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47  
Total Postage and Fees \$ 6.67

Sent To Chief Executive Officer  
VA Western NY Healthcare Sy  
222 Richmond Ave  
Batavia, NY 14020

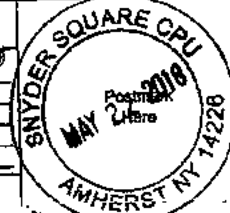
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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47  
Total Postage and Fees \$ 6.67

Sent To Chief Executive Officer  
United Memorial Medical Center  
16 Bank Street  
Batavia, NY 14020

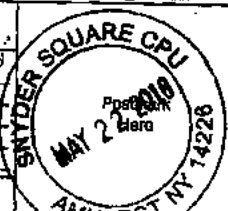
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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47  
Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Town of Darien  
10569 Alleghany Road  
Darien Center, NY 14040

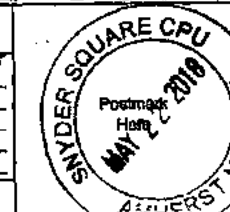
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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47  
Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Town of Pembroke  
1145 Main Road  
Corfu, NY 14036

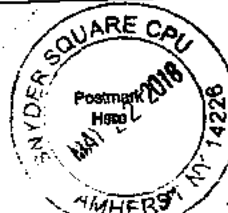
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47  
Total Postage and Fees \$ 6.67

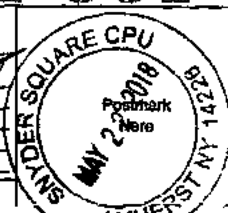
Sent To Chief Officer  
Stafford Fire Dept.  
PO Box 56  
Stafford, NY 14143

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Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47  
Total Postage and Fees \$ 6.67

Sent To Chief Officer  
South Byron Fire Dept.  
PO Box 30  
S. Byron, NY 14557

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0360 0001 1683 7375

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**OFFICIAL USE**

Certified Mail Fee  
\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

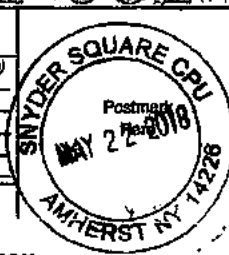
Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Chief Officer  
Bennington Vol. Fire Co., Inc.  
1353 Clinton St.  
Bennington NY 14011

City, State, ZIP+4®  
Bennington NY 14011

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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**OFFICIAL USE**

Certified Mail Fee  
\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

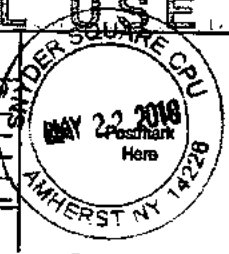
Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Chief Officer  
Arcade Fire Dept  
P.O. Box 303  
Arcade NY 14009

City, State, ZIP+4®  
Arcade NY 14009

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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**OFFICIAL USE**

Certified Mail Fee  
\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

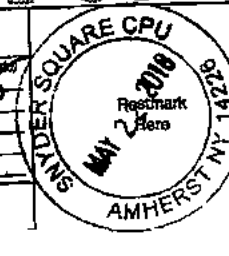
Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Timothy Yaeger, Coordinator  
Genesee Co. Emer. Management  
7690 State Street Rd  
Batavia, NY 14020

City, State, ZIP+4®  
Batavia, NY 14020

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7016 0360 0001 1683 7375

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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

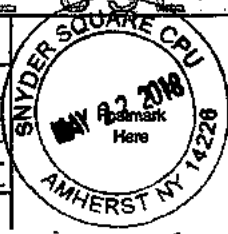
Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Chief Officer  
Bliss Fire Dept  
P.O. Box 184  
Bliss NY 14024

City, State, ZIP+4®  
Bliss NY 14024

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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

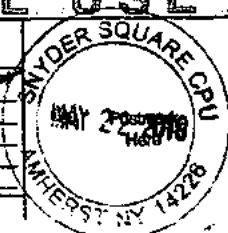
Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Chief Officer  
Attica Fire Department, Inc.  
11 Water St.  
Attica NY 14011

City, State, ZIP+4®  
Attica NY 14011

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7016 0360 0001 1683 7603

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\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

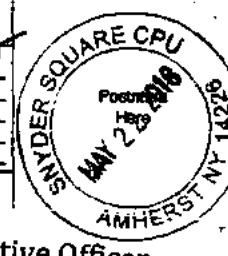
Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Chief Executive Officer  
United Memorial Medical Center  
127 North Street  
Batavia, NY 14020

City, State, ZIP+4®  
Batavia, NY 14020

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Certified Mail Fee  
\$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage  
\$ .47  
Total Postage and Fees  
\$ 6.67  
Sent To

Chief Officer  
North Java Fire Co. Inc.  
P.O. Box 137  
North Java NY 14113

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Certified Mail Fee  
\$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage  
\$ .47  
Total Postage and Fees  
\$ 6.67  
Sent To

Chief Officer  
Perry Emergency Ambulance, Inc.  
11 Mill St  
Perry NY 14530

PS Form 3800, April 2015 PSN 7530-02-000-0247

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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage  
\$ .47  
Total Postage and Fees  
\$ 6.67  
Sent To

Chief Officer  
Gainesville Fire Dept, Inc.  
P.O. Box 353  
Gainesville NY 14066

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\$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage  
\$ .47  
Total Postage and Fees  
\$ 6.67  
Sent To

Chief Officer  
Harris Corners Fire Dept. Rescue  
Squad  
Route 20A  
Strykersville NY 14145

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\$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage  
\$ .47  
Total Postage and Fees  
\$ 6.67  
Sent To

Chief Officer  
Cowlesville Fire Co., Inc.  
361 Clinton St.  
Cowlesville NY 14037

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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage  
\$ .47  
Total Postage and Fees  
\$ 6.67  
Sent To

Chief Officer  
Castile Fire Dept  
P.O. Box 338  
Castile NY 14427

PS Form 3800, April 2015 PSN 7530-02-000-0247

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7010 0960 1000 1681 6927 5522

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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47  
Total Postage and Fees  
\$ 6.67

Sent To **Chief Officer**  
**Varysburg Fire Dept., Inc.**  
Street and Apt. No., or P.O. Box 638  
City, State, ZIP+4® **Varysburg NY 14167**

PS Form 3800, April 2013 PSN 7530-02-000-9001

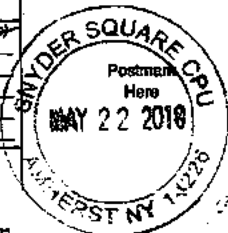
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Certified Mail Fee  
\$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47  
Total Postage and Fees  
\$ 6.67

Sent To **Chief Officer**  
**Warsaw Fire Dept. Rescue Squad**  
Street and Apt. No., or P.O. Box 22  
City, State, ZIP+4® **Warsaw NY 14569**

PS Form 3800, April 2013 PSN 7530-02-000-9001

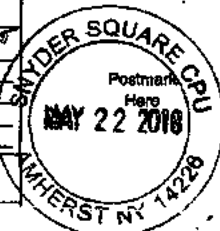
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Certified Mail Fee  
\$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47  
Total Postage and Fees  
\$ 6.67

Sent To **Chief Officer**  
**Silver Springs Rescue Squad.**  
Street and Apt. No., or P.O. Box 117  
City, State, ZIP+4® **Silver Springs NY 14550**

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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47  
Total Postage and Fees  
\$ 6.67

Sent To **Chief Officer**  
**Strykersville Vol. Fire Co. Inc.**  
Street and Apt. No., or P.O. Box 38  
City, State, ZIP+4® **Strykersville NY 14145**

PS Form 3800, April 2013 PSN 7530-02-000-9001

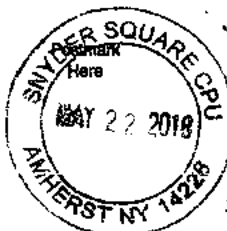
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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47  
Total Postage and Fees  
\$ 6.67

Sent To **Chief Officer**  
**Sheldon Vol. Fire Company, Inc.**  
Street and Apt. No., or P.O. Box 996 Centerline Road  
City, State, ZIP+4® **Strykersville NY 14145**

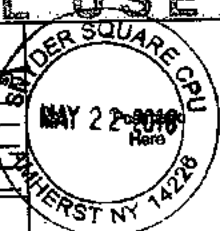
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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47  
Total Postage and Fees  
\$ 6.67

Sent To **Chief Officer**  
**Pike Fire District #1**  
Street and Apt. No., or P.O. Box 26  
City, State, ZIP+4® **Pike NY 14130**

4052 6947 1000 0960 9107

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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To  
 Supervisor  
 Town of Attica  
 914 Route 98  
 Attica NY 14001

City, State, ZIP+4®  
 Attica NY 14001

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5042 6947 1000 0960 9107

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 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
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☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

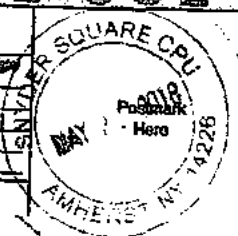
Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To  
 Supervisor  
 Town of Bennington  
 134 Clinton St.  
 Alden NY 14004

City, State, ZIP+4®  
 Alden NY 14004

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Certified Mail Fee  
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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

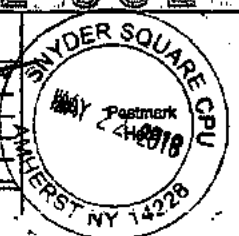
Postage  
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Total Postage and Fees  
 \$ 6.67

Sent To  
 Supervisor  
 Town of Arcade  
 6608 E. Arcade Rd  
 Arcade NY 14009

City, State, ZIP+4®  
 Arcade NY 14009

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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

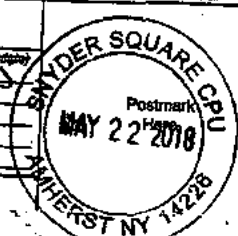
Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To  
 Mayor  
 Village of Attica  
 9 Water St.  
 Attica NY 14011

City, State, ZIP+4®  
 Attica NY 14011

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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

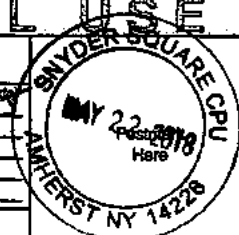
Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To  
 Chief Officer  
 Wyoming Hook & Ladder Co., Inc.  
 P.O. Box 36  
 Wyoming NY 14595

City, State, ZIP+4®  
 Wyoming NY 14595

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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

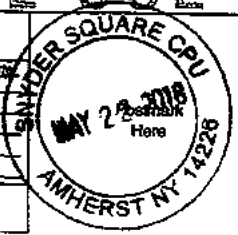
Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To  
 Mayor  
 Village of Arcade  
 17 Church St.  
 Arcade NY 14009

City, State, ZIP+4®  
 Arcade NY 14009

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Extra Services & Fees (check box, add fee as appropriate)  
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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Mayor  
Village of Gainesville  
Street and Apt. No., or PO  
29 East Street  
City, State, ZIP+4<sup>®</sup>  
Gainesville NY 14066

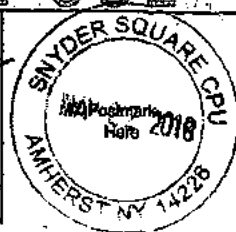
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Extra Services & Fees (check box, add fee as appropriate)  
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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Supervisor  
Town of Gainesville  
Street and Apt. No., or PO  
5898 School Rd.  
City, State, ZIP+4<sup>®</sup>  
Castile NY 14427

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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Supervisor  
Town of Covington  
Street and Apt. No., or PO  
P.O. Box 445  
City, State, ZIP+4<sup>®</sup>  
Pavilion NY 14525

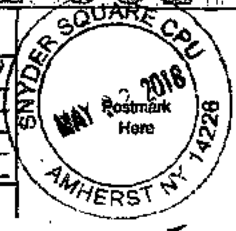
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Certified Mail Fee  
\$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Supervisor  
Town of Eagle  
Street and Apt. No., or PO  
3468 E. Main St.  
City, State, ZIP+4<sup>®</sup>  
Bliss NY 14024

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Certified Mail Fee  
\$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Mayor  
Village of Castile  
Street and Apt. No., or PO  
53 N. Main St.  
City, State, ZIP+4<sup>®</sup>  
Castile NY 14427

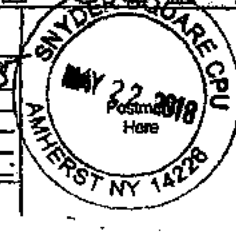
PS Form 3800, April 2015

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OFFICIAL USE

Certified Mail Fee  
\$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Supervisor  
Town of Castile  
Street and Apt. No., or PO  
53 N. Main St.  
City, State, ZIP+4<sup>®</sup>  
Castile NY 14427

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

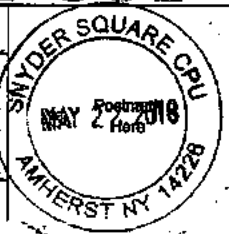
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Supervisor  
 Town of Perry  
 7618 Route 20A  
 Perry NY 14530

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047



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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Mayor  
 Village of Perry  
 46 N. Main St.  
 Perry NY 14530

City, State, ZIP+4®

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

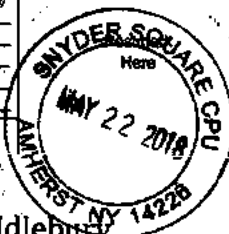
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Supervisor  
 Town of Middlebury  
 712 Transit Rd  
 Wyoming NY 14591

City, State, ZIP+4®

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

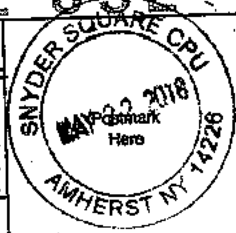
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Supervisor  
 Town of Orangeville  
 2916 Orangeville Center Rd.  
 Warsaw NY 14569

City, State, ZIP+4®

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

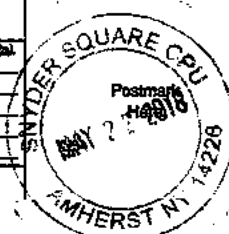
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Supervisor  
 Town of Java  
 2436 McCormick Rd  
 North Java NY 14113

City, State, ZIP+4®

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

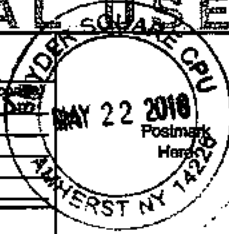
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Supervisor  
 Town of Genesee Falls  
 6673 Church St  
 Portageville NY 14536

City, State, ZIP+4®

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ 47  
 Total Postage and Fees \$ 6.67

Sent To Supervisor  
Town of Wethersfield  
5888 Sheppard Rd.  
Bliss NY 14024

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7018 0360 0000 1683 7702

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ 47  
 Total Postage and Fees \$ 6.67

Sent To Supervisor  
Town of Warsaw  
172 W. Buffalo St.  
Warsaw NY 14569

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7018 0360 0000 1683 7733

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ 47  
 Total Postage and Fees \$ 6.67

Sent To Mayor  
Village of Warsaw  
P.O. Box 49  
Warsaw NY 14569

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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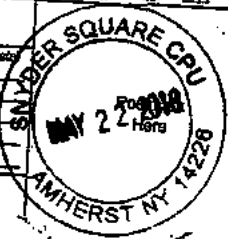
**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ 47  
 Total Postage and Fees \$ 6.67

Sent To Mayor  
Village of Silver Springs  
P.O. Box 317  
Silver Springs NY 14550

PS Form 3800, April 2015 PSN 7530-02-000-9047



7018 0360 0000 1683 7764

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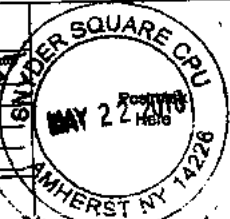
For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ 47  
 Total Postage and Fees \$ 6.67

Sent To Supervisor  
Town of Sheldon  
2246 Thomas Rd.  
Varysburg NY 14167



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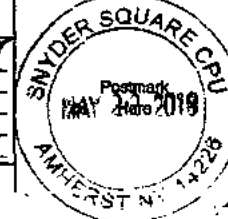
**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ 47  
 Total Postage and Fees \$ 6.67

Sent To Supervisor  
Town of Pike  
4643 Safford Rd.  
Gainesville NY 14066

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Certified Mail Fee  
 \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
 \$ .47  
 Total Postage and Fees  
 \$ 6.67

Sent To Chief Officer  
Wyoming Co. Community Hospita  
400 North Main St.  
Warsaw NY 14569

PS Form 3800, April 2015 PSN 7530-02-000-9047

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Certified Mail Fee  
 \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
 \$ .47  
 Total Postage and Fees  
 \$ 6.67

Sent To William Streicher, Fire Coord.  
Wyoming Co. Bureau of Emer.  
Management  
151 N. Main St.  
Warsaw NY 14569

PS Form 3800, April 2015 PSN 7530-02-000-9047

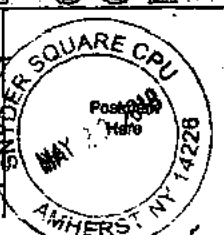
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**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
 \$ .47  
 Total Postage and Fees  
 \$ 6.67

Sent To Emergency Dept Director  
Wyoming Co. Community Hospit  
400 North Main St.  
Warsaw NY 14569

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for instructions

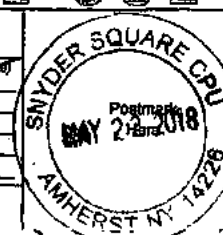
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Certified Mail Fee  
 \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
 \$ .47  
 Total Postage and Fees  
 \$ 6.67

Sent To Director  
Wyoming Co. Bureau of Emer.  
Management  
151 N. Main St.  
Warsaw NY 14569

PS Form 3800, April 2015 PSN 7530-02-000-9047

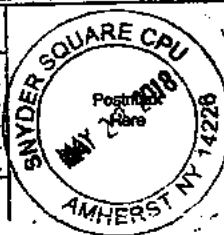
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Certified Mail Fee  
 \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
 \$ .47  
 Total Postage and Fees  
 \$ 6.67

Sent To Chief Officer  
Wyoming County Emergency  
Services  
51 North Main St.  
Warsaw NY 14569

PS Form 3800, April 2015 PSN 7530-02-000-9047

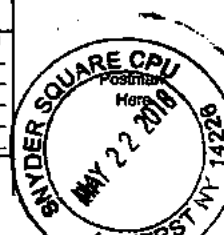
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**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
 \$ .47  
 Total Postage and Fees  
 \$ 6.67

Sent To Mayor  
Village of Wyoming  
P.O. Box 183  
Wyoming NY 14591

PS Form 3800, April 2015 PSN 7530-02-000-9047

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

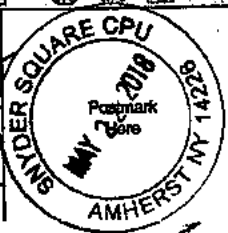
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Elma Vol. Fire Co. Inc.  
2945 Bowen Rd.  
Elma NY 14059

Street and Apt. No., or PO Box  
City, State, ZIP+4®

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Blossom Vol. Fire Co.  
1000 North Blossom Road  
Elma NY 14059

Street and Apt. No., or PO Box  
City, State, ZIP+4®

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Bellevue Fire Co.  
511 Como Park Blvd.  
Cheektowaga NY 14227

Street and Apt. No., or PO Box  
City, State, ZIP+4®

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Scranton Vol. Fire Company, Inc.  
5395 Scranton Road  
Hamburg NY 14075

Street and Apt. No., or PO Box  
City, State, ZIP+4®

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

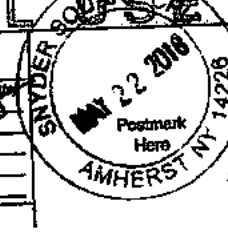
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Evans Center Vol. Fire Co.  
8298 Erle Rd.  
Angola NY 14006

Street and Apt. No., or PO Box  
City, State, ZIP+4®

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

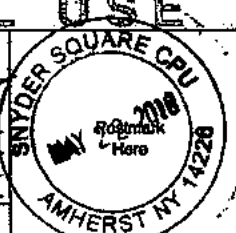
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Hamburg Vol. Fire Dept. Inc.  
301 Union Street  
Hamburg NY 14075

Street and Apt. No., or PO Box  
City, State, ZIP+4®

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7018 0360 0001 1683 6873

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

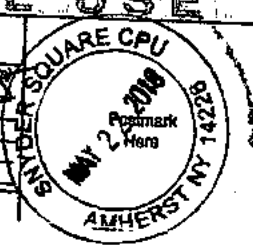
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Doyle Hose Co.  
2199 William Street  
Cheektowaga NY 14206

City, State, ZIP+4®

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

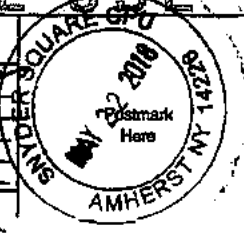
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
East Concord Fire Department,  
Inc.  
9413 Genesee Road  
East Concord NY 14055

City, State, ZIP+4®

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

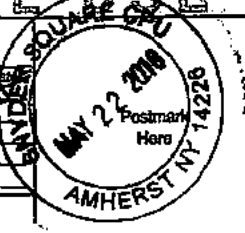
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Buffalo City Fire Department  
195 Court Street  
Buffalo NY 14202

City, State, ZIP+4®

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

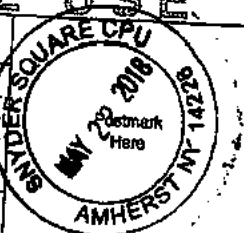
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Executive Officer  
Mercy Hospital-Orchard Park  
Division  
3669 Southwestern Blvd  
Orchard Park NY 14127

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

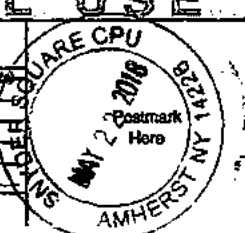
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Clarence Fire Dist #1  
10355 Main Street  
Clarence NY 14031

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Emergency Dept Director  
Millard Fillmore Suburban  
Hospital  
1540 Maple Road  
Amherst NY 14221

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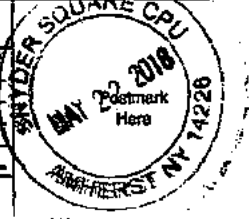
**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47  
 Total Postage and Fees \$ 6.67

Sent To **Chief Executive Officer**  
**Erie County Medical Center**  
 Street and Apt. No., or PO Box **462 Grider Street**  
 City, State, ZIP+4® **Buffalo NY 14215**

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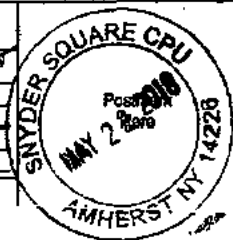
**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47  
 Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Eden Emergency Squad, Inc.**  
 Street and Apt. No., or PO Box **2795 E. Church St.**  
 City, State, ZIP+4® **Eden NY 14057**

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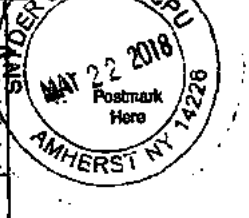
**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47  
 Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Cleveland Hill Hose Company**  
 Street and Apt. No., or PO Box **440 Cleveland Drive**  
 City, State, ZIP+4® **Cheektowaga NY 14225**

PS Form 3800, April 2015



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Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47  
 Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Grand Island Fire Co. Inc.**  
 Street and Apt. No., or PO Box **2275 Baseline Road**  
 City, State, ZIP+4® **Grand Island NY 14072**

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Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47  
 Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Cattaraugus Indian Reservation**  
 Street and Apt. No., or PO Box **Vol. Fire Dept.**  
 City, State, ZIP+4® **12879 Route 438**  
**Irving NY 14081**



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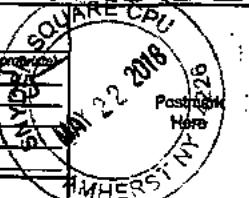
**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47  
 Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Holland Fire Dist. #1**  
 Street and Apt. No., or PO Box **49 North Main Street**  
 City, State, ZIP+4® **Holland NY 14080**

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

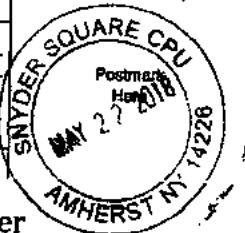
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**BigTree Vol. Firemen's Co., Inc.**  
Street and Apt. No., or PO Box **4112 Big Tree Rd**  
City, State, ZIP+4® **Hamburg NY 14075**

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

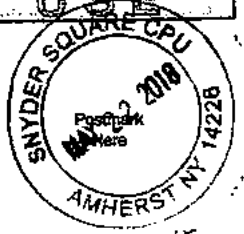
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**East Aurora Fire Department**  
Street and Apt. No., or PO Box **33 Center St.**  
City, State, ZIP+4® **East Aurora NY 14052**

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

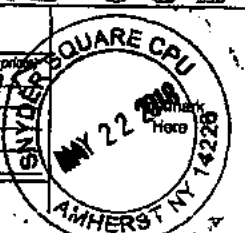
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Emergency Dept Director**  
**Oishei Children's Hospital**  
Street and Apt. No., or PO Box **818 Ellicott St**  
City, State, ZIP+4® **Buffalo NY 14203**

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

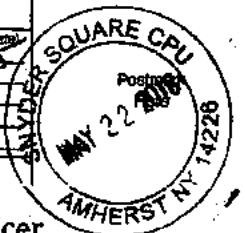
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Angola Vol. Fire Company**  
Street and Apt. No., or PO Box **51 Commercial Street**  
City, State, ZIP+4® **Angola NY 14006**

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

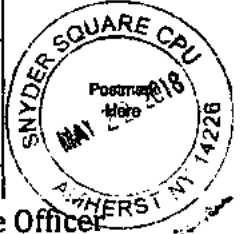
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Executive Officer**  
**Sisters of Charity Hospital-St**  
**Joseph Campus**  
Street and Apt. No., or PO Box **2605 Harlem Road**  
City, State, ZIP+4® **Cheektowaga NY 14225**

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

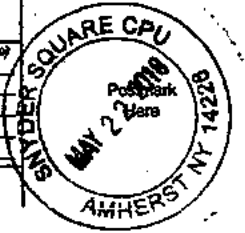
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Hghland Hose Vol. Fire Co., Inc.**  
Street and Apt. No., or PO Box **1 George Nablo Parkway**  
City, State, ZIP+4® **Derby NY 14047**

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Certified Mail Fee  
 \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To

Street and Apt. No., or POB

City, State, ZIP+4®

Gregory Gill, Dep. Comm. EMS  
 Erie County Dept of Emergency  
 Services  
 3359 Broadway  
 Cheektowaga NY 14227

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Certified Mail Fee  
 \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To

Street and Apt. No., or POB

City, State, ZIP+4®

Chief Officer  
 Snyder Fire Dept.  
 4531 Main Street  
 Snyder NY 14226

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See Reverse for Instructions

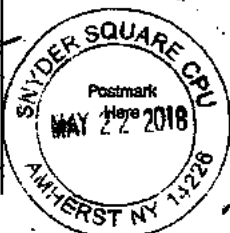
7018 0360 0001 1683 6408

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Certified Mail Fee  
 \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To

Street and Apt. No., or POB

City, State, ZIP+4®

Chief Officer  
 South Line Fire District No. 10  
 1049 French Road  
 Cheektowaga NY 14227

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

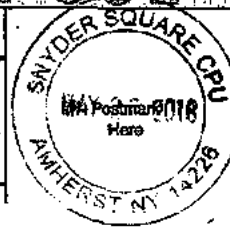
7018 0360 0001 1683 6327

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Certified Mail Fee  
 \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To

Street and Apt. No., or POB

City, State, ZIP+4®

Chief Officer  
 Springville Vol. Fire Co., Inc.  
 405 W. Main Street  
 Springville NY 14141

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See Reverse for Instructions

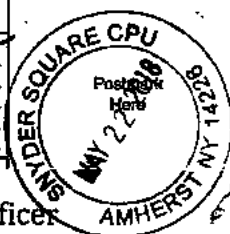
7018 0360 0001 1683 6369

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Certified Mail Fee  
 \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To

Street and Apt. No., or POB

City, State, ZIP+4®

Chief Officer  
 Forks Hose Co.  
 3330 Broadway  
 Cheektowaga NY 14227

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Certified Mail Fee  
 \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To

Street and Apt. No., or POB

City, State, ZIP+4®

Chief Officer  
 Crittenden Fire Dept.  
 13415 Genesee St.  
 Crittenden NY 14038

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7018 0960 0900 1000 1683 7162

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**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To **Dr. Jennifer Brown**  
 2605 Harlem Rd.  
 Buffalo NY 14225

Postmark  
 SNYDER SQUARE CPU  
 MAY 22 2018  
 AMHERST NY 14228

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Certified Mail Fee  
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To **Dr. Kevin McGee**  
 100 High St  
 Buffalo NY 14203

Postmark  
 SNYDER SQUARE CPU  
 MAY 22 2018  
 AMHERST NY 14228

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 0960 0900 1000 1683 7162

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Certified Mail Fee  
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To **Dr. Michael O'Brien**  
 85 High St  
 Buffalo NY 14203

Postmark  
 SNYDER SQUARE CPU  
 MAY 22 2018  
 AMHERST NY 14228

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee  
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To **Dr. Johanna Innes**  
 462 Grider Street  
 Buffalo NY 14215

Postmark  
 SNYDER SQUARE CPU  
 MAY 22 2018  
 AMHERST NY 14228

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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**OFFICIAL USE**

Certified Mail Fee  
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To **Dr. Gregory Collins**  
 1400 North Main St.  
 Warsaw NY 14569

Postmark  
 SNYDER SQUARE CPU  
 MAY 22 2018  
 AMHERST NY 14228

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Certified Mail Fee  
 \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$ .47

Total Postage and Fees  
 \$ 6.67

Sent To **Dr. Jason Borton**  
 875 Ellicott Street  
 Buffalo, NY 14203

Postmark  
 SNYDER SQUARE CPU  
 MAY 22 2018  
 AMHERST NY 14228

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Certified Mail Fee  
\$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47

Total Postage and Fees  
\$ 6.67  
Sent To  
Supervisor  
Town of Evans

Street and Apt. No., or P  
8787 Erie Rd.  
City, State, ZIP+4®  
Angola NY 14006

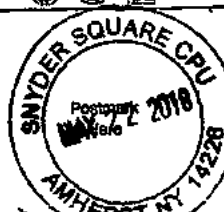
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee  
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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47

Total Postage and Fees  
\$ 6.67  
Sent To  
Supervisor  
Town of Wales

Street and Apt. No., or P  
12345 Big Tree Rd.  
City, State, ZIP+4®  
Wales Center NY 14169

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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47

Total Postage and Fees  
\$ 6.67  
Sent To  
Dr. Joseph Bart

Street and Apt. No., or P  
100 High St  
City, State, ZIP+4®  
Buffalo NY 14203

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Certified Mail Fee  
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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47

Total Postage and Fees  
\$ 6.67  
Sent To  
Supervisor  
Town of Collins

Street and Apt. No., or P  
P.O. Box 420  
City, State, ZIP+4®  
Collins NY 14034

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Certified Mail Fee  
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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47

Total Postage and Fees  
\$ 6.67  
Sent To  
Dr. Joseph Takats

Street and Apt. No., or P  
445 Tremont Street  
City, State, ZIP+4®  
N. Tonawanda NY 14120

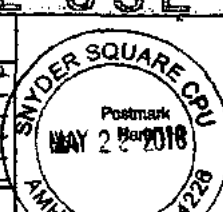
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Certified Mail Fee  
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Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage  
\$ .47

Total Postage and Fees  
\$ 6.67  
Sent To  
Dr. Alexander Ljungberg

Street and Apt. No., or P  
100 High St  
City, State, ZIP+4®  
Buffalo NY 14203

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 Extra Services & Fees (check box, add fees as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

\$ .47

Total Postage and Fee

\$ 6.67

Sent To

Mayor

Village of Kenmore

Street and Apt. No., or

2919 Delaware Ave.

City, State, ZIP+4<sup>®</sup>

Kenmore NY 14217

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 Extra Services & Fees (check box, add fees as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

\$ .67

Total Postage and Fee

\$ 6.67

Sent To

Supervisor

Town of North Collins

Street and Apt. No., or

P.O. Box 2

City, State, ZIP+4<sup>®</sup>

North Collins NY 14111

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 Extra Services & Fees (check box, add fees as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

\$ .47

Total Postage and Fee

\$ 6.67

Sent To

Supervisor

Town of Sardinia

Street and Apt. No., or

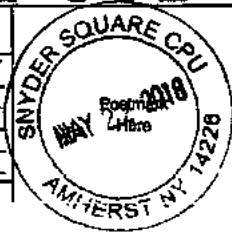
12320 Savage Rd.

City, State, ZIP+4<sup>®</sup>

Sardinia NY 14134

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 Extra Services & Fees (check box, add fees as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

\$ .47

Total Postage and Fee

\$ 6.67

Sent To

Mayor

Village of Lancaster

Street and Apt. No., or

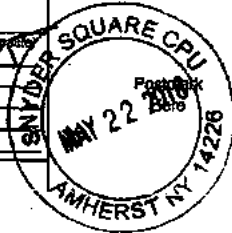
5423 Broadway

City, State, ZIP+4<sup>®</sup>

Lancaster NY 14085

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Certified Mail Fee  
 \$ 3.45  
 Extra Services & Fees (check box, add fees as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

\$ .47

Total Postage and Fee

\$ 6.67

Sent To

Supervisor

Town of Hamburg

Street and Apt. No., or

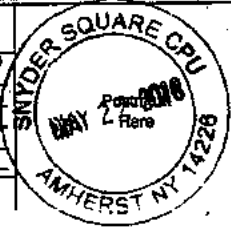
6100 South Park Ave.

City, State, ZIP+4<sup>®</sup>

Hamburg NY 14075

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 Extra Services & Fees (check box, add fees as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

\$ .47

Total Postage and Fee

\$ 6.67

Sent To

Mayor

Village of East Aurora

Street and Apt. No., or

571 Main St.

City, State, ZIP+4<sup>®</sup>

East Aurora NY 14052

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Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Orchard Park Fire District**  
**30 School St**  
**Orchard Park NY 14127**

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Dr. Anthony Billittier**  
**462 Grider Street**  
**Buffalo NY 14215**

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Daniel Neaverth Jr, Comm.**  
**Erie County Dept of Emergency**  
**Services**  
**95 Franklin St.**  
**Buffalo NY 14202**

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**North Bailey Fire Co., Inc.**  
**966 Sweet Home Road**  
**Amherst NY 14226**

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Mayor**  
**Village of Williamsville**  
**5565 Main Street**  
**Williamsville NY 14221**

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Mayor**  
**City of Tonawanda**  
**200 Niagara St.**  
**Tonawanda NY 14150**

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Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
 Lackawanna Fire Dept.  
 Street and Apt. No., or P.O. 1630 Abbott Road  
 Lackawanna NY 14218  
 City, State, ZIP+4®

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Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
 East Seneca Vol. Fire Co.  
 Street and Apt. No., or P.O. Box 100 Leln Road  
 West Seneca NY 14224  
 City, State, ZIP+4®

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Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
 Collins Vol. Fire Company  
 Street and Apt. No., or P.O. Box 2365 Main St.  
 Collins NY 14034  
 City, State, ZIP+4®

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Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
 Reserve Hose Fire Co. #1  
 Street and Apt. No., or P.O. Box 2400 Berg Road  
 West Seneca NY 14224  
 City, State, ZIP+4®

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**OFFICIAL USE**

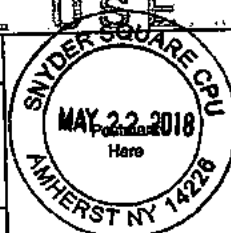
Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
 Newstead Vol. Fire Co., Inc.  
 Street and Apt. No., or P.O. Box 5691 Cummings Road  
 Akron NY 14001  
 City, State, ZIP+4®

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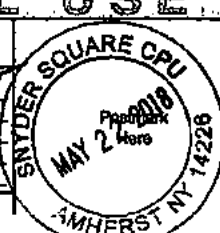
Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
 Mercy Flight, Inc.  
 Street and Apt. No., or P.O. Box 100 Amherst Villa Rd.  
 Buffalo NY 14225  
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-99-17





7018 0360 0001 1683 6217

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To

Chief Officer  
 Hy-View Hose Company  
 8 Airport Avenue  
 Depew NY 14043

PS Form 3800, April 2015 PSN 7530-02-000-9047

7018 0360 0001 1683 6202

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

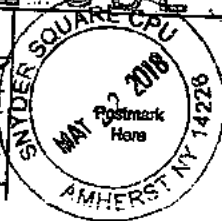
☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To

Chief Officer  
 Jamison Road Vol. Fire Co., Inc.  
 1071 Jamison Road  
 Elma NY 14059

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

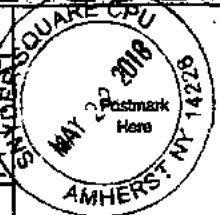
☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To

Chief Officer  
 East Amherst Fire Dept. Inc.  
 9100 Transit Road  
 East Amherst NY 14051

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

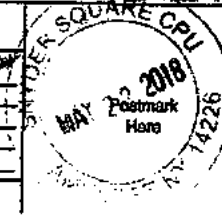
☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To

Chief Officer  
 Gowanda Ambulance Service Corp.  
 10 Mill Street  
 Gowanda NY 14070

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

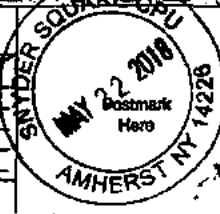
☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To

Chief Officer  
 Clarence Center Vol. Fire Co., Inc.  
 9415 Clarence Center Rd  
 Clarence Center NY 14032

PS Form 3800, April 2015 PSN 7530-02-000-9047

7018 0360 0001 1683 6449

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

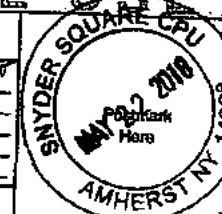
☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To

Chief Officer  
 Colden Fire District  
 8511 Center Street  
 Colden NY 14033

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

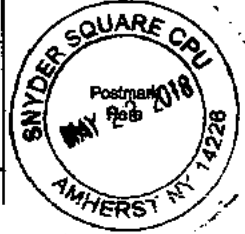
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
Chief Officer  
Lake View Fire Dept.  
2005 Lake View Rd.  
Lakeview NY 14085

City, State, ZIP+4<sup>®</sup>

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
Supervisor  
Town of Aurora  
300 Gieed Ave  
East Aurora NY 14052

City, State, ZIP+4<sup>®</sup>

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

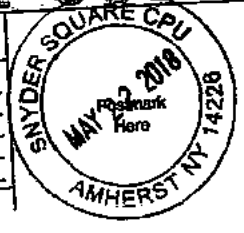
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
Mayor  
Village of Alden  
13336 Broadway  
Alden NY 14004

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

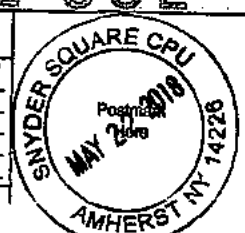
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
Chief Officer  
Woodlawn Vol. Fire Co.  
3281 Lake Shore Road  
Blasdell NY 14219

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

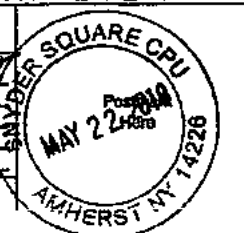
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
Chief Officer  
Pine Hill Hose Co.  
2433 Genesee Street  
Cheektowaga NY 14225

City, State, ZIP+4<sup>®</sup>

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

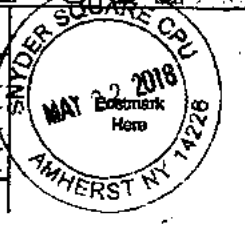
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
Chief Officer  
Harris Hill Vol. Fire Co. Inc.  
8630 Main Street  
Williamsville NY 14221

City, State, ZIP+4<sup>®</sup>

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Executive Officer**  
**Millard Fillmore Suburban**  
**Hospital**  
Street and Apt. No., or PO Box **1540 Maple Road**  
City, State, ZIP+4® **Amherst NY 14221**

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Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Bowmansville Vol. Fire Assoc.**  
Street and Apt. No., or PO Box **36 Main Street**  
City, State, ZIP+4® **Bowmansville NY 14026**

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Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Emergency Dept Director**  
**Bertrand Chaffee Hospital**  
Street and Apt. No., or PO Box **224 East Main St**  
City, State, ZIP+4® **Springville NY 14141**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

5529 0360 0001 1683 6255

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Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Ellicott Creek Vol. Fire Co.**  
Street and Apt. No., or PO Box **45 South Ellicott Creek Rd**  
City, State, ZIP+4® **Amherst NY 14228**

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Sloan Active Hose Co. #1**  
Street and Apt. No., or PO Box **55 Gates Avenue**  
City, State, ZIP+4® **Sloan NY 14212**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Main Transit Fire Dept.**  
Street and Apt. No., or PO Box **6777 Main Street**  
City, State, ZIP+4® **Amherst NY 14221**

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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

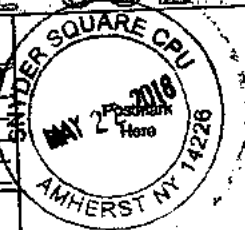
Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

Chief Officer  
 Boston Vol. Fire Co.  
 6746 Mill Street  
 Boston NY 14025

PS Form 3800, April 2015 PSN 7530-02-000-9017



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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

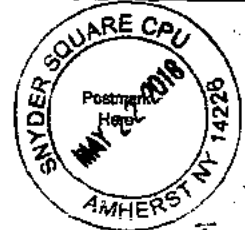
Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

Emergency Dept Director  
 Sisters of Charity Hospital  
 2157 Main Street  
 Buffalo NY 14214

PS Form 3800, April 2015 PSN 7530-02-000-9017



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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

Chief Officer  
 Farnham Vol. Fire Co. Inc.  
 526 Commercial Street  
 Farnham NY 14061

PS Form 3800, April 2015 PSN 7530-02-000-9017



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Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

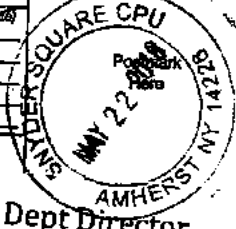
Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

Emergency Dept Director  
 Mercy Hospital  
 565 Abbott Road  
 Buffalo NY 14220

PS Form 3800, April 2015 PSN 7530-02-000-9017



7018 0360 0001 1683 8303

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Chief Executive Officer  
 Bertrand Chaffee Hospital  
 224 East Main St  
 Springville NY 14141

PS Form 3800, April 2015 PSN 7530-02-000-9017



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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

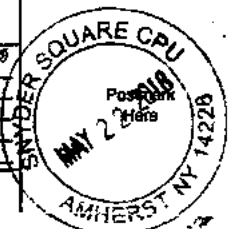
Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

Emergency Dept Director  
 Buffalo General Medical Center  
 100 High Street  
 Buffalo NY 14203

PS Form 3800, April 2015 PSN 7530-02-000-9017



7018 0360 0001 1683 8204

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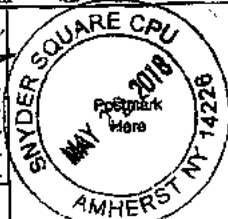
Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Executive Officer  
Buffalo General Medical Center  
Hospital  
100 High Street  
Buffalo NY 14203

PS Form 3800, April 2015



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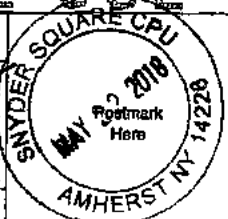
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Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Executive Officer  
Mercy Hospital  
565 Abbott Road  
Buffalo NY 14220

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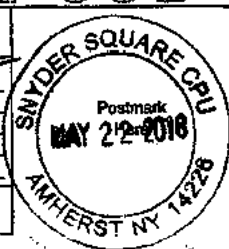
Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Executive Officer  
Oishei Children's Hospital  
818 Ellicott St  
Buffalo NY 14203

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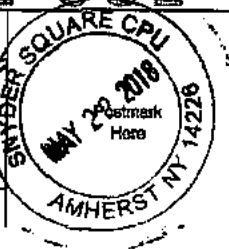
Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Executive Officer  
Sisters of Charity Hospital  
2157 Main Street  
Buffalo NY 14214

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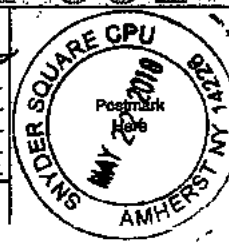
Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Armor Vol. Fire Co., Inc.  
P.O. Box 971  
Hamburg NY 14075

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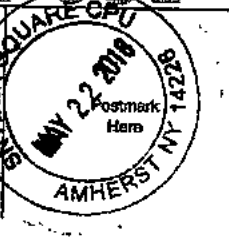
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 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Emergency Dept Director  
Kenmore Mercy Hospital  
2950 Elmwood Avenue  
Kenmore NY 14217

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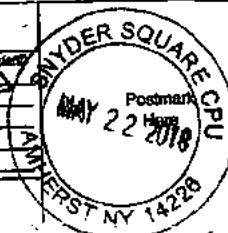
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Emergency Dept Director**  
**Mercy Hospital-Orchard Park**  
**Division**  
**3669 Southwestern Blvd**  
**Orchard Park NY 14227**

Street and Apt. No., or PO Box  
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☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Alden EMS Department**  
**13336 Broadway**  
**Alden NY 14004**

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☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

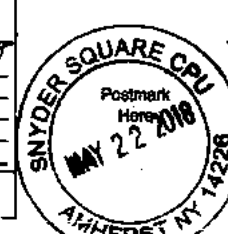
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Emergency Dept Director**  
**Erie County Medical Center**  
**462 Grider Street**  
**Buffalo NY 14215**

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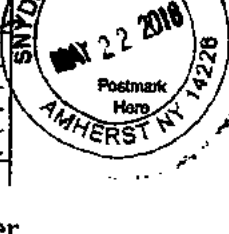
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Getzville Fire Co. Inc.**  
**630 Dodge Road**  
**Getzville NY 14068**

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☐ Adult Signature Restricted Delivery \$

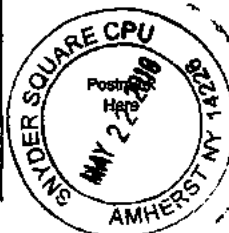
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Akron Fire Company.**  
**1 Main Street**  
**Akron NY 14001**

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☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

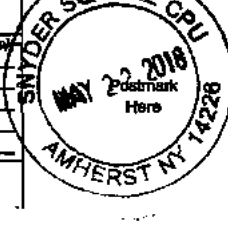
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Executive Officer**  
**Kenmore Mercy Hospital**  
**2950 Elmwood Avenue**  
**Kenmore NY 14217**

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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Orchard Park Fire District EMSInc**  
**3920 Taylor Road**  
**Orchard Park NY 14127**

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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Marilla Fire Company, Inc.**  
**1950 West Ave.**  
**Marilla NY 14102**

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Chief Officer**  
**Lake Erie Beach Vol. Fire Co.**  
**9483 Old Lake Shore Road**  
**Angola NY 14006**

Street and Apt. No., or PO Box No.  
City, State, ZIP+4®

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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Supervisor**  
**Town of Colden**  
**P.O. Box 335**  
**Colden NY 14033**

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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

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Sent To **Supervisor**  
**Town of Clarence**  
**One Clarence Place**  
**Clarence NY 14031**

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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To **Supervisor**  
**Town of Brant**  
**1272 Brant-North Collins Rd**  
**Brant NY 14027**

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☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Kenmore Vol. Fire Dept.  
16 Nash Road  
Kenmore NY 14218

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☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Rescue Hose Co.  
20 Pine Ridge Road  
Cheektowaga NY 14221

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☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Lancaster Vol. Ambulance Corps  
Inc  
40 Embury Place  
Lancaster NY 14086

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☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Millgrove Vol. Fire Dept.  
11621 Genesee Street  
Alden NY 14004

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☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Newton Abbott Fire Co., Inc.  
3426 Abbott Road  
Blasdell NY 14219

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☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
North Boston Fire Co.  
5646 Herman Hill Rd.  
North Boston NY 14110

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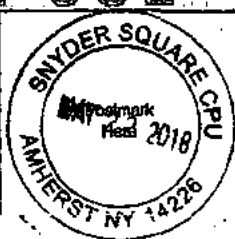
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☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage \$ .47  
 Total Postage and Fees \$ 6.67  
 Sent To  
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Chief Officer  
 North Amherst Fire Co., Inc.  
 2200 Tonawanda Creek Rd  
 Amherst NY 14228

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☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage \$ .47  
 Total Postage and Fees \$ 6.67  
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 Street and Apt. No., or PO Box  
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Chief Officer  
 Morton Corners Fire Dept  
 13363 Mortons Corners Rd  
 Springville NY 14141

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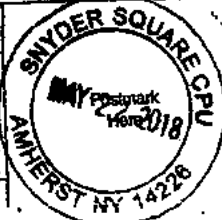
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☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage \$ .47  
 Total Postage and Fees \$ 6.67  
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Chief Officer  
 Memorial Vol. Fire Co. of Chaffee  
 Sardinia  
 12719 West Schutt Rd.  
 Sardinia NY 14134

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

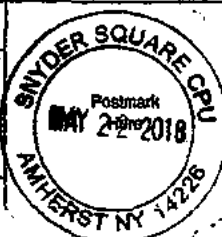
7016 0360 0001 1683 6055

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☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage \$ .47  
 Total Postage and Fees \$ 6.67  
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Chief Officer  
 AMR  
 481 William Gaiter Pkwy.  
 Buffalo NY 14215

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☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage \$ .47  
 Total Postage and Fees \$ 6.67  
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 Street and Apt. No., or PO Box  
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Chief Officer  
 LakeShore Vol. Fire Co., Inc.  
 4591 Lake Shore Road  
 Hamburg NY 14075

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☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage \$ .47  
 Total Postage and Fees \$ 6.67  
 Sent To  
 Street and Apt. No., or PO Box  
 City, State, ZIP+4®

Chief Officer  
 Seneca Hose Fire Co. One  
 2801 Seneca Street  
 West Seneca NY 14224

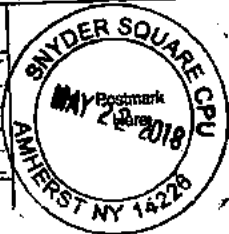
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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47  
Total Postage and Fees \$ 6.67  
Sent To

Chief Officer  
U-Crest Fire Co.  
225 Clover Place  
Cheektowaga NY 14225

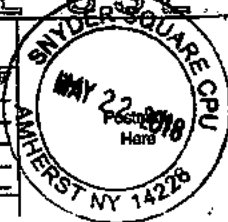
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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47  
Total Postage and Fees \$ 6.67  
Sent To

Chief Officer  
Town Line Vol. Fire Dept., Inc.  
6507 Broadway  
Lancaster NY 14086

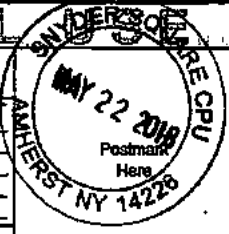
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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47  
Total Postage and Fees \$ 6.67  
Sent To

Chief Officer  
Swormville Fire Co., Inc.  
6971 Transit Road  
East Amherst NY 14051

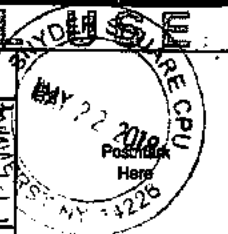
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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47  
Total Postage and Fees \$ 6.67  
Sent To

Chief Officer  
South Wales Vol. Fire Co., Inc.  
6406 Olean Road  
South Wales NY 14139

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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47  
Total Postage and Fees \$ 6.67  
Sent To

Mayor  
City of Buffalo  
201 City Hall  
Buffalo NY 14202

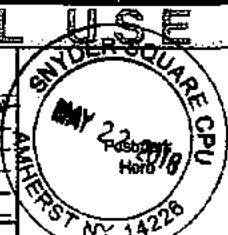
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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47  
Total Postage and Fees \$ 6.67  
Sent To

Chief Officer  
North Collins Emergency  
Squad, Inc.  
2037 Sherman Ave.  
North Collins NY 14111

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Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
Supervisor  
Town of Boston  
8500 Boston State Road  
Boston NY 14025

Postmark  
MAY 22 2018  
AMHERST NY 14228

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
Mayor  
Village of Angola  
41 Commercial St.  
Angola NY 14006

Postmark  
MAY 22 2018  
AMHERST NY 14228

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<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
Supervisor  
Town of Alden  
3311 Wende Rd.  
Alden NY 14004

Postmark  
MAY 22 2018  
AMHERST NY 14228

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Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
Chief Officer  
West Seneca Fire District #2  
2055 Union Road  
West Seneca NY 14224

Postmark  
MAY 22 2018  
AMHERST NY 14228

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<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
Chief Officer  
Williamsville Fire Dept.  
5565 Main Street  
Williamsville NY 14221

Postmark  
MAY 22 2018  
AMHERST NY 14228

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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To  
Chief Officer  
Patchin Fire Co.  
8333 Boston State Rd.  
Boston NY 14025

Postmark  
MAY 22 2018  
AMHERST NY 14228

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Extra Services & Fees (check box, add fee as appropriate)

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☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

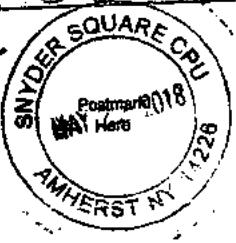
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Twin District Fire Co.  
4999 William Street  
Lancaster NY 14086

Street and Apt. No., or PO Box #  
 City, State, ZIP+4®

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☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

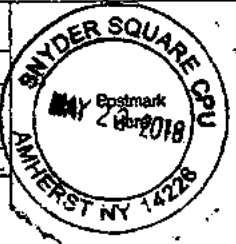
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Supervisor  
Town of Cheektowaga  
3301 Broadway  
Cheektowaga NY 14227

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☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
SpringBrook Fire Dist.  
70 Pound Road  
SpringBrook NY 14140

Street and Apt. No., or PO Box #  
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☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Tonawanda Emergency Medical Unit  
1835 Sheridan Drive  
Kenmore NY 14223

Street and Apt. No., or PO Box #  
 City, State, ZIP+4®

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☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

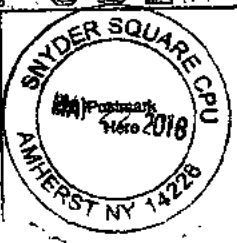
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Twin City Ambulance  
555 Commerce Drive  
Amherst NY 14228

Street and Apt. No., or PO Box #  
 City, State, ZIP+4®

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☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

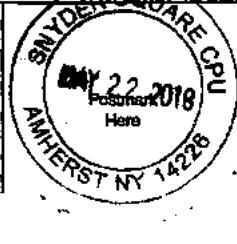
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Wales Center Vol. Fire Co., Inc.  
12300 Big Tree Rd.  
Wales Center NY 14169

Street and Apt. No., or PO Box #  
 City, State, ZIP+4®

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 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

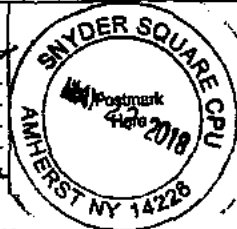
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
West Falls Vol. Fire Co., Inc.  
 Street and Apt. No., or PO Box No. 1864 Davis Road  
West Falls NY 14170  
 City, State, ZIP+4®

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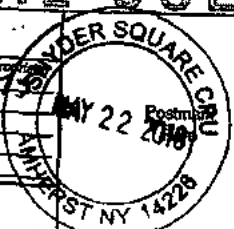
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☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Mayor  
Village of Akron  
 Street and Apt. No., or PO Box 21 Main St.  
Akron NY 14001  
 City, State, ZIP+4®

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☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

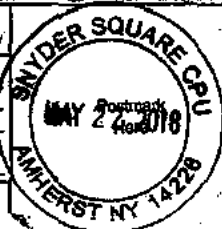
Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Dr. John McNamara  
3085 Southwestern Blvd #204  
 Street and Apt. No., or PO Box No. Orchard Park, NY 14127  
 City, State, ZIP+4®

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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Mayor  
Village of Blasdell  
 Street and Apt. No., or PO Box 121 Miriam Ave.  
Blasdell NY 14219  
 City, State, ZIP+4®

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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Supervisor  
Town of Amherst  
 Street and Apt. No., or PO Box No. 5583 Main St.  
Williamsville NY 14221  
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Winchester Fire Co  
 Street and Apt. No., or PO Box No. 514 Harlem Road  
West Seneca NY 14224  
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047



9259 891T 1000 0960 9102

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

## OFFICIAL USE

Certified Mail Fee  
\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

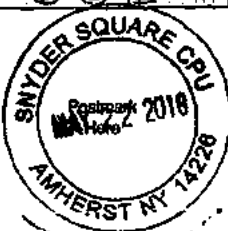
☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Supervisor  
Town of Elma  
1600 Bowen Rd.  
Elma NY 14059



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

9259 891T 1000 0960 9102

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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## OFFICIAL USE

Certified Mail Fee  
\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

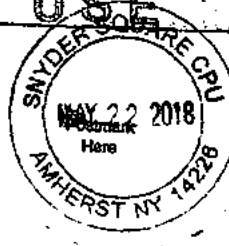
☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Dr. Joshua Lynch  
3085 Southwestern Blvd #204  
Orchard Park, NY 14127



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

9259 891T 1000 0960 9102

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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## OFFICIAL USE

Certified Mail Fee  
\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Supervisor  
Town of Grand Island  
2255 Baseline Rd.  
Grand Island NY 14072



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

9259 891T 1000 0960 9102

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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## OFFICIAL USE

Certified Mail Fee  
\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

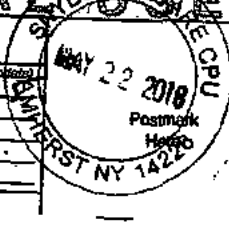
☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Dr. Chrstian Krawczyk  
1 John James Audubon Pkwy #210  
Amherst, NY 14228



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

9259 891T 1000 0960 9102

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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## OFFICIAL USE

Certified Mail Fee  
\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

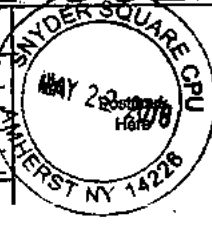
☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Dr. Simal Patel  
521 East Ave  
Lockport, NY 14094



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

9259 891T 1000 0960 9102

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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## OFFICIAL USE

Certified Mail Fee  
\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

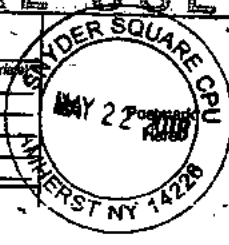
☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage  
\$ .47

Total Postage and Fees  
\$ 6.67

Sent To  
Dr. Darryl Wenner  
224 E Main St  
Springville, NY 14141



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2559 891T 1000 0360 0900 910L

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Supervisor  
 Town of Lancaster  
 21 Central Ave.  
 Lancaster NY 14085

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2559 891T 1000 0360 0900 910L

U.S. Postal Service™  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Supervisor  
 Town of Newstead  
 P.O. Box 227  
 Akron NY 14001

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2559 891T 1000 0360 0900 910L

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Mayor  
 Village of Orchard Park  
 4295 South Buffalo St.  
 Orchard Park NY 14217

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2559 891T 1000 0360 0900 910L

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Mayor  
 Village of Springsville  
 P.O. Box 17  
 Springsville NY 14141

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2559 891T 1000 0360 0900 910L

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Mayor  
 Village of Depew  
 85 Manitou St.  
 Depew NY 14043

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2559 891T 1000 0360 0900 910L

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**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .47

Total Postage and Fees \$ 6.67

Dr. Josette Teuscher  
 100 High St  
 Buffalo NY 14203

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 0360 0001 1683 7887

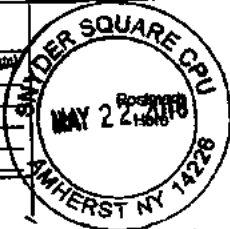
U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.75
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ .47
Total Postage and Fees	\$ 6.67
Sent To	Mayor
Street and Apt. No., or P.O. Box	Village of Gowanda 27 East Main St.
City, State, ZIP+4®	Gowanda NY 14070

PS Form 3800, April 2015 PSN 7530-02-000-9007



7018 0360 0001 1683 7900

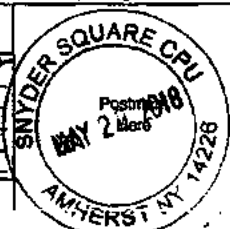
U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.75
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ .47
Total Postage and Fees	\$ 6.67
Sent To	Supervisor
Street and Apt. No., or P.O. Box	Town of Concord P.O. Box 368
City, State, ZIP+4®	Springville NY 14141

PS Form 3800, April 2015 PSN 7530-02-000-9007 See Reverse for Instructions



7018 0360 0001 1683 7870

U.S. Postal Service™  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.75
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ .47
Total Postage and Fees	\$ 6.67
Sent To	Mayor
Street and Apt. No., or P.O. Box	Village of Hamburg 100 Main St.
City, State, ZIP+4®	Hamburg NY 14075

PS Form 3800, April 2015 PSN 7530-02-000-9007



7018 0360 0001 1683 7894

U.S. Postal Service™  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.75
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ .47
Total Postage and Fees	\$ 6.67
Sent To	Supervisor
Street and Apt. No., or P.O. Box	Town of Eden 2795 E. Church St.
City, State, ZIP+4®	Eden NY 14057

PS Form 3800, April 2015 PSN 7530-02-000-9007 See Reverse for Instructions



7018 0360 0001 1683 7917

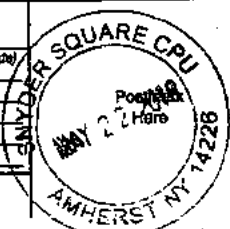
U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.75
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ .47
Total Postage and Fees	\$ 6.67
Sent To	Supervisor
Street and Apt. No., or P.O. Box	Town of West Seneca 1250 Union Rd.
City, State, ZIP+4®	West Seneca NY 14224

PS Form 3800, April 2015 PSN 7530-02-000-9007



7018 0360 0001 1683 7909

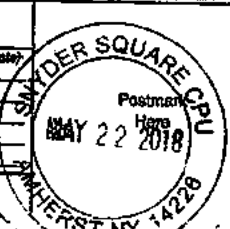
U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.75
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ .47
Total Postage and Fees	\$ 6.67
Sent To	Supervisor
Street and Apt. No., or P.O. Box	Town of Holland 47 Pearl St.
City, State, ZIP+4®	Holland NY 14080

PS Form 3800, April 2015 PSN 7530-02-000-9007





7018 0360 0001 1683 7845

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

OFFICIAL USE

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
City Tonawanda Fire Dept.  
44 William Street  
City, State, ZIP+4® Tonawanda NY 14150

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

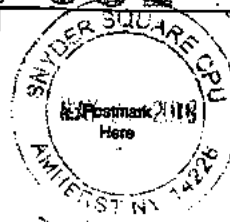
7018 0360 0001 1683 7845

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

OFFICIAL USE

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Mayor  
City of Lackawanna  
714 Riddle Rd.  
City, State, ZIP+4® Lackawanna NY 14218

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

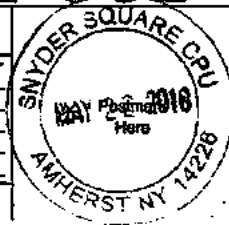
7018 0360 0001 1683 7832

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

OFFICIAL USE

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Mayor  
Village of Sloan  
425 Reiman St.  
City, State, ZIP+4® Sloan NY 14212

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

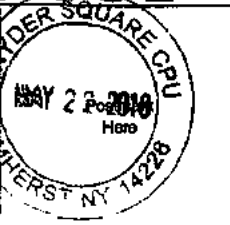
7018 0360 0001 1683 7832

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

OFFICIAL USE

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Supervisor  
Town of Marilla  
1740 Two Rod Rd.  
City, State, ZIP+4® Marilla NY 14102

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 0360 0001 1683 7849

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Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

OFFICIAL USE

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Supervisor  
Town of Orchard Park  
4295 South Buffalo St.  
City, State, ZIP+4® Orchard Park NY 14127

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

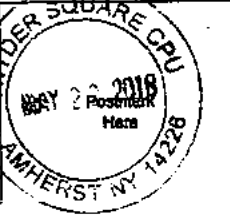
7018 0360 0001 1683 7849

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

OFFICIAL USE

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$



Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Supervisor  
Town of Tonawanda  
2919 Delaware Ave.  
City, State, ZIP+4® Tonawanda NY 14217

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47  
Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Blasdell Vol. Fire Dept., Village  
121 Miriam Ave.  
Blasdell NY 14219

PS Form 3800, April 2015 PSN 7530-02-000-9047



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For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47  
Total Postage and Fees \$ 6.67

Sent To Emergency Dept Director  
Sisters of Charity Hospital- St  
Joseph Campus  
2605 Harlem Road  
Cheektowaga NY 14225

PS Form 3800, April 2015 PSN 7530-02-000-9047



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For delivery information, visit our website at [www.usps.com](http://www.usps.com).

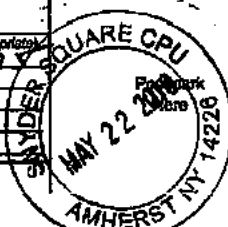
**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47  
Total Postage and Fees \$ 6.67

Sent To Dr. Brian Clemency  
100 High St  
Buffalo NY 14203

PS Form 3800, April 2015 PSN 7530-02-000-9047



U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

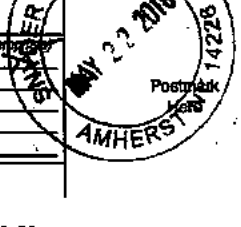
**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47  
Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Boston Emergency Squad, Inc.  
8500 Boston State Road  
Boston NY 14025

PS Form 3800, April 2015 PSN 7530-02-000-9047



U.S. Postal Service<sup>TM</sup>  
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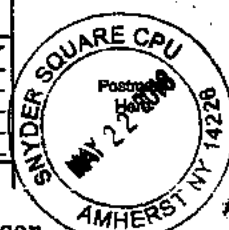
**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47  
Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Collins Center Vol. Fire Company  
3514 Main Street  
Collins Center NY 14035

PS Form 3800, April 2015 PSN 7530-02-000-9047



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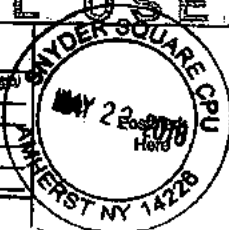
**OFFICIAL USE**

Certified Mail Fee \$ 3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ 2.75  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage \$ .47  
Total Postage and Fees \$ 6.67

Sent To Chief Officer  
West Seneca Fire District #6  
666 Main Street  
West Seneca NY 14224

PS Form 3800, April 2015 PSN 7530-02-000-9047



7058 6987 1000 0360 0600 9700

U.S. Postal Service  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Mayor  
Village of Gainesville  
2 Toolhouse Road  
Gainesville NY 14066

Street and Apt. No.  
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9011 See Reverse for Instructions

7016 0600 0000 5379 4370

U.S. Postal Service  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Clarence Fire District #1  
P. O. Box 340  
Clarence NY 14031

Street and Apt. No.  
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9011 See Reverse for Instructions

7478 5786 0000 0207 9700

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Dr. Michael O'Brien  
100 High St  
Buffalo NY 14203

Street and Apt. No., or PO Box No.  
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9011 See Reverse for Instructions

7016 0600 0000 5379 4356

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Supervisor  
Town of Wethersfield  
4362 Route 78  
Bliss, NY 14066

Street and Apt. No.  
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9011 See Reverse for Instructions

9158 6987 1000 0360 0600 9700

U.S. Postal Service™  
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Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Alabama Fire Dept.  
P. O. Box 798  
Basom NY 14013

Street and Apt. No.  
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9011 See Reverse for Instructions

7016 0600 0000 5379 4359

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ .47

Total Postage and Fees \$ 6.67

Sent To Chief Officer  
Eggertsville Fire District  
1880 Eggert Road  
Eggertsville NY 14226

Street and Apt. No., or PO Box  
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9011 See Reverse for Instructions

# **Exhibit N**

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Executive Officer  
Buffalo General Medical Center  
Hospital  
100 High Street  
Buffalo NY 14203



9590 9402 3756 8032 0764 83

## 2. Article Number

7018 0360 0001 1683 8204

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Darlene Meady*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

*Darlene Meady*

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Supervisor  
Town of Hamburg  
6100 South Park Ave.  
Hamburg NY 14075



9590 9402 3756 8032 0758 13

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7979

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Patricia Burke*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

*Patricia Burke*

## C. Date of Delivery

5-24-18

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mayor  
Village of Kenmore  
2919 Delaware Ave.  
Kenmore NY 14217



9590 9402 3756 8032 0758 06

7018 0360 0001 1683 7962

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Daniel Buruck*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

*Daniel Buruck*

## C. Date of Delivery

MAY 23 2018

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Reserve Hose Fire Co. #1  
2400 Berg Road  
West Seneca NY 14224



9590 9402 3756 8032 0762 85

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6521

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Registered Mail Restricted Delivery

(\$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Cowlesville Fire Co., Inc.  
361 Clinton St.  
Cowlesville NY 14037



9590 9402 3798 8032 8204 95

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7368

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery

Mail

Restricted Delivery

(\$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Sheldon  
2246 Thomas Rd.  
Varysburg NY 14167



9590 9402 3798 8032 8203 27

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7764

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery

Mail

Restricted Delivery

(\$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Wales  
12345 Big Tree Rd.  
Wales Center NY 14169



9590 9402 3756 8032 0758 51

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8013

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. J. Jure*

B. Received by (Printed Name)

D. Is delivery address  
If YES, enter delivery

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (\$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Pike Fire District #1  
P.O. Box 26  
Pike NY 14130



9590 9402 3798 8032 8205 70

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7443

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *David Corrales*☐ Agent☐ Addressee

B. Received by (Printed Name)

DAVID CORRALES

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (\$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1

Chief Officer  
Collins Center Vol. Fire Company  
3514 Main Street  
Collins Center NY 14035



9590 9402 3798 8032 8208 53

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6880

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Doug Jensen*☐ Agent☐ Addressee

B. Received by (Printed Name)

Doug Jensen

C. Date of Delivery

5-23-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor  
Village of Lancaster  
5423 Broadway  
Lancaster NY 14085



9590 9402 3756 8032 0757 90

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7955

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

S. R. Rios

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery

Mail

Mail Restricted Delivery

X

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Supervisor  
Town of Tonawanda  
2919 Delaware Ave.  
Tonawanda NY 14217



9590 9402 3756 8032 0756 77

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7825

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery

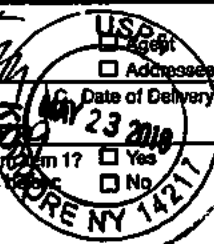
Mail

Mail Restricted Delivery

X

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Wales Center Vol. Fire Co., Inc.  
12300 Big Tree Rd.  
Wales Center NY 14169



9590 9402 3756 8032 0754 79

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6682

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery

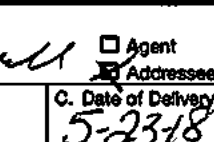
Mail

Mail Restricted Delivery

X

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt





## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mayor  
City of Lackawanna  
714 Riddle Rd.  
Lackawanna NY 14218



9590 9402 3756 8032 0757 07

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7863

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Roman Corp*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

5/23/18

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Executive Officer  
Kenmore Mercy Hospital  
2950 Elmwood Avenue  
Kenmore NY 14217



9590 9402 3756 8032 0760 32

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 8297

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Frank DeSilva*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Oakfield Fire Dept.  
PO Box 184  
Oakfield, NY 14125



9590 9402 3798 8032 8200 20

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 8417

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Bill Sturges*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

5/24/18

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

PRESIDENT

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Cattaraugus Indian Reservation  
Vol. Fire Dept.  
12879 Route 438  
Irving NY 14081



9590 9402 3798 8032 8207 78

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6804

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *[Signature]*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

*Michael Beggs*

## C. Date of Delivery

*5/24/18*

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Town of Pembroke  
1145 Main Road  
Corfu, NY 14036



9590 9402 3798 8032 8203 96

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 8396

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Nicole M Beggs*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

*Nicole M Beggs*

## C. Date of Delivery

*5/24/18*

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mayor  
Village of Blasdell  
121 Miriam Ave.  
Blasdell NY 14219



9590 9402 3756 8032 0766 43

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6323

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *[Signature]*

- ☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

*Spencer Platt*

## C. Date of Delivery

*5-24-18*

D. Is delivery address different from item 1? ☒ Yes  
If YES, enter delivery address below: ☐ No

*PO Box 2180  
Blasdell NY 14219*

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Joseph Takats  
Remont Street  
Enawanda NY 14120



9590 9402 3756 8032 0754 86

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7184

PS Form 3811, July 2015 PSN 7530-02-000-8053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail☐ Registered Mail Restricted Delivery (over \$500)☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Simal Patel  
521 East Ave  
Lockport, NY 14094



9590 9402 3756 8032 0756 08

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7252

PS Form 3811, July 2015 PSN 7530-02-000-8053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail☐ Registered Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Blasdell Vol. Fire Dept., Village  
121 Miriam Ave.  
Blasdell NY 14219



9590 9402 3798 8032 8209 90

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7023

PS Form 3811, July 2015 PSN 7530-02-000-8053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☒ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail☐ Registered Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Lake View Fire Dept.  
2005 Lake View Rd.  
LakeView NY 14085



9590 9402 3756 8032 0758 82

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6491

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

John W. Ch...

C. Date of Delivery

5-21-18

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail

Mail Restricted Delivery  
(K)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Sardinia  
12320 Savage Rd.  
Sardinia NY 14134



9590 9402 3756 8032 0757 76

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7931

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Jennifer Dolgowski

C. Date of Delivery

5-24-18

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

1 Mail

1 Mail Restricted Delivery  
(500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Stafford Fire Dept.  
PO Box 56  
Stafford, NY 14143



9590 9402 3798 8032 8207 16

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8310

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Stephanie E. Carr

C. Date of Delivery

5-24-18

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery

n Delivery Restricted Delivery  
tail1 Mail Restricted Delivery  
(over \$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Supervisor  
Town of Evans  
8787 Erie Rd.  
Angola NY 14006



9590 9402 3756 8032 0758 20

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7986

PS Form 3811, July 2015 PSN 7530-02-000-8063

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

5-24-18

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mayor  
Village of Williamsville  
5565 Main Street  
Williamsville NY 14221



9590 9402 3756 8032 0756 60

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7818

PS Form 3811, July 2015 PSN 7530-02-000-8063

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Mail  
☐ Mail Restricted Delivery (00)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
AMR  
481 William Gaiter Pkwy.  
Buffalo NY 14215



9590 9402 3756 8032 0762 30

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6088

PS Form 3811, July 2015 PSN 7530-02-000-8063

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

- ☐ Agent

## B. Received by

ary

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Mail  
☐ Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Scranton Vol. Fire Company, Inc.  
5395 Scranton Road  
Hamburg NY 14075



9590 9402 3756 8032 0759 50

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6422

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Registered Mail Restricted Delivery

(\$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Arcade Fire Dept  
P.O. Box 303  
Arcade NY 14009



9590 9402 3798 8032 8207 09

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7078

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Registered Mail Restricted Delivery

(\$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Twin City Ambulance  
555 Commerce Drive  
Amherst NY 14228



9590 9402 3756 8032 0754 62

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6699

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Registered Mail Restricted Delivery

(\$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Kenmore Vol. Fire Dept.  
16 Nash Road  
Kenmore NY 14218



9590 9402 3756 8032 0762 16

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6101

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

05/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
City of Batavia Fire Dept.  
18 Evans St.  
Batavia, NY 14020



9590 9402 3798 8032 8201 50

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7597

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Elma  
1600 Bowen Rd.  
Elma NY 14059



9590 9402 3756 8032 0767 28

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6583

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-24-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
North Bailey Fire Co., Inc.  
966 Sweet Home Road  
Amherst NY 14226



9590 9402 3756 8032 0759 29

2. Article Number (Transfer from sender label)

7018 0360 0001 1683 6453

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

in Delivery Restricted Delivery

Mail

insured Mail Restricted Delivery (over \$500)

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Clarence  
One Clarence Place  
Clarence NY 14031



9590 9402 3756 8032 0767 66

7018 0360 0001 1683 6613

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

THERESA CASEY

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Mail

Mail Restricted Delivery

(over \$500)

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1

Chief Officer  
Clarence Center Vol. Fire Co., Inc.  
9415 Clarence Center Rd  
Clarence Center NY 14032



9590 9402 3798 8032 8209 69

7018 0360 0001 1683 6996

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Mail

insured Mail Restricted Delivery (over \$500)



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor  
Village of Alden  
13336 Broadway  
Alden NY 14004



9590 9402 1265 5246 2194 21

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6651

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Sue Gauthier

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Registered Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Arcade  
6608 E. Arcade Rd  
Arcade NY 14009



9590 9402 3798 8032 8204 40

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7313

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☒ Addressee

B. Received by (Printed Name)

5-24-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Registered Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Executive Officer  
Darren Lake Theme Park  
9993 Alleghany Rd  
Corfu, NY 14036



90 9402 3798 8032 8203 41

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8341

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

E. Wernsd

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Registered Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Alden EMS Department  
13336 Broadway  
Alden NY 14004



9590 9402 3756 8032 0765 13

7018 0360 0001 1683 8235

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Sine Cardholder

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor  
Village of Attica  
9 Water St.  
Attica NY 14011



9590 9402 3798 8032 8202 59

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7696

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Julie Cook

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

9 Water Street

Attica NY 14011

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Farnham Vol. Fire Co. Inc.  
526 Commercial Street  
Farnham NY 14061



9590 9402 3756 8032 0760 70

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6248

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

GEORGE GORDIN

C. Date of Delivery

5/23/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Brant  
1272 Brant-North Collins Rd  
Brant NY 14027



9590 9402 1265 5246 2194 45

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6620

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*  
B. Received by (Printed Name)  
Wally Stocum

☐ Agent  
☒ Addressee

C. Date of Delivery

5/21/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Lancaster  
21 Central Ave.  
Lancaster NY 14085



9590 9402 3756 8032 0758 75

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6552

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*  
B. Received by (Printed Name)  
Cindy Syga

☐ Agent  
☒ Addressee

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
East Pembroke Fire Dept.  
PO Box 44  
E. Pembroke, NY 14056



9590 9402 3798 8032 8201 29

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7566

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*  
B. Received by (Printed Name)  
Daniel J. Vazir

☐ Agent  
☒ Addressee

C. Date of Delivery

5/23/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Lancaster Vol. Ambulance Corps  
Inc  
40 Embury Place  
Lancaster NY 14086



9590 9402 3756 8032 0761 31

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6187

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

5/23/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
North Boston Fire Co.  
5646 Herman Hill Rd.  
North Boston NY 14110



9590 9402 3756 8032 0761 79

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6149

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Susan McCarr

## C. Date of Delivery

5/23/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Supervisor  
Town of Java  
2436 McCormick Rd  
North Java NY 14113



9590 9402 3798 8032 8205 18

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7382

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☒ Agent☐ Addressee

## B. Received by (Printed Name)

Cathy J. Wright

## C. Date of Delivery

5/23/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Attica Fire Department, Inc.  
11 Water St.  
Attica NY 14011



9590 9402 3798 8032 8206 00

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7474

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Julia A. Cook*
☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Julie Cook

## C. Date of Delivery

5/24/18

## D. Is delivery address different from item 1?

☐ Yes  
☒ No  
 If YES, enter delivery address below:

9 Water Street  
Attica NY 14011

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail®  
☐ Mail Restricted Delivery (M)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

MAY 23 2018

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mayor  
Village of Arcade  
17 Church St.  
Arcade NY 14009



9590 9402 3798 8032 8203 10

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7757

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Tracey Bliss*
☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Tracey Bliss

## C. Date of Delivery

5/23/18

## D. Is delivery address different from item 1?

☐ Yes  
☒ No  
 If YES, enter delivery address below:

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail®  
☐ Mail Restricted Delivery (M)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Bennington Vol. Fire Co., Inc.  
1353 Clinton St.  
Bennington NY 14011



9590 9402 3798 8032 8205 01

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7375

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *David Jones*
☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

David Jones

## C. Date of Delivery

5-23-18

## D. Is delivery address different from item 1?

☐ Yes  
☒ No  
 If YES, enter delivery address below:

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail®  
☐ Mail Restricted Delivery (M)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Emergency Dept Director  
Mercy Hospital  
565 Abbott Road  
Buffalo NY 14220



9590 9402 3756 8032 0763 46

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8068

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

TNR

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/23/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Crittenden Fire Dept.  
13415 Genesee St.  
Crittenden NY 14038



9590 9402 3798 8032 8209 45

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6972

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Nick Smith

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-23

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

PO BOX 424  
ALDEN NY 14004

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Emergency Dept Director  
Kenmore Mercy Hospital  
2950 Elmwood Avenue  
Kenmore NY 14217



9590 9402 3756 8032 0764 45

7018 0360 0001 1683 8167

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Frank DeStefano

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mayor  
Village of East Aurora  
571 Main St.  
East Aurora NY 14052



9590 9402 3756 8032 0758 37

7018 0360 0001 1683 7993

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

GRETCHEN RICH

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Amherst  
5583 Main St.  
Williamsville NY 14221



9590 9402 3756 8032 0766 36

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6330

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

5/24

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Supervisor  
Town of Bennington  
134 Clinton St.  
Alden NY 14004



9590 9402 3798 8032 8205 32

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7405

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☒ Addressee

## B. Received by (Printed Name)

Faith Grant

## C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Daniel Neaverth Jr, Comm.  
Erie County Dept of Emergency  
Services  
95 Franklin St.  
Buffalo NY 14202



9590 9402 3756 8032 0756 53

7018 0360 0001 1683 7801

PS Form 3811, July 2015 PSN 7530-02-000-8053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X AS

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

## D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes  
☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
Mail Restricted Delivery  
(over \$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mayor  
Village of Angola  
41 Commercial St.  
Angola NY 14006



9590 9402 3756 8032 0754 17

7018 0360 0001 1683 6736

PS Form 3811, July 2015 PSN 7530-02-000-8053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X CHICK MALLOTT

## D. Is delivery address different from item 1?

If YES, enter delivery address below:

41 Commercial St.

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
Mail Restricted Delivery  
(over \$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mayor  
Village of Sloan  
425 Reiman St.  
Sloan NY 14212



9590 9402 3756 8032 0756 84

7018 0360 0001 1683 7832

PS Form 3811, July 2015 PSN 7530-02-000-8053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X [Signature]

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

## D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes  
☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
Mail Restricted Delivery  
(over \$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
West Seneca Fire District #6  
666 Main Street  
West Seneca NY 14224



9590 9402 2075 6132 4425 30

7018 0360 0001 1683 6675

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Add.

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Marilla Fire Company, Inc.  
1950 West Ave.  
Marilla NY 14102



9590 9402 3756 8032 0761 48

7018 0360 0001 1683 6170

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

Michael A. G... (Signature)

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
South Line Fire District No. 10  
1049 French Road  
Cheektowaga NY 14227



9590 9402 3756 8032 0765 37

7018 0360 0001 1683 6408

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

(Signature)

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

- Complete items 1, 2, and 3.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
 Wyoming County Emergency  
 Services  
 51 North Main St.  
 Warsaw NY 14569



9590 9402 3798 8032 8205 56

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7429

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X

☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
 Sgt. C. Kobylovski

C. Date of Delivery  
 5/24/18

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Mail Restricted Delivery (0)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

MAY 24 2018

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William Streicher, Fire Coord.  
 Wyoming Co. Bureau of Emer.  
 Management  
 151 N. Main St.  
 Warsaw NY 14569



9590 9402 3798 8032 8202 80

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7726

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X

☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
 Sgt. C. Kobylovski

C. Date of Delivery  
 5/24/18

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Mail Restricted Delivery (500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

MAY 24 2018

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Director  
 Wyoming Co. Bureau of Emer.  
 Management  
 151 N. Main St.  
 Warsaw NY 14569



9590 9402 3798 8032 8201 81

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7627

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X

☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
 Sgt. C. Kobylovski

C. Date of Delivery  
 5/24/18

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

MAY 24 2018

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Gregory Collins  
1400 North Main St.  
Warsaw NY 14569



9590 9402 3756 8032 0755 61

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7214

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Julie Newitt

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-24-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery (over \$500)

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Emergency Dept Director  
Wyoming Co. Community Hospital  
400 North Main St.  
Warsaw NY 14569



9590 9402 3798 8032 8205 49

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7412

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Julie Newitt

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-24-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery (over \$500)

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Wyoming Co. Community Hospital  
400 North Main St.  
Warsaw NY 14569



9590 9402 3798 8032 8206 48

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7528

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Julie Newitt

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-24-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery (over \$500)

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Supervisor  
Town of Orangeville  
2916 Orangeville Center Rd.  
Warsaw NY 14569



9590 9402 3798 8032 8203 34

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7771

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *[Signature]* ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

5-24-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery        |   |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mayor  
Village of Warsaw  
P.O. Box 49  
Warsaw NY 14569



9590 9402 3798 8032 8202 97

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7733

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *[Signature]* ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

Lisa A. Allen 5-24-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery        |   |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Sloan Active Hose Co. #1  
55 Gates Avenue  
Sloan NY 14212



9590 9402 3756 8032 0763 08

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6514

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *[Signature]* ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery        |   |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Alden  
3311 Wende Rd.  
Alden NY 14004



9590 9402 3756 8032 0754 00

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6743

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

A. Barrett

C. Date of Delivery

9 JUN 18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Executive Officer  
Mercy Hospital-Orchard Park  
Division  
3669 Southwestern Blvd  
Orchard Park NY 14127



9590 9402 3756 8032 0763 77

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8099

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

JUN 18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Angola Vol. Fire Company  
51 Commercial Street  
Angola NY 14006



9590 9402 3756 8032 0764 14

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8136

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☒ Agent☐ Addressee

B. Received by (Printed Name)

Christine Ronaldo

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

51 Commercial St.

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Springville Vol. Fire Co., Inc.  
405 W. Main Street  
Springville NY 14141



9590 9402 3756 8032 0765 44

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6392

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

D. Is delivery address different  
If YES, enter delivery address below:

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Mail Restricted Delivery (over \$500)   |   |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Lake Erie Beach Vol. Fire Co.  
9483 Old Lake Shore Road  
Angola NY 14006



9590 9402 3756 8032 0761 24

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6194

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X ☒ Agent ☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Mail Restricted Delivery (over \$500)   |   |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Supervisor  
Town of North Collins  
P.O. Box 2  
North Collins NY 14111



9590 9402 3756 8032 0757 83

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7948

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Mail Restricted Delivery (over \$500)   |   |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Eden Emergency Squad, Inc.  
2795 E. Church St.  
Eden NY 14057



9590 9402 3798 8032 8209 21

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6958

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail®☐ Registered Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor  
Village of Hamburg  
100 Main St.  
Hamburg NY 14075



9590 9402 3756 8032 0757 14

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7870

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail®☐ Registered Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Tonawanda Emergency Medical  
Unit  
1835 Sheridan Drive  
Kenmore NY 14223



9590 9402 3756 8032 0754 55

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6705

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail®☐ Registered Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Eden  
2795 E.Church St.  
Eden NY 14057



9590 9402 3756 8032 0757 38

7018 0360 0001 1683 7894

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail  
Mail Restricted Delivery  
(over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Twin District Fire Co.  
4999 William Street  
Lancaster NY 14086



9590 9402 3756 8032 0765 68

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6378

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

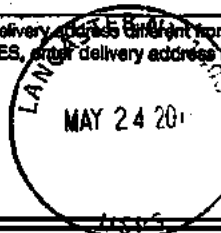
## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail  
Mail Restricted Delivery  
(over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Boston Emergency Squad, Inc.  
8500 Boston State Road  
Boston NY 14025



9590 9402 3756 8032 0763 91

2. Article Number

7018 0360 0001 1683 8112

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail  
Mail Restricted Delivery  
(over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Chief Officer  
Town of Darien  
10569 Alleghany Road  
Darien Center, NY 14040



9590 9402 3798 8032 8200 99

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8488

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Darlene McAdams

C. Date of Delivery

5/24/15

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Mail  
Restricted Delivery  
(00)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Alexander Ljungberg  
100 High St  
Buffalo NY 14203



9590 9402 3756 8032 0755 54

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7207

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Darlene McAdams

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Mail  
Restricted Delivery  
(0)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of West Seneca  
1250 Union Rd.  
West Seneca NY 14224



9590 9402 3756 8032 0757 52

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7917

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Darlene McAdams

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

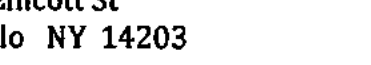
3. Service Type


- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Mail  
Restricted Delivery  
(00)

Domestic Return Receipt

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: _____</p> <p style="text-align: center; font-size: 1.2em; margin-top: 20px;">Emergency Dept Director Oishei Children's Hospital 818 Ellicott St Buffalo NY 14203</p> <div style="text-align: center; margin-top: 20px;">  <p style="font-size: 1.1em; margin-top: 5px;">9590 9402 3756 8032 0764 21</p> </div> <p style="font-size: 0.8em; margin-top: 10px;">2. Article Number (Indicate item number below)</p> <p style="font-size: 1.1em; margin-top: 5px;">7018 0360 0001 1683 8143</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature  <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">X Iris Kozio</div> <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">B. Received by (Printed Name)  <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">I. Kozio</div> </td> <td style="width: 50%; padding: 2px;">C. Date of Delivery  <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">5/24/18</div> </td> </tr> </table> <p style="margin-top: 10px;">D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	B. Received by (Printed Name) <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">I. Kozio</div>	C. Date of Delivery <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">5/24/18</div>
B. Received by (Printed Name) <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">I. Kozio</div>	C. Date of Delivery <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">5/24/18</div>		
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p style="font-size: 0.8em; margin-top: 5px;">d Mail d Mail Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input type="checkbox"/> Complete items 1, 2, and 3.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.         </p> <p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-top: 20px;">Chief Officer          Williamsville Fire Dept.          5565 Main Street          Williamsville NY 14221</p> <div style="text-align: center; margin-top: 20px;">           9590 9402 3756 8032 0766 05       </div> <p>2. Article Number (transfer from service label)</p> <p style="font-size: 1.2em; margin-top: 10px;">7018 0360 0001 1683 6750</p>	<p>A. Signature</p> <p style="font-size: 1.5em; margin-top: 10px;">[Signature]</p> <p style="text-align: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee       </p> <hr/> <p>B. Received by (Printed Name)</p> <p style="font-size: 1.5em; margin-top: 10px;">[Signature]</p> <p style="text-align: right;">C. Date of Delivery</p> <hr/> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Joseph Bart  
100 High St  
Buffalo NY 14203



9590 9402 3756 8032 0754 93

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7177

PS Form 3811, July 2015 PSN 7530-02-000-8053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Suzanne McAdams*☐ Agent☐ Addressee

B. Received by (Printed Name)

*Darlene McAdams*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Mail Restricted Delivery

(500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor  
City of Tonawanda  
200 Niagara St.  
Tonawanda NY 14150



9590 9402 3756 8032 0757 69

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7924

PS Form 3811, July 2015 PSN 7530-02-000-8053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Mail Restricted Delivery

(00)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Indian Falls Fire Dept.  
8030 Allegany Rd.  
Corfu, NY 14036



9590 9402 3798 8032 8207 30

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8334

PS Form 3811, July 2015 PSN 7530-02-000-8053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Mail Restricted Delivery

(0)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Snyder Fire Dept.  
4531 Main Street  
Snyder NY 14226



9590 9402 3756 8032 0759 67

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6415

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*[Signature]*

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Mail Restricted Delivery (over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Dr. Josette Teuscher  
100 High St  
Buffalo NY 14203



9590 9402 3798 8032 8200 13

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7085

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*[Signature]*

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Mail Restricted Delivery (over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Emergency Dept Director  
Buffalo General Medical Center  
100 High Street  
Buffalo NY 14203



9590 9402 3756 8032 0763 53

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 8075

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*[Signature]*

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Mail Restricted Delivery (over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Grand Island  
2255 Baseline Rd.  
Grand Island NY 14072



9590 9402 3756 8032 0767 11

7018 0360 0001 1683 6576

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Jason Borton  
875 Ellicott Street  
Buffalo, NY 14203



9590 9402 3756 8032 0755 78

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7221

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☒ Yes  
If YES, enter delivery address below: ☐ No

100 High St.  
ER Dept. 14203

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Brian Clemency  
100 High St  
Buffalo NY 14203



9590 9402 3756 8032 0756 39

7018 0360 0001 1683 7283

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Aurora  
300 Gieed Ave  
East Aurora NY 14052



9590 9402 1265 5246 2194 38

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6637

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*
☐ Agent  
☒ Addressee

B. Received by (Printed Name)

*Barb Hall*

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☒ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Mail Restricted Delivery (500)          |   |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Grand Island Fire Co. Inc.  
2275 Baseline Road  
Grand Island NY 14072



9590 9402 3798 8032 8208 91

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6927

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*
☐ Agent  
☒ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☒ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Mail Restricted Delivery (500)          |   |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Bethany Fire Dept.  
5253 Old Telephone Rd  
E. Bethany, NY 14054



9590 9402 3798 8032 8201 43

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7580

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

B. Received by (Printed Name)

*Debbie L Douglas*

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☒ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Mail Restricted Delivery (500)          |   |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Orchard Park Fire District EMS Inc  
3920 Taylor Road  
Orchard Park NY 14127



9590 9402 3756 8032 0761 86

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6132

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Hulse*☐ Agent☒ Addressee

B. Received by (Printed Name)

*John Hulse*

C. Date of Delivery

*5/24/18*D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Kevin McGee  
100 High St  
Buffalo NY 14203



9590 9402 3756 8032 0755 47

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7191

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Danene McAdams*☐ Agent☐ Addressee

B. Received by (Printed Name)

*Danene McAdams*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Collins  
P.O. Box 420  
Collins NY 14034



9590 9402 3756 8032 0758 44

7018 0360 0001 1683 8006

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sean Gormley*☐ Agent☐ Addressee

B. Received by (Printed Name)

*Sean Gormley*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
BigTree Vol. Firemen's Co., Inc.  
4112 Big Tree Rd  
Hamburg NY 14075



9590 9402 3756 8032 0764 07

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 8129

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mayor  
Village of Orchard Park  
4295 South Buffalo St.  
Orchard Park NY 14217



9590 9402 2075 6132 4425 47

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 8037

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☒ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Timothy Yaeger, Coordinator  
Genesee Co. Emer. Management  
7690 State Street Rd  
Batavia, NY 14020



9590 9402 3798 8032 8201 67

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7603

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☒ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor  
Village of Akron  
21 Main St.  
Akron NY 14001



9590 9402 3756 8032 0766 12

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6347

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Jayne DeTine*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Jayne DeTine

C. Date of Delivery

5-25-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

1 Mail Restricted Delivery

(0)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Emergency Dept Director  
Bertrand Chaffee Hospital  
224 East Main St  
Springville NY 14141



9590 9402 3756 8032 0764 52

2. Article Number

7018 0360 0001 1683 8174

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Matthew Van Dusen*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Orchard Park  
4295 South Buffalo St.  
Orchard Park NY 14127



9590 9402 3756 8032 0756 91

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7849

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Perran*

- ☒ Agent  
☐ Addressee

B. Received by (Printed Name)

Perran

C. Date of Delivery

5-24-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

1 Mail Restricted Delivery

(0)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Mercy Flight, Inc.  
100 Amherst Villa Rd.  
Buffalo NY 14225



9590 9402 3756 8032 0759 05

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6477

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ Delivery Restricted Delivery☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Chief Officer  
Town Line Vol. Fire Dept., Inc.  
6507 Broadway  
Lancaster NY 14086



9590 9402 3756 8032 0766 81

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6781

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Emergency Dept Director  
Mercy Hospital-Orchard Park  
Division  
3669 Southwestern Blvd  
Orchard Park NY 14227



9590 9402 3756 8032 0759 98

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 8259

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ Delivery Restricted Delivery☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Cleveland Hill Hose Company  
440 Cleveland Drive  
Cheektowaga NY 14225



9590 9402 3798 8032 8207 61

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6798

PS Form 3811, July 2015 PSN 7530-02-000-8053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Robert Macell

C. Date of Delivery

5/25/18

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
East Seneca Vol. Fire Co.  
100 Leln Road  
West Seneca NY 14224



9590 9402 3756 8032 0760 56

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6262

PS Form 3811, July 2015 PSN 7530-02-000-8053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

5/25/18

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail☐ Registered Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Executive Officer  
United Memorial Medical Center  
16 Bank Street  
Batavia, NY 14020



9590 9402 3798 8032 8200 82

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8471

PS Form 3811, July 2015 PSN 7530-02-000-8053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Randal G. Gilhady

C. Date of Delivery

5/25/18

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Registered Mail☐ Registered Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
LeRoy Fire Dept.  
4 Clay Street  
LeRoy, NY 14482



9590 9402 3798 8032 8201 12

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7559

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Flora Spar* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Flora Spar

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Mail Restricted Delivery (over \$500)   |   |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Boston Vol. Fire Co.  
6746 Mill Street  
Boston NY 14025



9590 9402 3798 8032 8209 83

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7016

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *PTD* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☒ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Mail Restricted Delivery (over \$500)   |   |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Executive Officer  
United Memorial Medical Center  
127 North Street  
Batavia, NY 14020



9590 9402 3798 8032 8201 74

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7610

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Randall Gilman* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Randall Gilman

C. Date of Delivery

D. Is delivery address different from item 1? ☒ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Genesee Falls  
6673 Church St  
Portageville NY 14536



9590 9402 3798 8032 8206 17

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7481

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

Sam Kano

C. Date of Delivery

5/24/16

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail

all Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Swornville Fire Co., Inc.  
6971 Transit Road  
East Amherst NY 14051



9590 9402 3756 8032 0766 74

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6293

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(\$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Emergency Dept Director  
Sisters of Charity Hospital  
2157 Main Street  
Buffalo NY 14214



9590 9402 3756 8032 0763 39

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8051

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Patchin Fire Co.  
8333 Boston State Rd.  
Boston NY 14025



9590 9402 3756 8032 0762 92

Transfer from service label

7018 0360 0001 1683 6538

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *William Schuch* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☒ Yes  
If YES, enter delivery address below: ☐ No

PO-173  
Boston, NY 14025

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Registered Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

all Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Middlebury  
712 Transit Rd  
Wyoming NY 14591



9590 9402 3798 8032 8204 19

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7788

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dan P. Schuch* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Registered Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Emergency Dept Director  
Millard Fillmore Suburban  
Hospital  
1540 Maple Road  
Amherst NY 14221



9590 9402 3756 8032 0764 38

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8150

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Asio* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Registered Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

all Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Executive Officer  
Millard Fillmore Suburban  
Hospital  
1540 Maple Road  
Amherst NY 14221



9590 9402 3756 8032 0760 25

2. Article Number (Transfer from sender label)

7018 0360 0001 1683 8280

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

\* *[Signature]*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

- ☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Supervisor  
Town of Warsaw  
172 W. Buffalo St.  
Warsaw NY 14569



9590 9402 3798 8032 8202 66

2. Article Number (Transfer from sender label)

7018 0360 0001 1683 7702

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

\* *[Signature]*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

- ☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Supervisor  
Town of Holland  
47 Pearl St.  
Holland NY 14080



9590 9402 3756 8032 0767 04

2. Article Number (Transfer from sender label)

7018 0360 0001 1683 6569

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

\* *[Signature]*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

- ☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Holland Fire Dist.#1  
49 North Main Street  
Holland NY 14080



9590 9402 3798 8032 8207 85

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6811

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent

B. Received by (Printed Name)

Jill Zeintek 01/25/19

D. Is delivery address different from:  
If YES, enter delivery address below.☐ No

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery        |   |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Christian Krawczyk  
1 John James Audubon Pkwy #210  
Amherst, NY 14228



9590 9402 3756 8032 0756 22

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7276

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

B. Received by (Printed Name)

Jm

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery        |   |

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Perry  
7618 Route 20A  
Perry NY 14530



9590 9402 3798 8032 8202 73

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7719

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Jill Zeintek

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery        |   |

Domestic Return Receipt



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Town of Batavia Fire Dept.  
PO Box 417  
Batavia, NY 14020



9590 9402 3798 8032 8200 68

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 8457

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Don Kuciel

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Registered Mail Restricted Delivery (\$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Executive Officer  
Erie County Medical Center  
462 Grider Street  
Buffalo NY 14215



9590 9402 3756 8032 0763 84

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 8105

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

JEFF A. WILSON

## C. Date of Delivery

8/20/15

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Registered Mail Restricted Delivery (\$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mayor  
Village of Castile  
53 N. Main St.  
Castile NY 14427



9590 9402 3798 8032 8202 04

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7641

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Vickie Draper

## C. Date of Delivery

- D. Is delivery address different from item 1? ☒ Yes  
If YES, enter delivery address below: ☐ No

PO Box 515

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Registered Mail Restricted Delivery (\$500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Darryl Wenner  
224 E Main St  
Springville, NY 14141



9590 9402 3756 8032 0755 92

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7245

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Maryann W. Parker*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Gowanda Ambulance Service  
Corp.  
10 Mill Street  
Gowanda NY 14070



9590 9402 3756 8032 0760 87

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6231

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James Edely Trean*☐ Agent☐ Addressee

B. Received by (Printed Name)

JAMES EDELY

C. Date of Delivery

10/25/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail☐ Registered Mail☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Evans Center Vol. Fire Co.  
8298 Erle Rd.  
Angola NY 14006



9590 9402 3798 8032 8208 15

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6842

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Executive Officer  
Oishei Children's Hospital  
818 Ellicott St  
Buffalo NY 14203



9590 9402 3756 8032 0760 18

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 8273

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X Iris Kozioł ☒ Agent ☐ Addressee

## B. Received by (Printed Name)

I. Kozioł

## C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mayor  
City of Buffalo  
201 City Hall  
Buffalo NY 14202



9590 9402 3756 8032 0766 50

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6316

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

J. Kozioł

## C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Elba Fire Dept.  
PO Box 58  
Elba, New York 14058



9590 9402 3798 8032 8200 37

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 8426

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

J. Kozioł

## C. Date of Delivery

5/25/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, on the front if space permits.

1. Article Addressed to:

Chief Officer  
Getzville Fire Co. Inc.  
630 Dodge Road  
Getzville NY 14068



9590 9402 3798 8032 8208 08

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6835

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

BLAKE STRUM

C. Date of Delivery

May 24 2018

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Registered Mail Restricted Delivery☐ Registered Mail☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor  
Village of Perry  
46 N. Main St.  
Perry NY 14530



9590 9402 3798 8032 8202 42

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7689

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Kelly L. Simkins

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Registered Mail Restricted Delivery☐ Registered Mail☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
North Collins Emergency  
Squad, Inc.  
2037 Sherman Ave.  
North Collins NY 14111



9590 9402 3756 8032 0762 78

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6040

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Daniel Catalano

C. Date of Delivery

5/26/18

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Registered Mail Restricted Delivery☐ Registered Mail☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Chief Officer  
Colden Fire District  
8511 Center Street  
Colden NY 14033



9590 9402 3798 8032 8209 52

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6989

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☒ Agent  
☐ Addressee

B. Received by (Printed Name)

Y *[Signature]* GOLDEN NY 5/24/15

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ No

MAY 24 2015

USPS 14033

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Elma Vol. Fire Co. Inc.  
2945 Bowen Rd.  
Elma NY 14059



9590 9402 3798 8032 8209 14

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6941

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☒ Agent  
☐ Addressee

B. Received by (Printed Name)

K *[Signature]*

C. Date of Delivery

D. Is delivery address different from item 1? ☒ YesIf YES, enter delivery address below: ☐ No

PO Box 3  
Elma NY 14059

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor  
Village of Silver Springs  
P.O. Box 317  
Silver Springs NY 14550



9590 9402 3798 8032 8201 98

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7634

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☒ Agent  
☐ Addressee

B. Received by (Printed Name)

SUSAN HALL 05/24/15

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Castile  
53 N. Main St.  
Castile NY 14427



9590 9402 3798 8032 8204 33

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7306

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Vickie W

☐ Agent☐ Addressee

B. Received by (Printed Name)

Vickie Drew

C. Date of Delivery

D. Is delivery address different from item 1? ☒ YesIf YES, enter delivery address below: ☐ No

PO Box 179

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Mail Restricted Delivery☐ (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☐ Return Receipt for

Merchandise

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor  
Village of Gowanda  
27 East Main St.  
Gowanda NY 14070



9590 9402 3756 8032 0757 21

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7887

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Nancy Black

☐ Agent☐ Addressee

B. Received by (Printed Name)

Nancy Black

C. Date of Delivery

5-24-18

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Mail Restricted Delivery☐ (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☐ Return Receipt for

Merchandise

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
SpringBrook Fire Dist.  
70 Pound Road  
SpringBrook NY 14140



9590 9402 3756 8032 0754 48

7018 0360 0001 1683 6712

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Carl C. [Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

Carl C. [Signature]

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Mail Restricted Delivery☐ (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☐ Return Receipt for

Merchandise

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Newstead  
P.O. Box 227  
Akron NY 14001



9590 9402 3756 8032 0758 68

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6545

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

C. Date of Delivery

727

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Chief Officer  
Newstead Vol. Fire Co., Inc.  
5691 Cummings Road  
Akron NY 14001



9590 9402 3756 8032 0759 12

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6460

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

K. Matter

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

(over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Perry Emergency Ambulance, Inc.  
11 Mill St  
Perry NY 14530



9590 9402 3798 8032 8206 79

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7047

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sarah Ballinger

- ☒ Agent  
☐ Addressee

B. Received by (Printed Name)

Sarah Ballinger

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

PO Box 205  
Perry, NY 14530

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Delivery Restricted Delivery  
all  
Mail Restricted Delivery  
(over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Executive Officer  
Sisters of Charity Hospital  
2157 Main Street  
Buffalo NY 14214



9590 9402 3756 8032 0764 69

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8181

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *MA*☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery (PSN)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Marilla  
1740 Two Rod Rd.  
Marilla NY 14102



9590 9402 3756 8032 0753 94

7018 0360 0001 1683 7856

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

B. Received by (Printed Name)

5/25/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery (PSN)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
West Falls Vol. Fire Co., Inc.  
1864 Davis Road  
West Falls NY 14170



9590 9402 3756 8032 0765 75

7018 0360 0001 1683 6361

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Wayne R. Herbst*☐ Agent☐ Addressee

B. Received by (Printed Name)

WAYNE R. HERBST

C. Date of Delivery

5-24-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery (PSN)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Byron Fire Dept.  
PO Box 210  
Byron, NY 14422



9590 9402 3798 8032 8200 51

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8440

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ammy L. Wells*☐ Agent☐ Addressee

B. Received by (Printed Name)

Ammy L. Wells

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Mail☐ Mail Restricted Delivery

500

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☐ Return Receipt for

Merchandise

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Covington  
P.O. Box 445  
Pavilion NY 14525



9590 9402 3798 8032 8206 24

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7498

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gregory Gill*☐ Agent☐ Addressee

B. Received by (Printed Name)

Gregory Gill

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Mail☐ Mail Restricted Delivery

500

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☐ Return Receipt for

Merchandise

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gregory Gill, Dep. Comm. EMS  
Erie County Dept of Emergency  
Services  
3359 Broadway  
Cheektowaga NY 14227



9590 9402 3756 8032 0755 85

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7238

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gregory Gill*☐ Agent☐ Addressee

B. Received by (Printed Name)

Gregory Gill

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Mail☐ Mail Restricted Delivery

500

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☐ Return Receipt for

Merchandise

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Buffalo City Fire Department  
195 Court Street  
Buffalo NY 14202



9590 9402 3798 8032 8208 77

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6903

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Mail Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Millgrove Vol. Fire Dept.  
11621 Genesee Street  
Alden NY 14004



9590 9402 3756 8032 0761 55

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6163

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Mail Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Cheektowaga  
3301 Broadway  
Cheektowaga NY 14227



9590 9402 3756 8032 0754 31

701

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
East Aurora Fire Department  
33 Center St.  
East Aurora NY 14052



9590 9402 3798 8032 8209 38

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6965

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Randy

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Morton Corners Fire Dept  
13363 Mortons Corners Rd  
Springville NY 14141



9590 9402 3756 8032 0762 54

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6064

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Stephanie Schneider

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Hamburg Vol. Fire Dept. Inc.  
301 Union Street  
Hamburg NY 14075



9590 9402 3798 8032 8207 92

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6828

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

Randy

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☒ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Pavilion Fire Dept  
PO Box 156  
Pavilion NY 14525



9590 9402 3798 8032 8207 23

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8327

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Boston  
8500 Boston State Road  
Boston NY 14025



9590 9402 3756 8032 0754 24

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8327

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Lackawanna Fire Dept.  
1630 Abbott Road  
Lackawanna NY 14218



9590 9402 3756 8032 0763 15

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6507

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dewey Murock

☐ Agent☐ Addressee

B. Received by (Printed Name)

Dewey Murock

C. Date of Delivery

5/26/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®

☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail Restricted Delivery (over \$500)
☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X K MILLER

☐ Agent☐ Addressee

B. Received by (Printed Name)

K MILLER

C. Date of Delivery

5/29

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®

☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail
☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Main Transit Fire Dept.  
6777 Main Street  
Amherst NY 14221



9590 9402 3756 8032 0758 99

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6484

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Melissa*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Executive Officer  
Bertrand Chaffee Hospital  
224 East Main St  
Springville NY 14141



9590 9402 3756 8032 0760 49

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 8303

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Maurice New Dickey*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
South Wales Vol. Fire Co., Inc.  
6406 Olean Road  
South Wales NY 14139



9590 9402 3756 8032 0766 67

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6309

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Kathleen Rose*

- ☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

Kathleen Rose

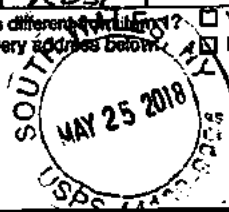
## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Executive Officer  
Mercy Hospital  
565 Abbott Road  
Buffalo NY 14220



9590 9402 3756 8032 0764 76

2. Article Number (Transfer from outside label)

7018 0360 0001 1683 8198

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tahut*☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/24/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ First Mail☐ First Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor  
Village of Springsville  
P.O. Box 17  
Springville NY 14141



9590 9402 2075 6132 4425 23

2. Article Number (Transfer from outside label)

7018 0360 0001 1683 8020

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

MAY 24 2018

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ First Mail☐ First Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Colden  
P.O. Box 335  
Colden NY 14033



9590 9402 3756 8032 0767 59

7018 0360 0001 1683 6606

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-24-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

MAY 24 2018

USPS 14033

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ First Mail☐ First Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
West Seneca Fire District #2  
2055 Union Road  
West Seneca NY 14224



9590 9402 3756 8032 0765 99

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6767

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Newton Abbott Fire Co., Inc.  
3426 Abbott Road  
Blasdell NY 14219



9590 9402 3756 8032 0761 62

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6156

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☒ Agent☐ Addressee

## B. Received by (Printed Name)

MARK D. BERNARD

## C. Date of Delivery

05292018

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Chief Officer  
Bowmansville Vol. Fire Assoc.  
36 Main Street  
Bowmansville NY 14026



9590 9402 3798 8032 8209 76

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7009

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Ray

## C. Date of Delivery

05292018

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mayor  
Village of Depew  
85 Manitou St.  
Depew NY 14043



9590 9402 3756 8032 0767 35

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6590

PS Form 3811, July 2015 PSN 7530-02-000-8053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X Lisa Barone

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Lisa Barone

## C. Date of Delivery

## D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes  
☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Registered Mail  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

## Domestic Return Receipt

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

## OFFICIAL USE

## Certified Mail Fee

\$ 3.45

## Extra Services &amp; Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.75☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage \$ 47

Total Postage and Fees \$ 6.67

Sent To

Chief Officer

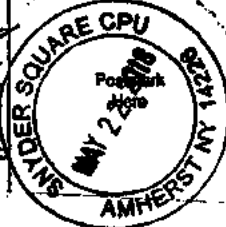
Eggertsville Fire District

1880 Eggert Road

Eggertsville NY 14226

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-8017



## SECTION

## COMPLETE THIS SECTION ON DEL

As on the reverse,  
return this card  
with the mailpiece  
within 10 days.

strict

26



826872

7018 0360 0001 1683 6590

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7018 0360 0001 1683 6590

7018 0360 0001 1683 6590

## Signature

[Signature]  
Received by (Printed Name) [Name]  
Date of Delivery [Date]

Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Registered Mail  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

## Domestic Return Receipt



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Bliss Fire Dept  
P.O. Box 184  
Bliss NY 14024



9590 9402 3798 8032 8206 93

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7061

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Tom Quattrone*☐ Agent☐ Addressee

## B. Received by (Printed Name)

6055 Route 362

## C. Date of Delivery

5/29

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

all Restricted Delivery  
3)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
East Concord Fire Department,  
Inc.  
9413 Genesee Road  
East Concord NY 14055



9590 9402 3798 8032 8208 39

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6866

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Susan Wagner*☒ Agent☐ Addressee

## B. Received by (Printed Name)

Susan Wagner

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

all Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Varysburg Fire Dept., Inc.  
P.O. Box 638  
Varysburg NY 14167



9590 9402 3798 8032 8204 64

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7337

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Robert McPart*☒ Agent☐ Addressee

## B. Received by (Printed Name)

Rob McPart

## C. Date of Delivery

5/29/18

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

all Restricted Delivery

all Restricted Delivery  
(over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
East Amherst Fire Dept. Inc.  
9100 Transit Road  
East Amherst NY 14051



9590 9402 3798 8032 8207 47

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6279

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery (\$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Jennifer Brown  
2605 Harlem Rd.  
Buffalo NY 14225



9590 9402 3756 8032 0755 09

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7160

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery (\$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
North Java Fire Co. Inc.  
P.O. Box 137  
North Java NY 14113



9590 9402 3798 8032 8204 88

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7351

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery (\$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Bergen Fire Dept.  
PO Box 428  
Bergen, NY 14416



9590 9402 3798 8032 8203 65

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8365

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*  
B. Received by (Printed Name)  
Jocelyn L. L. L.

- ☐ Agent  
☐ Addressee

C. Date of Delivery

5/29/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Mail Restricted Delivery (500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Castile Fire Dept  
P.O. Box 338  
Castile NY 14427



9590 9402 3798 8032 8205 94

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7467

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*  
B. Received by (Printed Name)  
Fire Dept  
PO Box 98

- ☐ Agent  
☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1? ☒ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Mail Restricted Delivery (500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Wyoming Hook & Ladder Co., Inc.  
P.O. Box 36  
Wyoming NY 14595



9590 9402 3798 8032 8204 57

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7320

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*  
B. Received by (Printed Name)  
5/29/18

- ☐ Agent  
☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Mail Restricted Delivery (500)

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Emergency Dept Director  
Sisters of Charity Hospital- St —  
Joseph Campus  
2605 Harlem Road  
Cheektowaga NY 14225



9590 9402 3756 8032 0759 81

## 2. Article No.

70:

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *David Knaus*☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise

Information™

Information™

Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Highland Hose Vol. Fire Co., Inc.  
1 George Nablo Parkway  
Derby NY 14047



9590 9402 3798 8032 8208 84

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6110

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Michael Conti*☐ Agent☒ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

MAY 30 2018

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Mail

Mail Restricted Delivery

(over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Seneca Hose Fire Co. One  
2801 Seneca Street  
West Seneca NY 14224



9590 9402 3756 8032 0762 09

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6118

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☒ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Mail

Mail Restricted Delivery

(over \$500)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Ellicott Creek Vol. Fire Co.  
45 South Ellicott Creek Rd  
Amherst NY 14228



9590 9402 3756 8032 0760 63

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6255

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Supervisor  
Town of Pike  
4643 Safford Rd.  
Gainesville NY 14066



9590 9402 3798 8032 8202 28

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7665

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Warsaw Fire Dept. Rescue Squad  
P.O. Box 22  
Warsaw NY 14569



9590 9402 3798 8032 8206 55

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7535

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Sheldon Vol. Fire Company, Inc.  
996 Centerline Road  
Strykersville NY 14145



9590 9402 3798 8032 8204 71

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7344

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Vickie Reindus

☒ Agent☐ Addressee

B. Received by (Printed Name)

Vickie Reindus

C. Date of Delivery

5/31/18

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Darien Fire Dept.  
PO Box 135  
Darien Center NY 14040



9590 9402 3798 8032 8201 36

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7573

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M. Krzanowicz

☒ Agent☐ Addressee

B. Received by (Printed Name)

M. Krzanowicz

C. Date of Delivery

5/31/18

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Darien EMS  
PO Box 135  
Darien Center NY 14040



9590 9402 3798 8032 8200 44

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8433

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M. Krzanowicz

☒ Agent☐ Addressee

B. Received by (Printed Name)

M. Krzanowicz

C. Date of Delivery

5/31/18

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Pembroke Fire Dept  
630 Main Rd  
Corfu, NY 14036



9590 9402 3798 8032 8201 05

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7542

PS Form 3811, July 2015 PSN 7530-U2-UUU-9003

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X Ed Switzer

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Ed Switzer

## C. Date of Delivery

5-31-18

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Mail Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Pine Hill Hose Co.  
2433 Genesee Street  
Cheektowaga NY 14225



9590 9402 3756 8032 0759 43

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6439

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X Tracy Kent

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

TRACY KENT

## C. Date of Delivery

5/31/18

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Mail Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Harris Hill Vol. Fire Co. Inc.  
8630 Main Street  
Williamsville NY 14221



9590 9402 3756 8032 0760 94

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6224

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X Amanda Sumner

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Amanda Sumner

## C. Date of Delivery

6/1/18

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Mail Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Hy-View Hose Company  
8 Airport Avenue  
Depew NY 14043



9590 9402 3756 8032 0761 00

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6217

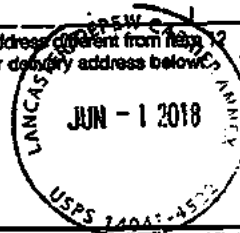
PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION

A. Signature

B.

- ☐ Agent  
☒ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below:

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Eagle  
3468 E. Main St.  
Bliss NY 14024



9590 9402 3798 8032 8205 25

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7399

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

Brett Hostnes

C. Date of Delivery

6-1-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Gainesville  
5898 School Rd.  
Castile NY 14427



9590 9402 3798 8032 8204 26

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7290

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent  
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/1/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Harris Corners Fire Dept. Rescue  
Squad  
Route 20A  
Strykersville NY 14145



9590 9402 3798 8032 8205 87

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7450

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Kokane Keem* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

8/17/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ All Restricted Delivery  
(5)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Alabama Fire Dept.  
P. O. Box 798  
Basom NY 14013



9590 9402 2075 6132 4425 61

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 8518

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Anthony M. M. M. M.* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

10/18/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Supervisor  
Town of Concord  
P.O. Box 366  
Springville NY 14141



9590 9402 3756 8032 0757 45

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7900

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *LaBacon* ☒ Agent ☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

Stephanie ABacon 5/25/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Corfu Fire Dept.  
PO Box 134  
Corfu, NY 14036



9590 9402 3798 8032 8203 58

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8358

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Michael Sformo ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Michele Sformo

C. Date of Delivery

5/29/18D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail  
Mail Restricted Delivery  
(0)

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Jamison Road Vol. Fire Co., Inc.  
1071 Jamison Road  
Elma NY 14059



9590 9402 3756 8032 0761 17

Article Number (Transfer from service label)

7018 0360 0001 1683 6200

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature] ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

6-5-18D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (\$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
South Byron Fire Dept.  
PO Box 30  
S. Byron, NY 14557



9590 9402 3798 8032 8204 02

Article Number (Transfer from service label)

7018 0360 0001 1683 8402

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature] ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Rich Bats

C. Date of Delivery

6/5/18D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (\$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Gainesville Fire Dept, Inc.  
P.O. Box 353  
Gainesville NY 14066



9590 9402 3798 8032 8206 86

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 7054

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☒ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail

Mail Restricted Delivery

(3)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
LakeShore Vol. Fire Co., Inc.  
4591 Lake Shore Road  
Hamburg NY 14075



9590 9402 3756 8032 0762 23

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 6095

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☒ Addressee

## B. Received by (Printed Name)

MARY LIPKA

## C. Date of Delivery

6/6/18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail

Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Chief Officer  
Akron Fire Company.  
1 Main Street  
Akron NY 14001



9590 9402 3756 8032 0763 22

## 2. Article Number (Transfer from service label)

7018 0360 0001 1683 8044

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☒ Addressee

## B. Received by (Printed Name)

Charles Hart

## C. Date of Delivery

10-1-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail

Mail Restricted Delivery

(3)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
 Armor Vol. Fire Co., Inc.  
 P.O. Box 971  
 Hamburg NY 14075



9590 9402 3798 8032 8210 03

2. Article Number (Transfer from service label)

7018 0360 0001 1683 7030

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*  
 B. Received by (Printed Name)  
 Jennifer L. Schickel

☐ Agent☐ Addressee

C. Date of Delivery

5/31/15

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Mail Restricted Delivery☐ Registered Mail®☐ Registered Mail Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
 Orchard Park Fire District  
 30 School St  
 Orchard Park NY 14127



9590 9402 3756 8032 0759 36

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6446

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*  
 B. Received by (Printed Name)  
 Ruth Wadner

☐ Agent☐ Addressee

C. Date of Delivery

12/1/14

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Mail☐ Mail Restricted Delivery☐ Registered Mail®☐ Registered Mail Restricted Delivery☐ Registered Mail Restricted Delivery☐ Registered Mail Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Alexander Fire Dept.  
PO Box 336  
Alexander NY 14005



9590 9402 3798 8032 8203 72

2. Article Number (Transfer from service label)

7018 0360 0001 1683 8372

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Beth Matyka  
for Jackie Lowe☐ Agent☐ Addressee

B. Received by (Printed Name)

Beth Matyka

C. Date of Delivery

6-4-18

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Attica  
914 Route 98  
Attica NY 14001



9590 9402 3798 8032 8206 31

2. Article Number

7018 0360 0001 1683 7504

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Bryan A. Rehl

☐ Agent☐ Addressee

B. Received by (Printed Name)

Bryan A. Rehl

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Collins Vol. Fire Company  
2365 Main St.  
Collins NY 14034



9590 9402 3798 8032 8207 54

2. Article Number (Transfer from service label)

7018 0360 0001 1683 6286

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X D. L. Brown

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor  
Village of Gainesville  
2 Toolhouse Road  
Gainesville NY 14066



9590 9402 2075 6132 4425 78

7018 0360 0001 1683 8501

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☐ Return Receipt for

Merchandise

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor  
Village of Wyoming  
P.O. Box 183  
Wyoming NY 14591



9590 9402 3798 8032 8202 35

2. Article Number (Transfer from sender label)

7018 0360 0001 1683 7672

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Karen L. Lacey

C. Date of Delivery

6-16-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☐ Return Receipt for

Merchandise

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Supervisor  
Town of Wethersfield  
4362 Route 78  
Bliss, NY 14066



9590 9402 1587 5362 6384 57

2. Article Number (Transfer from sender label)

7016 0600 0000 5379 4356

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☐ Return Receipt for

Merchandise

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief Officer  
Clarence Fire District #1  
P. O. Box 340  
Clarence NY 14031



9590 9402 1587 5362 6384 40

2. Article Number (Transfer from service label)

7016 0600 0000 5379 4370

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kim M. Lash*☒ Agent☐ Addressee

B. Received by (Printed Name)

KIM M. LASH

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Michael O'Brien  
100 High St  
Buffalo NY 14203



9590 9402 2075 6132 4425 85

2. Article Number (Transfer from service label)

7016 1370 0000 3865 8146

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Michael O'Brien*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

# **Exhibit O**



# **Town of Alden EMS - Support Letters Received - 2018**

## **Erie County**

### **Hospitals/Doctors**

Erie County Dept. of Emergency Services  
Erie County DHSES  
Erie County Medical Center  
Sisters of Charity Hospital  
Takats, Joseph (Niagara Medical Management Consultants)

### **Agencies**

Alden Fire Dept.  
Clarence Center Vol. Fire Co.  
Collins Center Fire Co.  
Crittenden Vol. Fire Dept.  
East Seneca Vol. Fire Co.  
Eggertsville Fire District  
Elma Fire Co.  
Gowanda Ambulance Service  
Grand Island Fire Co.  
Holland Fire District  
Jamison Road Vol. Fire Co.  
Lackawanna Fire Dept.  
Lancaster Vol. Ambulance Corp, Inc.  
Marilla Fire Co.  
Millgrove Vol. Fire Dept.  
Mortons Corners Fire Dept.  
Newton Abbott Fire Co.  
Orchard Park Fire District  
Orchard Park Fire District EMS, Inc.  
Reserve Hose Fire Co.  
South Wales Fire Co.  
Swormville Fire Co.  
Town Line Vol. Fire Dept.  
Twin District Vol. Fire Co.  
West Falls Fire Co.  
West Seneca Fire District #4  
West Seneca Fire District #6

### **Municipalities**

Akron, Village  
Alden, Village  
Angola, Village  
Aurora, Town  
Boston, Town  
Brant, Town  
Cheektowaga, Town  
Collins, Town

## **Town of Alden EMS - Support Letters Received - 2018**

### **Erie County, Municipalities (con't)**

Concord, Town  
Depew, Village  
East Aurora, Village  
Elma, Town  
Evans, Town  
Gowanda, Village  
Hamburg, Village  
Holland, Town  
Lancaster, Town  
Lancaster, Village  
Marilla, Town  
Newstead, Town  
North Collins, Town  
Orchard Park, Town  
Sardinia, Town  
Springville, Village  
Tonawanda, City

### **Wyoming County**

#### **Hospitals**

Wyoming County Community  
WCFC

#### **Agencies**

Bennington Vol. Fire Co.  
Bliss Rescue Squad  
Cowlesville Fire Co.  
Strykersville Vol. Fire Co.  
Varysburg Fire Dept.

#### **Municipalities**

Arcade, Village  
Attica, Village  
Bennington, Town  
Eagle, Town  
Gainesville, Town  
Java, Town  
Middlebury, Town  
Perry, Town  
Sheldon, Town  
Silver Springs, Village  
Warsaw, Village

## **Town of Alden EMS - Support Letters Received - 2018**

### **Genesee County**

#### **Agencies**

Genesee County OEM  
Alexander Fire Dept.  
Bethany Vol. Fire Dept.  
Corfu Fire District  
Darien EMS, Inc.  
Indian Falls Fire Dept.  
Pembroke Fire District  
Stafford Fire Dept.

#### **Municipalities**

Batavia, City  
Darien, Town  
Pembroke, Town



## COUNTY OF ERIE

**MARK POLONCARZ**

COUNTY EXECUTIVE

**Daniel Neaverth Jr.**  
Commissioner

**DEPARTMENT OF HOMELAND SECURITY &  
EMERGENCY SERVICES**

45 Elm Street – Buffalo, NY 14203

716 858-6578 – FAX 858-7937

[www.erie.gov/emergency](http://www.erie.gov/emergency)

**Gregory Gill**  
Deputy Commissioner  
Emergency Medical Services

May 25, 2018

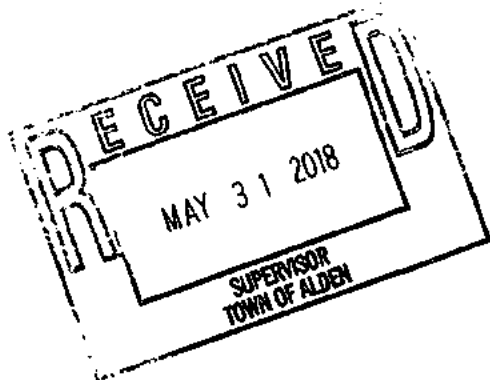
Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.



Very truly yours,

**Kenneth Peterson**  
ALS Coordinator  
Erie County Emergency Medical Services



## COUNTY OF ERIE

**MARK POLONCARZ**  
COUNTY EXECUTIVE

**Daniel Neaverth Jr.**  
Commissioner

**DEPARTMENT OF EMERGENCY SERVICES**

45 Elm Street – Buffalo, NY 14203  
716 858-6578 – FAX 858-7937  
[www.erie.gov/emergency](http://www.erie.gov/emergency)

Wednesday, April 11, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support for your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of public Need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization will go on record stating that we support the Town of Alden EMS in its request for a permanent ambulance operating authority under Public Health Law Article 30.

Sincerely,

Daniel Neaverth Jr.  
Commissioner  
Erie County Homeland Security and Emergency Services

May 31, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,



<signature>

Michael Manka

By: Chief of Emergency Medicine - ECMC

Chief Executive Officer or  
title of administrator signing letter

April 17, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004


Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
<signature>

By: Chief of Emergency Medicine - ECMC

Chief Executive Officer or  
title of administrator signing letter



**May 29, 2018**

**Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004**

**Dear Supervisor Savage:**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".**

**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Very truly yours,**

A handwritten signature in black ink, appearing to read "Martin Boryszak". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

**Martin Boryszak  
President/CEO**



**Niagara Medical Management Consultants  
227 Highland Parkway  
Buffalo, N.Y. 14223  
P-716-447-8868 F-716-447-8892**

**April 19,2018**

**Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004**

**Dear Supervisor Savage,**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of "public need" which was provided to us in a letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".**

**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Very truly yours,**

  
**Joseph R. Takats III, D.O. FACEP**



# Village of Alden Fire Department and Emergency Medical Services Department



13336 BROADWAY  
ALDEN, NEW YORK 14004

(716) 937-9216 ext. 16

Fax: (716) 937-8936

aldenfd@rochester.rr.com



May 31, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004


Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
<signature>

By: Chief Mark Pruitt

Chief Executive Officer or  
title of administrator signing letter





Established 1908  
100% Volunteer

**THE  
CLARENCE CENTER VOLUNTEER  
FIRE COMPANY, INC.**

9415 Clarence Center Rd.  
Clarence Center, New York 14032  
Hall (716) 741-2062 Fax (716) 741-9043  
[www.ccvfc.net](http://www.ccvfc.net)

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

April 14, 2018

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certification in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need"

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under public Health Law Article 30.

Sincerely,

  
Chief Benjamin R. Hodge



# COLLINS CENTER FIRE COMPANY

• Established 1892 •

PO BOX 461, COLLINS CENTER, NY 14035

---

June 6, 2018

Hon. Richard A. Savage, Supervisor

Town of Alden

3311 Wende Road

Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Because we recognize and believe that EMS services are necessary and increasing in demand, our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

A handwritten signature in black ink, appearing to read "Joy Johnson".

Joy Johnson, Secretary & EMS Captain/EMT-B

Collins Center Fire Company



**13415 Genesee Street  
P.O Box 424  
Alden, NY 14004  
716-937-9166**

**May 05, 2018**

**Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004**

**Dear Supervisor Savage:**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".**

**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public health Law Article 30.**

**Sincerely,**

**CRITTENDEN VOLUNTEER FIRE DEPARTMENT**

**Alan R. Piasecki  
Chief**

April \_\_, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
<signature>

By: CHIEF

Chief Executive Officer or  
title of administrator signing letter

**Eggertsville Fire District**

**FIRE CHIEF**

1880 EGGERT ROAD  
EGGERTSVILLE, NY 14226-2233

April 27, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York

Dear Supervisor Savage,

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need"

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Kiel Gentry', with a long horizontal line extending to the right.

Kiel Gentry  
Fire Chief  
Eggertsville Fire District  
Eggertsville Hose Company  
716-425-8705  
chief@eggertsvillehose.com



## **ELMA FIRE COMPANY, INC.**

---

P.O. Box 3 • 2945 Bowen Road • Elma, New York 14059  
Phone: (716) 652-1674 • (716) 652-1676 • Fax: (716) 652-1678

May 28, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for a permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

Michael T. Kalczynski

Chief of Elma Volunteer Fire Company





## **ELMA FIRE COMPANY, INC.**

---

P.O. Box 3 • 2945 Bowen Road • Elma, New York 14059  
Phone: (716) 652-1674 • (716) 652-1676 • Fax: (716) 652-1678

Hon. Richard A. Savage, Supervisor

April 24, 2018

Town of Alden

3311 Wende Road

Alden New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need"

Our organization would like to on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30

Very truly yours,

A handwritten signature in black ink, appearing to read 'Michael T. Kofron'. The signature is fluid and cursive, with a large, sweeping 'M' and 'K'.

Chief of Elma Fire Company



# **GOWANDA AMBULANCE SERVICE**

PROVIDING THE HIGHEST LEVEL OF CARE TO THE COMMUNITIES WE SERVE

Proudly Serving the Towns of Dayton, Persia, Collins, Perrysburg, and the Village of Gowanda

P.O. Box 143  
10 Mill St.  
Gowanda, N.Y. 14070

Phone: 716-532-2025  
Fax: 716-532-4884  
[www.gowandaems.org](http://www.gowandaems.org)

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004  
May 25, 2018

Dear Supervisor Savage:

This letter is in response to the recent request by the Town of Alden EMS for a letter of support in an effort to obtain a permanent Ambulance Operating Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" as provided to us in your letter of solicitation.

We understand based on the information provided by your agency the circumstances exist to satisfy public need in your area. Our organization supports the Town of Alden EMS in its request for permanent ambulance operating authority under Article 30 of the Public Health Law.

Sincerely,

*Michael J. Shaw*

Michael J. Shaw, GM  
Gowanda Ambulance Service

**"To provide the highest level of pre-hospital emergency care to the people of our communities!"**



## **GRAND ISLAND FIRE COMPANY, INC**

**2275 Baseline Road - Grand Island, NY 14072-1711**

**Phone: (716) 773-4334 - Fax (716) 773-5156**

**[www.grandislandfire.us](http://www.grandislandfire.us)**

**April 18<sup>th</sup> 2018**

**Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004**

**Dear Supervisor Savage,**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement for "public need".**

**Our organization would like to go on record that we support the Town of Alden EMS in its request for a permanent ambulance operating authority under Public Health Law Article 30.**

**Sincerely,**

A handwritten signature in black ink, appearing to read "C. Soluri", written over a horizontal line.

**Christopher M. Soluri  
Fire Chief**

**HOLLAND FIRE DISTRICT NO. 1  
49 N. MAIN STREET  
PO BOX 610  
HOLLAND, NY 14080**

April 27, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

Charles D. Thum  
<signature>

By: Commissioner Chair  
Charles D. Thum  
Chief Executive Officer or  
title of administrator signing letter

# **Jamison Road Volunteer Fire Company, Inc.**

1071 JAMISON ROAD  
ELMA, NEW YORK 14059

June 6, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004  
Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 80.

Very truly yours,



Chief of Jamison RD Fire Company

## **LACKAWANNA FIRE DEPARTMENT**

**1630 ABBOTT ROAD LACKAWANNA, NY 14218 - 2937**  
**Telephone (716) 827-6437 Fax (716) 821-0167**  
**Email: firechief@lackny.com**

**May 24, 2018**

**Hon. Richard A. Savage, Supervisor**  
**Town of Alden**  
**3311 Wende Road**  
**Alden, NY 14004**

**Dear Supervisor Savage,**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirements of "public need".**

**Our department would like to go on record stating the we fully support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Sincerely,**



**Ralph Galanti**  
**Fire Chief**  
**Lackawanna Fire Department**

# **LACKAWANNA FIRE DEPARTMENT**

**1630 ABBOTT ROAD LACKAWANNA, NY 14218 - 2937**  
**Telephone (716) 827-6437 Fax (716) 821-0167**  
**Email: firechief@lackny.com**

**April 9, 2018**

**Hon. Richard A. Savage, Supervisor**  
**Town of Alden**  
**3311 Wende Rd.**  
**Alden, NY 14004**

**Dear Supervisor Savage:**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS and we believe that the circumstances exist to satisfy the requirement for "public need".**

**Our department would like to go on record stating that we fully support the Town of Alden EMS in their request for permanent ambulance operating authority under Public Health Law Article 30..**

**Sincerely,**



**Ralph Galanti**  
**Fire Chief**  
**Lackawanna Fire Department**



# Lancaster Volunteer Ambulance Corp, Inc.

Post Office Box 164  
Lancaster, New York 14086 -0164

**President**  
*Chester J. Popolkowski*

**Vice President**  
*Allison Revelas*

**Treasurer**  
*Brian Foote*

**Secretary**  
*Michelle Williams*

**Director of Operations**  
*David Maracco*

**Director**  
*William Revelas*

**Director**  
*John O'Donnel*

**Director**  
*Amy Revelas*

**Director**  
*Rachel Hutter*

May 25, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004



Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance authority under the Public Health Law Article 30.

Very truly yours,

Chester Popolkowski  
President, Lancaster Volunteer ambulance Corps.





# **Lancaster Volunteer Ambulance Corp, Inc.**

Post Office Box 164  
Lancaster, New York 14086 -0164

**President**  
*Chester J. Popiolkowski*

**Vice President**  
*Allison Revelas*

**Treasurer**  
*Brian Foote*

**Secretary**  
*Michelle Williams*

**Director of Operations**  
*David Maracco*

**Director**  
*William Revelas*

**Director**  
*John O'Donnel*

**Director**  
*Amy Revelas*

**Director**  
*Rachel Hutter*

**April 12, 2018**

**Hon. Richard A. Savage, Supervisor**  
**Town of Alden**  
**3311 Wende Road**  
**Alden, New York 14004**

**Dear Supervisor Savage:**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and village of Alden.**

**We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".**

**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance authority under the Public Health Law Article 30.**

**Very truly yours,**

**Chester Popiolkowski**  
**President, Lancaster Volunteer ambulance Corps.**



**MARILLA FIRE COMPANY, INC.**

1950 West Ave. • P. O. Box 124  
Marilla, New York 14102

Hall 716-652-1080  
Fax 716-652-0491



**April 13, 2018**

**Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004**

**Dear Supervisor Savage:**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need."**

**The Marilla Fire Company would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Very truly yours,**

**William J. Blarr  
Chief**



FIRE COMPANY  
ORGANIZED  
1931

# *Millgrove Volunteer Fire Department, Inc.*

11621 GENESEE STREET  
ALDEN, NEW YORK 14004



RESCUE SQUAD  
ORGANIZED  
1955

June 6/2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

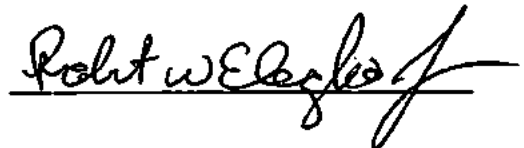
Dear Supervisor Savage

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirements of "public need"

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulances operating authority under Public Health Law Article 30.

Firematically yours





FIRE COMPANY  
ORGANIZED  
1931

# Millgrove Volunteer Fire Department, Inc.

11621 GENESEE STREET  
ALDEN, NEW YORK 14004



RESCUE SQUAD  
ORGANIZED  
1955

April \_\_, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road.  
Alden, New York 14004

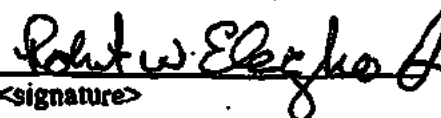
Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
<signature>

By: Chief

Chief Executive Officer or  
title of administrator signing letter

Please print on your agency letterhead, insert the date above, sign and print your name below your signature.  
Please return by mail, fax (716-839-5622) or email (AldenEMS2018@gmail.com)



Mortons Corners Fire Department  
13368 Mortons Corners Road  
PO Box 370  
Springville, NY 14141  
(716) 592-4665

April 9, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
signature  
By: 

Chief Executive Officer or  
title of administrator signing letter



## **Newton Abbott Fire Company, Inc.**

### **Town of Hamburg, New York**

---

P.O. Box 2001 • Blasdell, NY 14219 P: (716) 825-3663 • F: (716) 825-0844

June 1, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004


Dear Supervisor Savage:

This Letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on the record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
CHAD LOCKEN  
Chief of Newton Abbott  
Fire Company

# ORCHARD PARK FIRE DISTRICT

P. O. Box 1290

Orchard Park, New York 14127

**CHAIRMAN**

KENNETH MACHEMER

**COMMISSIONERS**

Frank Wierzbowski  
Gregory Gill  
Paul Bodden  
Marylyn Wiechmann

**SECRETARY**

Roberta Buczkowski

**TREASURER**

Christine Petrie

**ASSISTANT  
TREASURER**

Penny Jo Jensen

**ATTORNEY**

Michael Chelus

**DISTRICT CHIEF**

Guy Carey

**TRAINING  
OFFICER**

Christopher Couell

**EMS COORDINATOR**

Jacob Galas

**DISTRICT  
COMPANIES**

Orchard Park  
Hillcrest  
Windom

June 13, 2018

Honorable Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden NY 14004

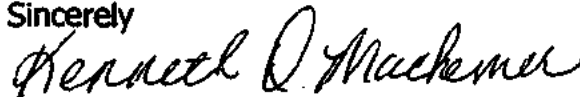
Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in your efforts to obtain a permanent Ambulance Service Certificated in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe the circumstances exist to satisfy the requirements of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request of permanent ambulance operating authority under Public Health Law Article 30.

Sincerely



Kenneth D. Machemer, Chairman  
Board of Fire Commissioners  
Orchard Park Fire District

KDM:rlb

cc: File

# **ORCHARD PARK FIRE DISTRICT EMS, INC.**

**3920 Taylor Rd., P.O. Box 488  
Orchard Park, New York 14127**

**CHAIRMAN**

Frank Wierzbowski

**President**

Kenneth Machemer

**Vice President**

Paul Bodden

**Directors**

Marylyn Wiechman

Gregory Gill

**Director of EMS  
Operations**

Timothy Benstead

**Supervisors**

Thomas Barsi

John Gill

Eric Knavel

**ATTORNEY**

Michael Chelus

**Treasurer**

Penny Jo Jensen

**EDUCATION  
COORDINATOR**

Jaqueline Labelle

Hon. Richard A Savage, Supervisor

Town of Alden

3311 Wende Road

Alden, NY 14004

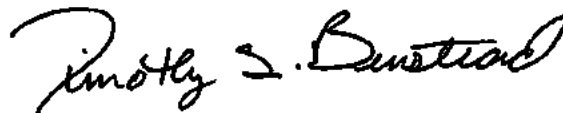
Dear Supervisor Savage,

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record by stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Sincerely,



Timothy S Benstead

Director of EMS Operations



*From The Chief's Desk of ...*

## **Reserve Hose Fire Company**

---



June 20, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage,

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Sincerely,

Robert Kaminski  
Fire Chief  
Reserve Hose Fire Company  
West Seneca Fire District #3



**2400 Berg Road  
West Seneca, New York 14224**



April 9, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
\_\_\_\_\_  
<signature>

By: Marty O'Connor

Chief Executive Officer or  
title of administrator signing letter



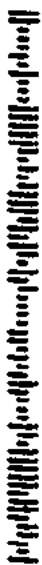
South Wales Fire Company  
6406 Olean Rd.  
South Wales, NY 14139

BUFFALO NY 142  
10 APR 2018 PM 2 L



Town of Alden EMS  
c/o Law offices of Mark C. Butler, PLLC  
6166 Main Street, Suite 302  
Williamsville, NY 14221

14221-524577





# SWORMVILLE FIRE COMPANY, INC.

6971 Transit Road  
East Amherst, NY 14051

May 31, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

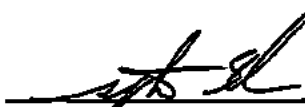
Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
\_\_\_\_\_  
<signature>

By: Steve Klok - Chief

Chief Executive Officer or  
title of administrator signing letter



## **Town Line Volunteer Fire Department, Inc.**

**6507 Broadway, Lancaster, New York 14086**

**716.683.0385**

**April 9, 2018**

**Hon. Richard A. Savage  
Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004**

**Dear Supervisor Savage:**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of "public need."**

**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Very truly yours,**

**Jennifer M. Broska  
President**

# **Twin District Vol. Fire Company, Inc.**

**4999 William Street P.O. Box 406**

**Lancaster, New York 14086**

**716-681-3118**

**Fax: 716-685-3628**



**April 11, 2018**

**Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004**

**Dear Supervisor Savage:**

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

**President – Twin District Vol. Fire Co., Inc**



**WEST FALLS FIRE COMPANY  
AURORA COLDEN FIRE DISTRICT #6  
Phone: (716)652-1353  
Fax:(716)652-0111**



April 19, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

A. Co.  
<signature>

By: A. O'Brien

Chief Executive Officer or  
title of administrator signing letter

District Chief  
West Falls Fire Company



## **WEST SENECA FIRE DISTRICT #4**

**100 LEIN ROAD**

**WEST SENECA, NEW YORK 14224**

**PH: 716-674-5107 FAX: 716-674-8693**

**EMAIL: WSDIST4@gmail.com**

---

**May 8, 2018**

**Hon. Richard A Savage, Supervisor  
Town of Alden  
3311 Wende Rd  
Alden, NY 14004**

**Dear Supervisor Savage:**

**This letter is in response to the request by the Town of Alden EMA for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of the "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".**

**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Very truly yours,**



**Kevin Schieber**

**Commissioner of the West Seneca Fire District #4**

**Cc: File  
Chief  
Fire Company**





## West Seneca Fire District, #6

"Semper Vigilantia" - since 1890

666 Main Street

West Seneca, NY 14224

Ofc: 674-1453 Fax: 677-5510 Website: [www.vigilantfire.com](http://www.vigilantfire.com)

April 10, 2018

 COPY

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in a letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

West Seneca Fire District #6  
Fire Commissioner Board

  
William Cleary, Chairman



# ***West Seneca Fire District, #6***

*"Semper Vigilantia"* - since 1890

666 Main Street

West Seneca, NY 14224

Ofc: 674-1453 Fax:677-5510 Website: [www.vigilantfire.com](http://www.vigilantfire.com)

April 10, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in a letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

West Seneca Fire District #6  
Fire Commissioner Board

A handwritten signature in black ink, appearing to read "William Cleary", is written over a horizontal line.

William Cleary, Chairman

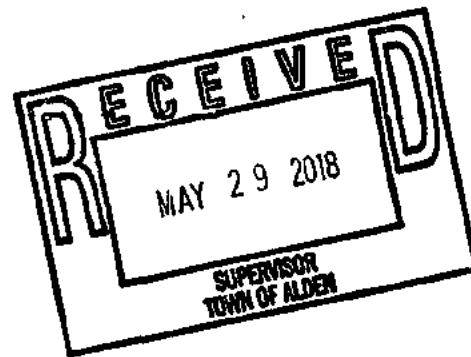
MAYOR  
CARL E. PATTERSON  
TRUSTEES  
DARRIN L. FOLGER  
E. PETER FORRESTEL  
MICHAEL R. MIDDAGH  
BRIAN T. PERRY



TREASURER  
TAMMY L. KELLEY  
VILLAGE CLERK  
JAYNE DeTINE  
VILLAGE ATTORNEY  
ANDREW A. BORDEN

April 16, 2018

Hon. Richard a. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004



Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Sincerely,

Carl E. Patterson  
Mayor

*Second Request dated 5-25-18.*

**MAYOR**  
**CARL E. PATTERSON**  
**TRUSTEES**  
**DARRIN L. FOLGER**  
**E. PETER FORRESTEL**  
**MICHAEL R. MIDDAUGH**  
**BRIAN T. PERRY**



**TREASURER**  
**TAMMY L. KELLEY**  
**VILLAGE CLERK**  
**JAYNE DeTINE**  
**VILLAGE ATTORNEY**  
**ANDREW A. BORDEN**

**April 16, 2018**

**Hon. Richard a. Savage, Supervisor**  
**Town of Alden**  
**3311 Wende Road**  
**Alden, NY 14004**

**Dear Supervisor Savage:**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".**

**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Sincerely,**

**Carl E. Patterson**  
**Mayor**

ALL VILLAGE  
OFFICES  
(716) 937-9216  
FAX (716) 937-8936

# VILLAGE OF ALDEN

INCORPORATED MAY 7, 1869

PUBLIC WORKS  
(716) 937-7392



13336 BROADWAY  
ALDEN, ERIE CO., NEW YORK 14004-1375  
WWW.ERIE.GOV

~~April 16, 2018~~

Hon. Richard A Savage, Supervisor

Town of Alden

3311 Wende Rd.

Alden, NY 14004

Dear Supervisor Savage,

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael Manicki".

Mayor Michael Manicki

Mayor, Village of Alden

*Alden "Alive and Growing"*



Telephone (716) 549-1126

549-1180

FAX (716) 549-5130

[www.villageofangola.org](http://www.villageofangola.org)

TDD 1-800-662-1220

## VILLAGE OF ANGOLA

41 COMMERCIAL STREET • ANGOLA, NEW YORK 14006

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

May 29<sup>th</sup>, 2018


Dear Supervisor Savage:

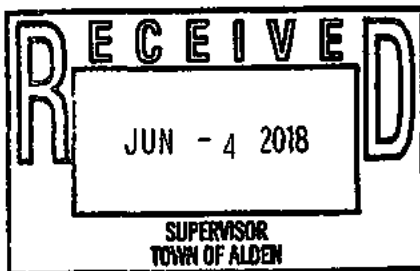
This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to on record stating that we support the Town of Alden EMS in its request for permanent ambulance operation authority under Public Health Law Article 30.

Very truly yours,

  
Howard Frawley  
Mayor  
Village of Angola





**TOWN OF AURORA**  
**Southside Municipal Center**  
300 Gleed Avenue, East Aurora, NY 14052  
[www.townofaurora.com](http://www.townofaurora.com)

May 29, 2018

Supervisor Richard A. Savage  
Town of Alden  
3311 Wende Road  
Alden, NY 14004



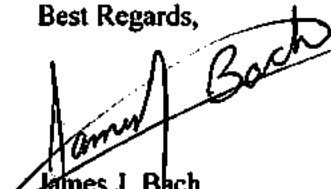
Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need," which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need."

The Town of Aurora goes on record in support of the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Best Regards,

  
James J. Bach  
Aurora Town Supervisor

**SUPERVISOR**  
James J. Bach  
(716) 652-7590  
[jbach@townofaurora.com](mailto:jbach@townofaurora.com)



**TOWN CLERK**  
Martha L. Libroek  
(716) 652-3280  
[townclerk@townofaurora.com](mailto:townclerk@townofaurora.com)

**TOWN OF AURORA**  
**Southside Municipal Center**  
300 Gleed Avenue, East Aurora, NY 14052  
[www.townofaurora.com](http://www.townofaurora.com)

**TOWN COUNCIL MEMBERS**

Susan A. Friess  
[sfriess@townofaurora.com](mailto:sfriess@townofaurora.com)

Jeffrey T. Harris  
[jharris@townofaurora.com](mailto:jharris@townofaurora.com)

Jolene M. Jeffe  
[jjeffe@townofaurora.com](mailto:jjeffe@townofaurora.com)

Charles D. Snyder  
[csnyder@townofaurora.com](mailto:csnyder@townofaurora.com)

**SUPT. OF HIGHWAYS**  
David M. Gunner  
(716) 652-4050  
[highway@townofaurora.com](mailto:highway@townofaurora.com)

**SUPT. OF BUILDING**  
Patrick J. Blizniak  
(716) 652-7591  
[building@townofaurora.com](mailto:building@townofaurora.com)

**ASSESSOR**  
Richard L. Dean  
[assessor@townofaurora.com](mailto:assessor@townofaurora.com)  
(716) 652-0011

**DIR. OF RECREATION**  
Christopher Musshafen  
(716) 652-8866  
[chris@townofaurora.com](mailto:chris@townofaurora.com)

**TOWN ATTORNEY**  
Ronald P. Bennett

**TOWN JUSTICE**  
Jeffrey P. Markello  
Anthony DiFilippo IV

**HISTORIAN**  
Robert L. Goller  
(716) 652-7944  
[historian@townofaurora.com](mailto:historian@townofaurora.com)

FAX: (716) 652-3507  
NYS Relay Number:  
1(800) 662-1220

*This institution is an equal  
opportunity provider and employer.*

April 24, 2017

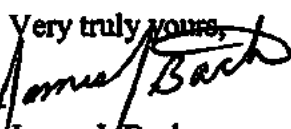
Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need", which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement for "public need".

The Town of Aurora Town Board would like to go on record that we support the Town of Alden EMS on its request for permanent operating authority under Public Health Law Article 30.

Very truly yours,  
  
James J. Bach  
Supervisor





## TOWN OF BOSTON

April 9, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

The Town of Boston would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

Jason Keding  
Town of Boston Supervisor

TOWN HALL, 8500 BOSTON STATE ROAD, BOSTON, NEW YORK 14025  
PHONE: (716) 941-6113 FAX: (716) 941-6116 TDD: 1-800-662-1220

The Town of Boston is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.escr.usda.gov/complaint\\_filing\\_cust.html](http://www.escr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of



# **Town of Brant**

## **Erie County New York**

**SUPERVISOR**  
**MARK DECARLO**  
716-549-0301  
ext#3

**TOWN CLERK**  
**BARBARA J DANIEL**  
716-549-0282  
ext# 2

**COUNCILMAN**  
**DONALD CLARK**  
**MICHAEL MUFFOLETTO**  
**DONNA MARIEN**

April 9, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

The Town of Brant would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Sincerely,

Hon. Mark J. DeCarlo  
Supervisor  
Town of Brant

---

1272 Brant North Collins Rd, PO Box 228, Brant, New York 14027 PH (716)549-0282 (716)549-0623  
TDD NY RELAY 1-800-662-1220

"The Town of Brant is an equal opportunity provider, and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."



# Town of Cheektowaga

Cheektowaga Town Hall – Suite 201  
3301 Broadway Street  
Cheektowaga, NY 14227

---

Office Phone: (716) 686-3465

Fax: (716) 686-3551

Email: [supervisorsoffice@tocny.org](mailto:supervisorsoffice@tocny.org)

Hon. Diane Benczkowski  
SUPERVISOR

April 17, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

I support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Sincerely,

Diane Benczkowski  
Town of Cheektowaga  
Supervisor

Town Of  
**COLLINS**  
ERIE COUNTY NEW YORK

KENNETH MARTIN, SUPERVISOR  
BECKY JO SUMMERS, TOWN CLERK



BOARD MEMBERS:  
MARY STELLEY, DEPUTY SUPERVISOR  
SARA JANE EYON  
JIM HOTNICH  
JACQUELYN McLEAN

May 30, 2018

Hon. Richard A Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

The Town of Collins would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Sincerely,

Kenneth E. Martin  
Supervisor, Town of Collins

14093 MILL STREET PO BOX 420 COLLINS, NEW YORK 14034 716 532 4874 FAX 532 3968

*This institution is an equal opportunity provider, and employer. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-6410, or call (800) 785-3732 (voice) or (202) 720-6382 (TDD).*

Town Of  
**COLLINS**  
ERIE COUNTY      NEW YORK

KENNETH MARTIN, SUPERVISOR  
BECKY JO SUMMERS, TOWN CLERK



BOARD MEMBERS:  
MARY STELLBY, DEPUTY SUPERVISOR  
SARA JANE SION  
JIM KOTNICH  
JACQUELYN McLEAN

April 25, 2018

Hon. Richard A Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

The Town of Collins would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Sincerely,

Kenneth E. Martin  
Supervisor, Town of Collins

14093 MILL STREET    PO BOX 420    COLLINS, NEW YORK 14034    716 532 4874    FAX 512 3968

*This institution is an equal opportunity provider, and employer. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-6410, or call (800) 795-3732 (voice) or (202) 720-6382 (TDD).*

*Clyde M. Drake*  
Supervisor

*James M. Freeman*  
Deputy Supervisor

*Brian F. Attia*  
Attorney



*Kenneth D. Littel*  
Councilman

*William F. Synder, III*  
Councilman

*Philip Drozd*  
Councilman

May 29, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

The Town of Concord would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.



Very truly yours,

Clyde M. Drake  
Town Supervisor

*Clyde M. Drake*  
Supervisor

*James M. Kreamien*  
Deputy Supervisor

*Brian F. Nitco*  
Attorney



*Kenneth D. Littel*  
Councilman

*William F. Snyder, III*  
Councilman

*Philip Droad*  
Councilman

April 12, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden Ems for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

Clyde M. Drake  
Town Supervisor

**Mayor**  
*Jesse Nikonowicz*  
716-681-4396

**Trustees**  
*Karl Bukowiecki*  
*Don Jakubowski*  
*Audrey Hamernik*  
*Kevin Peterson*



**Village Administrator**  
*Maureen Jerackas*  
716-683-7451 x127  
716-683-1398 (fax)

**Village Attorney**  
*Kathleen McDonald*

## **Village of Depew**

**April 10, 2018**

**Hon. Richard A. Savage, Supervisor**  
**Town of Alden**  
**3311 Wende Road**  
**Alden, New York 14004**

**Dear Supervisor Savage:**

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

**Sincerely,**

**Jesse Nikonowicz**  
**Mayor, Village of Depew**



# VILLAGE OF EAST AURORA

VILLAGE HALL • 571 MAIN STREET  
EAST AURORA, NEW YORK 14052  
(716) 652-6000 FAX (716) 652-1290  
www.east-aurora.ny.us



April 18, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

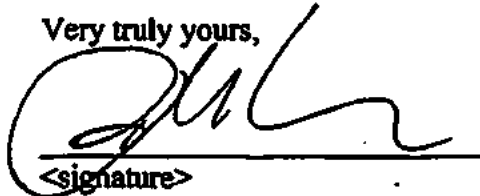
Dear Supervisor Savage:

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Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
<signature>

By: PETER MERCURIO - MAYOR

Chief Executive Officer or  
title of administrator signing letter

May 24, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

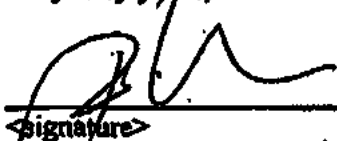
Dear Supervisor Savage:

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We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
signature

By Mayor Peter Mercario  
Village of EAT AURORA  
Chief Executive Officer or  
title of administrator signing letter

*Please print on your agency letterhead, insert the date above, sign and print your name below your signature.  
Please return by mail, fax (716-839-5422) or email (AldenEMS2018@gmail.com)*

**Dennis M. Powers**  
Supervisor

**Michael P. Nolan**  
Deputy Supervisor/Councilman

**Tracy W. Petrocy**  
Councilman

**Thomas M. Fallon**  
Councilman

**James Malczewski, Jr.**  
Councilman



**Town of Elma**  
Erie County, New York

May 24, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

Dennis M. Powers  
Supervisor – Town of Elma

**Dennis M. Powers**  
Supervisor

**Michael P. Nolan**  
Deputy Supervisor/Councilman

**Tracy W. Petrocy**  
Councilman

**Thomas M. Fallon**  
Councilman

**James Malczewski, Jr.**  
Councilman



**Town of Elma**  
Erie County, New York

April 18, 2018

**Hon. Richard A. Savage, Supervisor**  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

**Dennis M. Powers**  
Supervisor - Town of Elma



## TOWN OF EVANS

8787 Erie Road • Angola, NY 14006-9600  
[www.townofevans.org](http://www.townofevans.org)

**MARY K. HOSLER, SUPERVISOR**  
Telephone: (716) 549-5787

**JEANNE M. MACKO**  
COUNCILWOMAN

**MICHAEL R. SCHRAFT**  
COUNCILMAN

June 1, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

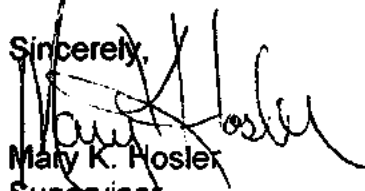
Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Sincerely,

  
Mary K. Hosler  
Supervisor



## **TOWN OF EVANS**

8787 Erie Road • Angola, NY 14006-9600  
www.townofevans.org

**MARY K. HOSLER, SUPERVISOR**  
Telephone: (716) 549-5787

**JEANNE M. MACKO**  
**COUNCILWOMAN**

**MICHAEL R. SCHRAFT**  
**COUNCILMAN**

**April 11, 2018**

**Hon. Richard A. Savage**  
**Supervisor**  
**Town of Alden**  
**3311 Wende Road**  
**Alden, NY 14004**


**Dear Supervisor Savage:**

**This correspondence is in response to the request by the Town of Alden EMS regarding a letter of support pursuant to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of a "public need" which was provided to the Town of Evans in the letter of solicitations from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".**

**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Sincerely,**



**Mary K. Hosler**  
**Supervisor**



# VILLAGE OF GOWANDA

*"Gateway to the Southern Tier"*

27 E. Main Street • Gowanda, NY 14070

(716) 532-3353 • Fax (716) 532-2938

*"The Village of Gowanda is an Equal Opportunity Provider and Employer"*

May 30, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. WE believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very Truly Yours,

David Smith  
Mayor



# VILLAGE OF GOWANDA

*"Gateway to the Southern Tier"*

27 E. Main Street • Gowanda, NY 14070

(716) 532-3353 • Fax (716) 532-2938

*"The Village of Gowanda is an Equal Opportunity Provider and Employer"*

April 10, 2018

Hon. Richard A. Savage, Supervisor

Town of Alden

3311 Wende Road

Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very Truly Yours,



David Smith  
Mayor



# VILLAGE OF HAMBURG

**MAYOR**  
THOMAS J. MOSES, SR.

**TRUSTEES**  
THOMAS P. TALLMAN  
PAUL G. GAUGHAN  
LAURA PALISANO HACKATHORN  
MARK C. DIPASQUALE

**ATTORNEY**  
EDWARD J. MURPHY, III

**ADMINISTRATOR/CLERK-TREASURER**  
DONALD P. WITKOWSKI



**VILLAGE JUSTICE**  
ANDREW P. FLEMING

**CHIEF OF POLICE**  
MICHAEL C. MELISZ

**RECREATION SUPERVISOR**  
JOSHUA HAEICK

**FIRE CHIEF**  
ERIC DAHLGREN

**SUPT. OF PUBLIC WORKS**  
MARC SHUTTLEWORTH

100 MAIN STREET HAMBURG, NEW YORK 14075-4988  
TEL (716) 649-0200 FAX (716) 646-6558  
WEB SITE [www.villagehamburg.com](http://www.villagehamburg.com)

April 10, 2018

Hon. Richard Savage  
Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004


Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service certificate in the Town and Village of Alden.

We have received and understand the definition of "public need," which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need."

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
Thomas J. Moses, Sr.  
Mayor

Town Clerk - Tax Collector  
JILL ZIENTEK

Highway Superintendent  
PATRICK F. JOYCE

Town Attorney  
RONALD P. BENNETT

Assessor  
TAMMY ADSITT

# TOWN OF HOLLAND

MICHAEL KASPRZYK - SUPERVISOR

47 Pearl Street, PO Box 36, Holland, New York 14080

Office: (716) 537-9443

Fax: (716) 537-9454

Web Site: [www.townofhollandny.com](http://www.townofhollandny.com)

Town Justices  
CHRISTOPHER O'BRIEN  
JILL ANDERSON

Council  
WILLIAM KOLACKI  
GEOFFREY HACK  
ROBERTA HERR  
KAREN L. KLINE

May 30, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

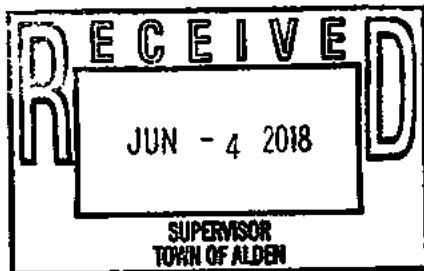
Our Organization would like to go on record stating that we Support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Sincerely,



Michael C. Kasprzyk, Supervisor

Town of Holland





# Town of Lancaster

OFFICE OF THE SUPERVISOR

21 Central Avenue  
Lancaster, New York 14086  
(716) 683-1610  
Fax: (716) 683-0512

**JOHANNA M. COLEMAN**  
*Supervisor*

May 30, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,  
OFFICE OF THE SUPERVISOR

A handwritten signature in black ink, appearing to read "Johanna M. Coleman".

Johanna M. Coleman,  
Supervisor





# Town of Lancaster

OFFICE OF THE SUPERVISOR

21 Central Avenue  
Lancaster, New York 14086  
(716) 683-1610  
Fax: (716) 683-0512

**JOHANNA M. COLEMAN**  
*Supervisor*

April 10, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,  
OFFICE OF THE SUPERVISOR

Johanna M. Coleman,  
Supervisor

cc: Town Board

# **VILLAGE OF LANCASTER**

**MAYOR WILLIAM C. SCHROEDER**

**MUNICIPAL BUILDING  
5423 BROADWAY  
LANCASTER, NY 14086**



**TELEPHONE: (716) 684-4891  
FAX: (716) 684-4830**

**Hon. Richard A Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004**

**April 10, 2018**

**Dear Supervisor Savage,**

**This letter is in the response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".**

**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Very truly yours,**

**William C. Schroeder  
Mayor**



## TOWN OF MARILLA

S-1740 TWO ROD ROAD  
MARILLA, NEW YORK 14102

(716) 652-5350  
FAX: (716) 652-2541  
TDD 1-800-662-1220

May 29, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
<signature>

By: TOWN SUPERVISOR

Chief Executive Officer or  
title of administrator signing letter



## TOWN OF MARILLA

S-1740 TWO ROD ROAD  
MARILLA, NEW YORK 14102

(716) 652-5350  
FAX: (716) 652-2541  
TDD 1-800-662-1220

April 13, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
<signature>

By: Town of Marilla Supervisor

Chief Executive Officer or  
title of administrator signing letter



# Town of Newstead

P.O. Box 227 5 Clarence Center Rd Akron, NY 14001  
Supervisor: (716) 542-1231 • Court: (716) 542-4575 • Town Clerk: (716) 542-4573  
Assessor/Code Enforcement: (716) 542-4574 • Fax: (716) 542-3702  
Calls for Hearing Impaired: 1-800-662-1220

May 24, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

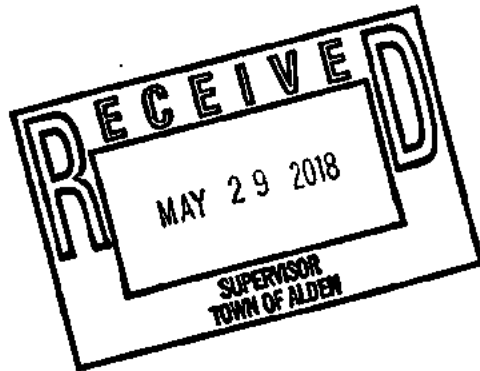
Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

David L Cummings  
<signature>

By: DAVID L. CUMMINGS -

Chief Executive Officer or  
title of administrator signing letter  
SUPERVISOR - TOWN OF NEWSTEAD



This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to the USDA by mail to: 1400 Independence Avenue, SW, Washington, DC 20250-4219, or by email to: [complaints@usda.gov](mailto:complaints@usda.gov).  
Please print on your agency letterhead, insert the date of filing, and sign the letter. Do not sign the letter if you are not the Chief Executive Officer or Administrator of the agency. The letter must be signed by the Chief Executive Officer or Administrator of the agency. The letter must be signed by the Chief Executive Officer or Administrator of the agency. The letter must be signed by the Chief Executive Officer or Administrator of the agency.





# Town of Newstead

P.O. Box 227 5 Clarence Center Rd Akron, NY 14001

Supervisor: (716) 542-1231 • Court: (716) 542-4575 • Town Clerk: (716) 542-4573

Assessor/Code Enforcement: (716) 542-4574 • Fax: (716) 542-3702

Calls for Hearing Impaired: 1-800-662-1220

April 24, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in connection with your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need."

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

David L. Cummings  
Supervisor

DLC/cas

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

May 24, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

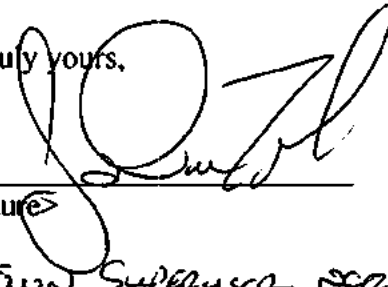
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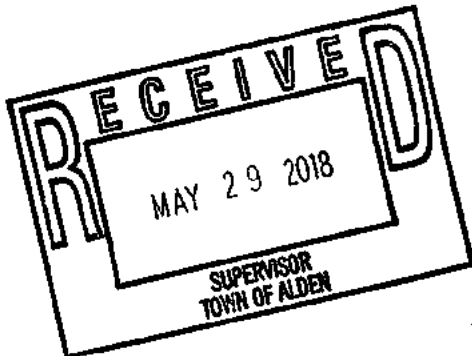
Very truly yours,



<signature>

By: Town Supervisor North Collins, NY

Chief Executive Officer or  
title of administrator signing letter



*Please print on your agency letterhead, insert the date above, sign and print your name below your signature.  
Please return by mail, fax (716-839-5422) or email (AldenEMS2018@gmail.com)*



# TOWN OF NORTH COLLINS

TOWN HALL • 10569 MAIN STREET • NORTH COLLINS, NY 14111

April 11, 2018

Hon. Richard A. Savage, Supervisor

Town of Alden

3311 Wende Road

Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly Yours,

Supervisor

Town of North Collins





# TOWN OF ORCHARD PARK

S 4295 South Buffalo Street Orchard Park, New York 14127-2609

May 29, 2018

SUPERVISOR  
DR. PATRICK J. KEEM

COUNCILMEMBERS  
EUGENE MAJCHRZAK  
MICHAEL J. SHERRY

TOWN CLERK  
REMY C. ORFFEO

TOWN ATTORNEY  
JOHN C. BAILEY

TOWN JUSTICES  
EDWARD A. PACE  
JORGE DE ROSAS

SUPT. OF HIGHWAYS  
FREDERICK J. PIASECKI, JR.

CHIEF OF POLICE  
MARK F. PACHOLEC

BUILDING INSPECTOR  
ANDREW GEIST

TOWN ASSESSOR  
MILTON BRADSHAW  
SCAA

TOWN ENGINEER  
WAYNE L. BIELER, P.E.

RECREATION DIRECTOR  
EDWARD J. LEAK, CPRP

PLANNING COORDINATOR  
JOHN P. BERNARD

ANIMAL CONTROL OFFICER  
KEVIN MASTERSON

SENIOR CENTER DIRECTOR  
DEBRA SANTIAGO

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours

Dr. Patrick J. Keem  
Orchard Park Town Supervisor





# **TOWN OF ORCHARD PARK**

S 4295 South Buffalo Street Orchard Park, New York 14127-2609

April 13, 2018

**SUPERVISOR**  
**DR. PATRICK J. KEEN**

**COUNCILMEMBERS**  
**EUGENE MAJCHERZAK**  
**MICHAEL J. SHERRY**

**TOWN CLERK**  
**REMY C. ORFFEO**

**TOWN ATTORNEY**  
**JOHN C. BAILEY**

**TOWN JUSTICES**  
**EDWARD A. PACE**  
**LYNN W. KEANE**

**SUPT. OF HIGHWAYS**  
**FREDERICK J. PIASECKI, JR.**

**CHIEF OF POLICE**  
**MARK F. PACHOLEC**

**BUILDING INSPECTOR**  
**ANDREW GIBST**

**TOWN ASSESSOR**  
**MILTON BRADSHAW**  
**SCAA**

**TOWN ENGINEER**  
**WAYNE L. BIELER, P.E.**

**RECREATION DIRECTOR**  
**EDWARD J. LEAK, CPRP**

**PLANNING COORDINATOR**  
**JOHN P. BERNARD**

**ANIMAL CONTROL OFFICER**  
**KEVIN MASTERSON**

**SENIOR CENTER DIRECTOR**  
**DEBRA SANTIAGO**

Honorable Richard A. Savage  
Town of Alden Supervisor  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very Truly Yours,

Dr. Patrick J. Keen  
Town of Orchard Park Supervisor

***Town of Sardinia***  
12320 Savage Road • P. O. Box 219  
Sardinia, New York 14134  
Phone: (716) 496-8900 • Fax: (716) 496-8917

***Supervisor***  
**Beverly A. Gambino**  
**beverlygambino@outlook.com**

---

May 29, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004


Dear Supervisor Savage:

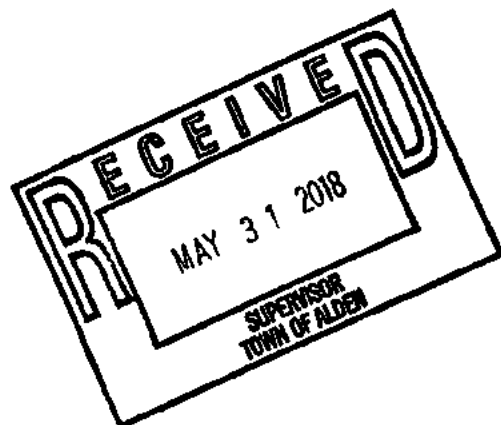
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Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Sincerely,

  
Beverly Gambino  
Supervisor Town Of Sardinia



**Mayor**  
**William J. Krebs**  
**Trustees**  
**Alan L. Chamberlin**  
**Nils A. Wikman**  
**Kim Pazzuti**  
**Elise Rose**

# VILLAGE OF SPRINGVILLE

Incorporated April 11, 1834  
5 W. Main St. P.O. Box 17, Springville NY 14141  
(716) 592-4936 / Fax (716) 592-7088 / TDD (800) 662-1220

**Administrator-  
Clerk Treasurer**  
**Liz C. Melock**  
**CEO**  
**Mike Kaleta**  
**Attorney**  
**Paul Weiss**

**April-19, 2018**

**Hon Richard A. Savage, Supervisor**  
**Town of Alden**  
**3311 Wende Road**  
**Alden, NY 14004**

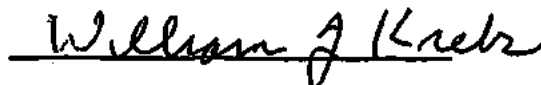
**Dear Supervisor Savage:**

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**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Very truly yours,**



**Mayor, William J Krebs**



**CITY OF TONAWANDA, NEW YORK**  
**OFFICE OF THE MAYOR**

200 Niagara Street Tonawanda, New York 14150 – 1099  
Phone: (716) 695 – 8645 Fax: (716) 695 – 8314  
E-mail: [mavor@tonawandacity.com](mailto:mavor@tonawandacity.com)

**RICK DAVIS**  
Mayor

**CHARLES GILBERT**  
Administrative Assistant

**CAITLIN RECH**  
Executive Secretary

April 10, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage,

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to you efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of “public need” which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of “public need”.

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

Rick Davis  
Mayor





April 23, 2018

Sent via email to ***AldenEMS2018@gmail.com***  
Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need."

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public health Law Article 30.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Eichenauer", is placed above the printed name.

Donald T. Eichenauer  
CEO

May 31, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

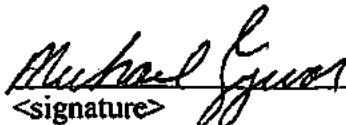
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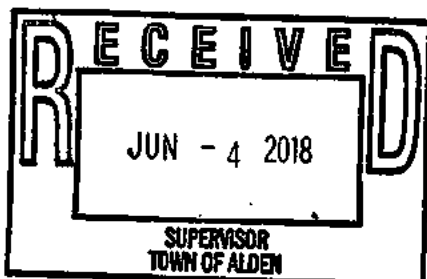
Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
<signature>

By: President WLFC

Chief Executive Officer or  
title of administrator signing letter





**Bennington Volunteer Fire Company  
1353 Clinton Street  
Attica, NY 14011  
(585) 591-1525**

**April 23, 2018**

**Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004**

**Dear Supervisor Savage,**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town of Alden.**

**We have received and understand the definition of "public need" which was provided to use in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".**

**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Very Truly Yours,**

A handwritten signature in black ink, appearing to read "LA Brandon", is written over a large, stylized letter "A".

**Linsey A. Brandon  
Secretary of Bennington Volunteer Fire Company**

June 6, 2018

Laura Dutton, Captain  
Bliss Rescue Squad  
6055 Pearl Street  
Bliss, New York 14024

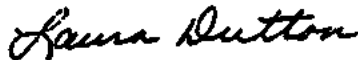
Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operation authority under Public Health Law Article 30.

Very truly yours,

A handwritten signature in cursive script that reads "Laura Dutton".

Laura Dutton  
Bliss Rescue Squad Captain



**Cowlesville Fire Company**  
361 Clinton St.  
Cowlesville, NY 14037

Telephone: 585-937-6991  
Fax: 585-937-8237  
<http://www.cowlesville.com>  
[www@cowlesville.com](mailto:www@cowlesville.com)



May 31, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

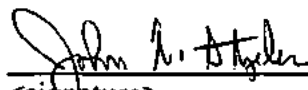
Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
<signature>

By: President Cowlesville Fire Co.

Chief Executive Officer or  
title of administrator signing letter



**Cowlesville Fire Company**  
361 Clinton St.  
Cowlesville, NY 14037

Telephone: 585-837-8991  
Fax: 585-837-6237  
<http://www.cowlesville.com>  
[www@cowlesville.com](mailto:www@cowlesville.com)



April 10, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

John T. Strzelec  
<signature>

By: John T. Strzelec (President)

Chief Executive Officer or  
title of administrator signing letter



**Strykersville Volunteer Fire Company Inc.**

594 Minkel Rd.  
PO Box 38  
Strykersville, NY 14145

---

May 5, 2018

Hon. Richard A. Savage, Supervisor

Town of Alden

3311 Wende Road

Alden, New York 14004


Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certification in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public Need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very Truly Yours,

  
Brian J. Ash

Chief

Strykersville Volunteer Fire Co. Inc.



VARYSBURG FIRE DEPARTMENT  
2446 MAIN ST.  
P.O.BOX 638  
VARYSBURG, NEW YORK 14167  
585-535-7984  
TDD 1-800-622-1220

June 3 2018  
Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request of the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Certificate in the Town and Village of Alden.

We have received and understand the definition of "Public Need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirements of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

James L. Kelly  
Varysburg Fire Dept. Chief  
& Treasurer

"This is an equal opportunity provider and community service organization"

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [www.usda.gov](http://www.usda.gov), or at any USDA office, or call (866) 632-6992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 by fax (202) 690-7442 or email at [program.adjudication@usda.gov](mailto:program.adjudication@usda.gov)





VARYSBURG FIRE DEPARTMENT  
2446 MAIN ST.  
P.O.BOX 638  
VARYSBURG, NEW YORK 14167  
585-535-7984  
TDD 1-800-622-1220

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request of the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Certificate in the Town and Village of Alden.

We have received and understand the definition of "Public Need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirements of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

James L. Kelly  
Varysburg Fire Dept. Chief  
35 years as an EMT

"This is an equal opportunity provider and community service organization"

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [www.usda.gov](http://www.usda.gov), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 by fax (202) 690-7442 or email at [program.hq@usda.gov](mailto:program.hq@usda.gov)

**Trustees**

Andrew Koerner  
James McGarvey  
Kenneth J. Rule  
Donna J. Schiener

**Clerk/Treasurer**

Jennifer Kraft  
Ext. 102

**Mayor**

Jay R. May  
Ext. 119

**Supt of Public Works**

Larry A. Kilburn, PE  
Ext. 113

**Police Chief**

Anthony Biscaro  
Ext. 108

**Fire Chief**

Tom Beiersdorf

June 6, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden NY 14004

Dear Supervisor Savage:

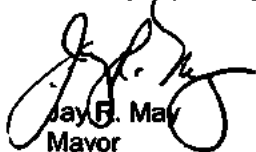
This letter is in response to the request by the Town of Alden for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town Alden EMS. We believe that the circumstances in the Village satisfy the requirement for "public need".

Our organization would like to go on record that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

VILLAGE OF ARCADE



Jay R. May  
Mayor

**VILLAGE OF ARCADE**

17 Church Street, Arcade, NY 14009

Telephone: (585) 492.1111 • Fax: (585) 496.7444 • TDD: (800) 662.1220

Web: [www.villageofarcade.org](http://www.villageofarcade.org)

Office Hours: 7:00am to 4:00pm, Monday through Friday, except Holidays

The Village of Arcade is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at US Dept of Agriculture, Director, Office of Adjudication, 1400 Independence Ave. S.W., Washington DC 20250-9410, or by fax (202) 890-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

S:\Administration\Correspondence\2018\Letter of Alden VFD.docx

# Village Of Attica

Est. 1837

9 Water Street

Attica, NY 14011

Mayor William P Lepsch

Trustees: Sandra Prusak, Nathan Montford, Roger Durfee, Hans Walker Jr.

Officers: Douglas A. Post Administrator/Clerk/Treasurer, Julie A. Cook Deputy Clerk

(585) 591-0898 fax 591-3359 [www.attica.org](http://www.attica.org) e-mail: [villageofattica@attica.org](mailto:villageofattica@attica.org)

TDD- 1-800-662-1220

April 11, 2018

Hon. Richard A Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of public need".

Our Village would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,



William P Lepsch, Mayor Village of Attica

*"This institution is an equal opportunity provider, employer, and lender."*

# **TOWN OF BENNINGTON**

905 Old Alleghany Road, Attica New York 14011

Phone: 585-591-2157 Fax: 585-591-1830

[www.benningtonny.com](http://www.benningtonny.com)

April 18, 2018

Hon. Richard Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe the circumstances exist to satisfy the requirement of "public need".

On April 11, 2018, at the regular meeting of the Town of Bennington Town Board the following resolution in support was adopted:

## **Resolution #2018-4-3 Letter of Support for Town of Alden EMS Certificate**

Whereas, the Town of Alden has been providing to the Town and Village of Alden, through a contract with Lancaster Volunteer Ambulance Service, basic life support ambulance service since September 2016 under a municipal Ambulance Operating Certificate; and

Whereas, the initial operating certificate will expire in August 2018 and the Town desires to apply for and operate under a permanent operating certificate; and

Whereas, the Town of Alden demonstrates public need for the issuance of an ambulance operating certificate as defined under the criteria for said certificate, including the inability of neighboring volunteer ambulance services from the Town of Bennington to provide sufficient basic life support services to residents of the Town of Alden on a regular basis;

Now, therefore, be it resolved, that the Town of Bennington supports the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Hon. Richard Savage  
April 18, 2018  
Page two

Motion was made by Councilman Mohun and seconded by Councilman Waite to approve.  
All ayes; carried.

Our organization therefore would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Sincerely,

A handwritten signature in black ink, appearing to read "Ellen M. Grant". The signature is fluid and cursive, with the first name "Ellen" and last name "Grant" being clearly distinguishable.

Ellen M. Grant, Supervisor  
Town of Bennington, NY



**TOWN OF EAGLE**  
PO Box 69  
Bliss, NY 14024  
Phone: (585) 322-9257

April 30, 2018

**Hon. Richard A. Savage, Supervisor**  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage,

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe to the best of our ability, that the circumstances exist to satisfy the requirement of "public need".

Our Town Board would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

A handwritten signature in black ink, appearing to read "BAC Hastings", written over a horizontal line.

By: Brett C. Hastings  
Supervisor, Town of Eagle, NY

Town of Gainesville  
Town Hall  
2 Toolhouse Road  
Gainesville, New York 14066

June 1, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

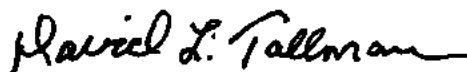
Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,



David L. Tallman  
Town of Gainesville, Supervisor



April 9, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

~~This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.~~

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

David Tallman  
<signature>

By: Town of Alden Supervisor

Chief Executive Officer or  
title of administrator signing letter



**Town of Java**  
**P.O. Box 4**  
**North Java, New York 14113**  
**Phone: (585)535-8027**

**Supervisor:**  
**Angela Brunner**

**Town Clerk:**  
**Janet Zielinski**

**June 18, 2018**

**Honorable Richard A. Savage, Supervisor**  
**Town of Alden**  
**3311 Wende Road**  
**Alden, NY 14004**

**Dear Supervisor Savage:**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".**

**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Sincerely,**

A handwritten signature in black ink, appearing to read 'Angela Brunner', with a stylized, flowing script.

**Angela Brunner**  
**Supervisor, Town of Java**

TOWN OF *Middlebury*  
NEW YORK

51 Sherman Avenue  
P.O. Box 193  
Wyoming, New York 14591  
Supervisor Daniel P. Leuer  
Town (585) 495-6300  
Cell: (585) 704-4873

April 12, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

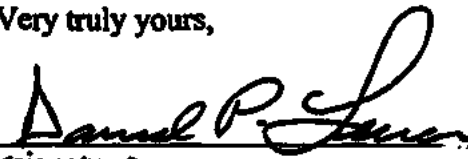
Dear Supervisor Savage:--

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
<signature>

By: Daniel P. Leuer

Chief Executive Officer or  
title of administrator signing letter

# TOWN OF PERRY

P.O. BOX 205, 22 SOUTH MAIN STREET  
PERRY, NEW YORK 14530  
585/237-2241 FAX: 585/237-3074  
Email: townofpe@rochester.rr.com  
Email: topclerk@rochester.rr.com

SUPERVISOR  
JAMES BRICK

COUNCILMAN  
ADELBERT BELL

COUNCILWOMAN  
TRACY ROZANSKI

COUNCILMAN  
GERALD SAHRLE

COUNCILMAN

TOWN CLERK  
SARAH BALLINGER

June 14, 2018

Honorable Richard A Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

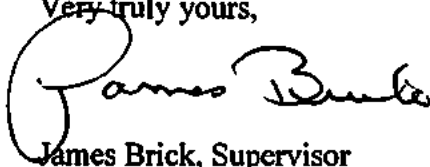
Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

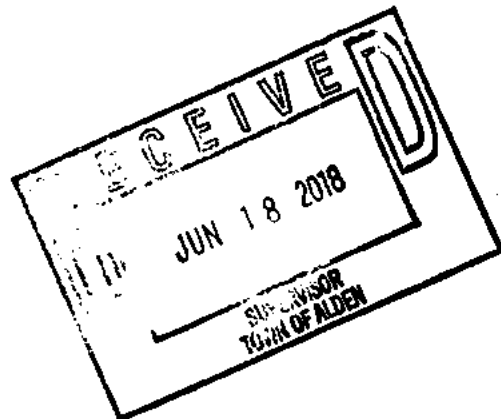
We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,



James Brick, Supervisor  
Town of Perry



# TOWN OF PERRY

P.O. BOX 206, 22 SOUTH MAIN STREET  
PERRY, NEW YORK 14630  
885/237-2241 FAX: 885/237-3074  
Email: townofpe@rochester.ny.com

SUPERVISOR	COUNCILMAN	COUNCILMAN	COUNCILMAN	COUNCILMAN	TOWN CLERK
JAMES BRICK	ADELBERT BELL	GERALD SAHRLE	TRACY ROZANSKI	JOE MLYNIEC	SARAH BALLINGER

---

April 19, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004


Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
<signature>

By: James R. Brick, Supervisor

Chief Executive Officer or  
title of administrator signing letter

# TOWN OF SHELDON

TOWN HALL  
OFFICES  
Tel: 585-535-7644  
Fax: 585-535-0216  
TDD#: 1-800-662-1220

1380 CENTERLINE ROAD  
STRYKERSVILLE, NEW YORK 14145  
[www.townofsheldon.com](http://www.townofsheldon.com)

HIGHWAY  
DEPARTMENT  
Tel: 585-535-0257

---

June 7, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe the circumstances exist to satisfy the requirement of "public need."

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,



Brian W. Becker  
Supervisor

**MAYOR**  
*Denise Coffey*

**TRUSTEES**  
*Thomas Coverdale, Jr.*  
*Raymond King*  
*Raymond Rohauer*  
*Karen M. Tallman*

**Village of Silver Springs**  
***Established in 1895***  
P.O. Box 317  
43 North Main Street  
Silver Springs, NY 14550-0317

**SUPT. Of PUBLIC WORKS**  
*James Nauert*

**CLERK-TREASURER**  
*Susan A. Hatch*

**DEPUTY CLERK**  
*Teri Schabloski*

**May 1, 2018**

**Honorable Richard A. Savage, Supervisor**  
**Town of Alden**  
**3311 Wende Road**  
**Alden, NY 14004**

**Dear Supervisor Savage:**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition on "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".**

**Our organization would like to go on record stating that we support the Town of Alden EMS in it's request for permanent ambulance operating authority under Public Health Law Article 30.**

**Sincerely,**

**Denise Coffey**

**Denise Coffey**  
**Mayor**

## VILLAGE OF WARSAW

15 SO. MAIN STREET  
P.O. BOX 49  
WARSAW, NEW YORK 14569

Tel phone: (585) 786-2120  
(TDD) 1-800-642-1220

Fax: (585) 786-8860

June 1, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

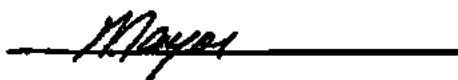
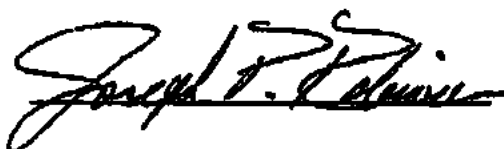
Dear Supervisor Savage,

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,





**GENESEE COUNTY  
OFFICE OF EMERGENCY MANAGEMENT SERVICES**

*7690 State Street Road \* Batavia, NY 14020*

*Phone: (585)344-0078 \* Emergency 24-hr Pager: (585)343-3311 \* Fax: (585)344-8535/585-345-3098*

May 30, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

Timothy J. Yaeger  
Coordinator  
Genesee County Office of Emergency Management Services

TJY:jmd





# Alexander Fire Department

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May 31, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Supervisor Savage,

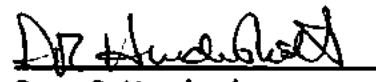
This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

On behalf of the Alexander Fire Department we would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Respectfully yours,

  
Marshal Merle  
Fire Chief

  
Dean R. Hendershott  
President/CEO



**Bethany Volunteer Fire Department**

**5253 OLD TELEPHONE ROAD**

**EAST BETHANY, NY 14054**



**LINE OFFICERS  
JEFF PIETRZYKOWSKI-CHIEF  
JEFF FLUKER-1<sup>ST</sup> ASST. CHIEF  
JAMIE FLUKER-2<sup>ND</sup> ASST. CHIEF**

**EXECUTIVE OFFICERS  
CHRIS PAGE-PRESIDENT  
JEFF WOLAK-TREASURER  
CORRUE ROMBOUT-SECRETARY**

**June 12, 2018**

**Hon. Richard A. Savage, Supervisor**

**Town Of Alden**

**3311 Wende Rd**

**Alden, NY 14004**

**Dear Supervisor Savage:**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the request of "public need".**

**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Very truly yours,**

A handwritten signature in black ink, appearing to read "Jeff Pietrzykowski", is written over a horizontal line.

**Jeff Pietrzykowski**

**Chief**

**Bethany Vol. Fire Department**

**June 04, 2018**

**Hon. Richard Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004**

**Dear Hon. Savage,**

**O behalf of the Fire Commissioners and Chiefs of the Corfu Fire District, I am writing this letter in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**In understanding the definition of public need, it is the feelings of this board that being we are in such a rural area with a major theme park attraction, it is very beneficial to have a permanent Ambulance Service available if needed.**

**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Sincerely Yours,**

**Paula Trapani  
Secretary  
Corfu Fire District**

# **Darien Emergency Medical Service, Inc**

PO Box 135 (10537 Alleghany Road)  
Darien Center, New York 14040-0135

May 30, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

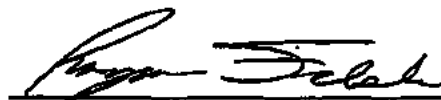
Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,



By: Raymond Felski

Chief Executive Officer

**Indian Falls Fire Department**

8030 Alleghany Road  
Corfu, NY 14036

June 5, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from the Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

The Indian Falls Fire Department would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Sincerely,

A handwritten signature in black ink, appearing to read "Ed F. Mileham, Jr.", with a stylized flourish at the end.

Edwin F. Mileham, Jr.  
Assistant Chief

April \_\_, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

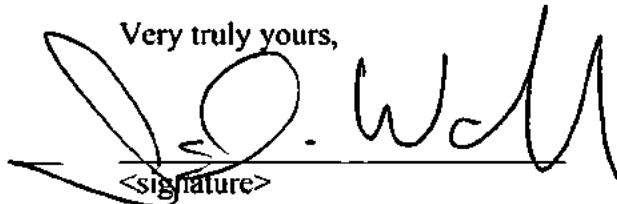
Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,



<signature>

By: CHIEF PEMBROKE FIRE DIST.

Chief Executive Officer or  
title of administrator signing letter



# STAFFORD FIRE DEPARTMENT, INC.

*Serving Stafford Since 1945*

6153 Main Road, Rt. 5, Stafford, New York 14143

April 9, 2018

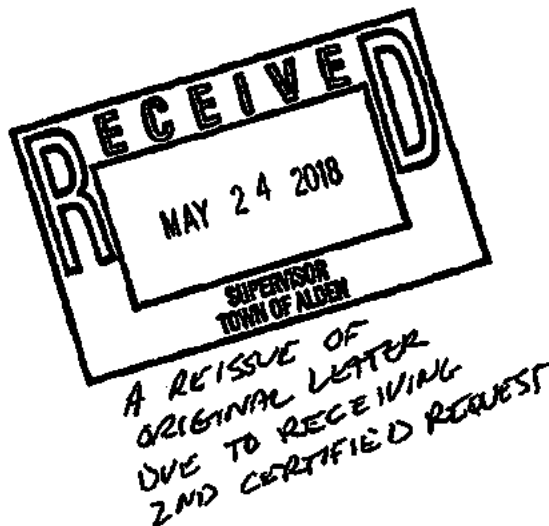
Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. In our opinion the circumstances exist to satisfy the requirement of "public need".

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under the Public Health Law Article 30.



Sincerely,

*Stephanie E. Call*

Stephanie E. Call  
Fire Chief/Treasurer



## **STAFFORD FIRE DEPARTMENT, INC.**

***Serving Stafford Since 1945***

**6153 Main Road, Rt. 5, Stafford, New York 14143**

**April 9, 2018**

**Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004**

**Dear Supervisor Savage:**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. In our opinion the circumstances exist to satisfy the requirement of "public need".**

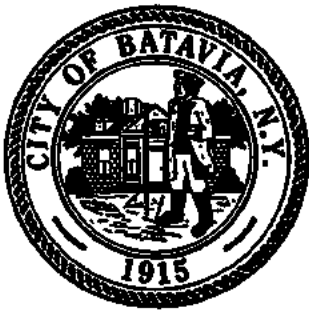
**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under the Public Health Law Article 30.**

**Sincerely,**

***Stephanie E. Call***

**Stephanie E. Call  
Fire Chief/Treasurer**





# City of Batavia

May 30, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need."

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

Stefano Napolitano  
Fire Chief

Fire Department  
18 Evans Street  
Batavia, New York 14020



Phone: 585-345-6375  
Fax: 585-343-5639  
[www.batavianewyork.com](http://www.batavianewyork.com)



# City of Batavia

April 13, 2018

Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, New York 14004

Dear Supervisor Savage:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.

Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

Stefano Napolitano  
Fire Chief

Fire Department  
18 Evans Street  
Batavia, New York 14020



Phone: 585-345-6375  
Fax: 585-343-5639  
[www.batavianewyork.com](http://www.batavianewyork.com)

**Town of Darien  
10569 Allegheny Road  
Darien Center, NY 14040  
585-547-2274 TDD 1-800-662-1220  
Fax 585-547-3331**

**Supervisor-David Hagelberger  
Councilman-Michael Fix, Councilwoman-Barbara Krazmien,  
Councilman - David Krzemien, Councilman-Michael Plitt**

**June 9, 2018**

**Hon. Richard A. Savage, Supervisor  
Town of Alden  
3311 Wende Road  
Alden, NY 14004**

**Dear Supervisor Savage,**

**This letter is in response to the request by the Town of Alden EMS for a letter of support in response to your efforts to obtain a permanent Ambulance Service Certificate in the Town and Village of Alden.**

**We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".**

**Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.**

**Very truly yours,**

  
**David Hagelberger  
Town Supervisor**

**This institution is an equal opportunity provider, and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 (TDD (800)662-1220) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at: USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)**



# TOWN OF PEMBROKE

1145 Main Road Corfu, New York 14036

(585) 599-4892 or (585) 762-8246

Fax (585) 762-8233

TDD/TYY 1-800-662-1220

*John J. Worth, Town Supervisor*

*Edward G. Arnold, Jr., Deputy Supervisor*

*K. Warren Clark, Councilman*

*Kathleen Manne, Councilwoman*

*Thomas Dix, Councilman*

June 19, 2018

Hon. Richard A. Savage, Supervisor

Town of Alden

3311 Wende Road

Alden, New York 14004

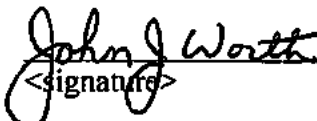
Dear Supervisor Savage:

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Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

  
<signature>

By: John J. Worth

Chief Executive Officer or  
title of administrator signing letter

*This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W. Washington D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)*