NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Services and Trauma Systems

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

Application for (check one)				Type of Se	rvice (check one)
New service (Sections A,B,C,D,F)Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)		Ambulance ALS First Responder				
						Transfer of existing service op
Section/A Organizational Stru	cture					
For a corporation, attach a copy of ce parent corporations or sub-corporation			ckholders, p	incipals, invest	ors and/or	
Name of Service		DOH Agency Code	Federa	Employer Idei	ntification Num	per
Town of Alden EMS		6259	16-6	002150		
Address		City	State	Zip	County	
3311 Wende Road		Alden	NY	14004	Erie	
Contact Person		Title				
Richard A. Savage		Supervisor				
Business Phone	Home Phone	Cell Phone		E-mail		
(716) 937- 6969	(716) -	(716) 319-	0798	richard.sav	rage@erie.g	OV
Current Organizational Sponsor Type		_	_			
Proprietary	Hospital Based	Volunteer Independent	Ц	Industrial		
Volunteer Fire Department	Municipal/Government	Other				
Type of Ownership		<u> </u>				
Individual	Partnership	✓ Government		Corporation		☐ rrc
Name of Individual Owner, Partners, Town of Alden	Corporation or Government Entity	y (attach a listing of any/all own	ers of 10% o	r more stock)		
(1.40/102/06/1010)			25 S			
Section B Primary Operating		<u> </u>	<u>v </u>			
Specify geographic area requested us such as "surrounding, adjacent, vicin						
Proposed new or expanded primary	operating territory					
Town of Alden						
For expansion list existing primary o	perating territory					
, , ,						
Section C Financial Responsib			Terrorial erico e apos Constituidos e apos			
Section C Financial Responsib	nuty					
Applicant is required to attach detail budget and sufficient financial information the territory served.						
Insurance Carrier						
N.Y. Municipal Insurance Re	eciprocal					
Agent				Bus	iness Phone	
Haylor, Freyer & Coon, Inc.					15 ⁾ 362 -	5729
Types and Limits of Coverage	General Liability	Other Automobile:	1,000.000): Public Off	icers: 1.000	
DOH-3777 (12/16) n 1 of 2	1,000,000	Excess-Liabi				, 1
1011M-2777111116N n 1 nt 7			-			

Section D Description of Propo	and the state of t			
	f incorporation, any DBAs and a listing	of all owners, stockholders or p	principals.	
Level of Service (check only one)	_	_	—	
☐ EMT	AEMT	Critical Care	✓ Paramedio	
Agency Medical Director	Address	City	State Phone Nu	
Joseph Bart DO	100 High Street	Buffalo		859 - 5600
Agency Providing Medical Control			Phone Nu	
ECMC, 462 Grider Street, Bu				898 - 3000
System Medical Director	Address	City	State Phone Nu	
Joseph Bart DO	100 High Street	Buffalo		859 - 5600
Size of Population to be Served	Days of operation		Hours of operation	
13,470	7		24	
Projected Call Volume	Total 864	Emergency <u>864</u>	Non-Eme	rgency <u>O</u>
Source of Statistics for Call volume	PCR Dispatch Center		Other	
	o. of emergency ambulance service vehic		ALS First Response vehicles	
6 3		0		
Section E. Proposed Organizati				<u>a ka sa sa</u>
	ificate of incorporation for any DBAs lis copy of NYS DOS Application For Author		s, principals, investors and/or	parent corporations
Proposed Name of Service		Federal Employer Id	lentification Number	
Alden EMS		16-6002150		
Address		City	State Zip	County
3311 Wende Road		Alden	NY 14004	Erie
Contact Person		Title		
Richard A. Savage		Supervisor		
Business Phone	Home Phone	Cell Phone	E-mail	
(716) 937 - 6969	() -	(716)319 - 079	8 richard.savage	@erie.gov
Proposed Organizational Sponsor Typ	e			
Proprietary	Hospital Based	Volunteer Independent	Industrial	
■ Volunteer Fire Department	✓ Municipal/Government	Other		
Proposed Type of Ownership				
Individual	Partnership	Government	Corporation	וונכ
Name of Proposed Individual Owner.	Partners, Corporation or Government Er	ntity (attach any/all owners of	10% or more stock)	
Town of Alden EMS		•		
P. CONTROL OF THE CO.	racy and Ownership Competency			
But a but the second of the se	ance service described herein I attest to	the accuracy of the informatio	n contained in this application	and its attachments and
to having received and read Public He or stockholders in the corporation, or	ealth Law Article 30 and State EMS Code LLC members, have been convicted of N FR service certificate for this agency ma	Part 800. I also state that neit ledicare or Medicaid fraud. I ui	her the corporation nor any of nderstand that under Section 3	the owners, principals 3012(a) of the PHL Article
• Affirm • DOS (• Finar	led narrative to support need or statem nation of Fitness and Competence (DOH Certificate of Incorporation or Authority, ocial information including funding bud ary operating territory map	-3778) DBA's, owners, partners, shan		
Name of Owner or CEO		Title		
Richard A. Savage		Supervisor		
Signature Leurs A	Date (a/29/		FOR REGIONAL EMS COUN	CIL USE ONLY
Notary Public affirmation and ackno	Wiedgement N. See Helianor	FF 11357	lication Received	
N	DEBRA STELIANOU otary Public, State of New York No. 01ST4989344	Appro		čied – Incomplete

DOH-3777 (12/16) p 2 of 2

Notary Public, State of New York
No. 01ST4989344
Qualified in Eric County
Commission Expires December 2,

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 conterminous 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

und andy

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:

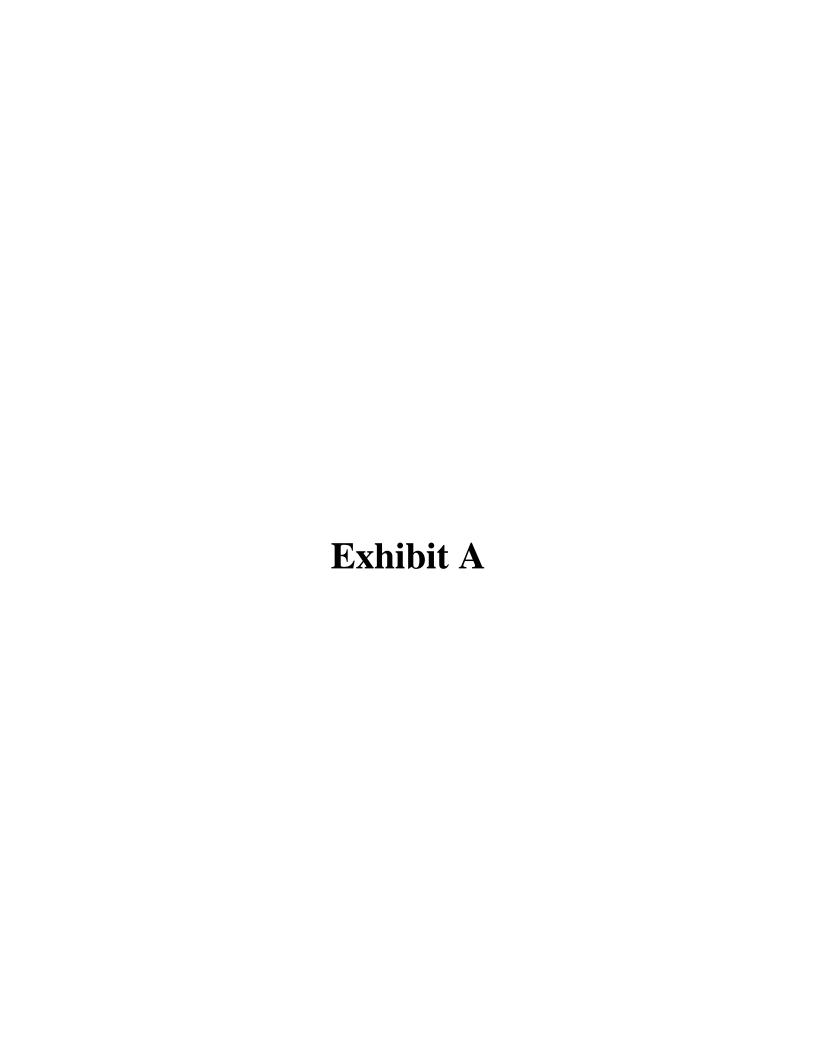
U.S. Postal Service certified mail certificates

Exhibit N:

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

Exhibit O:

Original Letters of Support with Summary Schedule





(716) 937-6969 ext. 2 (716) 937-9817 Fax DEBRA CRIST ALDEN TOWN CLERK

ALDEN TOWN HALL 3311 WENDE ROAD ALDEN, NEW YORK 14004

STATE OF NEW YORK COUNTY OF ERIE } 88 TOWN OF ALDEN

l. <u>Debta A. Crist</u> Town Clerk of the Town of Alden, Eric County, New York, do hereby certify that at an adjourned, regular meeting of the Town Scard of the atcressed Town, on the <u>18th</u> day of <u>July/2016</u> at the Alden Town Office Building, 3311 Wende Road, Alden, New York, the following Resolution was unanimously adopted, every member present voting therefore, to wit

'SEE ATTACHED'

the Tow forecoing	n Board of the said Ti	impared the foregoing with the original minutes of the adjourned, regular meeting of own held on the <u>18th</u> day of <u>711 y / 2016</u> and that the inscript from said original minutes and the whole thereof and that the resolutions duly are on file in the Town Clerk's Office.
l do furth	er certify that the follows	ng members of the Town Board were present at such meeting, namely,
_	Richard Savac	e } Supervisor
	Colleen Paut	er Councimen
_	Ralph Witt	Councilmen
_		Councilmen
_		Cauncilmen
Being all	the persons constituting	said Town Board of the Town of Alden, Eric County, New York.
		- homestake ont my hand and each of the sald Town of Atlan Eric Charles New York

SEAL

19th ...

Debra A. Crist, Town Cleak

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 Aiden of its intent to cancel its Contract with the Town:

WHEREAS, because of the cancellation, the Town of Alden will be without Ambutance 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 Nebii covering the Town of Alden; and

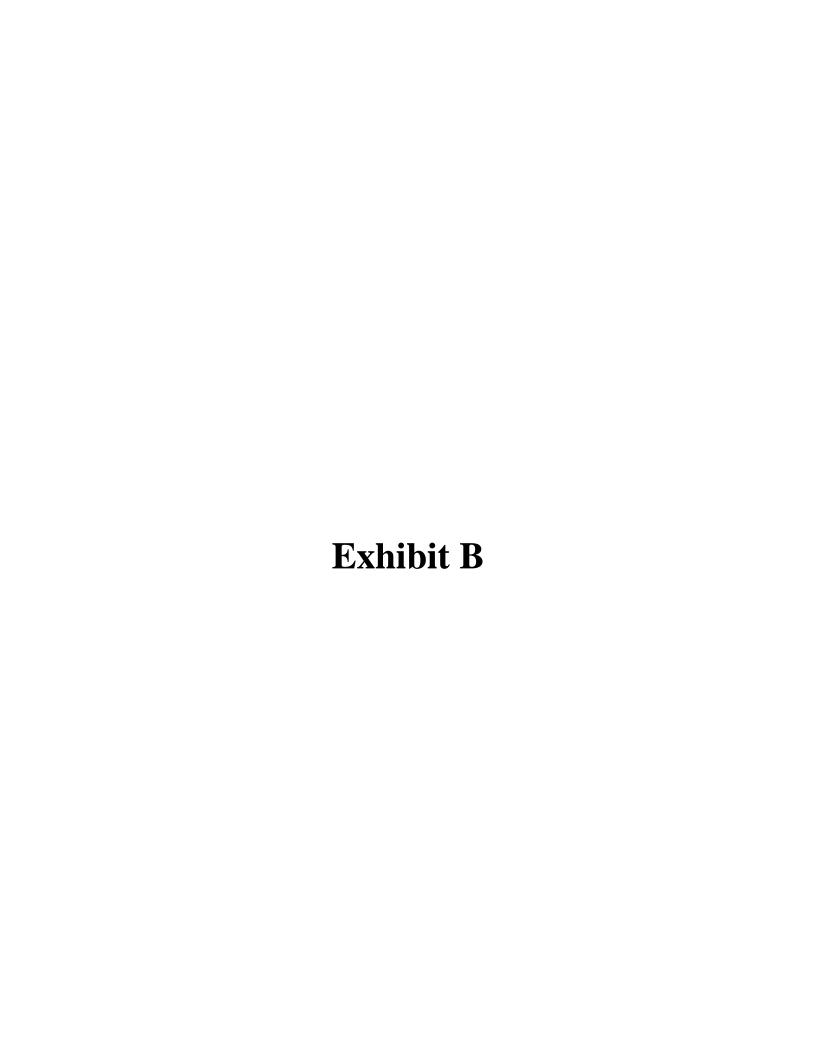
WHEREAS the best course of action for the residents of and visitors to the Town of Alden is for the Town to apply for a Municipal Certificate of Need.

NOW THEREFORE BE IT RESOLVED AS FOLLOWS THAT:

- 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;
- Such ambulance service shall be a basic and an advanced life support service providing up to paramedic level care;
- 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;
- The Town Board hereby empowers Supervisor Savage to take all steps necessary to obtain ambulance operating authority;
- The Town Board hereby authorizes Supervisor Savage to execute on behalf of the Town an
 agreement between the Town Langaster Volunteer Ambulance Corps, Inc. Such agreement
 shall be subject to approval by the Town Attorney of the Town;
- Supervisor Savage is also authorized to enter into a Contract for Ambulance Billing Services; to apply for a Medicald Number; and to apply for a Medicare Number all to effectuate the Certificate of Need;
- 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;
- 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



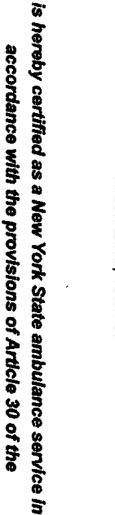
Agency Code Number: 6259 Issued: 9/18/2016

Expires: 8/23/2018

NEW YORK STATE DEPARTMENT OF HEALTH

Ambulance Service Certificate

Alden EMS, Town of



Public Health Law

PRIMARY TERRITORY: Town of Alden including the Village of Alden

Emergency Medical Services Program

Commissioner of Health

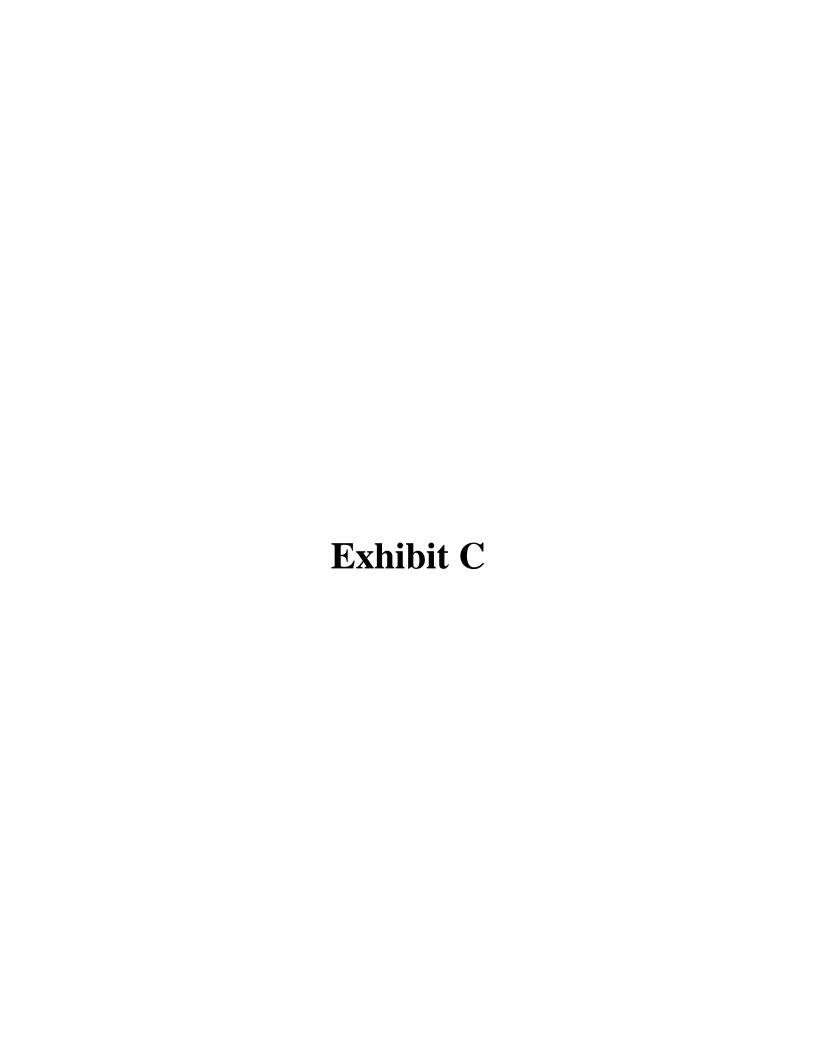
Howard Zwater M.D.

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

THIS CERTIFICATE IS NOT TRANSFERABLE
Keep conspicuously posted

DOH-3414 (8/91)

No. 33586



AGREEMENT

THIS AGREEMENT, made the 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 Embry 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 31st 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 <u>not</u> 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. <u>Warranties & Representations</u>. 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: Ruh A. Fry Supervisor RICHARD A. SAVARD

VOLUNTEER **AMBULANCE** LANCASTER

BY:

CORPS/INC

FREY A BOND UP

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-NE- \$640

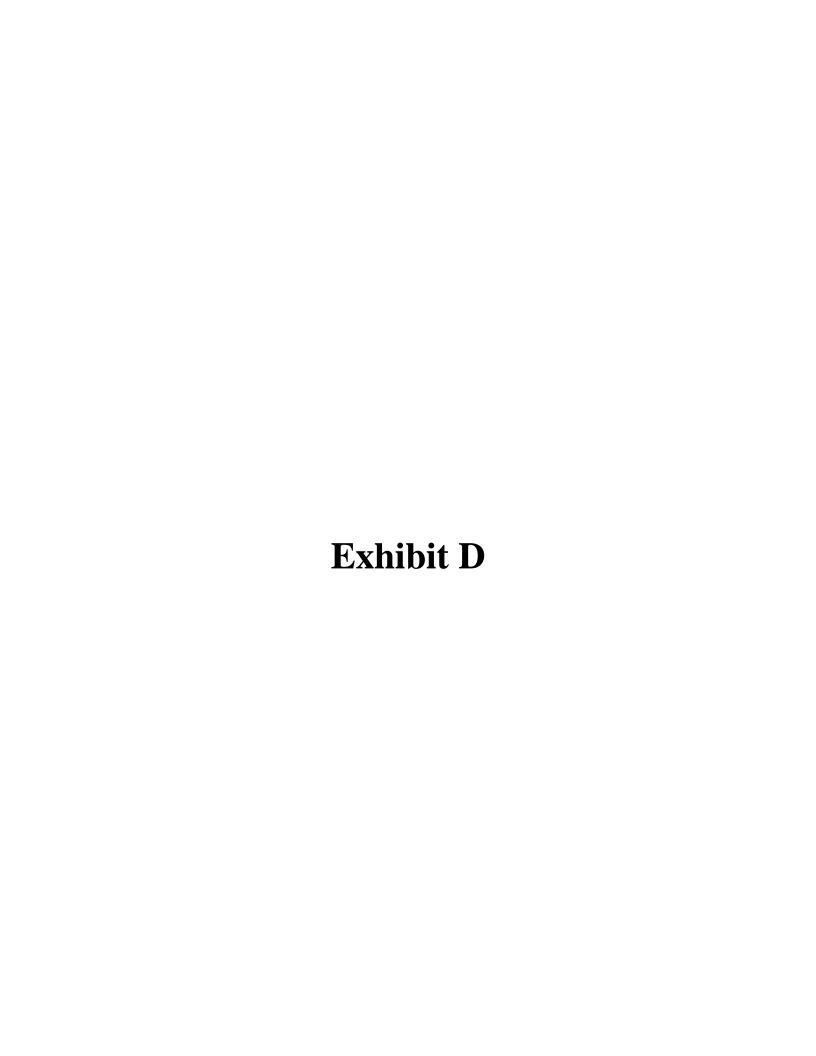
ALS- \$1085

ALS NE-\$900

ALS2- 51285

Miles-S25

Paramedic intercept- \$580



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

		A	Adopted	
Account	1	Appropriations		
Code	Description		2018	
	HEALTH		·	
	Ambulance			
B4650				
	Contractual expenses:	•		
.440	Professional Ambulance Billing	\$	10,000	
.460	Ambulance Certificate	<u></u>	7,500	
	Total contractual expenses		17,500	
	Total Ambulance - Rescue Squad	\$	17,500	
TOTAL HEALTH		\$	17,500	

	•
	•
	-

2017 TOTAL REVENUES

\$2,358,725.00 (11.0%>) \$257,425.00 increase vs. 2017

EXPENSES:

PRES	DENT:	
5000	PROFESSIONAL STAFF/EXP	\$1,300,000.00
5010	PAYROLL TAXES	\$118,986.00
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 MISC	\$500.00
5100	INSURANÇE	\$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 \$1,982,818.00

(11.7% >) \$232,818.00 incease vs. 2017

VICE-PRESIDENT

6870	HOUSE-FOOD	\$2,200.00
6880	HOUSE -VENDING MACHINE	\$1,500.00
6890	POPJUICE MACHINES	\$500.00
6910	REFRESHMENTS	\$3,000.00
7000	FUND DRIVE	\$6,500.00
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

SECR	ETARY:	
6500	POSTAGE	\$1,200.00
6600	PRINTING	\$3,000.00
6800	OFFICE SUPPLY	\$3,000.00
6 810	COPIER RENTAL	\$2,500.00
6840	NEW COMPUTER EQUIPMENT	\$5,000.00
6850	COMPUTER SUPPLY	* \$2,500,00
	TOTAL SECRETARY	·\$17,200.00 \$17,200.00
	TOTAL SECRETARY	(21.8% <) \$4800.00 decrease vs. 2017
TREAS	(IDED.	
5500	VEHICLE FUEL	
5820		\$30,000.00
5730	OXYGEN REFILLS HAZARDOUS WASTE DISP	\$2,700.60
6210	CELLULAR PHONES	\$7,500.00
6401		\$15,000.00
6402	ACCOUNTING FEES	\$12,000.00
7100	AUDIT FEES	\$7,760.00
7110	MEMBERSHIP INCENTIVES	\$5,000.00
	YEARLY HONORARIUMS	\$7,760.00
7120	SUNSHINE	\$1,200.00
	TOTAL TREASURER	\$88,900.00
		(15,1% >) \$13,400 increase vs. 2017
ODEDAT	richie.	
OPERAT		\$5,200,00
5800	UNIFORMS COMMUNICATIONS	
6220		\$18,000.00
6250	PAGER/RADIO BATTERIES	\$2,500.00
6915	REFRESHMENTS	\$1,500.00
6940	MEDICAL EQUIP TEST/REPAIR	\$10,500.00
6950	E-Z PASS TOLLS	\$1,200.00
	TOTAL OPERATIONS	\$36,900.00
		(0.6% >) \$200.00 increase vs. 2017
		(0.070-)
TRAINING	<u>G:</u>	
590	O COURSES/SEMINARS	\$8,000.00
591	O CPR INSTRUCTION	\$8,000.00
	D BOOKS/SUBSCRIPTIONS	\$2,000.00
	TRAINING EQUIPMENT	\$12,000,00
	· · · · · · · · · · · · · · · · · · ·	#1200£00
	TATAL TO A SESSO	•
	TOTAL TRAINING	\$28,000.00
	TOTAL TRAINING	\$28,000.00 (7.2% >) \$2000.00 increase vs. 2017

GENERAL BLG AND MEDICAL SUPPLIES:

5600 GENERAL BLS SUPPLIES 581,000.00
5610 GENERAL ALS SUPPLIES 583,600.00
5636 PHYSICAL FITNESS TESTING 5840 ALS DRUGS 5700 GEN'L BUILDING SUPPLY 51,000.00
6846 GEN'L CLEANING SUPPLY 51,000.00

TOTAL GENERAL BLD

\$88,000.00

(11,0% >) \$9700.00 Increase vs. 2017

MAINTENANCE:

5400 VEHICLE - REPAIRS \$35,000.00
5410 VEHICLE - PARTS \$8,900.00
5420 VEHICLE - PREVN. MAINT. \$9,000.00
5707 BUILDING MAINTENANCE \$27,000.00
5710 SECURITY LOCKS \$2,000.00
5720 NEW EQUIPMENT \$3,000.00

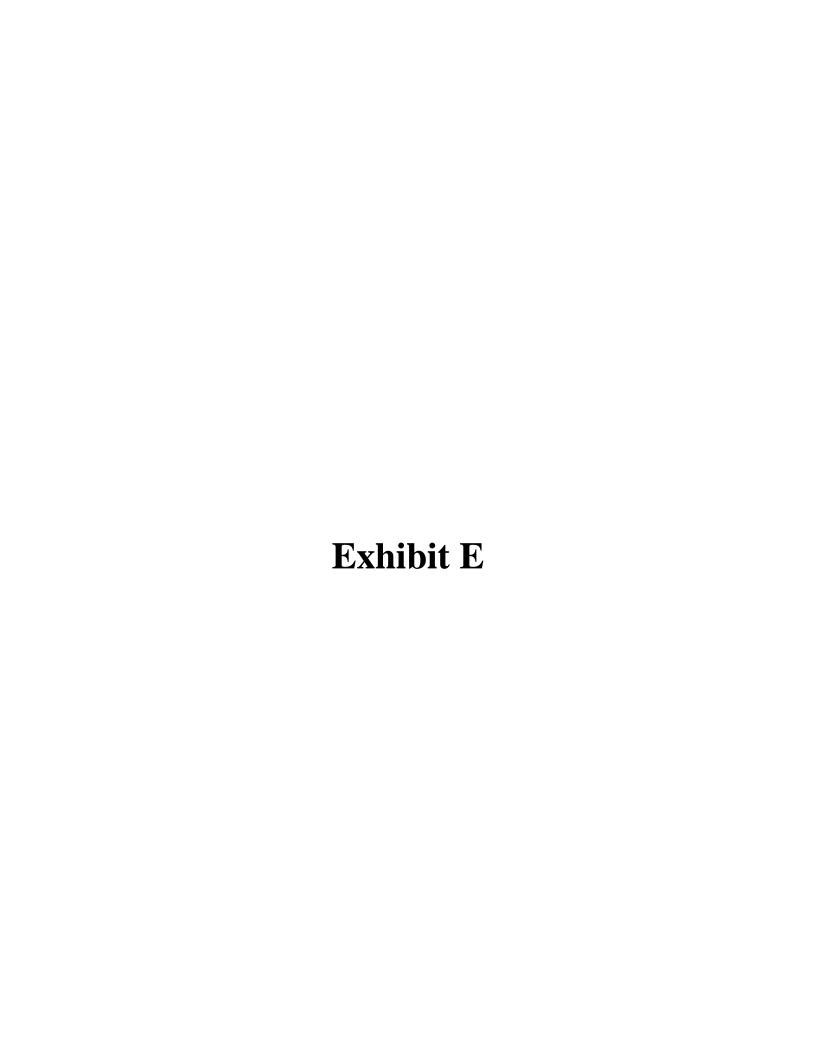
TOTAL MAINTENANCE

\$83,000.00

(1.8% >) \$1500.00 increase vs. 2017

2018 TOTAL EXPENSES \$2,357,118.00

SURPLUS \$1,607.00



BILLING SERVICE AGREEMENT

THIS AGREEMENT made and entered into as of August 1st 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. <u>Compensation and Fees</u>

- (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. <u>Terms of Agreement</u>

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.

- An assessment of the illness/injury of the individual(s) who received the service. (viii)
- Whether the injury/illness to the individual who received the service is work (ix)related.
- If the service is provided to an individual who is insured for any portion of the cost (x)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.
- Whether the Provider desires direct billing to a third party (such as a third party (xii) 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

Name: Charles Jordan

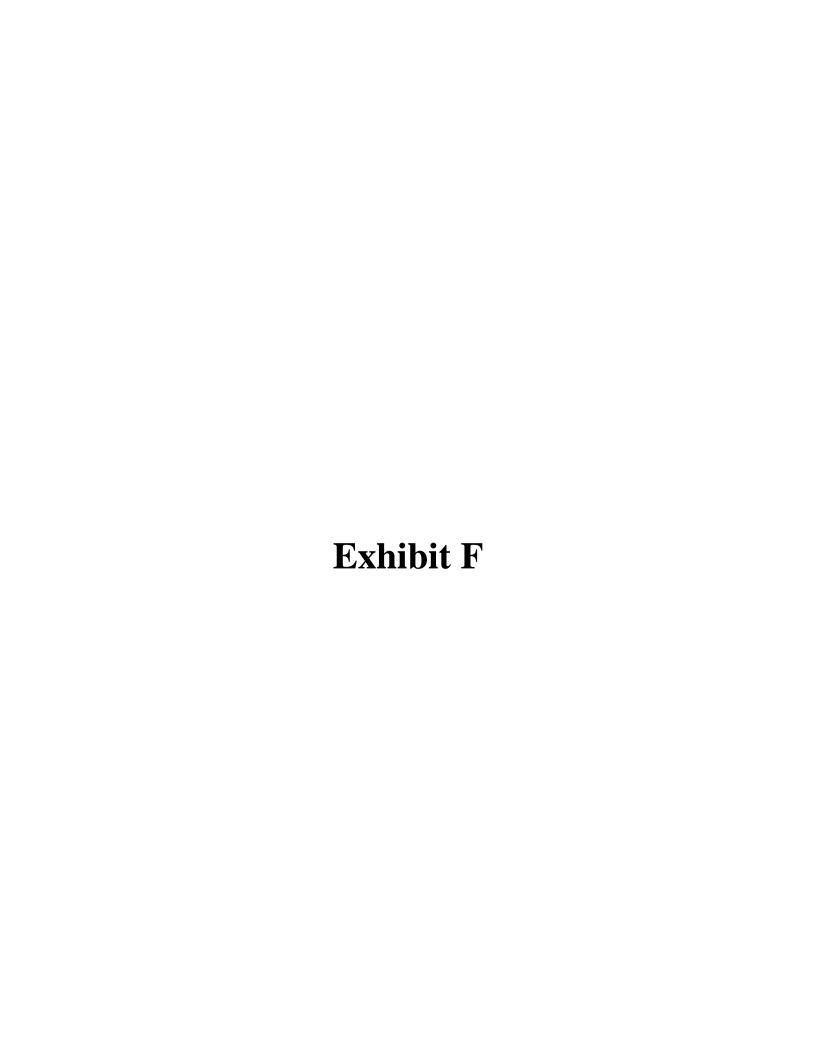
Title: President

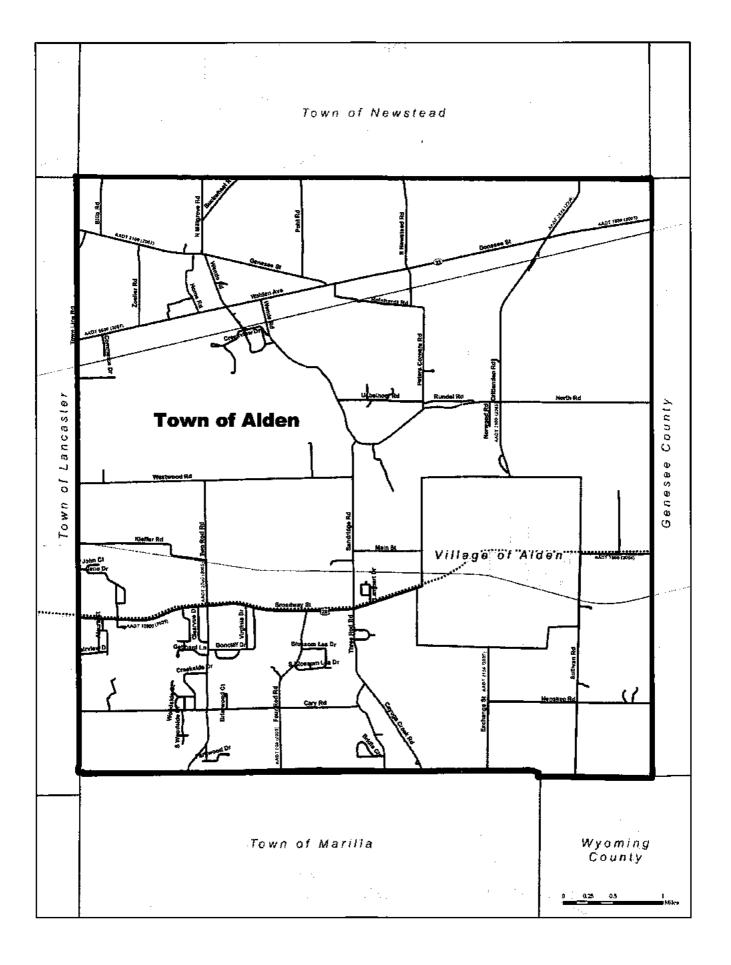
By: Rech A SWACO

Title: SCIPPLUSOR TOWN OF MUXIN

8/2/16 Date:

Date: 8/19/16





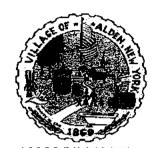


VILLAGE OF ALDEN

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

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 PIIL ambulance authority and certificate include the Village of Alden as primary operating territory.

Sincerely,

Mayor Michael Manicki

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".

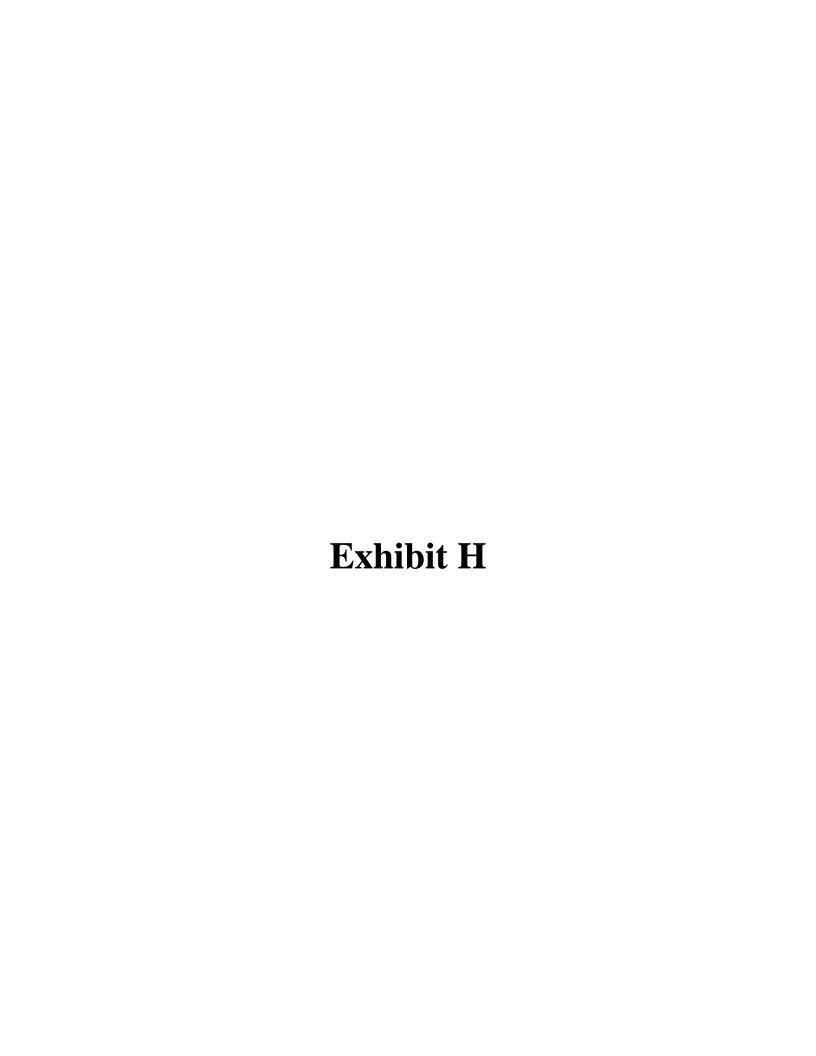
Our organization would like to go on record stating that we support the Town of Alden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours

Mayor Michael Manicki

Medd Su I

Mayor, Village of Alden



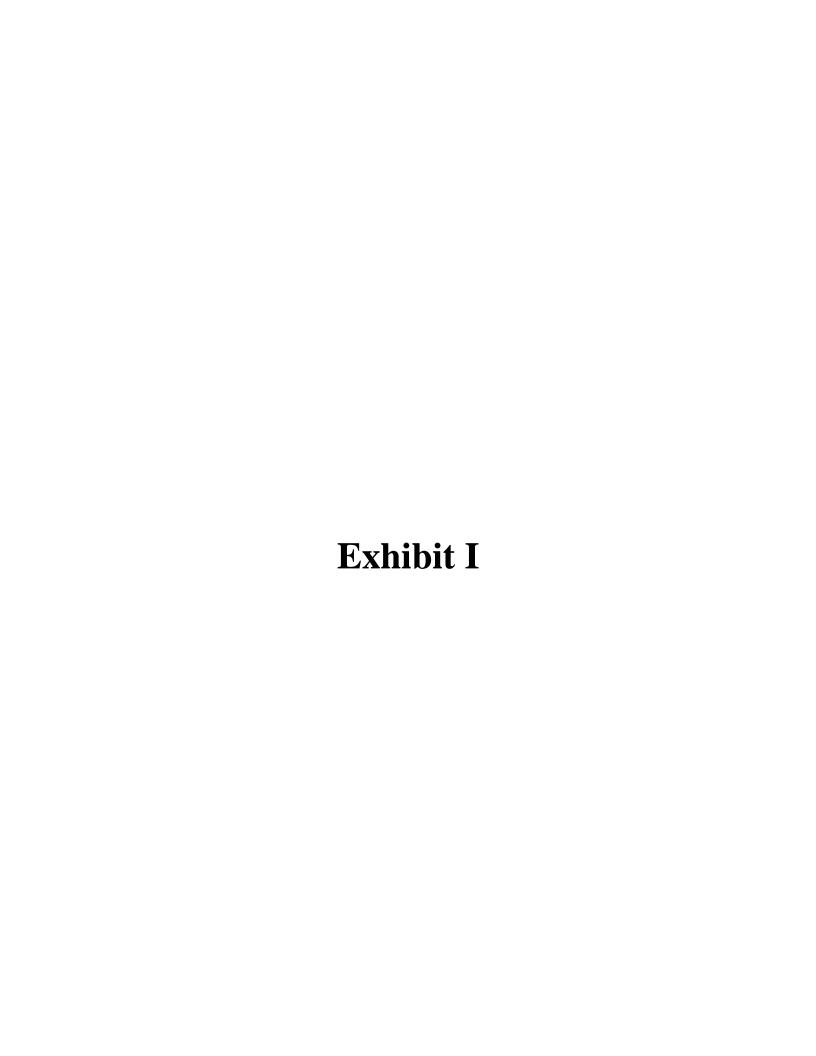
Medical Director Verification

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 BOH EMS Central Office for filling with your service records.

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СРАР	Check and Inject	12 Lead	Ambulance Transfusion Service (A	ats)
EMT Level of Care	AEMT Level of Care	Critical Care Level of Care	Paramedic Level of Care	Controlled Substances (BNE License on File)
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Agency Name	Town of Alden EMS			
Agency Code Number	6259 Agenc	y Type: Ambulance	ALSFR BLSFR	
Agency CEO	Richard Savage, Town Sup	pervisor		
Medical Director	Joseph Bart, DO, FACEP			
***************************************	Name 258856			<u>.</u>
	NYS Physician's License Number			t
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CHARLES AND STORY				
Quality Assurance/	the Physician Medical Director for Quality Improvement program for d review of Agency policies that a	this agency. This includes	s medical oversight on a regula	
I om familiar with state regulations c	applicable State and Regional En concerning the level of care provid	nergency Medical Advisory ed by this Agency.	Committee treatment protocol	s, policies and applicable
If the service I pro Provide Public Acce	vide oversight to is not certified less Defibrillation (1994, 1735) and	EMS agency and provides A La Completed Collaborative	NED level care, the service has e Agreement with its Regional	filed a Notice of Intent to EMS Council.
Medical Direc	tor Signature 5/1	1/18	<u> </u>	
	Date of Signature			



Affirmation of Fitness and Competency

	determine fitness and competency in accordance with Article 30 of the NYS.	
own o	of Alden EMS	6259
lame of	FEMS Agency	NYS EMS Agency Code
own o	of Alden, NY (municipality)	
ull Nan	ne of Corporate Entity requiring F&C review as a new owner/operator	
Richard	d A. Savage	Supervisor
ull Nan	ne of Individual	Title
3311 W	Vende Road, Alden, NY 14004	
ddress	of the Individual or Corporate Entity requiring F&C review as a new owner/o	perator
ocial S	ecurity Number (this is not releasable under the provisions of FOIL)	Date of Birth
A	proposed new owner/operator of an EMS agency. Thereby certify that Lam or	nave been a director, sponsor, principal
stock ho	older, operator or operations manager of one or more of the following in the c	nave been a director, sponsor, principal
A	older, operator or operations manager of one or more of the following in the c	nave been a director, sponsor, principal, asi :10 years (Article 30:83005(5)).
stock ho ES NO	older, operator or operations manager of one or more of the following in the rollowing in t	nave been a director, sponsor, principal, ast 10 years (Article 30 § 3005[5]).
stock ho	Older, operator or operations manager of one or more of the following in the policy of	have been a director, sponsor, principal, ast 10 years (Article 30.83006(SI)). quivalent in any other state. IYS Department of Health, or equivalent in a
ettock ho	Dider, operator or operations manager of one or more of the following in the property of the following in the	have been a director, sponsor, principal, ast 10 years (Article 30 § 3005 (S)). quivalent in any other state. IYS Department of Health, or equivalent in a
Stockholes NC	Emergency Medical Service certified by the NYS Department of Health, or enterestable. Hospital, long term care facility or other Article 28 facility licensed by the Nother state. Invalid coach (Ambulette) Service authorized by the NYS Department of Trail. Home or residence licensed by NYS or equivalent in any other state.	have been a director, sponsor, principal, ast 10 years (Article 30 \$3005(\$)). quivalent in any other state. IYS Department of Health, or equivalent in any other state in any other state.

- 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 AFEIRMATION See Current resume or curriculum vitae Copies of any related licenses and certifications Stating of address of sesidence, or if less than 2 years, addresses of prior resiliences.

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.

		avage	Richard A. Savage
	_	<i>a P</i>	Full Name
25/11	<u> </u>	il a Ly	
·	Date	·	ignature
		ion of Fitness	Certification of Fit
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ud, embezzlement or		fy that, I am not, or was not subject to a state or fe including, but not limited to actions involving Med	
rs and/or justification	und information, Department orders and	ble to sign this affirmation, attach copies of all ba eview and determination of fitness.	
		avage	Richard A. Savage
Palit	2.90	in a. Sun	Full Name Recurs
19/18	Date		Signature
		ıblic Affirmation and Acknowledg	Notary Public Aff
		bra Stelianou	Deba St
4 .		Name	Notary Public Name
129/18	6/25	ma Helian	Sebrath
	Date		Signature
	Stamp or equivalent.	, State of New YOR IST4989344	DEBRA STELIANOU Notary Public, State of Ne No. 01ST4989344 Quelified in Erie Cou mmission Expires Decemb

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: 9/16/2016

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

Emergency Medical Services Program

Howard Yucker M.D.

Commissioner of Health

THIS CERTIFICATE IS NOT TRANSFERABLE Keep conspicuously posted

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

DOH-3414 (8/91)

No. 33586

Affirmation of Fitness and Competency

By completing this form voltage again that the #75; Department of Health will be conducting a detailed background review in a corder to determine inners and completelity that condense with Alpicle 30 of the NYS Public Result (Sve.

Tov	vn of	Alden EMS	6259
Nan	ne of E	MS Agency	NYS EMS Agency Code
Tov	vn of	Alden, NY (municipality)	
Fuli	Name	of Corporate Entity requiring F&C review as a new owner/operator	 -
Co	lleen l	M. Pautler	Council member
Full	Name	e of Individual	Title
33	11 We	ende Road, Alden, NY 14004	
Add	iress o	f the Individual or Corporate Entity requiring F&C review as a new owner/operator	
Soc	ial Sec	curity Number (this is not releasable under the provisions of FOIL)	Date of Birth
200		oposed new owner/operator district MS/agency shereby territy and light of move per decoparator or operations statement one of move of the following analysissive past. Un	
YES	NO		
Ø		Emergency Medical Service certified by the NYS Department of Health, or equivalent	nt in any other state.
	Z	Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of the NYS Depar	artment of Health, or equivalent in any
	1	Invalid coach (Ambulette) Service authorized by the NYS Department of Transporta	tion or equivalent in any other state.
	Ø	Home or residence licensed by NY5 or equivalent in any other state.	
	1	Halfway house, hostel or residential facility or institution licensed by, or subject to Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMF	
	L.	If NO has been marked for all of the above, it indicates that there is no history of op Public Health Law; signing this affirmation is informational only and a testimony to provided.	

L-> 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 ATTACHDENTS TO THIS ASTRIBUTION

- Current resume or conscillant vites
- e Copies of any related treases and certifications
 - * Esting of address of residence, of it less than 7 years, addresses of proceed across

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	
Collaen M. Pautlu	5/2/2018
Signature	Date
Certification of Filipess	
By completing and signing this affirmation, I certify that I have no manslaughter, assault, sexual abuse, theft, robbery, drug abuse, charge relating to any of these offenses.	
Further, I certify that, I am not, or was not subject to a state or fed patient harm, including, but not limited to actions involving Medi	
If you are unable to sign this affirmation, attach copies of all bac assist in the review and determination of fitness.	kground information, Department orders and/or justification to
Colleen M. Pautler	
Collew m. Pautler	5/a/a018
Signature	Date
Notary Public Affirmation and Acknowledge	ment :
Colleen Rogers	
Colleen Rogers Notary Public Name Liller Rosers	
Signature	Date

Please affix Notary Public Stamp or equivalent.

Notary Public, State of New York Qualified in Erie County

My Commission Expires 4/30/20

I have operated the Town of Alden EMS as an elected Councilmember of the Town Board 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.

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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

St.

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

DOH-3414 (8/91)

No. 33586

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.

Tov	vn of	Alden EMS	6259
Nan	ne of (EMS Agency	NYS EMS Agency Code
Tov	vn of	Alden, NY (municipality)	
Full	Name	e of Corporate Entity requiring F&C review as a new owner/operator	
Dea	an W.	. Adamski	Council member
Full	Name	e of Individual	Title
331	1 We	ende Road, Alden, NY 14004	
Add	ress c	of the Individual or Corporate Entity requiring F&C review as a new owner/op	erator
As	he pr	curity Number (this is not releasable under the provisions of FOIL) oposed new owner/operator of an EMS agency. Thereby certify that I am or h dec operator or operations manager of one of more of the following in the p	数1.4%(1.4%的)。 (A.1) 这是,1.5 公司的保证的证据的证明的证据的证明的证明的证明的证明的证明的证明的证明,可是一个人,不是一个人,不是一个人
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7		Emergency Medical Service certified by the NYS Department of Health, or ed	juivalent in any other state.
	Ø	Hospital, long term care facility or other Article 28 facility licensed by the N other state.	'S Department of Health, or equivalent in any
	Ø	Invalid coach (Ambulette) Service authorized by the NYS Department of Train	rsportation or equivalent in any other state.
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	✓✓	Halfway house, hostel or residential facility or institution licensed by, or sub Health (OMH) or Office of Mental Retardation and Developmental Disabilities	•
	L,	If NO has been marked for all of the above, it indicates that there is no histor Public Health Law; signing this affirmation is informational only and a testion 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 THES 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

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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 competency.

Dean W. Adamski	
Full Name	05-02-2018
Signature	Date
Certification of Fitness	
By completing and signing this affirmation, I certify that I have not be manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sacharge relating to any of these offenses.	· · · · · · · · · · · · · · · · · · ·
Further, I certify that, I am not, or was not subject to a state or federal patient harm, including, but not limited to actions involving Medicare	
If you are unable to sign this affirmation, attach copies of all backgroassist in the review and determination of fitness.	ound information, Department orders and/or justification to
Dean W. Adamski	
Full Name ONOUL	05-02-2018
Signature	Date
Notary Public Affirmation and Acknowledgem	
Colleen Kogers Notary Public Name	· · · · · · · · · · · · · · · · · · ·
Liller Kows	5/2/2018
Signature	Date

COLLEEN ROGERS

Notary Public, State of New York

Qualified in Erie County

My Commission Expires 4/30/20 19

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Expires: 8/23/2018

NEW YORK STATE DEPARTMENT OF HEALTH

Ambulance Service Certificate



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PRIMARY TERRITORY: Town of Alden including the Village of Alden

Emergency Medical Services Program

Howard Jucker m.o.

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

DOH-3414 (8/91)

No. 33586

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 matcoccance with Addice 30 of the NYS Public Health Law

Lancaster Volunteer Ambulance Corps	1484
Name of EMS Agency	NYS EMS Agency Code
Lancaster Volunteer Ambulance Corps Full Name of Corporate Entity requiring F&C review as a new owner/operator	
The realist of corporate Emily requiring rac review as a new owner/operator	770
David V. Marrocco	Director of Operation
Full Name of Individual	Title
40 Embry Place January, NY 14086	
40 Embry Place Lancester, NY 14086 Address of the Individual or Corporate Entity requiring F&C review as a new owner/ope	rator
Social Security Number (this is not releasable under the provisions of FOIL)	Date of Birth
-As the proposed new owner/operator of an EMS a nerity. Energity certify that 4 om or a	
slock holder, operator or operations manager of one or more of the following in the na-	
AND THE PROPERTY OF THE PROPER	
YES NO	
☑ Emergency Medical Service certified by the NYS Department of Health, or equ	uivalent in any other state.
Hospital, long term care facility or other Article 28 facility licensed by the NY	S Department of Health, or equivalent in any
other state.	
☐ Invalid coach (Ambulette) Service authorized by the NYS Department of Trans	sportation 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 subj	ect to the rules of the NVS Office of Mental
Health (OMH) or Office of Mental Retardation and Developmental Disabilities	
If NO has been marked for all of the above, it indicates that there is no history Public Health Law; signing this affirmation is informational only and a testim provided.	
If YES has been marked for any of the above, on an attached page, please provide the	he following information for each:
Name of agency or facility	ne lorowing Him marion for earle
Halfe of agency of factory	

- 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 retailed 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.

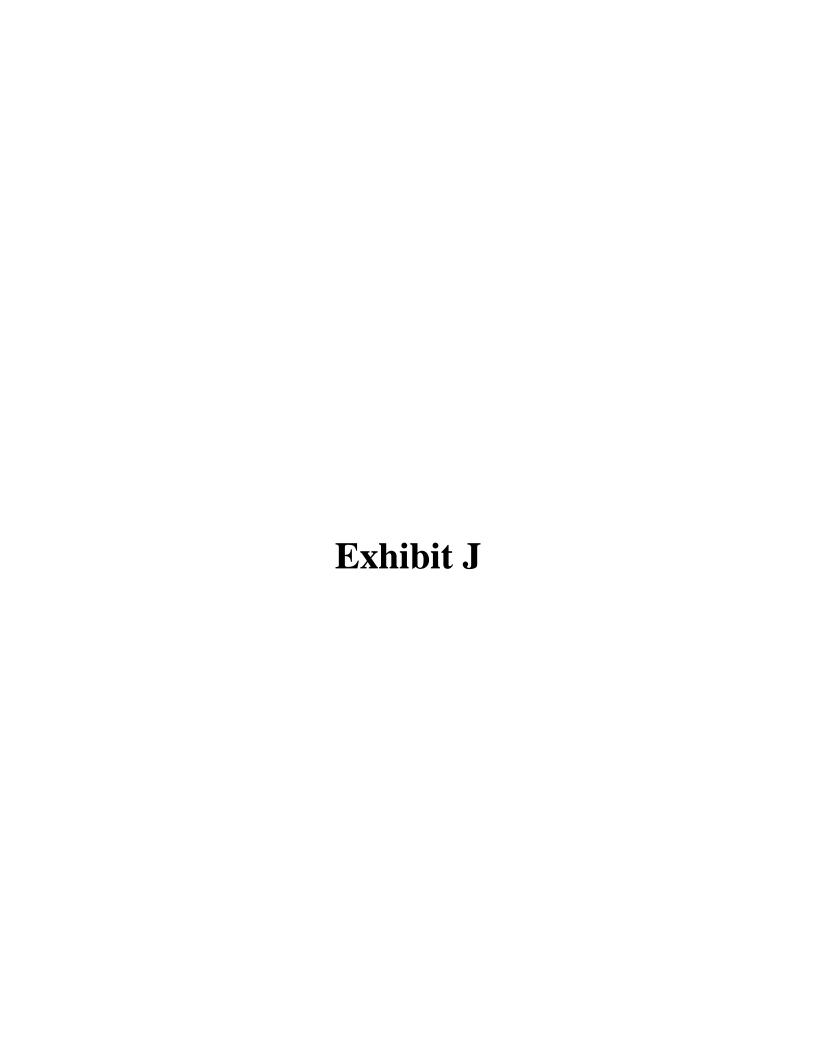
If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Full Name David Marrocco Signature Date	
Signature Date 1	
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 noto contendere to a felony charge relating to any of these offenses.	r
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	to
assist in the review and determination of fitness.	
Full Name (0112) 2018	
10/1kanow 6/12/2018	
Signature	
Notary Public Affirmation and Acknowledgement	• •.
Notary Public Name	
Notary Public Name	
Signature Date	
IENNIFER L STRONG	

Please affix Notary Public Stamp or equivalent.

Notary Public, State Of New York Qualified in Eris County

Commission Expires Aug. 24, 20



NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

Application for EMS Operating Certificate

Current Expiration Date 08 / 23 / 2018	✓ Ambulance Service	ALS First Respon	nse Service (non-transporting)
Name of Service Town of Alden EMS	Federal Employer 10 No. 16-6002150	NYS EMS 6259	Agency Code
Physical Address of Principal Business Location Street and Nur			
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 Cente	er 10 Digit Phone Number
(716) 937-6969 (716) 93		{ 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			
Fire Department Municipal/Government	College (State or Private Campus/	University)	
Type of Ownership			
☐ Individual ☐ Corporation (☐ for profit ☐ not for pro	ofit) Municipal Fire	Ambulance Distric	rt
☐ Partnership	· – ·	t (■State ■Federal	
		t /Eastate Di edelat	<i>'</i>
Name of Individual Owner, Partners or Government/Municipa	l entity		
Town of Alden			
If a corporation, give official corporate name. Also indicate all			rate list if more than one DBA
on file. (initial applications must provide certified copies of all	DOS filings both corporation and	DBA)	
Corporation Name			
<u>NÁ</u>			
NÁ DBA/Assumed Name			
NÁ DBA/Assumed Name NA	addresses of current comporation	officers	
NÁ DBA/Assumed Name	addresses of current corporation of the Home Address	officers	Home Phone
NA DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name	•	officers	
NÁ DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name President	•	officers	Home Phone
NA DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name President Vice President	•	officers	() -
NÁ DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name President	•	officers	
NA DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name President Vice President	•	officers	() -
NA DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name President Vice President Secretary Treasurer	•	officers	() - () - () -
NA DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name President Vice President Secretary Treasurer Chief Operating Officer (Captain, Operations Manager)	Home Address		() - () - () -
NA DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name President Vice President Secretary Treasurer Chief Operating Officer (Captain, Operations Manager) Name	Home Address Title Day Ph	one	() - () - () - () - Night Phone
NA DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name President Vice President Secretary Treasurer Chief Operating Officer (Captain, Operations Manager) Name Richard A. Savage	Home Address Title Day Ph		() - () - () -
NA DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name President Vice President Secretary Treasurer Chief Operating Officer (Captain, Operations Manager) Name Richard A. Savage Tax District	Title Day Ph Town Supervisor (716	one) 937-6969 x3	() - () -
NA DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name President Vice President Secretary Treasurer Chief Operating Officer (Captain, Operations Manager) Name Richard A. Savage	Title Day Ph Town Supervisor (716	one	() - () -
NA DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name President Vice President Secretary Treasurer Chief Operating Officer (Captain, Operations Manager) Name Richard A. Savage Tax District Is this organization funded by a tax district? Yes Name of Operator (if different from owner)	Title Day Ph Town Supervisor (716	one) 937-6969 x3	() - () - () - () - Night Phone (716) 319-0798 General Fund) Business Phone
NA DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name President Vice President Secretary Treasurer Chief Operating Officer (Captain, Operations Manager) Name Richard A. Savage Tax District Is this organization funded by a tax district? Yes Name of Operator (if different from owner) Lancaster Volunteer Ambulance Corps (by GML 12)	Title Day Ph Town Supervisor (716 No Name of District	one) 937-6969 ×3 Town of Alden (6	() - () -
NA DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name President Vice President Secretary Treasurer Chief Operating Officer (Captain, Operations Manager) Name Richard A. Savage Tax District Is this organization funded by a tax district? Yes Name of Operator (if different from owner) Lancaster Volunteer Ambulance Corps (by GML 12 Address	Title Day Ph Town Supervisor (716 No Name of District 2-b contract)	one) 937-6969 x3 Town of Alden (6	() - () -
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NA DBA/Assumed Name NA For Profit and Not for Profit Corporations must provide names/ Name President Vice President Secretary Treasurer Chief Operating Officer (Captain, Operations Manager) Name Richard A. Savage Tax District Is this organization funded by a tax district? Yes Name of Operator (if different from owner) Lancaster Volunteer Ambulance Corps (by GML 12 Address 40 Embry Place	Title Day Ph Town Supervisor (716 No Name of District 2-b contract) City Lancast nly one) EMT A	one) 937-6969 x3 Town of Alden (6	() - () - () - () - Night Phone (716) 319-0798 General Fund) Business Phone (716) 683-3282 Zip 14086
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•	cal Director (please list all others on s	eparate sheet)	
Joseph Bart DO Address		Phone	NYS Physician License Number
	offele NIV 44000		60258856
100 High Street, Buffalo, NY 14203 List the address of each location where any certified EMS response		(716) 859-5600	
ust the address of each Provide list if more that		ponse venicle is garaged at not the	same as your principal totalton.
Location 1			Number of vehicles assigned
	lace, Lancaster, NY 14086		9
Location 2			Number of vehicles assigned
Location 3			Number of vehicles assigned
Total Number of Vehicle	es operated by certificate holder		
Ambulances 6	EASV's (ambulance service only)	3 First Response (AL	SFR) O
Description of operatin	g territory boundaries etc.:		
Town of Alden			
Total Employees/Memi	oers: <u>64</u> Number Volu	inteer 20 Number Paid	(on payroll) <u>44</u>
Provide number of indi	viduals currently certified at each leve	l	
CFREM	T 31 AEMT 4	Critical Care Parar	nedic <u>24</u>
Communications/Dispa	tch Information	_	
Principal Dispatch Met	hod: 🗸 Two-way 🔲 Cellul	ar Phone Pager 🔲 🔾	Other
	u are dispatched MHz		
		***	Local 911/PSAP Self
- '	your service Lancaster Police		
•	for hospital calling/medical direction		☑ Cellular ☑ Other
UHF MED 1-8 capacity	— — ·		Yes No
155.340 capability	Yes No Call sign if s	service has FCC License WPYE 8	362
Attachments Required	Affirmation of Compliance (DOH-1)	881, Affirmation Side 1 MUST BE	NOTARIZED)
	• List of all vehicle operated by the	service (DOH-1881 Affirmation sid	e 2)
	• List of all agency personnel –Use		
	 List of all owners with 10% of more 	•	
	 Map of current operating territory 	r -	
Agency Certification	I have received and read and unders	tand the contents of the following	documents and will comply with all requirements
	Article 30/30A, NYS Public Health	Law	
	 Part 800, 10NYCRR, State EMS Cod 		
	 Applicable DOH EMS Policy Stater 	ments and SEMAC Advisories	
In addition, I certify t	nat all the information contained in thi	is application is true and correct, a	nd that neither the corporation nor any of the
owners, principals, or	stockholders have been convicted of I	Medicaid or Medicare fraud, and 1	understand that under Section 3012(a) or PHL
		ificate for this agency may be revol	ked, suspended, limited or annulled if this
application includes	willful misrepresentation.		
Name of Owner, CEO o	r COO	Title	For DDH Use Only
Richard A. Savage		Supervisor	
Signature Curs A	£-	Date 6/29/18	Date Application Received
	on and acknowledgement	, , ,	New Expiration Date
, above diminati	1.0.161		BEMS review and approval
	DEBRA STELIANOU	, _	
	Notani Public State - Chicago		Date

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

Notary Public, State of New York
No. 01ST4989344
Qualified in Erie County
Commission Expires December 2, 202/

ADDENDUM TO DOH-206 FORM

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

Officer Title and Name	Home Address	Home Phone Number
Colleen M. Pautler, Town Council member	12755 North Road, Alden, NY 14004	(716) 937-6283
Dean W. Adamski, Town Council member	12120 Westwood Road, Alden, NY 14004	(716) 937-7779
And Address of the Control of the Co		
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The state of the s		
	Allies Children and American	annous an

Affirmation of Compliance

The Affirmation process of the contribution of		
Please note that a Notary Public MUST comp	iete section at bottom of pa	ge.
Check one ALS First Response Service		
Current Operating Certificate Expiration Date		
08 / 23 / 2018	6259	
Name of Service Town of Alden EMS	NYS EMS Agenc	y Code
Address 3311 Wende Road	NY	14004
City Alden	State	Zip
Contact Person	E-mail	
Richard A. Savage, Supervisor	richard.sav	age@erie.gov
Work Phone Number	Additional Phon	
716-937-6969 ext 3	716-319-07	798
inspection has been conducted. Those vehicles which are not ambulant and/or any safety inspection as required by the NYS Department of Tra Federal Aviation Administration. I understand that under the authority of the Public Health law any defit to the penalties of the Public Health Law, including fines, suspension, r	nsportation, The United Sta ciencies that result in violat	tes Coast Guard, or the
Name	Title	
Richard A. Savage	Supervisor	
Signature_	Date	
Rein a. L.		2118
Affirmation and Acknowledgement Lehrus Feharom		ONE AND ILL AND BOOK TO THE PROPERTY OF THE PR
DEBRA STELIANOU Notary Public, State of New York No. 01ST4989344 Qualified in Erie County Commission Expires December 2, 2-2-/	Nego Z	

Affirmation of Compliance

Affirmation of compliance for New	Véhicles or Agency Recertification
Please note that a Notary Public MUS	T complete section at bottom of page.
eck one Ambulance Service ALS First Response Service	ice
rrent Operating Certificate Expiration Date	
8/23/2013	0)484
me of Service	NYS EMS Agency Code
-ancaster Volunteer Ambulance	re Corps
dress	
10 Embry Place	NY 14086
1	State Zíp
ancester	· ·
ntact Person	E-mail
Thester Popialkowski	
ork Phone Number	Additional Phone Number
716-683-3282	
EMS Code, Part 800. The records and documentation of the agency have also been records ambulance vehicles listed are registered with the NYS Departinspection has been conducted. Those vehicles which are not am	rtment of Motor vehicle (DMV) and the appropriate DMV abulances have appropriate DMV registration, DMV inspection,
EMS Code, Part 800. The records and documentation of the agency have also been records and documentation of the agency have also been records ambulance vehicles listed are registered with the NYS Department inspection has been conducted. Those vehicles which are not am and/or any safety inspection as required by the NYS Department Federal Aviation Administration.	viewed for compliance with all applicable requirements. rtment of Motor vehicle (DMV) and the appropriate DMV abulances have appropriate DMV registration, DMV inspection, t of Transportation, The United States Coast Guard, or the
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JENNIFER L. STHONG
Notary Public, State Of New York
Qualified in Erie County
Commission Expires Aug. 24, 20
DOH-1881 page 1 of 2 (1/14)

Note: if vehicle(s) is new to fleet, please indicate if you need new certification logos for the sides and rear of the vehicle.
Yes, # of stickers
<u>§</u>

Vehicle Information			. <u>44</u>			
Provide the followin	g information for all EMS	Provide the following information for all EMS vehicles to be certified by this affirmation. A computer listing containing the requ	n. A computer listing	g containing the	required informati	vired information is acceptable.
License Plate #*	Radio on Agency ID	Motor Vehicle Identification # (VIN)		Year	Collon	Wehicle Type***
AY8640	700	1GNUKAE06AR258747	CHEVROLET	2010	WHITE	AGENCY-EASV
AY8642	800	1FDWE35P55HB48815	FORD	2005	MHITE	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	1FD\$\$3EL3EDB14593	FORD	2014	MHITE	AMBULANCE- TYPE I

^{*} All ambulance vehicles are required by New York State Motor Vehicle and Traffic Law to possess a valid motor vehicle registration. If the vehicle(s) listed are not registered with NYS DMV, you must provide the statutory exemption.

^{**} Such as: AMBULANCES — Type I, Type II, Type III, Helicopter Boat, Fixed Wing Aircraft
EMERGENCY AMBULANCE SERVICE Vehicle (EASV) — agency fire car, van, truck; or personal car, van, truck
ALS FIRST RESPONSE VEHICLE (ALSFR) — agency fire apparatus, car, van, truck; or personal car, van, truck

Agency Name Lancaster Volunteer Ambulance Corps	bulance Corps.		Agency Code 1484		Date Submitted 3/31/18	omitted			Page 1		of 4
List All Personnel Alphabetically	etically	D08	DOH Certifi	DOH Certified Personnel	Lew	Level of Certification (check one)	ification	(check o	ne)	Check Other Levels	r Levels
Last name,	First name	MW/DD/YY	DOH issued ID number	Expires	CFR	EMT	AEMT	c	70	CPR/AED	First Aid
Abraham	Richard	10/07/87	355642	11/30/18					Q		
Accurso	Mark	04/ 28 /77	260085	07/31/20			J				
Adolf	John	01/25/59	047016	10/31/19					I		
Ammon	Lisa	12/02/68	196920	09 / 30 /20					V		
Benzee	David	12/27/67	201444	07 / 31 /20		I					
Carlo	Steve	08 / 05 / 55	037389	07 / 31 /20		J					
Chumm	Phearon	12/20/90	406001	01/31/19		I					
Cramer	Christopher	12 / 25 / 86	356802	08 / 31 /19		J					
Cuillo	Robert	08 / 19 /61	118826	09 / 30 /18		□					
Fenik	Brian	06 / 04 /75	260047	05 / 31 /18					V		
Fisher	Patrick	11/24/89	376692	09/30/20					Q		
Foote	Brian	04 / 01 /88	355140	07 / 31 /20		I					
Gangloff	Andrew	06 / 28 /83	339581	07 / 31 /19		Q					
Gowanlock	Richard	02 / 28 /89	350745	11 / 31 /18					Q		
Gowanlock	Robert	09/17/64	066254	08 / 31 /18		I					
Gowanlock	Zechariah	08 / 16 /87	342525	11 / 31 /18					\Box		
Happ	Doug	06 / 21 /89	352344	10 / 31 /18					ѕ		
Heibel	Anthony	10 / 14 /56	370914	09 / 30 /18		I					
Hodge	Benjamin	07/24/89	340971	07 / 31 /19		I					

DOH-2828 (8/14)

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

EMS Agency Personnel Roster

Agency Name Lancaster Volunteer Ambulance Corps.	mbulance Corps.		Agency Code 1484		Date Submitted 3/31/18			ا ا	Page 2 of	-
List All Personnel Alphabetically	betically	800	DOH Certified Personnel	Personnel	Level of Certification (check one)	ification	{check o	e	Check Other Levels	Levels
Last name,	First name	MM/DD/YY	DOH issued ID number	Expires	CFR EMT	AEMT	S	P	CPR/AED	First Aid
Hussain	Ali	10/23/97	445736	09/30/19						
Hutter	Rachel	07/ 07/93	437529	02/28/19						
Johnson	Brent	02/14/90	373936	01/31/21				I		
Kelly	Christopher	11/11/83	341353	11 / 30 /19				Q		
Kuczmarski	Brandon	09 / 22 / 93	401316	09 / 30 /19				J		
Lechevet	ian	04 / 29 /87	367012	10 / 31 /20				☑		
Lengel	Daniel	09/01/82	262374	07 / 31 /19						
Mangus	David	09 / 29 /86	334353	11 / 30 /18				□		
Маггоссо	David	07 / 18 /89	447961	02 / 29 /20						
Marshall	Daniel	03/31/95	447962	02 / 29 /20						
Marshall	Timothy	11/14/59	265994	01 / 31 /20						
McCarthy	Daniel	04 / 16 /83	257664	03 / 31 /21				☑		
McClenathan	Allen	11/02/93	431569	11 / 30 /20						
McKnight	Jonathan	12/04/82	263259	11 / 30 /19						
Measer	David	12/06/73	186996	12/31/18				I		
Myers	Jerren	10/ 17 /72	346815	07 / 31 /19		I				
Natalzia	Peter	08 / 18 /89	340978	09 / 30 /20				\		
Noworyta	Mark	12 / 25 /67	155061	09 / 30 /20				1		
O'Donneil	Lynn	08 / 28 /77	306743	05/30/19	□□					

DOH-2828 (8/14)

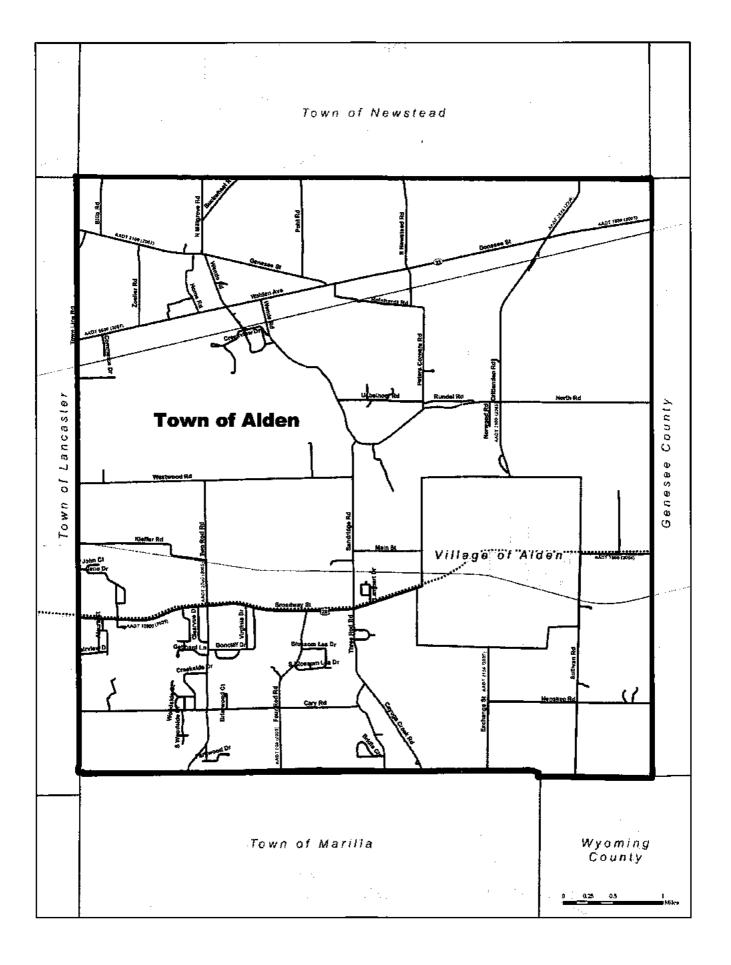
Agency Name Lancaster Volunteer Ambulance Corps	Ambulance Corps.		Agency Code 1484		Date Submitted 03/31/18			_ Page 3		of 4
List All Personnel Alphabetically	abeticaliy	B00	DOH Certifi	DOH Certified Personnel	Level of Certification (check one)	fication (check on	<u>ē</u>	Check Other Levels	rLevels
Last name,	Firstname	MM/DD/YY	DOH issued ID number	Expires	CFR EMT	AEMT	<u>የ</u>	ס	CPR/AED	First Aid
Peterson	Jenniefer	09/22/91	458171	01/31/21					[]	
Piersa	Jacob	10/ 20/94	413770	09/30/18				J		
Pop le ia	Sarah	08/11/82	363490	10/31/19				I		
Reed	Christian	12 / 05 /91	385465	02 / 29 /20						
Revelas	Amy	09 / 06 /92	369526	03 / 30 /20						
Sank	Robert	09 / 19 /88	395254	01 / 31 /21				<u></u>		
Schieber	Kevin	12/02/87	338696	05 / 31 /18						
Schneider	Gary	07 / 23 /71	306362	05 / 30 /21						
Schrimmel	Matthew	04 / 26 /87	362254	10 / 31 /20				-		
Silvestri	Matthew	03 / 27 / 95	415838	01 / 31 /21						
Steiner	Sarah	02/25/97	447965	02 / 28 /20						
Swigonski	Joshua	08 / 03 /93	402827	07 / 31 /20						
Szetela	Deborah	05 / 14 /70	214498	12 / 31 /20						
Thiemke	Stephen	01/11/86	402827	07 / 31 /18		□				
VonHegel	Heather	01 / 17 /89	361555	02 / 28 /20				V		
Whelan	Jason	03/ 03/80	332406	07 / 31 /20		J				
Williams	Michele	12/23/85	415886	07 / 31 /18						
Wisniewski	Michael	07 / 15 /70	227769	10 / 31 /19						
Witkowski	McKenna	08/ 17 /99	437363	09/30/20						

DOH-2828 (8/14)

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

EMS Agency Personnel Roster

Agency Name Lancaster Volunteer Ambulance Corps	mbulance Corps		Agency Code 1484		Date Submitted 03/31/18		Page 4	of ⁴
List All Personnel Alphabetically	betically	800	DOH Certifie	DOH Certified Personnel	Level of Certific	Level of Certification (check one)	Check Other Levels	er Levels
Last name,	First name	MM/DD/YY	DOH issued ID number	Expires	CFR EMT A	AEMT CC P	CPR/AED	First Aid
Yunusov	Bekhzod	03/16/80	387916	09/30/19				
Zgoda	Jeffery	02/ 20/93	420718	09/30/19				
Zlelinski	Nicholas	12/ 05 /87	345221	01/30/20				
		1 1		1 1				
Driver Only Status		1 1		1 1				
Graham	Blake	07 / 20 /83		1 1				
McKinney	Nicholas	05/ 01 /86		1 1			₹	
O'Donnell	John	12/03/70	406632	1 1			<u></u>	
Popiolkowski	Chester	10 / 30 /51	083246	1 1			₹	
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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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER, IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Shannon O'Keefe Clearwater PRODUCER Haylor, Freyer & Coon, Inc. PHONE (AIC, No. Ext): 315-703-9137 FAX (A/C, No): 315-362-5729 231 Sálina Meadows Parkway ADDRESS: svelasquez@haylor.com P.O. Box 4743 Syracuse NY 13221 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : N.Y. Municipal Insurance Reciprocal ALDENTOWN INSURED INSURER B Town of Alden INSURER C: 3311 Wende Road Alden NY 14004 INSURER D INSURER E INSURER F : **CERTIFICATE NUMBER: 9405799** REVISION NUMBER: COVERAGES 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. ADDLISUBR POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE POLICY NUMBER MPLTALD001 X COMMERCIAL GENERAL LIABILITY Α EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT X LOC PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) 5/1/2018 5/1/2019 \$ 1,000,000 AUTOMOBILE LIABILITY MCATALD001 Д BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) s PROPERTY DAMAGE (Per accident) ŝ X χ HIRED AUTOS 5 5/1/2018 5/1/2019 MECTAL DOOL EACH OCCURRENCE \$8,000,000 UMBRELLA LIAB Х Α OCCUR AGGREGATE \$ 16,000,000 Х EXCESS LIAB CLAIMS-MADE DED RETENTION 5 PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A E.L. DISEASE - EA EMPLOYED s (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 85 mil apg 5/1/2018 5/1/2019 Limit \$1 mll per cim MPOTAL DOOL Public Officials Liab Α DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schodule, 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 CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lancaster Volunteer Abulance Corp

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AUTHORIZED REPRESENTATIVE

40 Embry Place

Lancaster NY 14086



CERTIFICATE OF LIABILITY INSURANCE

ESMITH

DATE (MM/DD/YYYY) 06/15/2018

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an end	dorsemen	t. As	tatement on
	DDUCER				CONTA NAME:						
Pot	ter, Harris & Scherrer Agency					o, Ext): (716) 6	34-5656		FAX	(716)	626-5057
	0 Main Street liamsville, NY 14221				F-MAII		0000		(A/C, NO):	(1.0)	020 0001
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	40 Embry Place Lancaster. NY 14086				INSURE						+
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								MED EXP (Any one	e person)	\$	1,000,000
								PERSONAL & AD\	/ INJURY	\$	10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	10,000,000
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ψ	
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCID		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO			
	DESCRIPTION OF CHERNICHOUSE							2.2. 3.02.102	2.01 2	<u> </u>	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Town of Alden Alden Town Hall 3311 Wende Rd				THE	EXPIRATION	N DATE TH	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.			
	Alden, NY 14004				_	RIZED REPRESE	NTATIVE				
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ESMITH

CERTIFICATE OF LIABILITY INSURANCE

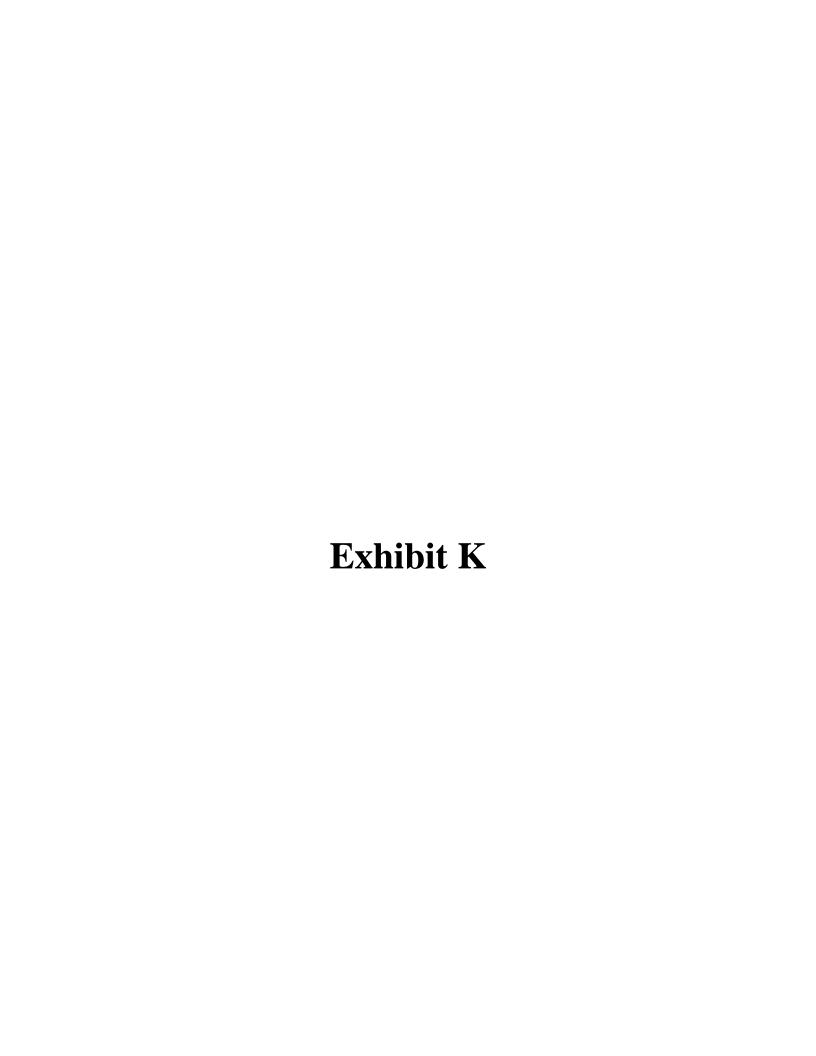
DATE (MM/DD/YYYY)

06/15/2018

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	f SUBROGATION IS WAIVED, subjection for the subjection of the subjection of the subject of the s							require an end	dorsemen	it. As	tatement on
PRO	DDUCER				CONTA NAME:	ст					
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								PERSONAL & AD\	INJURY	\$	1,000,000 10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	10,000,000
	POLICY PRO- JECT LOC							PRODUCTS - CON	1P/OP AGG	\$	10,000,000
Α	OTHER:							COMBINED SINGL	E LIMIT	\$	1,000,000
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	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO			
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DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Village of Alden 13336 Broadway St Alden, NY 14004				THE ACC	EXPIRATION CORDANCE WI	N DATE TH TH THE POLIC	ESCRIBED POLI EREOF, NOTIC CY PROVISIONS.			
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Town of Alden

Office of the Supervisor 331E 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.

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

Thank you for your support!

Very truly yours,

Richard A. Savage, Supervisor

Reins a form

Town of Alden

A muil	2010
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></signature>
Ву:
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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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.

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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.

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

Thank you for your support!

Very truly yours,

Richard A. Savage, Supervisor

Town of Alden

May	, 2018
11101	, = 0 1 0

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

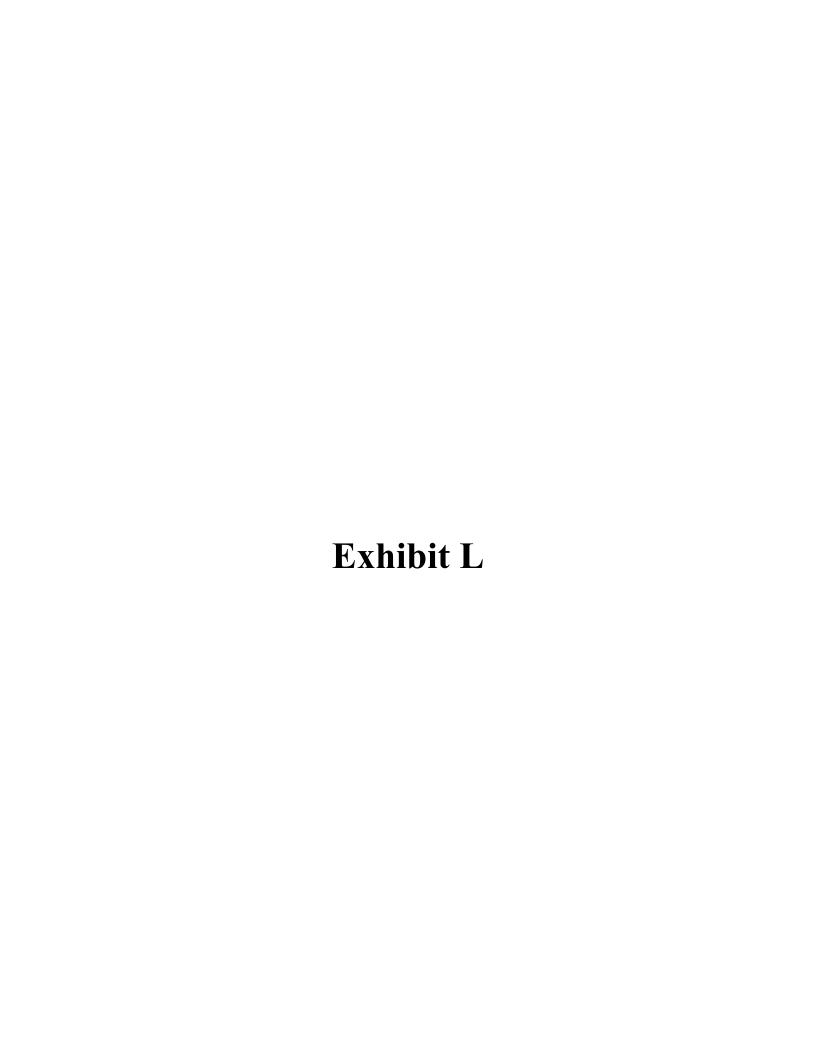
Dear Supervisor Savage:

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></signature>
By:
Chief Executive Officer or title of administrator signing letter



In the matter of:

Town of Alden

AFFIDAVIT OF MAILING

Jehro Stehan

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 5th

day of //www. 2018

Notary Public

MARK C. BUTLER
Notary Public, State of New York
Nc. 02BU4840381
Qualified in Erie County
Commission Expires July 31, 20 21

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

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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

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

Buffalo NY 14222

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

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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

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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 Concord P.O. Box 368 Springvllle 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 Lckawanna 714 Rlddle 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 Sprlngsvllle P.O. Box 17 Springvllle 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 Vlllase 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 Williamsvllle NY 14221

Dr. Joseph Bart 100 High St Buffalo, NY 14203

Dr. Brian Clemency 100 High St Buffalo, NY 14203

Dr. Lori Hudzlnski 210 East Main St Springville NY 14141

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

Dr. Josette Teuscher 100 High St Buffalo, NY 14203 Daniel J. Neaverth, Jr., Comm. Erie County Dept of Emergency Services 95 Franklin St. Buffalo NY 14202

Dr. Anthony Billittier 462 Grider Street Buffalo NY 14215

Dr. Sam Cloud 462 Grider Street Buffalo NY 14215

Dr. Thomas Kowalak 2950 Elmwood Ave Kenmore, NY 14217

Dr. Kevin McGee 100 High St Buffalo, NY 14203 Gregory Gill, Dep. Comm. of EMS Erie County Dept of Emergency Services 3359 Broadway Cheektowaga NY 14227

Dr. Jennifer Brown 2605 Harlem Rd. Buffalo NY 14225

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

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

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

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

Attica NY 14011

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

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

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 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

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

Dulk

Swom to before me this 30+4 day of May, 2018.

Notice Public

Julie M Kramer

Notary Public State of New York

No. 01KR6318304

Qualified in Erie County

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

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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

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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

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

Buffalo NY 14222

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Co.,Inc.
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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
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Orchard Park NY 14127
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Sisters of Charity Hospital-St
Joseph Campus
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Blasdell Volunteer Fire
Dept.,Village
121 Miriam Ave.
Blasdell NY 14219

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Boston Volunteer Fire Co.
6746 Mill Street
Boston NY 14025

Chief Officer
Bowmansville Volunteer Fire
Assoc.
36 Main Street
Bowmansville NY 14026
Chief Officer
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9415 Clarence Center Road
Clarence Center NY 14032

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

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Eden NY 14057

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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

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

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Eggertsville 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

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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 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 Lckawanna 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 Springsville 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 Erle 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 Villase 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

Dr. Joseph Bart 100 High St Buffalo, NY 14203

Dr. Brian Clemency 100 High St Buffalo, NY 14203

Dr. Lori Hudzinski 210 East Main St Springville NY 14141

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

Dr. Josette Teuscher 100 High St Buffalo, NY 14203 Daniel J. Neaverth, Jr., Comm. Erie County Dept of Emergency Services 95 Franklin St. Buffalo NY 14202

Dr. Anthony Billittier 462 Grider Street Buffalo NY 14215

Dr. Sam Cloud 462 Grider Street Buffalo NY 14215

Dr. Thomas Kowalak 2950 Elmwood Ave Kenmore, NY 14217

Dr. Kevin McGee 100 High St Buffalo, NY 14203 Gregory Gill, Dep. Comm. of EMS Erie County Dept of Emergency Services 3359 Broadway Cheektowaga NY 14227

Dr. Jennifer Brown 2605 Harlem Rd. Buffalo NY 14225

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

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

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

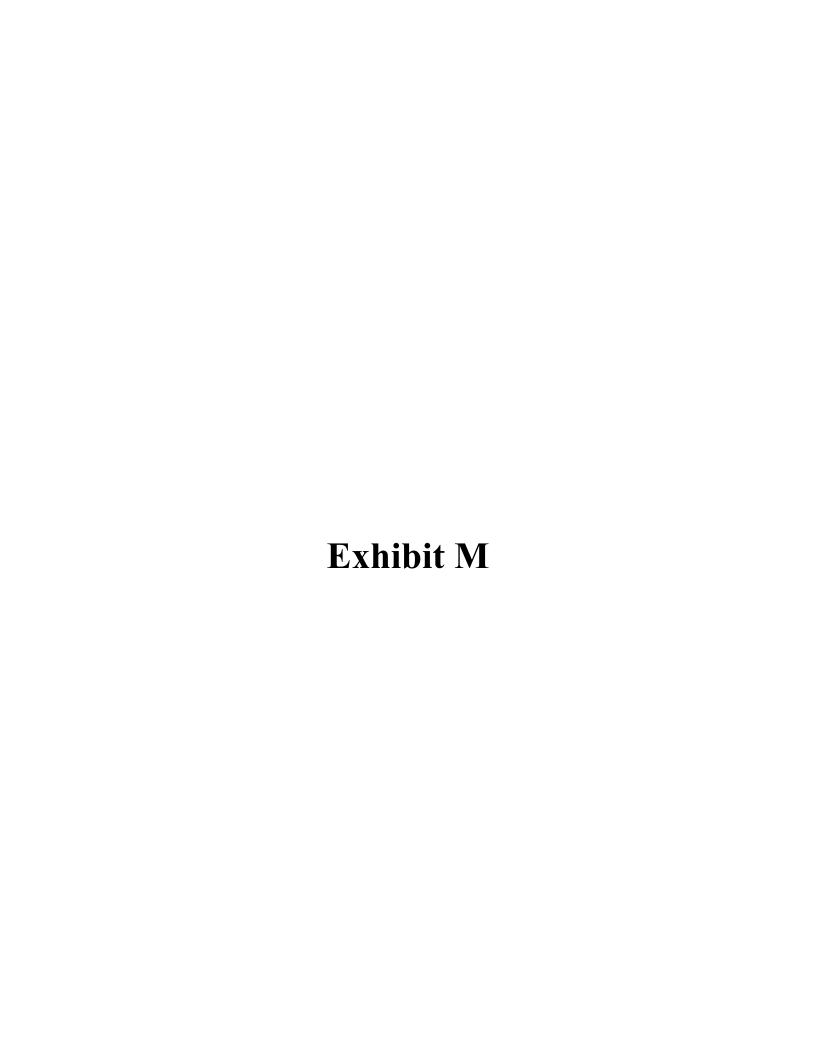
Mayor Village of Wyoming P.O. Box 183 Wyoming NY 14591 Supervisor Town of Pike 4643 Safford Rd. Gainesville NY 14066

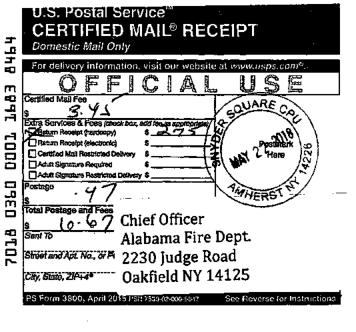
Supervisor Town of Wethersfield 5888 Sheppard Rd. Biss NY 14024

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

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

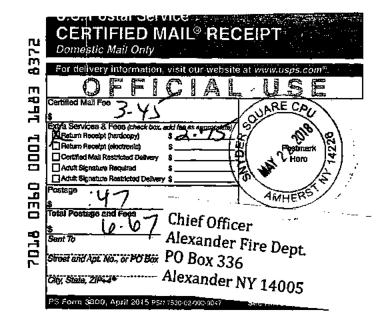
Director
Wyoming Co. Bureau of Emer.
Management
151 N. Main St.
Warsaw NY 14569

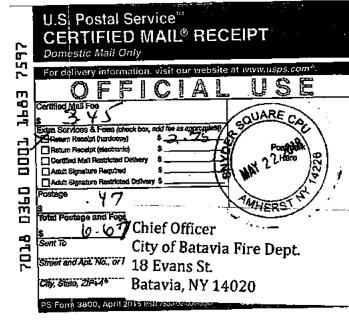




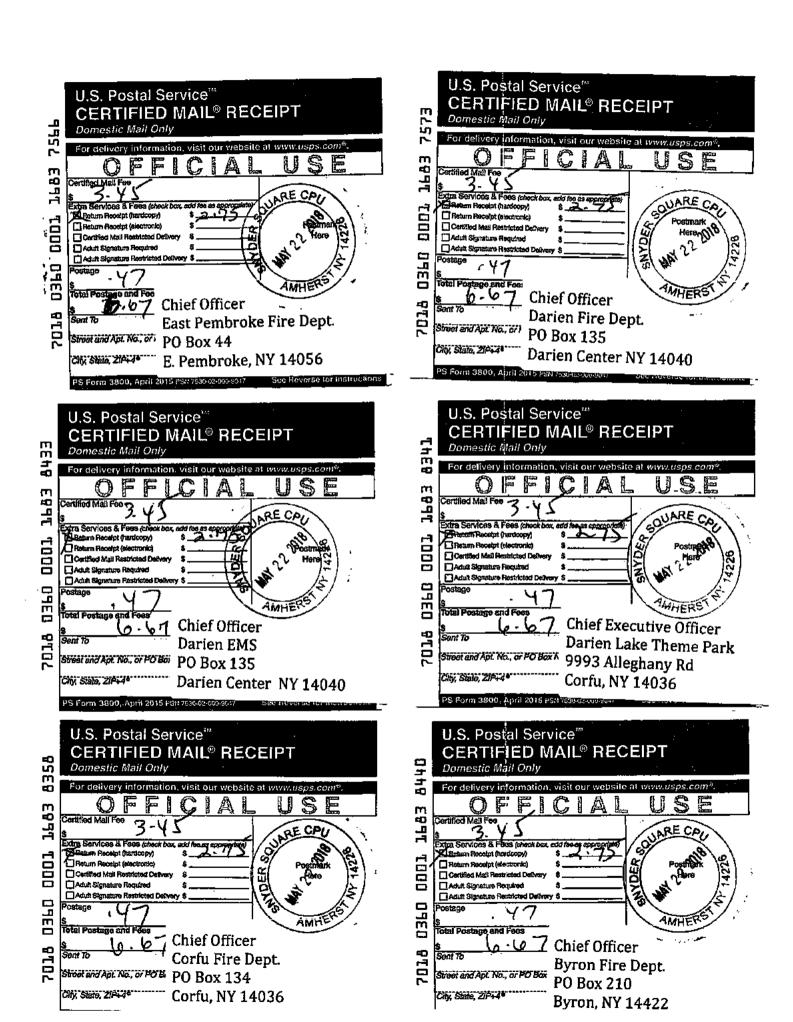


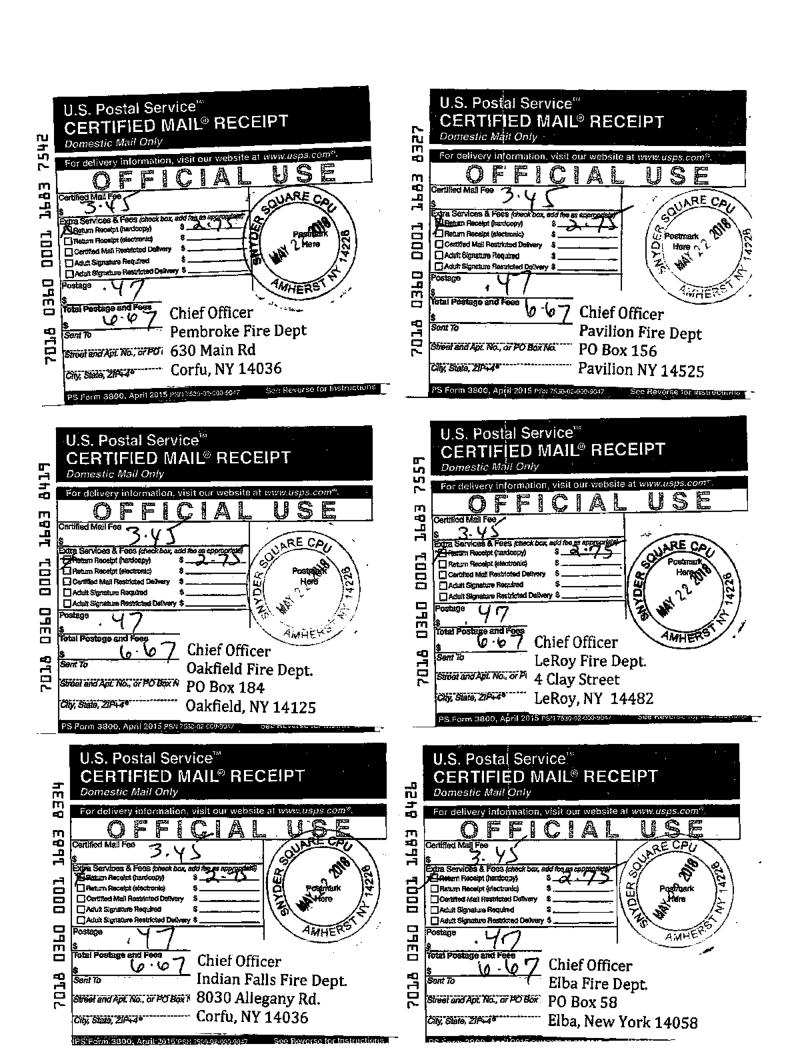










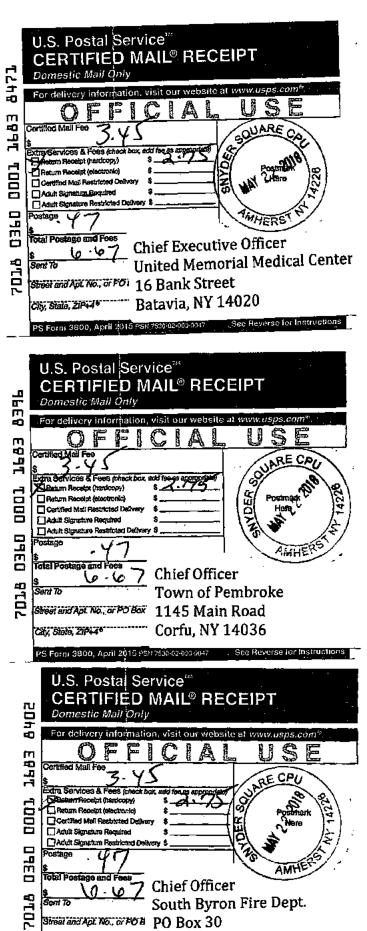






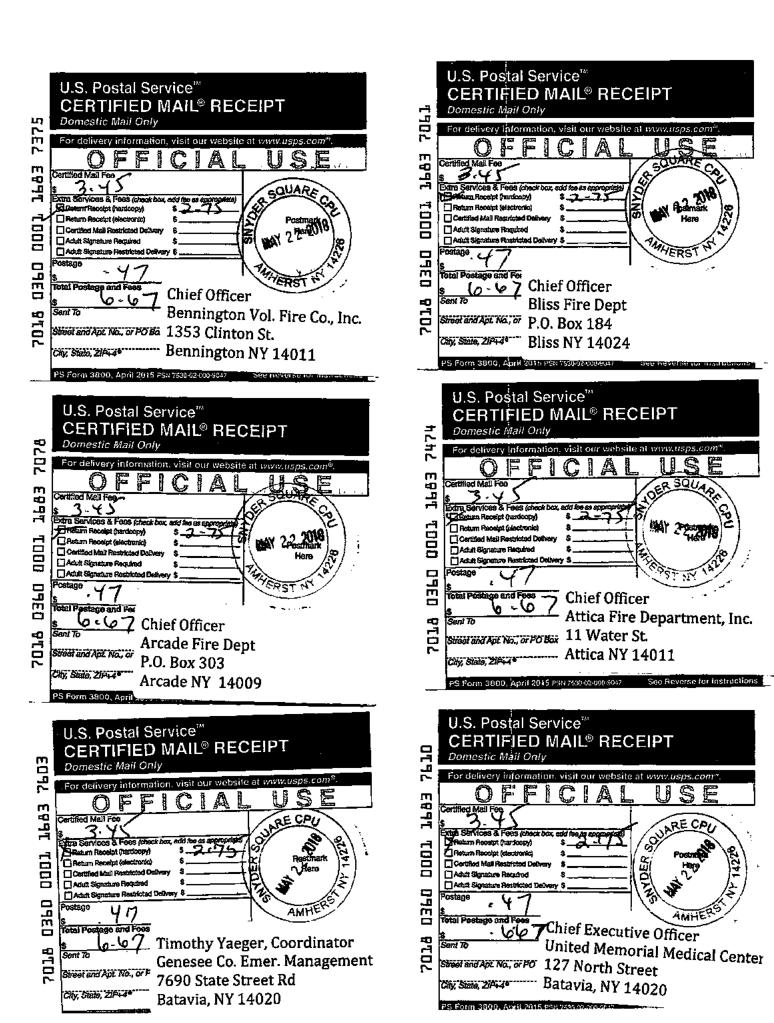
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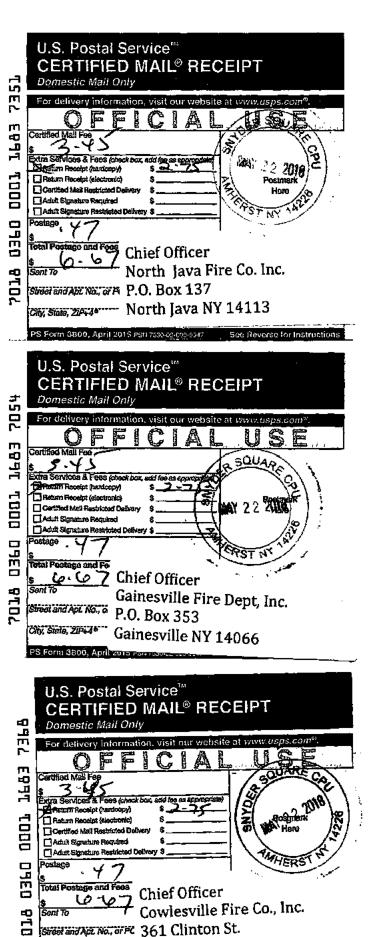




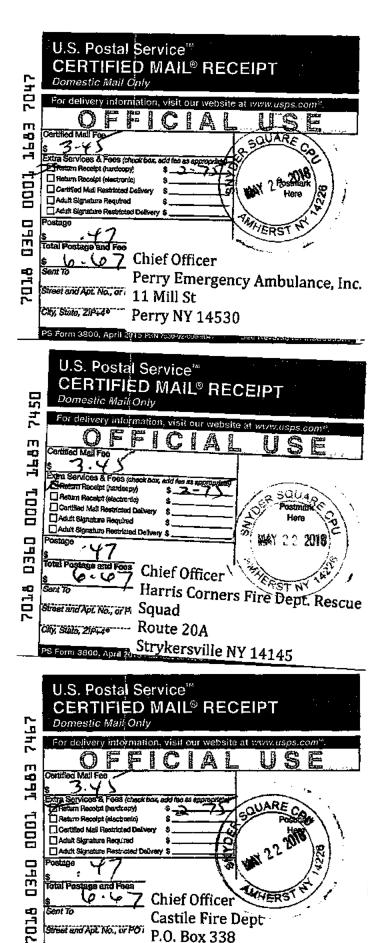
S. Byron, NY 14557

City, State, ZIP+4*





--- Cowlesville NY 14037



Castile NY 14427



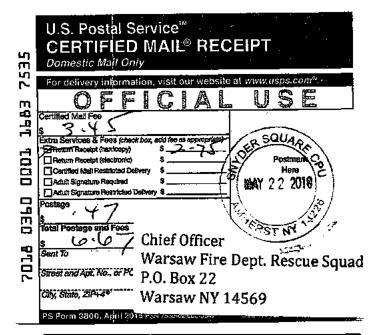


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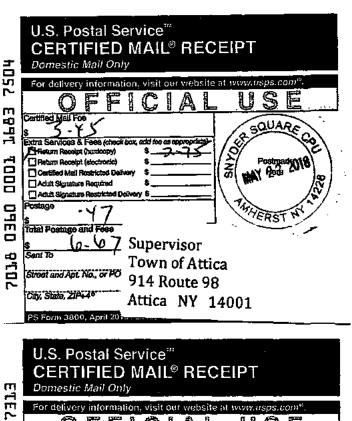
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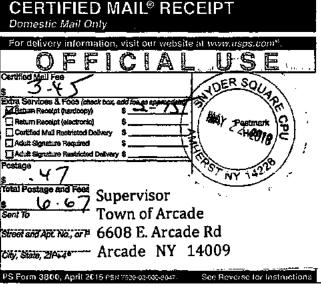






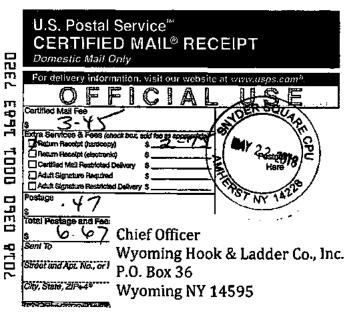


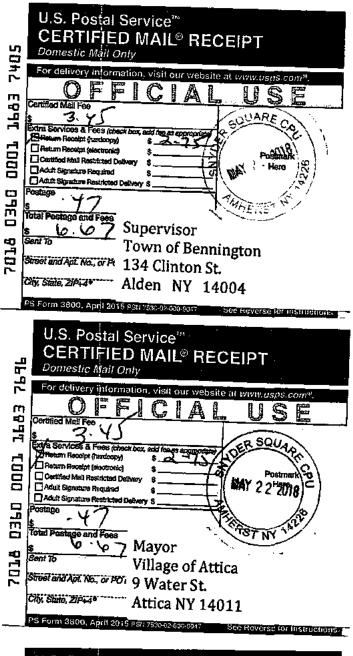




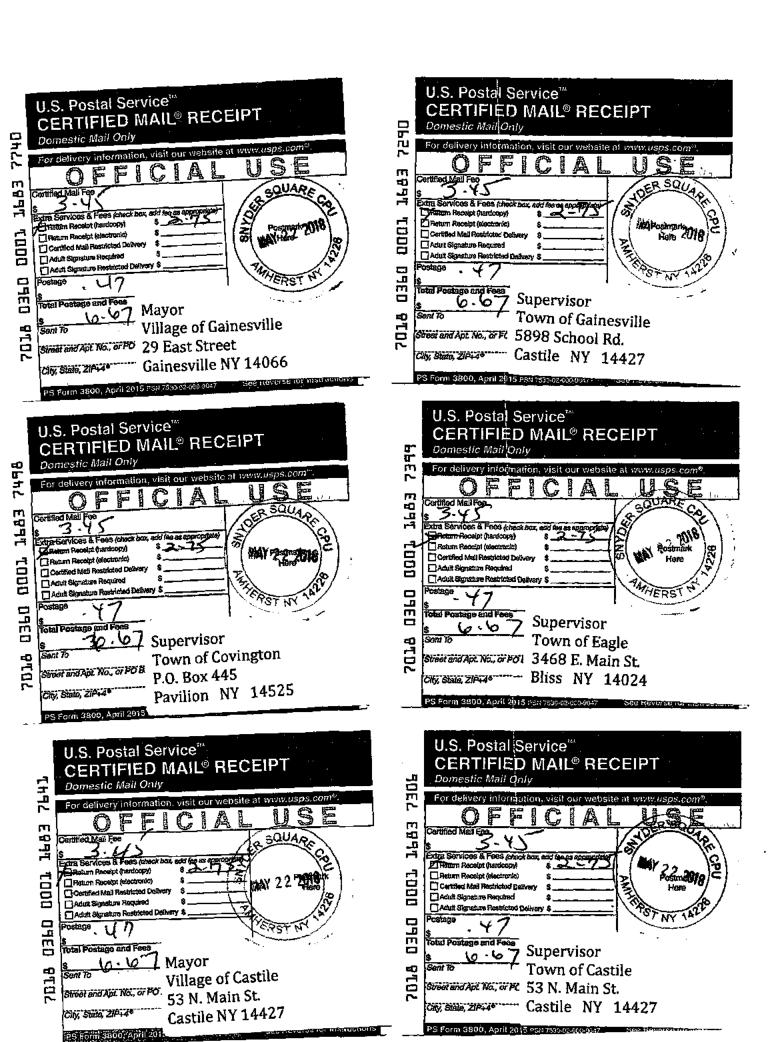
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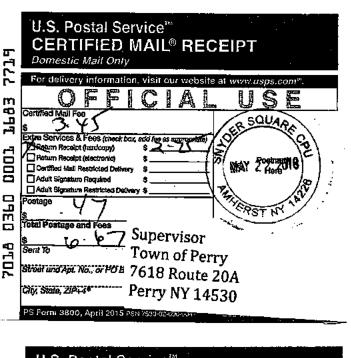
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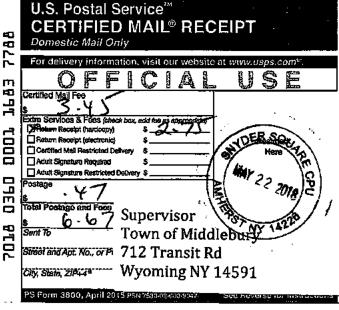


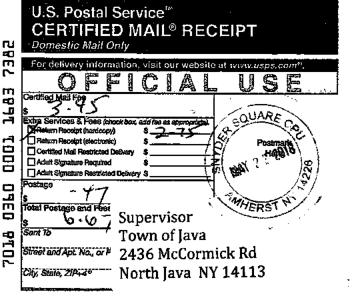


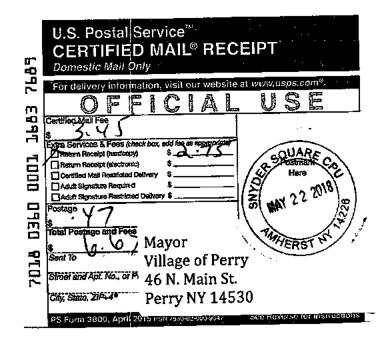


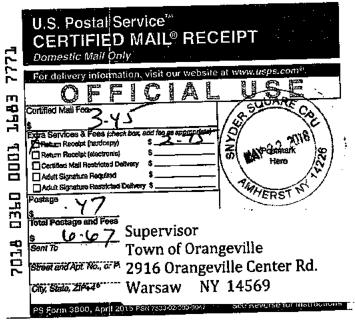


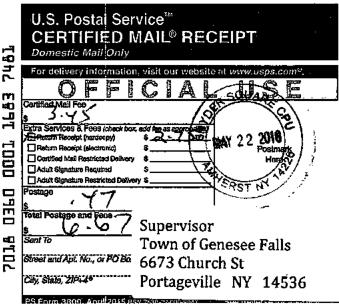






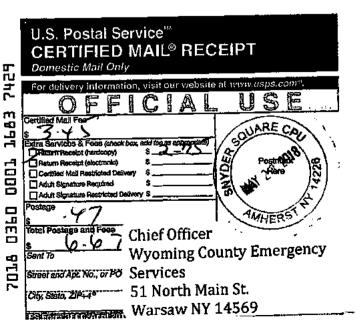










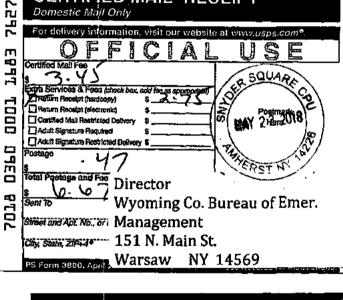


Sinest and Apr. No.; or PO 400 North Main St.

City, State, 21444

-- Warsaw

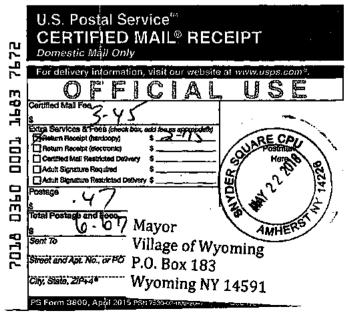
NY 14569

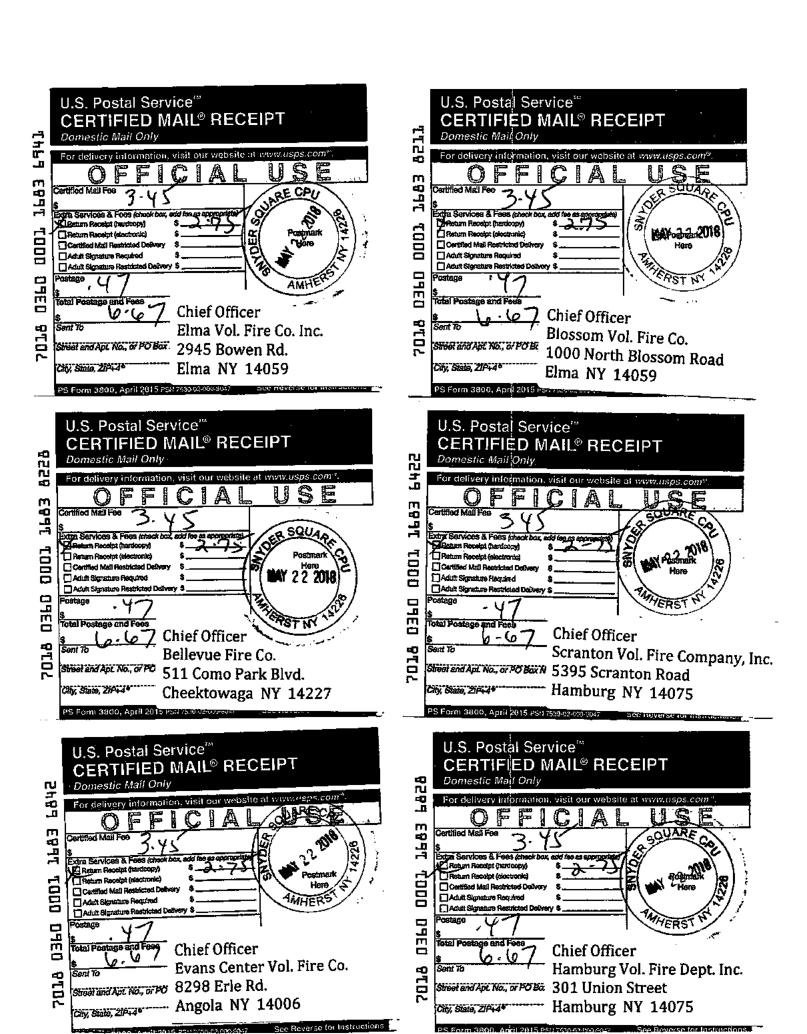


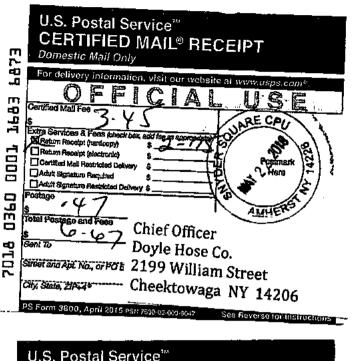
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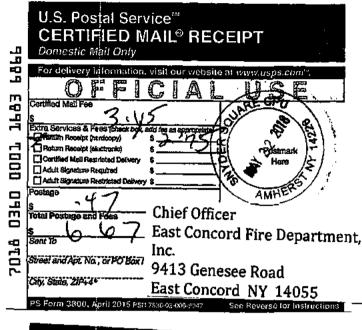


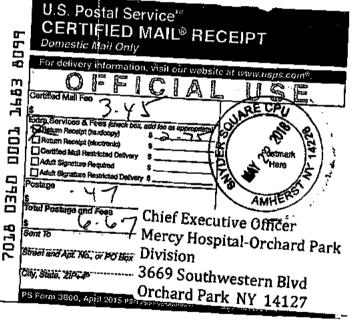


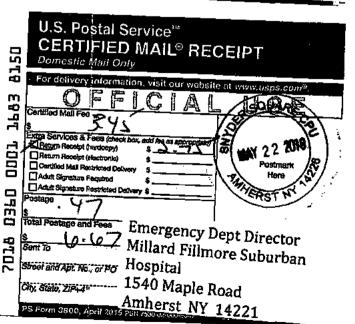


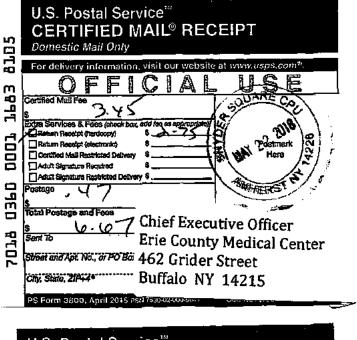


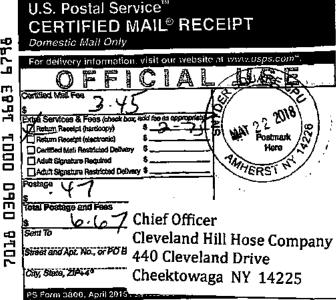




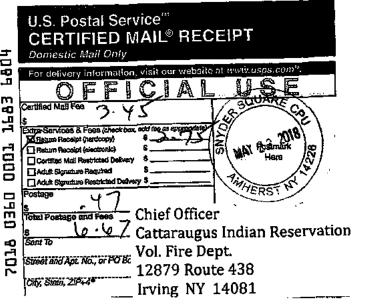






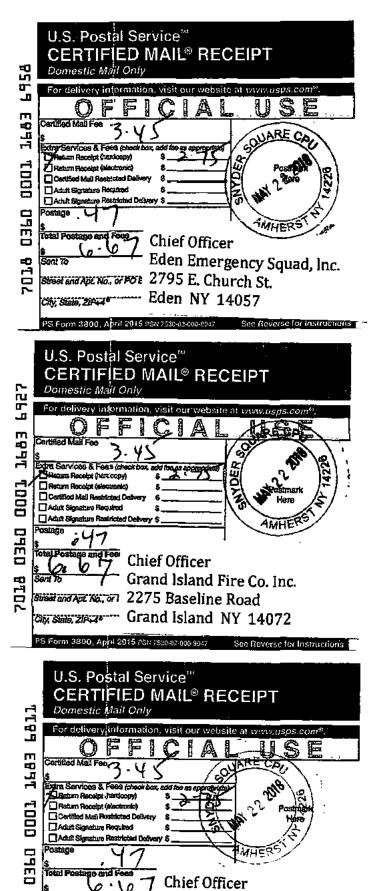


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Street and Apt. No., or PO Box



Holland Fire Dlst#1

49 North Main Street

Holland NY 14080

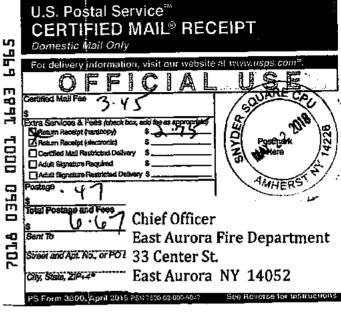
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Buffalo NY 14203

Street and Age No., of FO'B 818 Ellicott St

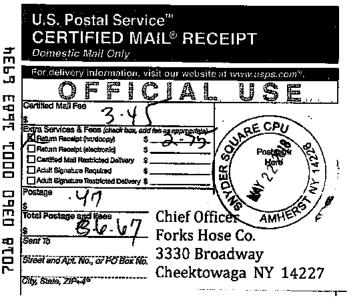




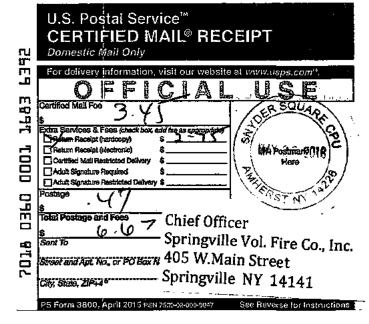




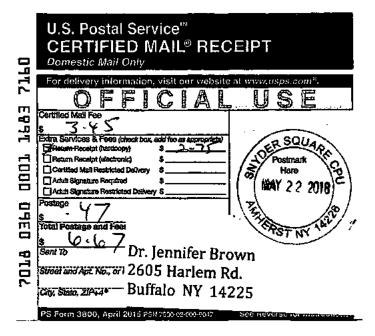




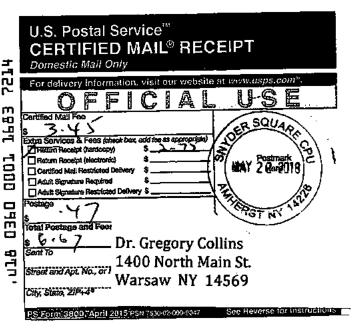




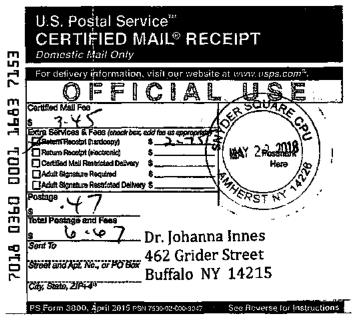












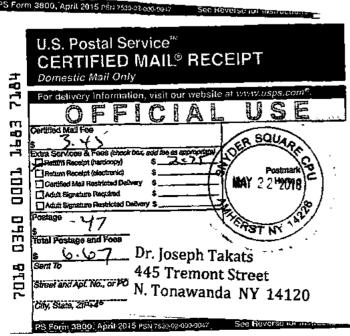




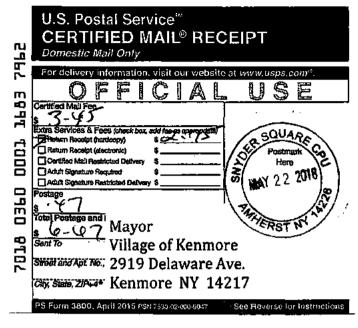
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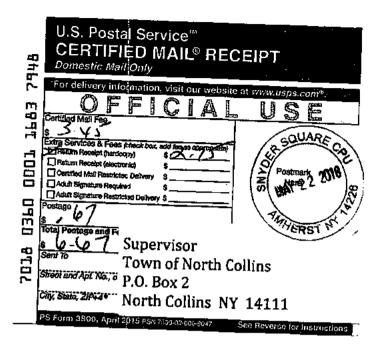


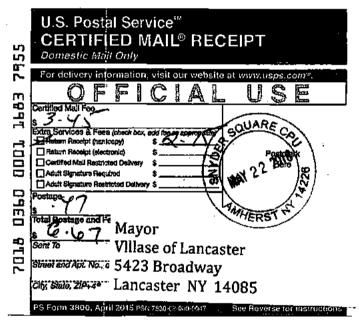
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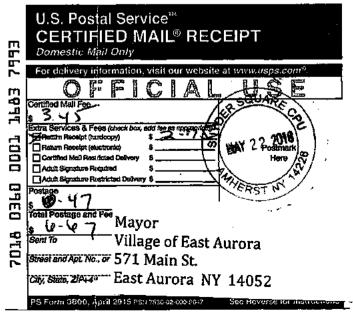


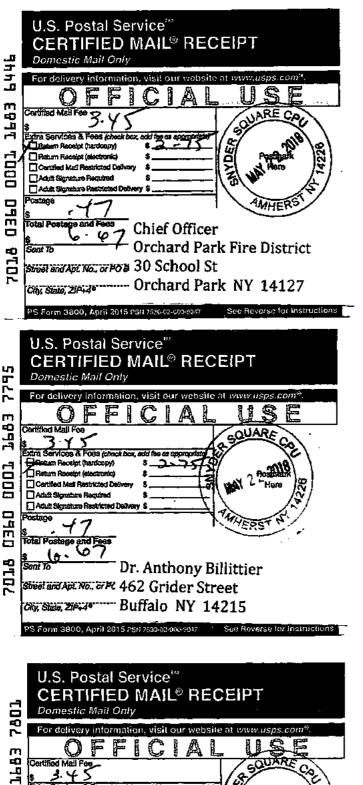












SNYDES

Erie County Dept of Emergency

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Certified Mail Restricted

Adult Signature Restricted Delivery 6

Street and Apt. No., or Pt

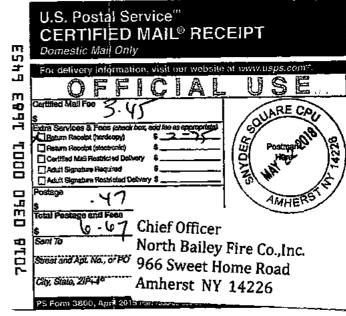
Chy, State, ZIP+45

Total Postago and Foes Daniel Neaverth Jr, Comm.

95 Franklin St.

Buffalo NY 14202

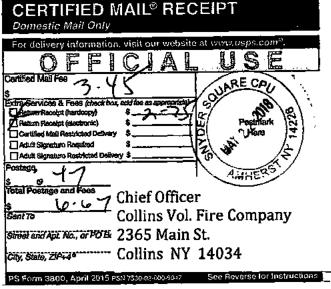
Services





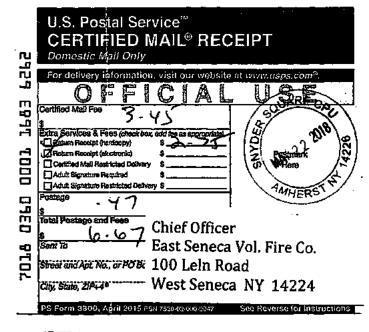






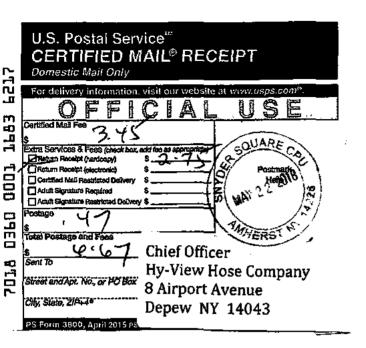
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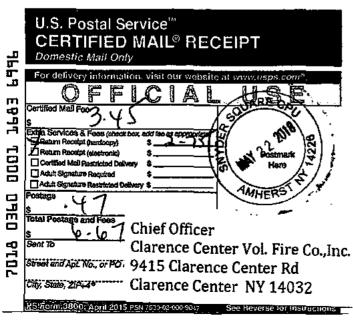


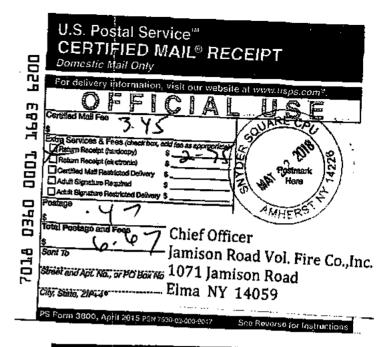


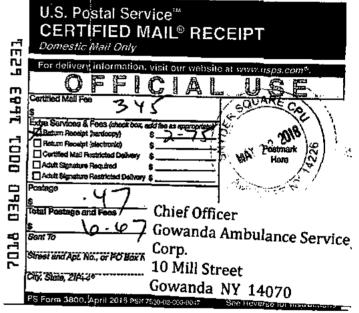






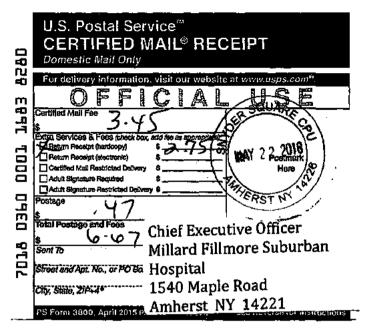










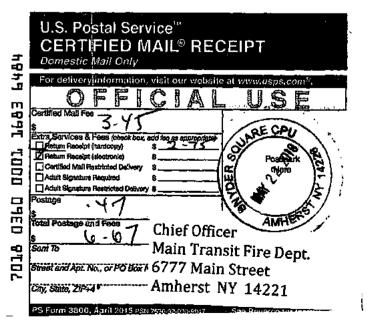




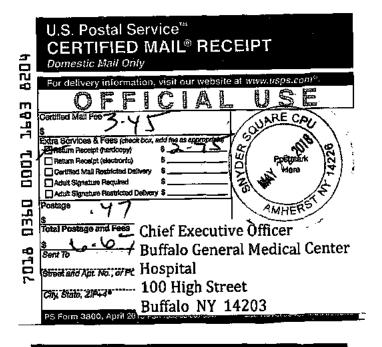




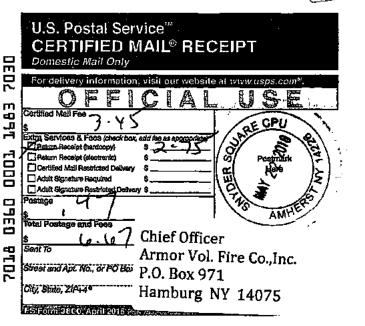


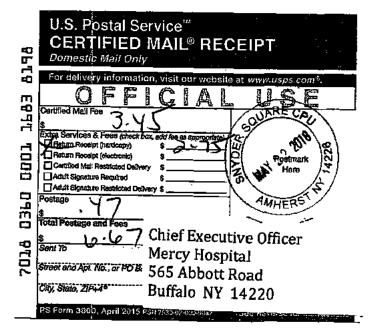


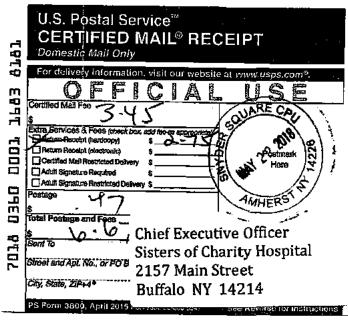






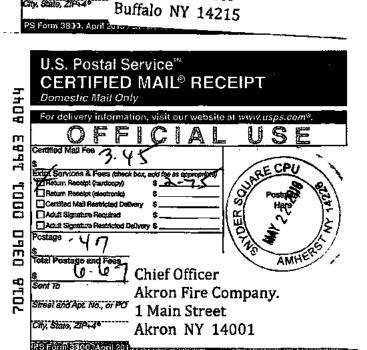












Emergency Dept Director

462 Grider Street

Erie County Medical Center

7078

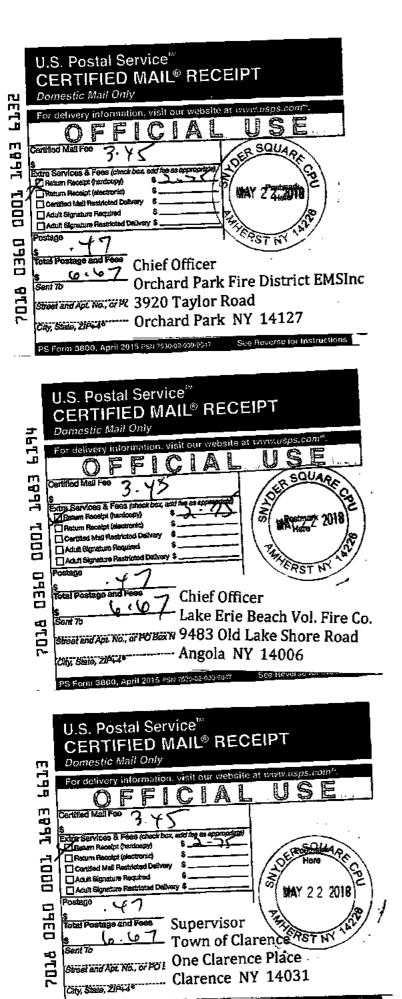
Street and Apt. No., or F



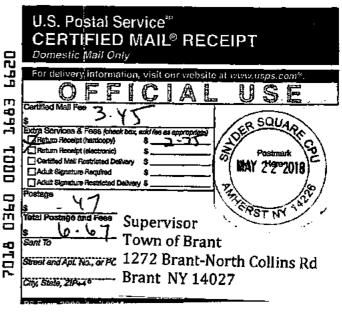
Getzville Fire Co. Inc.

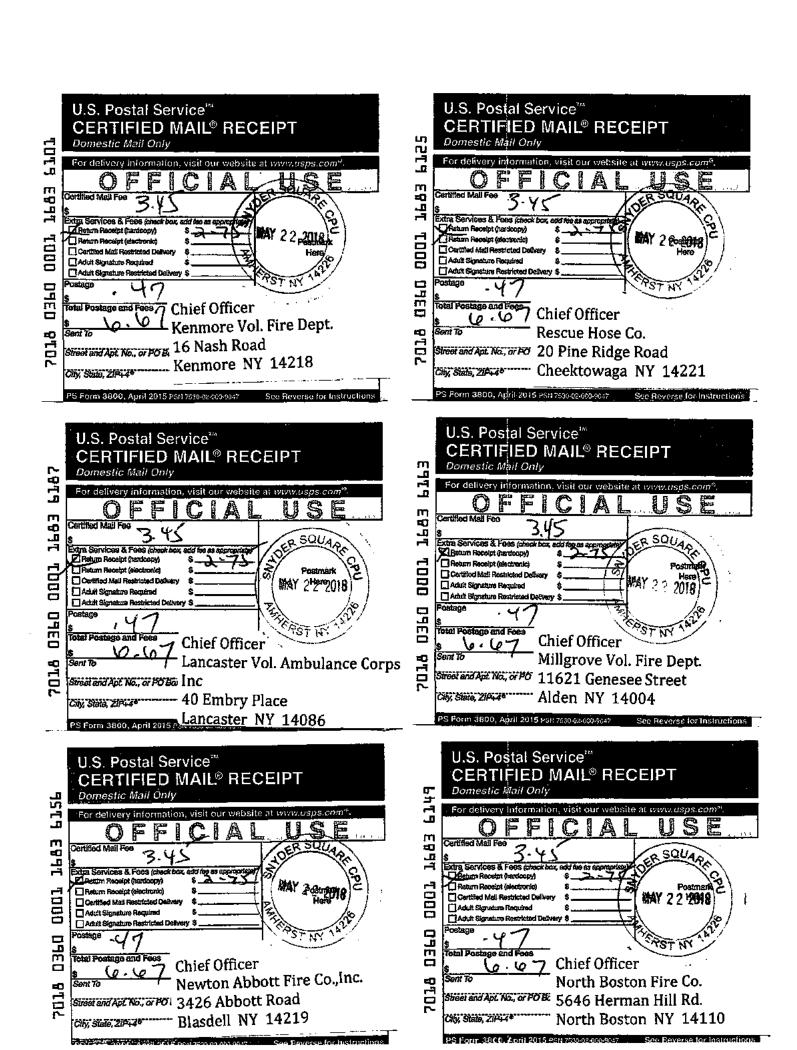
Getzville NY 14068

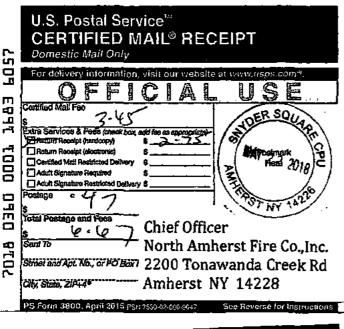
Siest and Apr. No.; or POR 630 Dodge Road









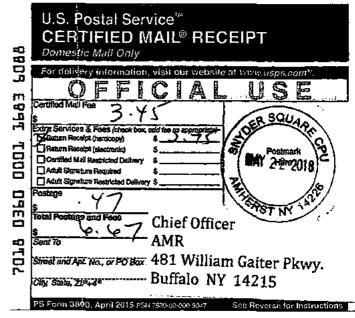




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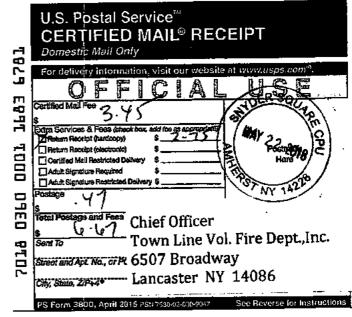




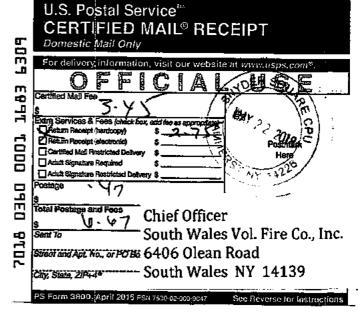




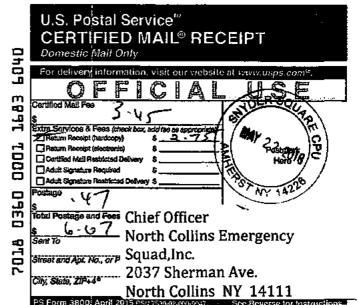


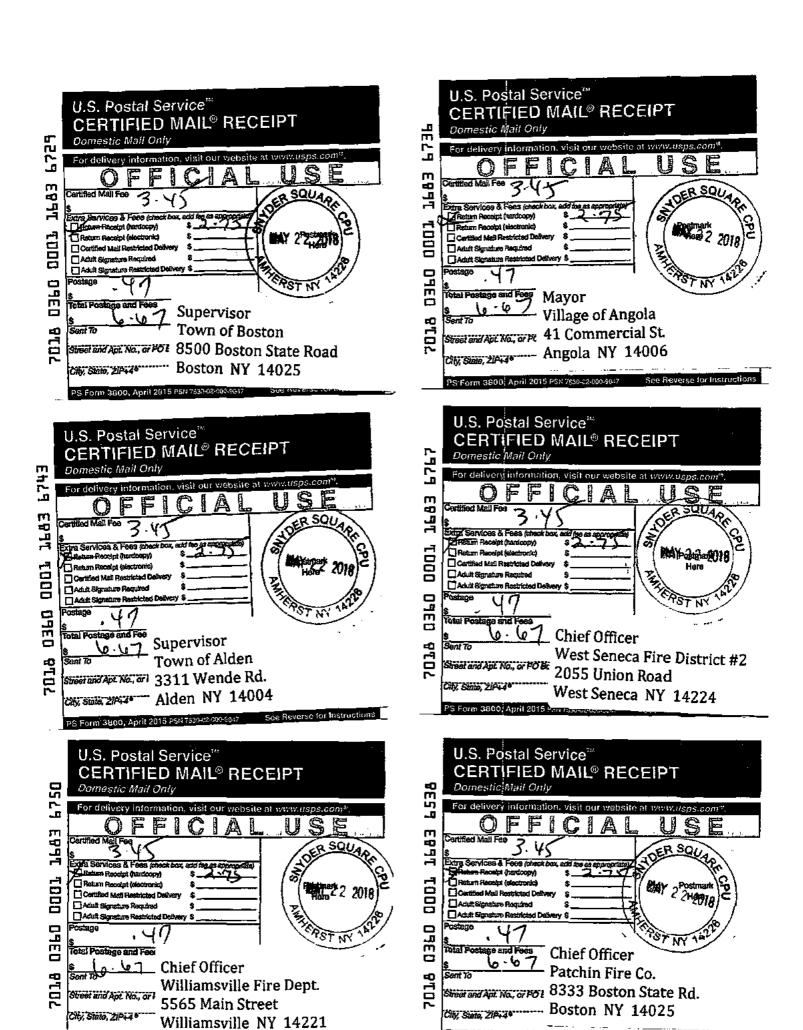




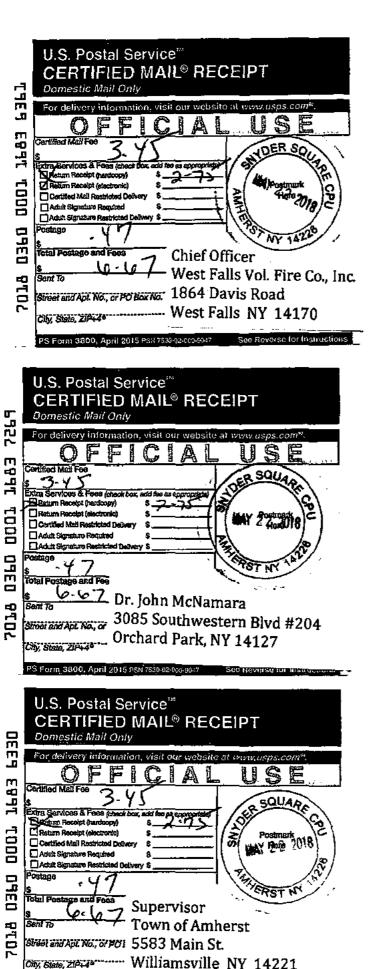


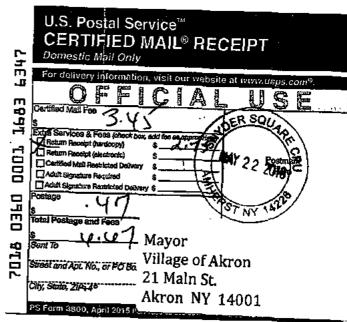


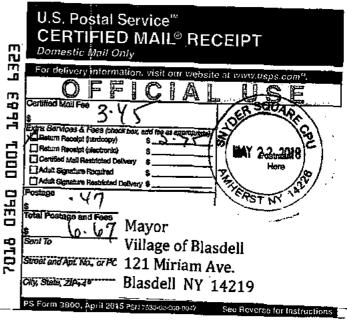




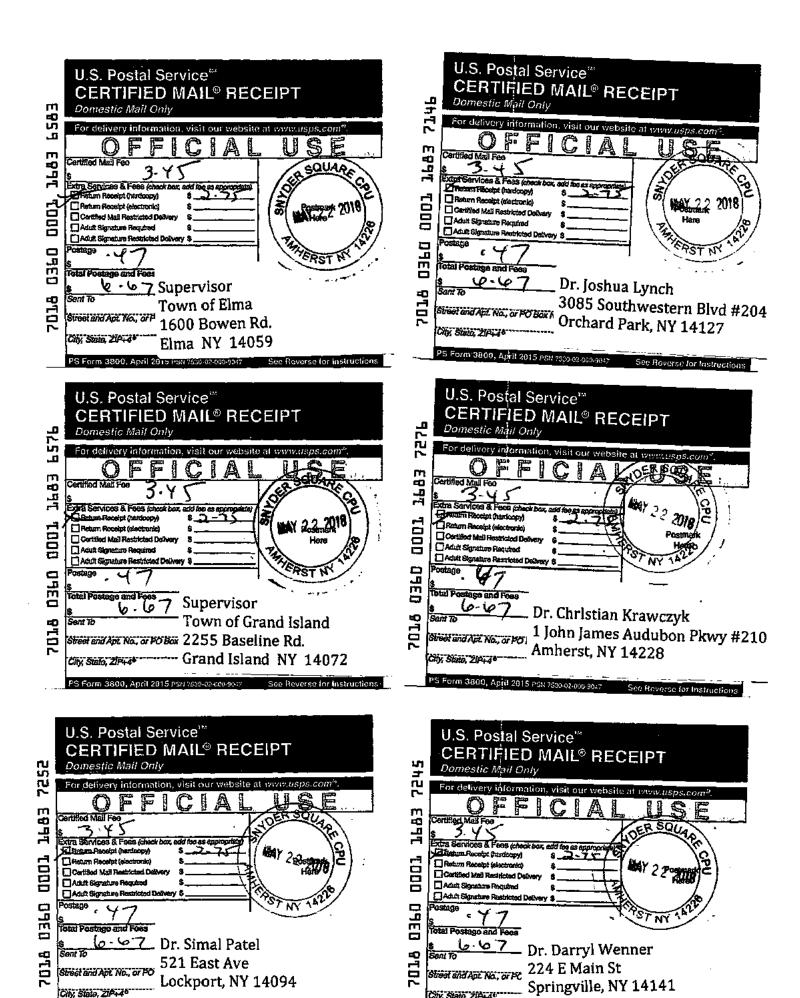






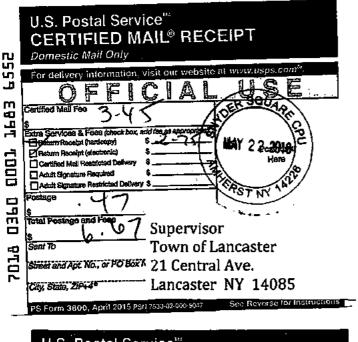






PS Form 3800, April 2015 PSN 7530-02-00-09-

5 5575 38 CO 6 Fill 2015 PSM 7539-03-000-90-7



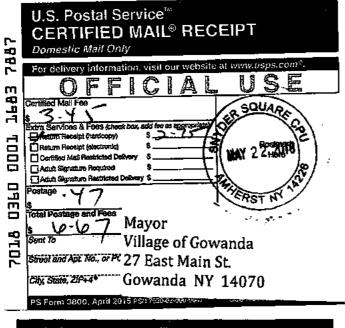




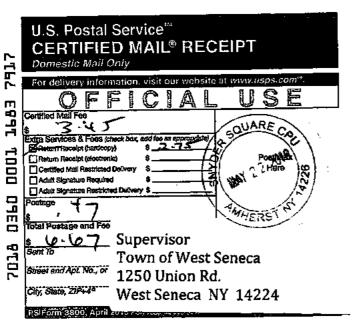




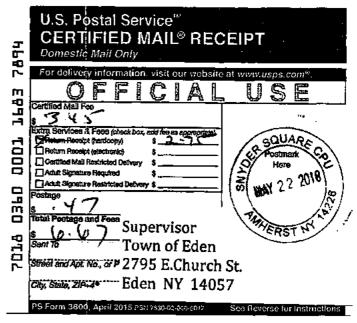


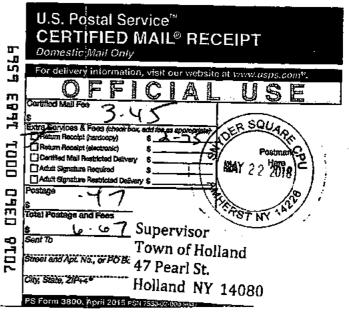














U.S. Postal Service" CERTIFIED MAIL® RECEIPT Domestic Mail Only m 40 7 SQUARE idra Services & Fees (check box 1000 intern Receipt (hardcopy) **Postznark** Certified Mad Restricted De ☐ Adult Skimature Remired Adult Signature Restricted Delivery \$ 0360 FRST H Supervisor Town of Orchard Park SHORE EDUCATION OF 4295 South Buffalo St. City, States, 21944* Orchard Park NY 14127

Street and Apt. No., or 425 Reiman St. கு தூர்க்க இரு Sloan NY 14212

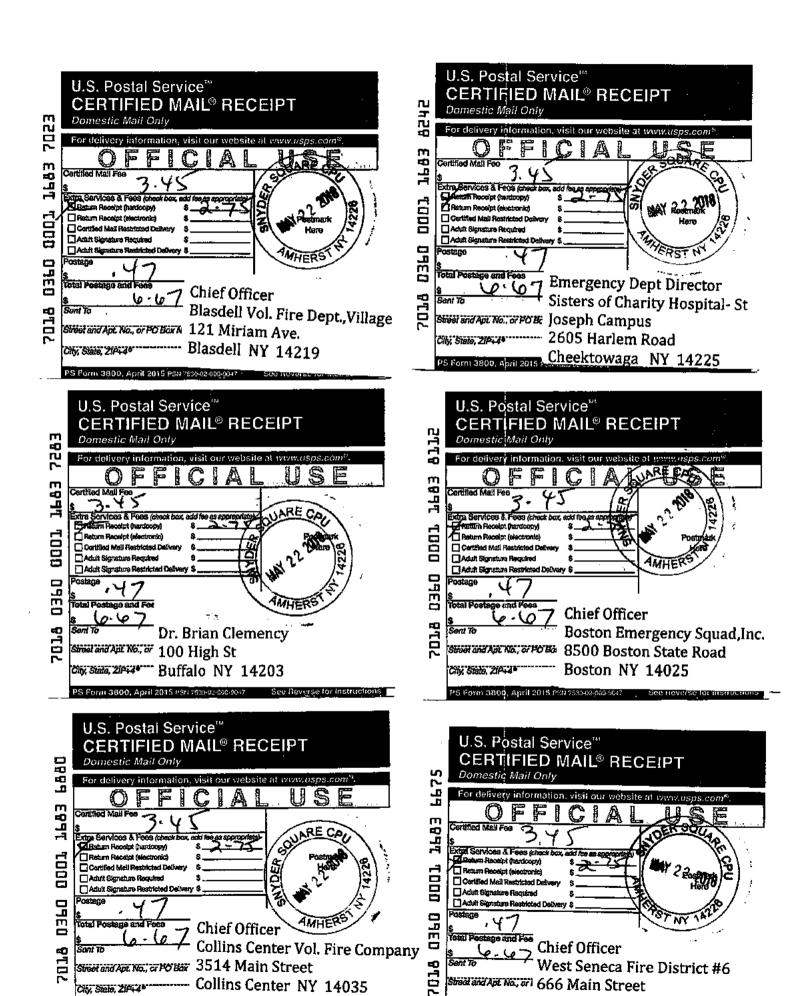
PS Form 3800, April 2015 PSN 7530-02-000-904

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT 782 For delivery information, visit our website at www.usps.com® 40 ائد 1000 Contilled Mail Restricted De Adult Signature Required Adult Signature Restricted Delivery \$ 360 ERST N Supervisor Town of Tonawanda 970 SHOULDHOUSE AND THE 2919 Delaware Ave. Chi, Shida, 2194.45 Tonawanda NY 14217

Marilla NY 14102

Street and Apr. No., or 1740 Two Rod Rd.

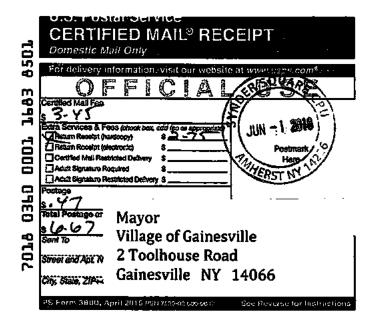
2S Form 3800, April 2015 PSN 7839-02-969-9047



- Collins Center NY 14035

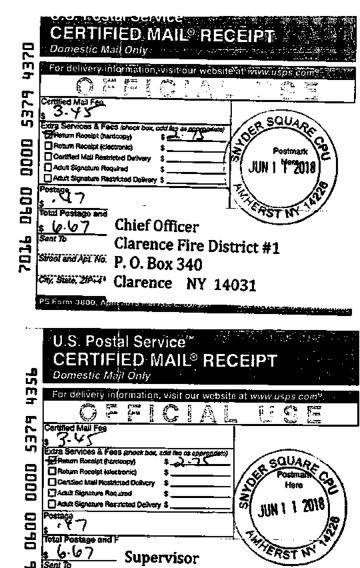
Stradiand Apt No.; or 1 666 Main Street

West Seneca NY 14224









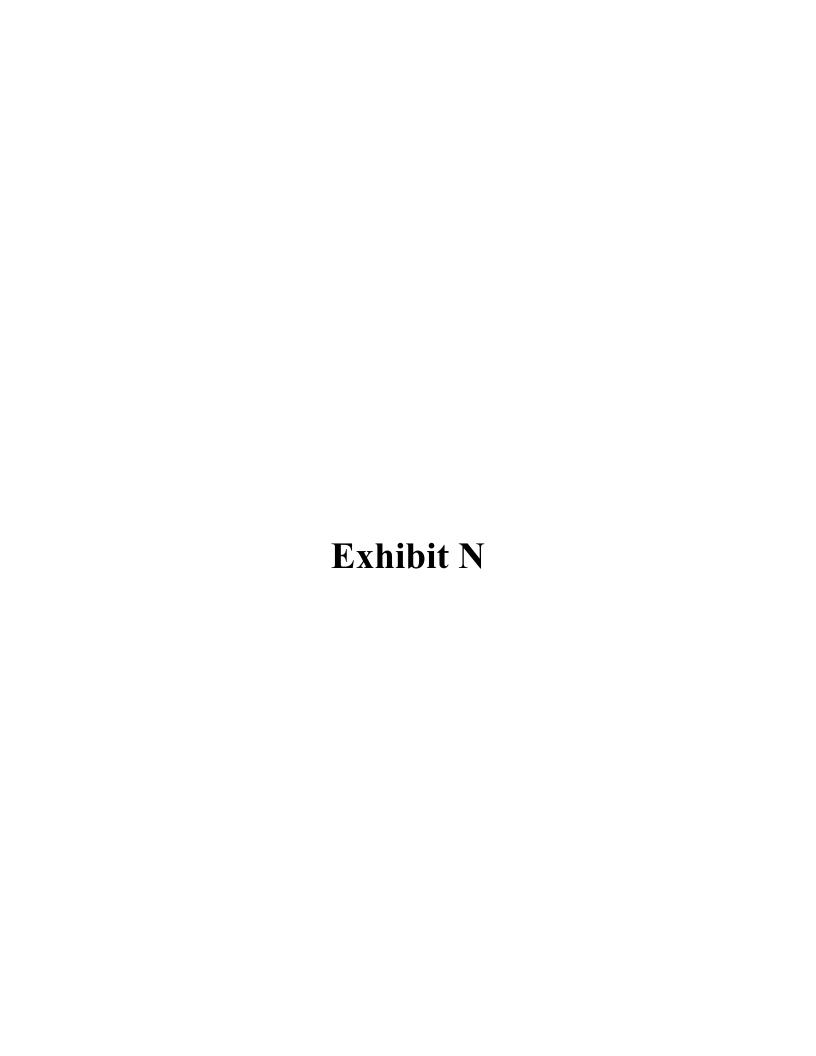


Town of Wethersfield

4362 Route 78

Street and Apt No.,

City, State, ZIP+4*



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete Sens 1, 2, and 3.	A. Signature
■ Print your barne and address on the reverse	X YULLE WICEY Addressee
so that we can return the card to you. Attach this card to the back of the malipiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	Darier Mary
1. Article Addressed to:	D. is delivery address different from item 1? Yes If YES, enter delivery address below: No
Chief Executive Officer	· · ·
Buffalo General Medical Center	
Hospital	
100 High Street	
Buffalo NY 14203	3. Service Type ☐ Priority Mail Express®
	Adult Signature D Registered Mail TM Adult Signature Restricted Delivery Registered Mail Restricted
	定Certified Malii Pestricted Delivery
9590 9402 3756 8032 0764 83 7018 0360 0001 1683 8204	catect on Delivery Restricted Dativery
5079 D3PD 0920	☐ Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-8053	Domestic Return Receipt
·	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signatura
Print your name and address on the reverse so that we can return the card to you.	* Tatricia Duske - Addressee
Attach this card to the back of the mallpiece,	B Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. is delivery address different from term 1? Yes
Supervisor	If YES, enter delivery address below:
Town of Hamburg	
6100 South Park Ave.	
Hamburg NY 14075	
umbaig iti 140/J	
î î û dilî ji de re î îlê û di di dinî di û ê ê ê û û î î î de û î û î î î î î î î î î î î î î î î î	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail ¹¹⁴
3 19 1 1 1 1 1 1	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery
9590 9402 3756 8032 0758 13	☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
2. Article Number (Nanster from service fabor). 703.A. 03.60 0001. 1683 7975	☐ Coffect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
1020 0300 0401 011	Mall Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Riceipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Gomplete items 1, 2, and 3.	A Signature
Frint your name and address on the reverse so that we can return the card to you.	X Agent
 Attach this card to the back of the mailpiece, 	E Section (Printed Name) C. Date O(Nellivery
or on the front if space permits.	Provil furucket at
1. Article Addressed to:	D. Is delivery address different from then 1? Yes to If YES, enter delivery address below.
Mayor	YORE H.
Village of Kenmore	
2919 Delaware Ave.	#
Kenmore NY 14217	
A) i maria) i mr i i mr i al ri o ioni o a antri antri i antri oib	3. Service Type ☐ Priority Mail Express®
F) # WINEM? AME! IND \$ 01 F) # 1000 M 0 1010 F 1 NO 11 11 1 #210 MIN	Carlott Signature Carlotte
	☐ Adult Signature ☐ Registered Mail**
9590 9402 3756 8032 0758 06	Adult Signature Restricted Delivery Certified Mail Restricted Delivery Certified Mail Restricted Delivery Certified Mail Restricted Delivery
9590 9402 3756 8032 0758 06 7018 0360 0001 1683 7968	□ Aduit Signature Restricted Delivery Si Certified Meil® Certified Meil Restricted Delivery Certified Meil Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Signature Confirmation ^{to}

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A Signature
Print your name and address on the reverse	X / S(M) Addressee
so that we can return the card to you. R Attach this card to the back of the mallpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	52
1. Article Addressed to:	D. is delivery address different from item 1? Yes if YES, enter delivery address below:
Chief Officer	
Reserve Hose Fire Co. #1	
2400 Berg Road	
West Seneca NY 14224	
AS IN CONTRACT ENGINEERS OF A SELECT CONTRACT OF THE TRACT OF THE TRACE OF THE TRAC	3. Service Type
8; 8 m)6; 81 6 6 1 1 1 m 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Certified Mail®
9590 9402 3756 8032 0762 85	Certified Mail Restricted Delivery Return Receipt for
A. Anticle Number firansfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation [18]
7018 0360 0001 1683 6521	☐ Insured Mail
PS Form 3811, July 2015 PSN 7530-02-000-9053	S500) Domestic Return Receipt
PS FORM 30 1 1, July 2013 PSN 1830-02-000-0253	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A Signgture
■ Print your name and address on the reverse	X Dearly M. C. Agent
so that we carried on the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailplece, or on the front if space permits.	
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Chief Officer	
Cowlesville Fire Co., Inc.	
361 Clinton St.	
Cowlesville NY 14037	II.
COMISSAILE MI 1402)	<u> </u>
11 M G (C) M	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
9590 9402 3798 8032 8204 95	Cl. Adult Signature Restricted Delivery Registered Mail Restricted Delivery
9090 9402 3796 8032 6204 90	☐ Contified Mail Restricted Delivery ☐ Return Receipt for ☐ Collect on Delivery ☐ Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Mell
7018 0360 0001 1683 7368	Mail Restricted Delivery Restricted Delivery
0044	
PS Form 3811, July 2015 PSN 7530-02-000-9063	Domestic Return Receipt
-	
SENDER: COMPLETE THIS SECTION	A Paragraphia a
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse	COMPLETE THIS SECTION ON DELIVERY A. Signature
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.	COMPLETE THIS SECTION ON DELIVERY A Stanature X
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 mailplece,	COMPLETE THIS SECTION ON DELIVERY A. Signature
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.	COMPLETE THIS SECTION ON DELIVERY A Stanature X
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. Article Addressed to:	A Signature X B. Sectiff B.
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. Article Addressed to: Supervisor	A Signature X B. Beckir D. Is delive
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. Article Addressed to: Supervisor Town of Sheldon	A Signature X B. Beckir D. Is delive
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. Article Addressed to: Supervisor Town of Sheldon 2246 Thomas Rd.	A Signature X B. Beckir D. Is delive
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. Article Addressed to: Supervisor Town of Sheldon	A Signature X B. Beckir D. Is delive
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. Article Addressed to: Supervisor Town of Sheldon 2246 Thomas Rd.	A Signature X B. Baceir D. Is delive If YES, etc
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. Article Addressed to: Supervisor Town of Sheldon 2246 Thomas Rd.	A Signature X B. Bacelt J. 27 J O. Is delive If YES, e
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. Article Addressed to: Supervisor Town of Sheldon 2246 Thomas Rd.	A Signature X D. Is delive If YES, 1991. address below: Address below: Address below: Address below: Priority Mail Expresse Registered Mail Restricted Delivery Contified Mails Registered Mail Restricted Delivery Contified Mails
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. Article Addressed to: Supervisor Town of Sheldon 2246 Thomas Rd. Varysburg NY 14167	A Signature X D. Is delive If YES, signature Address below: Address below: Registered Mail Expresse Registered Mail Restricted Delivery Cortified Mail Restricted Delivery Cortified Mail Restricted Delivery Cortified Mail Restricted Delivery Cortified Mail Restricted Delivery Collect on Delivery Return Roceipt for Marchandise
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. Article Addressed to: Supervisor Town of Sheldon 2246 Thomas Rd. Varysburg NY 14167	D. Is delive N Service Type Adult Signature Adult Signature Restricted Delivery Cartified Mail® Cartified Mail® Restricted Delivery Callect on Delivery Restricted Delivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION O	, i.e.
		1. •
Complete figms 1, 2, and 3.	A Signature	
Print your name and address on the reverse so that we can return the card to you.	X // we	
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by Profiled Name)	
1. Article Addressed to:	D. Is delivery address If YES, enter delive	
Supervisor		
Town of Wales	li	
12345 Big Tree Rd.	11	
Wales Center NY 14169		
1: 5 (12:5)	3. Service Type Actust Signature	☐ Priority Med Express® ☐ Registered Medi™
9590 9402 3756 8032 0758 51	Adult Signature Restricted Delivery Certified Mail® Contified Mail®	☐ Registered Mail Restricted Delivery
o Article Number (Transfer from service label)	☐ Collect on Delivery	☐ Return Receipt for Merchandise
701A 0240 0001 11 10	Collect on Delivery Restricted Deliver	✓ Signature Confermation™ Signature Confermation
7018 0360 0001 1683 8013	id Mail Restricted Delivery \$500)	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
<u> </u>	A. Signature	
 Complete items 1, 2, and 3. Print your name and address on the reverse 	II . iii	☐ Agent
so that we can return the card to you.	× Hun Con-	☐ Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	DAGIET COURAS D. is delivery address different fro	m item 1? 🖸 Yes
— — — — — — — — — — — — — — — — — — —	If YES, enter delivery address	
Chief Officer		
Pîke Fire District #1		
P.O. Box 26	1	
Pike NY 14130		
21 2 4 10 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. Service Type G Adult Signature	☐ Priority Meii Express®
0500 0400 0700 0000 0005 70	☐ Adult Signature Restricted Delivery G Contilled Mail®	☐ Registered Mail Restricted Delivery
9590 9402 3798 8032 8205 70	Certified Mail Restricted Delivery Collect on Delivery	Return Receipt for Merchandise
2 Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation™ ☐ Signature Confirmation
7018 0360 0001 1683 7443	C Insured Mail Consumer Mail Restricted Delivery	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9055		Domestic Return Receipt
	<u> </u>	.,
SENDED COMMETTE THE SECTION	COMPLETE THIS SECTION ON D	DELIVERY
SENDER: COMPLETE THIS SECTION		
Complete Items 1, 2, and 3.	A. Signature	☐ Agent
Print your name and address on the reverse so that we can return the card to you.	X 300 Jun	☐ Addressee
Attach this card to the back of the mailpiece,	B Beceived by (kninted Name)	C. Date of Delivery
or on the front if space permits.	Loug Jensen	15-25-18
Chi-som	D. Is delivery address different from If YES, enter delivery address to	
Chief Officer		
Collins Center Vol. Fire Company		
3514 Main Street		
Collins Center NY 14035		
	3. Service Type	□ Priority Mail Express®
	Adult Signature Adult Signature Restricted Delivery	☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3798 8032 8208 53 D	2 Certified Mail® Certified Mail Restricted Delivery	Delivery B Return Receipt for
 •	act on Delivery tot on Delivery Restricted Delivery	Merchandise D Signature Confirmation**
2 Article Number 779 0001 1683 6880	errostred Mail	Signature Confirmation Restricted Delivery
7016 0303	☐ Insured Mail Restricted Delivery (over \$500)	- roservice centery
PS Form 3811, July 2015 PSN 7530-02-000-9053		omestic Return Receipt
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEUVERY	
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■ Print your name and address on the reverse	X A Agent	
so that we can return the card to you.	B. Received by (Printed Name) State of Delivery	
Attach this card to the back of the malipiece, or on the front if space permits.	5 JUSARAN	,
1. Article Addressed to:	D. is delivery address different from item 1?	_
	If YES, enter delivery address below:	
Mayor	[[5]	
Villase of Lancaster	∖½	
5423 Broadway		
Lancaster NY 14085	USPS 140A3-PSI	_
AT A MEDICAL MADE INCOME A CONTROL OF A CONT	3. Service Type Priority Mail Expresse	=
	☐ Adult Signature ☐ Registered Mail To ☐ Registered Mail Restricted Delivery ☐ Registered Mail Restricted	be
9590 9402 3756 8032 0757 90	S Certified Mail® Delivery C Certified Mail Restricted Delivery D Return Receipt for	
2 Article Mumbar (Transfer from pervice label)	☐ Collect on Delivery Merchandise ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ^{to}	
7018 0360 0001 1683 795	Val) D Signature Confirmation	
		_
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt	۱ <u>-</u>
and the second second		i
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<u> </u>	A Signature	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse		
so that we can return the card to you.	X Address	
Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	" "]
or on the front if space permits.	D. ts delivery address different from 17 4 Yes	+
Conomicon	If YES, enter delivery address total	//
Supervisor	II TENT	gard .
Town of Tonawanda		
2919 Delaware Ave.		
Tonawanda NY 14217		
	3. Service Type D Priority Med Express®	=
	☐ Adult Signature ☐ Registered Mail™	
9590 9402 3756 8032 0756 77	D'Aduit Signature Restricted Delivery Cartified Meil® Restricted Delivery	-
	☐ Collect on Delivery Merchandise	U1#9
2. Article Number (Transfer from service label)	☐ Signature Confirmation	n
_ 7018 0360 0001 1683 ?8	25 fall Restricted Delivery Restricted Calivery	
1 1 0 1 0 1 1 1 July 2015 PSN 7530-02-000-9053	Domestic Return Recei	pt
1		_
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3.	A. Signature	
Print your name and address on the reverse	1. 11 /4 / Depart	
so that we can return the card to you.	X // W/A JUNE Address	
Attach this card to the back of the maliplece,	B. Received by (Pript of deme) C. Date of Delive	ダ
or on the front if space permits.	D. Is delivery address different from item 1? Yes	<u>, </u>
	# YES, enter delivery address below: No	
Chief Officer	1	
Wales Center Vol. Fire Co., Inc.	[]	
12300 Big Tree Rd.		
Wales Center NY 14169		
	3. Senice Time	=
	3. Service Type	
9590 9402 3756 8032 0754 79	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restrict Delivery ☐ Delivery	cted
	Collect on Delivery Collect on Delivery	
Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery Signature Confirmation	
7018 0360 0001 1683 66	82 Restricted Delivery Restricted Delivery	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A Signature
■ Print your name and address on the reverse	X Addressee □ Addressee
so that we can return the card to you. Attach this card to the back of the malipiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	15 #33-1X
1. Article Addressed to:	D. is delivery address different from item 1? Yes If YEs, enter delivery address below: No
Mayor	
City of Lckawanna	
714 Rlddle Rd.	1
Lackawanna NY 14218	1
	3. Service Type Adult Signature Adult Signature Restricted Delivery Contribed Mail® Registered Mail® Delivery
9590 9402 3756 8032 0757 07	Certified Mail Restricted Delivery Cellect on Delivery
2. Article Number (Transfer from service label)	☐ Coffect on Delivery Restricted Defivery ☐ Signature Confirmation ☐ Signature Confirmation
7018 0360 0001 1683 786	sall Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
 Print your name and address on the reverse so that we can return the card to you. 	X / Addresses
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. is delivery address different from item 1? D Yes
1. Parios Pouressou (V.	If YES, enter delivery address below:
Chief Executive Officer	1
Kenmore Mercy Hospital	
2950 Elmwood Avenue	<u> </u>
Kenmore NY 14217	
	3. Service Type Adult Signature Adult Signature Restricted Delivery Adult Signature Restricted Delivery Cartified Meii Restricted Delivery
9590 9402 3756 8032 0760 32	Cartified Mell Restricted Oslivery
7018 0360 0001 1683 82	97 on Deshvery Restricted Delivery Signature Confirmation* Unsured Mail Restricted Delivery Spatture Confirmation Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete Items 1, 2, and 3.	A. Signature
Print your fixme and address on the reverse	Y Agent
so that we can return the card to you.	8. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailplece, or on the front if space permits,	Bu STUBER TO 5/24/18
Article Addressed to:	D. Is delivery address different from Item 17 🗀 Yes
Chief Officer	If YES, enter delivery address below: □ No
Oakfield Fire Dept.	·
PO Box 184	
Oakfield, NY 14125	
	3. Service Type
et a minime embli rand det di any 171 for di del 1 and 1 di 1	☐ Adult Signature Restricted Delivery ☐ Registered Mell Restricted
9590 9402 3798 8032 8200 20	ZF Certified Meil® Delivery Delivery Delivery Delivery Delivery Delivery Merchandise
	Collect on Delivery Merchandise Collect on Delivery Restricted Delivery Signsture Confirmation?
2. Article Number (Transfer from service tabet)	T Claratur Confirmation
2. Article Number (Transfer from service (abet) 7018 0360 0001 1683 6417	Id Mail Restricted Delivery 125-015454

SENDER: COMPLETE THIS SECTION	COMPLETE THE SECTION OF OF EVERY
■ Complete items 1, 2, and 3.	A. Street,
Print your name and address on the reverse	X Addressee
so that we can return the card to you. Attach this card to the back of the mailplece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	Michael Edun 6/24/18
1_Article Addressed to:	D. is delivery address different from item 17 Ves If YES, enter delivery address below:
Chief Officer	II (125) SHIP CONTOUT STORM DE TO
Cattaraugus Indian Reservation	
Vol. Fire Dept. 12879 Route 438	
Irving NY 14081	
IN A LITE IA LEAGUE TARON TO THE SECOND TO THE SECOND SECO	3. Service Type Priority Mail Express®
11 9 1441 14 146 1 40 141 141 141 141 141 141 141 141 141	☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Meil Restricted
9590 9402 3798 8032 8207 78	Gertified Mail Restricted Delivery S Return Receipt for
2. Article Number (Transfer from service label)	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
7018 0360 0001 1683 6804	d Mail Confirmation d Mail Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7590-02-000-9053	Domestic Return Receipt
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© Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	VIIANO MACO PAgent
so that we can return the card to you.	B. Received by (Printed Name) C. Data of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Niele MBecm 5/24/18
Article Addressed to:	D. Is delivery address different from item 1? Yes
Chief Officer	If YES, enter delivery address below: No
Town of Pembroke	
1145 Main Road	
Corfu, NY 14036	·
	3. Service Type
	Adult Signature Adult Signature Restricted Delivery Registered Mailine Registered Mailine Registered Mailine
9590 9402 3798 8032 8203 96	Contined Mail® Delivery Delivery II Receipt for
	☐ Collect on Delivery ☐ Collect on Delivery Recipioted Delivery ☐ Signature Confirmation TM
7018 0360 0001 1683 8391	Viall Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
	
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X D Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. is delivery address different from item 1? Types
	If YES, enter delivery address below:
Mayor	(An Pax 150
Village of Blasdell	Popax 2180 Blackell NY 1-1219
121 Miriam Ave.	1 RIXON NY WAYA
Blasdell NY 14219	1-000 can (A (AT)
#1 Digital 2014 (Bab eth in 6 illinge link in 14 illing	3. Service Type ☐ Priority Meil Express® ☐ Adult Signature ☐ Registered Mail**
9590 9402 3756 8032 0766 43	C. Adult Signature Restricted Delivery Registered Mail Restricted
	☐ Cortified Mell Restricted Delivery ☐ Return Receipt for ☐ Collect on Delivery Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Dalivery Restricted Delivery ☐ Signature Confirmation™
	D Insured Meil U Standbre Confirmation
7018 0360 0001 1663 632 PS Form 3811, July 2015 PSN 7530-02-000-9053	☐ Insured Me! ☐ Signature Confirmation

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	X → Agent Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece.	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	<u> </u>
1. Article Addressed to:	D. is delivery address different from item 1? Yes If YES, enter delivery address below: No
De Joseph Takats	
remont Street	
enawanda NY 14120	
9590 9402 3756 8032 0754 86	3. Service Typ: C Adult Signat: G Adult Signat: G Certified M: Certi
2. Article Number (Transfer from service label)	☐ Collect Merchandise Merchandise ☐ Collect, westracted Delivery ☐ Signature Confirmation 1 ^{to}
7018 0360 0001 1683 7184	ured Mail Signature Confirmation ured Mail Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	sr \$500) Domestic Return Receipt
in the same	Age 1
SENDER: COWPLETE THIS SECTION	CCMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	Arctigrature
■ Print your name and address on the reverse	Y M/Co - TSPAgent
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailplece, or on the front if space permits.	4724/18
Article Addressed to:	D. Is delivery address different from item 17. Yes If YES, enter delivery address below: No
	a red, sind source, assissed boths.
Dr. Simal Patel	
521 East Ave	
Lockport, NY 14094	
AT A MINIMUL THAT THE BOT AT A TOTAL A STATE OF A STATE A STAT	3. Service Type
C! • • • • • • • • • • • • • • • • • • •	☐ Actuit Signature ☐ Registered Mai™ ☐ Actuit Signature Restricted Delivery ☐ Registered Mail Restricted
9590 9402 3756 8032 0756 08	SContified Mail® Delivery Delivery Delivery Pattern Receipt for
2. Article-Number (Transfer from service label)	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation**
7018 0360 0001 1683 7252	rd Mail d Mail Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7630-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Addressee
Attach this card to the back of the mailpiece,	B/Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Yes
Chief Officer	If YES, enter delivery address below: No
Blasdell Vol. Fire Dept., Village	PO ACK SURT
121 Miriam Ave.]
Blasdell NY 14219	1
	2 Sarto Tao
	3. Service Type Proving Mail Express® C Registered Meil**
9590 9402 3798 8032 8209 90	Adult Signature Restricted Delivery ET Certified Mail® Delivery Delivery Delivery Delivery Delivery Delivery
	☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
2. Article Member Connected	D Collect on Delivery n Delivery Restricted Delivery Signature Confirmation**

COMPLETS THIS SECTION ON DELIVERY
A. Signature
X/ DAddressee
B. Received by (Frinted Name) C. Date of Delivery
Jahr W. Che Sty/18
D. is delivery address different from item 1? Yes If YES, enter delivery address below: No
3. Service Type Priority Mail Express®
Adult Signature G.Adun Signature Restricted Delivery G.Coefficial Meal® Delivery Delivery
Certified Mail Restricted Delivery D Return Receipt for
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
Increased Mail September Restricted Delivery 101
Domestic Return Receipt
····
COMPLETE THIS SECTION ON DELIVERY
A. Signature
x Church Libequist Agent
B. Received by (Printed Name) C. Date of Delivery
Venniter Dologowsky 5-24-18
D. is delivery address different from item 1? Yes If YES, enter delivery address below:

3. Service Type
☐ Adult Signature ☐ Registered Mell™
☐ Adult Signature Restricted Delivery ☐ Registered Mell Restricted Delivery ☐ Delivery ☐ Registered Mell Restricted Delivery ☐ Registered Mell Re
Contined Mail Restricted Delivery Collect on Delivery
1 Mail O Signature Confirmation
I Mail Restricted Delivery Restricted Delivery 500)
Domestic Return Receipt
· · · · · · · · · · · · · · · · · · ·
COMPLETE THIS SECTION ON DELIVERY
A. Signature E. Carl
x Stephanie - Agent
B. Received by (Printed Name) C. Date of Delivery
15-2710
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: 🔲 No
43
3. Service Type
☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted
☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Registered Mail Restricted ☐ Registered Mail Restricted ☐ Registered Mail Restricted
☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Cellect on Delivery ☐ Delivery Restricted Delivery ☐ Signature Confirmation™
☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	X Addressee
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailplece, or on the front if space permits.	5.24 14
1. Article Addressed to:	D. Is delivery address different from item 1? Yes
	If YES, enter delivery address below: No
Supervisor	
Town of Evans	
8787 Erie Rd.	
Angola NY 14006	
Aligoia NI 14006	
(1 C M(B)C) (MA) (MA DA) DI A (A) DI A AND I (A) (A) (AC	3. Service Type ☐ Priority Mail ExpressΦ
11 0 0 131 5 1 1031 123 131 11 0 131 0 0 131 1 1 1 1 1 1 1 1 1	☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted
9590 9402 3756 8032 0758 20	2 Certified Mail Restricted Delivery Defivery Description Delivery De
	Collect on Delivery Merchandise
2. Article Number (Transfer from service label)	☐ Signature Confirmation
יל כפשב בססס סשכט פבסל.	986 Restricted Delivery Restricted Delivery
PS Form 3811, July 2016 PSN 7530-02-000-9053	Domestic Return Receipt
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A Signature
Print you'r name and address on the reverse	X V Agent
so that we can return the card to you.	6. Received by (Planted Name) C. Date of Delivery
 Attach this card to the back of the mailpiece, 	To the second of
oc.or the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item ? Yes
1. Astrone Auditessed to:	If YES, enter delivery address below: No
Mayor	
Village of Williamsville	
5565 Main Street	
Williamsville NY 14221	
	3. Service Type ☐ Priority Mail Express®
	☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricter
9590 9402 3756 8032 0756 60	☐ Cartified Mail Restricted Delivery ☐ Return Receipt for
	D Collect on Delivery Merchandise
2. Article Number (Transfer from service label)	Meil Signature Confirmation
7018 0360 0001 1683 78	1.6 Mall Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
1	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	X Agent
so that we can return the card to you.	
Attach this card to the back of the mailpiece,	B. Réceived by , ary
or on the front if space permits.	
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Chief Officer	
AMR	
481 William Gaiter Pkwy.	
Buffalo NY 14215	\ <u></u>
\$1.0 CM(\$1) \$20) (\$20.0 C) \$1.0 C \$50.0 C C CO CO CO MICH ALL	3. Service Type
	☐ Adult Signature ☐ Registered Mail™
	Adult Signature Restricted Delivery
9590 9402 3756 8032 0762 30	C) Certifled Mail Restricted Delivery C) Return Receipt for Membranism
2. Article Number (Transfer from service label)	— ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
7018 0360 0001 1683 60	O Lail Restricted Delivery Restricted Delivery
	7 (6ver \$600)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	EUVERY
Complete items 1, 2, and 3.	A. Signature	
Print your name and address on the reverse so that we can return the card to you.	x	☐ Agent ☐ Addressee
Attach this card to the back of the malipiace.	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. is delivery address different from	tem 1? Yes
Chief Officer	If YES, enter delivery address be	
Scranton Vol. Fire Company, Inc. 5395 Scranton Road		
Hamburg NY 14075		
ET STORE 1251 INC 141 IL STORE AND AND AND AND AND	3. Service Type	
	☐ Adult Signature	Priority Mail Express® Pregistered Mail**
9590 9402 3756 8032 0759 50	Certified Mail®	Registered Mail Restricted Calivery Return Receipt for
2. Article Number (Transfer from service label)	Collect on Delivery Collect on Delivery Restricted Delivery	Merchandise Signature Confirmation***
7018 0360 0001 1683 6422	O Insured Mail Ted Mail Restricted Delivery r \$500	Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		mestic Return Receipt
		1
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	LIVERY
Complete items 1, 2, and 3.	A. Signature	2.2 Discont
Print your name and address on the reverse so that we can return the card to you.	X Dell Found	☐ Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from it	em 1? / Yes!
Chief Officer	If YES, enter delivery address bei	
Arcade Fire Dept		
P.O. Box 303		
Arcade NY 14009		
11 6 (1) 11 4 6 6 1 5 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. Service Type	Priority Med Express®
 	☐ Adult Signature	Registered Mailine Registered Mail Restricted
9590 9402 3798 8032 8207 09		Delivery Return Receipt for
2. Article Number (Transfer from service label)	Collect on Delivery Collect on Delivery Restricted Delivery Mail	Merchandise Signature Confirmation™ Signature Confirmation
7018 9360 0001 1683 7078	Mail Restricted Delivery	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Da	nestic Rouni Reseipt
	201	···
OCNOCIO DE LA CONTRACTION DEL CONTRACTION DE LA	SOCIOLETE THIS SECTION ON O	SINCOV.
SENDER: COMPLETE THIS SECTION	A.S. Grewe	COVERT
 Complete items 1, 2, and 3. Print your name and address on the reverse 	x Troll	☐ Agent
so that we can return the card to you.	B. Received by (Printed Name)	C. Date of Delivery
Attach this card to the back of the malipiece, or on the front if space permits.		" Ble
1_Artirla Arktracourt to:	D. Is delivery address different from If YES, enter delivery address by	terni-1? ☐ Yes
Chief Officer		
Twin City Ambulance		
555 Commerce Drive]	
Amherst NY 14228		
(1 6 3 (1 10) 10 (1 100 a (1 9) a 11) (1 2 19) e 1 a 10 a 11 (11 5 10)		☐ Priority Mail Express® ☐ Registered Mail™
81 A MININO REAL INCO 1711 A 1141 M & 1146 I DAN IN 1178 NO DIL		☐ Registered Mail Restricted Onlivery
9590 9402 3756 8032 0754 62	Certified Mail Restricted Delivery	☐ Return Receipt for
	☐ Collect on Delivery	Merchandise
2. Article Number (Transfer from service lebel)	Collect on Delivery Collect on Delivery Restricted Delivery	☐ Signature Confirmation™ ☐ Signature Confirmation
2. Article Number (Transfer from service tebel) 7018 0360 0001 1683 665 ; PS Form 3811, July 2015 PSN 7539-02-000-8053	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation™

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON I	DELIVERY
Complete items 1, 2, and 3.	A. Signature	
■ Print your name and address on the reverse	X Hastore (in	2 ☐ Agent ☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	<u></u>	05/24/18
1. Article Addressed to:	 D. is delivery address different from if YES, enter delivery address it 	
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)	3. Service Type Adult Signature Adult Signature Restricted Delivery Cartified Mail® Certified Mail® Certified Mail Delivery Collect on Delivery Collect on Delivery Restricted Delivery	Priority Me∄ Express® Registered Meil™ Registered Meil Restricted Delivery Return Receipt for Merchandise Signature Confirmation™
7018 0360 0001 1683 610	li Restricted Delivery	Signature Confirmation Restricted Delivery
, PS Form 3811, July 2015 PSN 7530-02-000-9053		Pomestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
	A. Signature	
Complete items 1, 2, and 3. Print your name and address on the reverse	x W Xahre	_/ ☐ Agent
so that we can return the card to you.	B. Received by (Printed Name)	C. Date of Delivery
Attach this card to the back of the mallpiece, or on the front if space permits.	B. Flooding by (Finited Floring)	0. 54.5 0. 54.70.7
Article Addressed to:	D. is delivery and defined from	m Item 1? Yes
Chief Officer	it 165, exten de.	"ON. (J NO
City of Batavia Fire Dept.		
18 Evans St.		
Batavia, NY 14020		
LIS CERTAL FRANCISCO DE COMENZO A COMENZO A COMENZO CONTRA	3. Service Type	☐ Priority Mail Express®
6 1 016 20 100 100 100 10 1 2 1 1 1 1 1 1 1 1 1	Adult Signature Adult Signature Restricted Delivery	☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3798 8032 8201 50	Certified Mail Restricted Delivery	Celivery Return Receipt for Merchandise
- 2 Adioto Mumber (Transfer from service lebel)	D Collect on Delivery Collect on Delivery Restricted Delivery Dissured Mail	
7018 D360 D001 1683 7597	of Mail Restricted Delivery \$500)	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt
		<u></u>
PENDED GRAVE		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse 	A. Signature	☐ Agent
so that we can return the card to you.	× A -DAT	☐ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery 5-24-18
1. Acticle Addressed to:	D. Is delivery address different from	
Supervisor	If YES, enter delivery address	
Town of Elma		
1600 Bowen Rd.		
Elma NY 14059		
	3. Service Type Adult Signature	☐ Priority Mail Express® ☐ Registered Mail™
9590 9402 3756 8032 0767 28	Adult Signature Restricted Delivery Certified Malk®	☐ Registered Mail Restricted Delivery
<u> </u>	Collect on Delivery Collect on Delivery Collect on Delivery Collect on Delivery	Return Receipt for Merchandise Signature Confirmation (I)
2. Article Number (Transfer from service label) 7018 0360 0001 1.683 658	Collect on Delivery Restricted Delivery Insured Mail Restricted Delivery	☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	A. Signefluide
Complete items 1, 2, and 3. Print your name and address on the reverse	V #
so that we can return the card to you.	8. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	C. Proceduct by (Frinces Marie)
1. Article Addressed to:	D. Is delivery address different from item 1? Yes
01.000	If YES, enter delivery address below: No
Chief Officer	
North Bailey Fire Co.,Inc.	
966 Sweet Home Road	
Amherst NY 14226	
ALO DIGITAL DOGLI INCLES DE GENERO E ANTO EL DER HADELO DE	3. Service Type ☐ Priority Mail Express® ☐ Adult Skmature ☐ Recistered Mail™
0 0 0 0 0 0 0 0 0 0	D'Adult Signature Restricted Delivery Registered Mail Restricted
9590 9402 3756 8032 0759 29	Certified Mail® Certified Mail® Delivery Delivery Delivery Merchandise
2. Article Number (Transfer from control	n Delivery Restricted Delivery □ Signature Confirmation™
7018 0340 0001 1483 6453	utal Signature Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	(over \$500) Domestic Return Receipt
	Edition County
	A Company of the Comp
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A Signature
Print your name and address on the reverse so that we can return the card to you.	Xeferen Case Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Daje of Delivery
or on the front if space permits.	THENESA CASEY 5/24/18
1. Article Addressed to:	D. is delivery address different from item 1? Yes' if YES, enter delivery address below:
Supervisor	If YES, enter delivery address below: No
Town of Clarence	
One Clarence Place	
Clarence NY 14031	
i i à c uni a l indicient car et a mina e dieur et en eur die	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
	Adult Signature Restricted Delivery Cartified Mail
9590 9402 3756 8032 0767 66	☐ Certified Mail Restricted Delivery ☐ Return Receipt for
* "	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
7018 0360 0001 1683 6613	Viail Signature Confirmation Viail Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
	The state of the s
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	A. Signature
Complete items 1, 2, and 3. Print your name and address on the reverse	l ^ □ Arrent
so that we can return the card to you.	X Junin Muyner Addressee
■ Attach this card to the back of the mailplece,	B. Regeived by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from Item 1? Yes
ChiefOfficer	If YES, enter delivery address below:
Chief Officer	1
Clarence Center Vol. Fire Co.,Inc.	
9415 Clarence Center Rd	
Clarence Center NY 14032	
74 Hallen (de marie) (m. 1886) (m. 1886) (m. 1885) (m. 1	2 Sonice Time
	3. Service Type ☐ Priority Moil Expressio ☐ Adult Signature ☐ Registered Meil™
9590 9402 3798 8032 8209 69	Cl. Adult Signature Restricted Delivery Cl. Registered Mail Restricted Delivery
	☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
2. Article Number (Transfer from 17. 1.683 6996	>= Dollars Residence Collars □ Stansture Confirmation™
7018 0360 0001 1683 0	□ MRIZTEG Mail Restricted Delivery Restricted Delivery (over \$600)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
€ Gomplete items 1, 2, and 3.	A. Signature	
Print your name and address on the reverse so that we can return the card to you.	X Surry Addresse	<u>e</u>
Attach this card to the Back of the malipiece,	B. Received by (Printed Name) C. Date of Deliver	y
or on the front if space permits.	D. Is defivery address different from item 17 4es	-
1. Article Addressed to:	If YES, enter delivery address below:	
Mayor		
Village of Alden		
13336 Broadway		
Alden NY 14004		_
9590 9402 1265 5246 2194 21 2. Article Number (Transfer from service labed) 7018 0360 0001 1683 6651	3. Service Type Adult Signature Adult Signature Adult Signature Adult Signature Pastricted Delivery Certified Mail Restricted Delivery Cortified Mail Restricted Delivery Collect on Delivery Restricted Delivery Id Mail Id Mail Restricted Delivery Id Mail Restricted Delivery Id Mail Restricted Delivery Id Mail Restricted Delivery Restricted Delivery Restricted Delivery	
7018 U3EU 0002	(over \$500) Domestic Return Receip	<u></u>
		·
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3.	A. Signatupa	
Print your name and address on the reverse	X A A Agent	
so that we can return the card to you. Attach this card to the back of the mailpiece.	Freelived by (Printed Name) C. Date of Delive	
or on the front if space permits.	1 5-24-18	_
1. Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: 99-No	
Supervisor		
Town of Arcade		
6608 E. Arcade Rd Arcade NY 14009		
Arcade NT 14009	<u> </u>	
9590 94 0 2 3798 8032 8204 40	3. Service Type Adult Signature Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Registered Mail Replayery Registered Mail Restricted Delivery	•
2. Article Number (Transfer from service label)	Collect on Delivery	
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PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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t. Article Addressed to:	D. la digitivery address different from If YES, enter delivery address	
Supervisor		
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1272 Brant-North Collins Rd		
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Supervisor	 	APPA T
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Lancaster NY 14085	ESPS 14043-45	<u></u>
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Chief Office	If YES, enter delivery address	below: 🗅 No
Chief Officer		
East Pembroke Fire Dept.	11	
PO Box 44	11	
E. Pembroke, NY 14056	<u></u>	
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Chief Officer	If YES, enter delivery address	below: No
Lancaster Vol. Ambulance Corps		
Inc		
40 Embry Place		
Lancaster NY 14086	<u></u>	
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2. Article Number (Transfer from service label) 7018 0360 0001 1683 6187	ad Mail Restricted Delivery	Signature Confirmation Restricted Delivery
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Print your name and address on the reverse	* Justin 1 Ca	Agent Addressee
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Chief Officer	·	
North Boston Fire Co.		
5646 Herman Hill Rd.		
North Boston NY 14110		<u> </u>
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_1. Article Addressed to:	D. Is delivery address different from If YES, enter delivery address t	nitem 1? 🗆 Yes below: 🗆 No
Supervisor		
Town of Java		
2436 McCormick Rd	ì	
North Java NY 14113		
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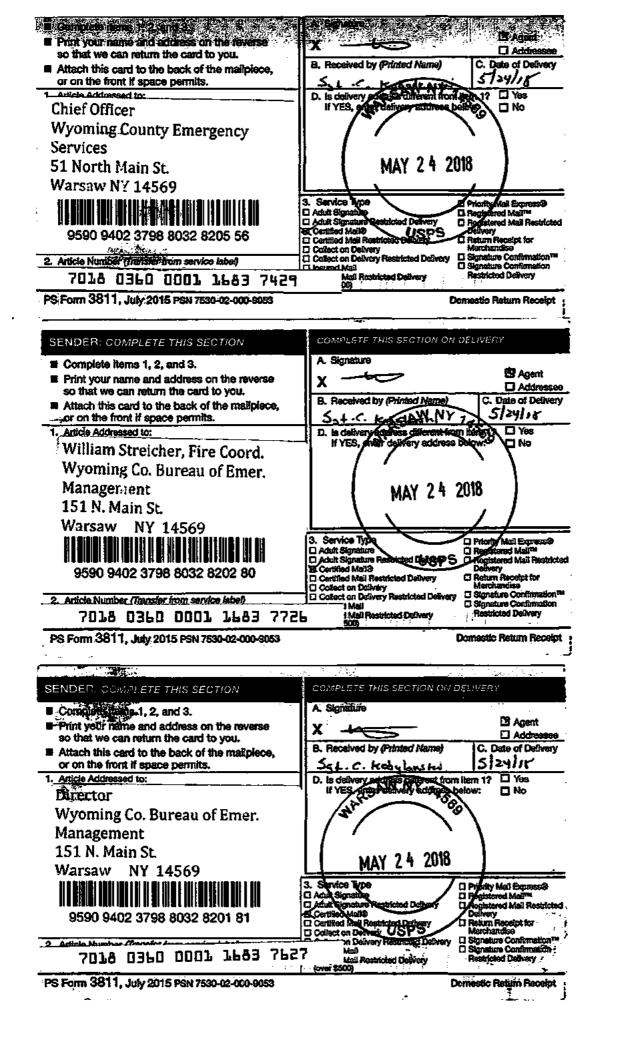
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Chief Officer	9 water Street
Attica Fire Department, Inc.	1 4 Water 311 Ca
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Mayor	
Village of Arcade	
17 Church St.	
Arcade NY 14009	
91 B BOREW CON 1801 E (1 1) BO 1) W A 10 1 2 3 1 1 6 1 1 1 6 1 7 8 10	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
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so that we can return the card to you. Reach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or orgitie front if space permits.	D. la delivery schrigges different from item 12 789
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Emergency Dept Director	
Mercy Hospital	
565 Abbott Road	
Buffalo NY 14220	
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PS Form 3811, July 2015 PSN 7530-02-000-9053	(over \$500) 985° Domestic Return Receipt
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so that we can return the card to you.	Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name), C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from Item 1?
Chief Officer	If YES, enter delivery address below:
Crittenden Fire Dept.	PO DOX 724
13415 Genesee St.	ALDEN NY WASO
Crittenden NY 14038	1 /1009
\$1 \$ \$16 (\$4 that rect state by the \$4 the best state \$4 the \$4 t	3. Service Type Priority Meil Express@
	S. Service Priority Mail Express@ Adult Signature Restricted Delivery Registered Mail Festricted
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Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
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Emergency Dept Director	1 1 60, Giller Gellasi Anniess Delous: 11 40
Kenmore Mercy Hospital	
2950 Elmwood Avenue	li .
Kenmore NY 14217	1
	3. Service Type Priority Mail Express®
	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3756 8032 0764 45	ISI Certified Mail® Delivery U Return Receipt for
	☐ Collect on Delivery ———————————————————————————————————
7018 0360 0001 1683 8167	red Mall Signature Confirmation

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or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different	
	If YES, enter delivery addre	
Mayor		
Village of East Aurora		
571 Main St. East Aurora NY 14052		
East Autota IVI 14032		
	3. Service Type C Adult Signature	O Priority Mail Express® O Registered Mail™
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PS Form 3811, July 2015 PSN 7530-02-000-9053	73 22	Domestic Return Receipt
	9 SE SE SE	
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Complete items 1, 2, and 3.	A. Signature	
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or on the front if space permits.	1	
	D. Its delivery address different to If YES, enter delivery address	
Supervisor		
Town of Amherst	!	
5583 Main St.		
Williamsville NY 14221	<u></u>	
ÎL ê û rdî n î e r lî (ûrî ûrî ûrî ûrî ûrî ûrî ûrî hilî ûrî ûrî ûrî ûrî ûrî ûrî ûrî ûrî ûrî ûr	3. Service Type C Adult Signature	☐ Pricitly Mall Express® ☐ Registered Mail™
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	Collect on Delivery	☐ Return Receipt for Merchandise IV ☐ Signature Confirmation ^{ms}
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1020 000	tover \$500)	<u> </u>
PS Form 3811, July 2015 PSN 7530-02-000-9053	<u>مر</u>	Domestic Return Receipt
CENTER COLUMN TER TOUR SECTION	COMPLETE THE SECTION ON	DELIVERY
SENDER: COMPLETE THIS SECTION	A Signature	CECIVENT
Complete items 1, 2, and 3. Print your name and address on the reverse	white lasto	Agent DAgent
so that we can return the card to you.	B. Received by (Printed Name)	C. Date of Delivery
Attach this card to tile back of the mallpiece, or on the front if space permits.	Edith Grout	5/24/18
1. Article Addressed to: p	D. is delivery address different from if YES, enter delivery address	nitem 1? ☐ Yes below: ☑ No
Supervisor	3.70	
Town of Bennington	3	
134 Clinton St.	ļ	
Alden NY 14004	<u> </u>	
	3, Service Type C) Adult Signature	☐ Priority Mail Express®
	Adult Signature Restricted Delivery	☐ Registered Mail Restricted Delivery
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	© Certified Mail® ☐ Certified Mail Restricted Dailvery ☐ Collect on Dailvery	S Return Receipt for Merchandise
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON E	DELIVERY ,
Complete items 1, 2, and 3.	A. Signature	_
Print your name and address on the reverse	x / \	□ Agent □ Addressee
so that we can return the card to you. Attach this card to the back of the malipiece,	B. Received by (Printed Name)	C. Date of Dalivery
or on the front if space permits.	3/	<u> 44/ X </u>
1. Article Addressed to:	D. is delivery address different from if YES, enter delivery address b	
Daniel Neaverth Jr, Comm.	II 120, elital delivery address t	. В 10
Erie County Dept of Emergency		
Services		
95 Franklin St.		
Buffalo NY 14202		
i: 1 11110 1 11 11 11 111 11 111 11 111 11 111 11 111	3. Service Type Cl Adult Signature	☐ Priority Mail Express® ☐ Registered Mail™
0	Adult Signature Restricted Delivery Certified Mail®	Registered Mail Restricted Delivery
9590 9402 3756 8032 0756 53	Certified Mail Restricted Delivery Collect on Delivery	El Return Receipt for Merchandise
701.8 02.0 0000	Collect on Delivery Restricted Delivery Linguised Mail	☐ Signature Confirmation ☐ Signature Confirmation Restricted Delivery
2019 03F0 0007 JP93 580:	L Mail Restricted Delivery	nestrated Delivery
PS Form 3811, July 2015 PSN 7530-02-000-8053		omestic Return Receipt
Jn		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
Complete Items 1, 2, and 3.	A Signature	.44
Print your name and address on the reverse	IIX MANGE M	NOW >
so that we can return the card to you.	1	4
Attach this card to the back of the mailpiece, or on the front if space permits.	lin .	¹ ○
1. Article Addressed to:	D. any address differe	,
Mayor	If YES, enter drevery a	1 C+
Village of Angola	41 Condi Ta	121.
41 Commercial St.		
Angola NY 14006		
Angola Wi 14000		
ii a dialai ada ida kalala a hala a alia a kala a bin ah bik	3. Service Type G Adult Signature	☐ Priority Mail Express® ☐ Registered Mail™
	Adult Signature Restricted Delivery 25) Certified Ma39	☐ Registered Mail Restricted Delivery
9590 9402 3756 8032 0754 17	☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	Return Receipt for Merchandise
7018 0360 0001 1683 6736	Collect on Delivery Restricted Dailvery Mail	□ Signature Confirmation
1010 COOL TOOU DECR SED!	Mait Restricted Delivery (काटा कर्ड00)	Restricted Delivery
PS Form 3811, July 2015 PSN 7630-02-000-9053		Domestic Return Receipt
	·	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION (IN DEFINERS
Complete items 1, 2, and 3.	"A. Signature	AT DELIVERY
Print your name and address on the reverse	x Day	?∕\ □ Agent
so that we can return the card to you.		☐ Addressee
Attach this card to the back of the mallpiece, or on the front if space permits.	B Received by Printed Marke	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different	hom (term 1? 🔲 Yea
Mayor	If YES, enter delivery addre	ss below: No
Village of Sloan		1.5
425 Reiman St.		P. Br.
Sloan NY 14212	 	7. 3.0
		1010
<u> </u>	3. Service Type G Adult Signature	☐ Pricitly Mail Express®
	Adult Signature Restricted Delivery Contribed Mailto	☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3756 8032 0756 84	Contined Mail Restricted Delivery Collect on Delivery	Delivery Return Receipt for Merchandise
2. Article Number (Transfer from service label)		
	☐ Collect on Delivery Rostricted Delive	ry ☐ Signature Confirmation™
7018 0360 0001 1683 78	☐ Collect on Delivery Rostricted Delive	y Signature Confirmation™ ☐ Signature Confirmation Restricted Defivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	X 131 SA A Agent
so that we can return the card to you. Attach this card to the back of the maliplece.	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	<u> </u>
1. Article Addressed to:	D. is delivery address different from item 1?
Chief Officer	
West Seneca Fire District #6	
666 Main Street	
West Seneca NY 14224	
61 6 61 61 61 1 1 1 1 1 1 1 1 1 1 1 1 1	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
NY INDIANA 1881 300 006 00 110 1 10 19 38 3 10 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DAdult Signature Restricted Delivery Rectricted Delivery
0500 0402 2075 6132 4425 30	☐ Certified Mail Restricted Delivery ☐ Return Receipt for
Total Communication	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
7018 0360 0001 1683 6675	viall Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<u></u>	A. Skonature
Complete items 1, 2, and 3. Print your name and address on the reverse	Agent
so that we can return the card to you.	Muchina Addressee
Attach this card to the back of the malipiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?
	If YES, enter delivery address/oglow:
Chief Officer	\ 2018
Marilla Fire Company,Inc.	70.
1950 West Ave.	2000
Marilla NY 14102	
A: A MICHA! ENG! INCOC: II S INCOC ALLA CO CORRESTA FAIF	3. Service Type Priority Mail Express®
U. D WIDERL VOEL VOE BLI 11 6 1917 & 1 151 0 1 1 1 18 18 FULL SUL	☐ Adult Signature Control Delivery ☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3756 8032 0761 48	Certified Mail® Delivery Delivery Receipt for Main Receipt for Maintenance Maintenance
homber (Transfer from service label)	Collect on Delivery Restricted Delivery Signature Confirmation** Delivery Restricted Delivery Signature Confirmation**
///// // //	☐ Insured Mail ☐ Signature Consumation ☐ Insured Mail Restricted Delivery Rostricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-8000	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Print your name and address on the reverse .	A Signatury Stagent
so that we can return the card to you.	Addressee
Attach this card to the back of the mailplece,	Received by (Printed Name) C. Dale of Pelivery
or on the front if space permits. 1 Article Addressed to:	D. is delivery address different from item 1? Yes
Chief Officer	If YES, enter delivery address below:
South Line Fire District No. 10	li .
1049 French Road	
_•	
Cheektowaga NY 14227	<u> </u>
[] 3 (10)() 103 () 3) (1) () () () ()	3. Service Type
14 0 01818 4 1001 100 114 01 0 1411 0 1 141 1 1 141 1 0 1 141 1 161 1 161 1 161 1 161 1	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3756 8032 0765 37	Certified Mail Restricted Delivery D Return Receipt for
Action Mumber (Transfer from service label)	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
7018 0360 0001 1683 640	I Classic Confidence
	10



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	LIVERY
Complete items 1, 2, and 3.	A Signature/	// □ Agent
■ Print your name and address on the reverse	x sule Man	☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B/ Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from it	
1. Article Addressed to:	If YES, enter delivery address be	
Dr. Gregory Collins		
1400 North Main St.		
Warsaw NY 14569		
9590 9402 3756 8032 0755 61	☐ Adult Signature ☐ Agult Signature Restricted Delivery ☐ Cortified Meii® ☐ Cottied Meii Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery	Priority Mail Express® Registered Mail* Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation* Signature Confirmation
7018 0360 0001 1683 7214	① Insured Mail Mail Restricted Delivery 1007	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		mestic Return Receipt
Colonia on Hand Tala Allera		 ;
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON E	ELIVERY
Complete items 1, 2, and 3.	A. Signature	7/2
■ Print your name and address on the reverse	11x July / Mar	ULC□ Agent □ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	<u> </u>	5-24-18
1. Article Addressed to:	D. is delivery address different from If YES, enter delivery address b	
Emergency Dept Director		D (40
Wyoming Co. Community Hospital	[]	
400 North Main St.	[]	
Warsaw NY 14569	l)	
ti d'aliant (201 ianà di 11 mi 14 ma son di 18 ma esperazione	3. Service Type	☐ Priority Mail Express®
01 5 61919 (611 1 1617 11 11 11 11 11 10 161 101 161 1	☐ Adult Signature	☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3798 8032 8205 49	-El Certified Mail®	Delivery Return Receipt for
2. Article Number (Transfer from session intell	Collect on Delivery	Merchandine ☐ Signature Confirmation™
7018 0360 0001 1683 7416	161 Participal College	Signature Confirmation Restricted Dalivery
PS Form 3811, July 2015 PSN 7530-02-000-8053	(Oral Scool)	omestic Return Receipt
		501 W 501
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DEGWERT .
Complete items 1, 2, and 3.	2 STIGNATURE)	☐ Agent
Print your name and address on the reverse so that we can return the card to you.	LAW MUNICIPAL WAY	☐ Addressee
Attach this card to the back of the mailpiece,	B./Received by (Printed Name)	C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from	
	If YES, enter delivery address	
Chief Officer	H	
Wyoming Co. Community Hospital		
400 North Main St.		
Warsaw NY 14569	<u> </u>	
()	3. Service Type C Adult Signature	☐ Priority Mail Express® ☐ Registered Meli™
9590 9402 3798 8032 8206 48	Actuit Signature Restricted Delivery Certified Mall®	☐ Registered Mail Restricted Delivery
	Certified Mail Restricted Delivery Collect on Delivery	☐ Return Receipt for Merchandise
2. Article Number (Dandle from	on Detvery Restricted Detvery	☐ Signature Confirmation™ ☐ Signature Confirmation
7018 0360 0001 1683 75	Mali Restricted Delivery (over \$500)	Restricted Delivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3.	A Signature	
Print your name and address on the reverse so that we can return the card to you.	X Addresse	se_
Attach this card to the back of the malipiece,	B. Received by (Printed Name) C. Date of Deliver	7
or on the front if space permits.	D is delivery gridgess different from item 12 Yes	
Article Addressed to:	D. is delivery address different from item 1? Yes if YES, enter delivery address below:	
Supervisor		
Town of Orangeville	1	
2916 Orangeville Center Rd.		
Warsaw NY 14569		
	3. Service Type	=
	☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restric	cted
9590 9402 3798 8032 8203 34	☐ Certified Mail Restricted Delivery ☐ Return Receipt for	
2. Article Number (Transfer from service label)	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation	
7018 0360 9001 1683 777	tail Signature Confirmation Laid Restricted Delivery Restricted Delivery	•
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receip	pt ·
,	,	
The second secon	COMPLETE THIS SECTION ON DELIVERY	\$ 1
SENDER: COMPLETE THIS SECTION		4.0
Completé items 1, 2, and 3.	A. Signature	
Print your name and address on the reverse so that we can return the card to you.	Addressed by (Printed Name) C. Date of Delive	
Attach this card to the back of the mailpiece,	B./Received by (Printed Name) C. Date of Delive	7
or on the front if space permits.	D. is delivery address different from item 1? Yes	_
Article Addressed to:	If YES, enter delivery address below: No	
Mayor	[]	
Village of Warsaw		
P.O. Box 49	1	
Warsaw NY 14569		=
ern mentar ondring for 18 of the Child Collins and Child	3. Service Type	
(1 5 2/9/8/ 18 () 186 / 11 () D# (10 0 # 18/ 93 / 10/ 8/ 9 # 1 #/	☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Registered Mail Flostri Delivery ☐ Delivery	icted
9590 9402 3798 8032 8202 97	Certified Mail Restricted Delivery G Return Receipt for Merchandise	***
2. Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery)TI
3536 531 # 5555 515	Insured Mail Signature Continuation Signature Continuation State Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-900-900-9	Domestic Return Rece	eipt :
F3 (0111 05) 1 (05) 50 00 00 00 00 00 00 00 00 00 00 00 00		•
the second secon	- 72-	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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■ Print your name and address on the reverse	X Address	see
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Refered by (Printed Name) C. Date of Delive	
or on the front if space permits.	<u> </u>	_
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: \(\subseteq No. \)	
Chief Officer		
Sloan Active Hose Co. #1	line	
55 Gates Avenue		
Sloan NY 14212		
\$1.0 m/a/m/a/m/a/m/a/m/a/m/a/m/a/m/a/m/a/m/a	3. Service Type	=
	☐ Adult Signature ☐ Registered Mail ^{1M}	
9590 9402 3756 8032 0763 08	Adult Signature Restricted Delivery	151 9 0
2 Add to Number Consider from carries labell	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmatio	on Tie
7018 0360 0001 1683 651	Next Signature Confirmation	
	ion (restricted Delivery 1995)	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	ELIVERY
Complete items 1, 2, and 3.	A. Stofnatting	
Print your name and address on the reverse so that we can return the card to you.	XHV Mal/H	☐ Agent ☐ Addressee
Attach this card to the back of the malipiece,	B/Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	H. Darrett	SHAWARE
1. Article Addressed to:	 D. is delivery address different from if YES, enter delivery address b 	
Supervisor		
Town of Alden	ĺ	
3311 Wende Rd.	 	
Alden NY 14004		
11 6 (1818) 	☐ Adult Signature	☐ Priority Mail Express® ☐ Registered Mail™
9590 9402 3756 8032 0754 00		Registered Mail Restricted Delivery
	Collect on Delivery	☐ Return Receipt for Merchandise
Number (fransier from service lebel)		☐ Signature Confirmation ☐ Signature Confirmation
7018 0360 0001 1683 6743	Aafi Restricted Delivery	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	D	omastic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
Complete Items 1, 2, and 3.	A Stignature	
Print your name and address on the reverse so that we can return the card to you.	XMMC	D And _aca_
 Attach this card to the back of the mailpiece, 	B. Received by (Printed Name)	C. Dav. sivery
or on the front if space permits. 1. Article Addressed to:	S. to deliberate address different for	
Chief Executive Officer	D. is delivery address different from if YES, enter delivery addr	□ No
Mercy Hospital-Orchard Park	ĺÌ	
Division		
3669 Southwestern Blvd		
Orchard Park NY 14127		
CLEARING TO A TOTAL SALEN EL CALLE COLO LA LA CALLA CA	3. Service Type	☐ Priority Mail Express®
1/1	Adult Signature Adult Signature Restricted Delivery	☐ Registered Mail Restricted Delivery
9590 9402 3756 8032 0763 77	C Certified Mail®	☐ Return Receipt for Merchandise
2. Article Number (Transfer from service label)	Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail	Signature Confirmation** Signature Confirmation
7018 0360 0001 1683 8099	Mail Restricted Delivery	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt
•		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	DELIVERY
Complete items 1, 2, and 3.	A/Signature	loto com
Print your name and address on the reverse	IX //N_SHR///C	Addressee
so that we can return the card to you. • Attach this card to the back of the mailpiece.	By Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	MUNSHINE KANMO	U 3/3 1/13
1 Article Addressed to:	D. is delivery address different from if YES, enter delivery address in	Seigns: 180
Chief Officer	151 Commercia	US+.
Angola Vol. Fire Company		
51 Commercial Street	H	
Angola NY 14006		
	3. Service Type	Priority Mail Express®
5) <u>7 milija (m. 196</u> 5 pp. 5) milija <u>7 milija 7 milija</u>	Adult Signature Adult Signature Restricted Delivery	☐ Registered Mail Restricted Delivery
9590 9402 3756 8032 0764 14	Certified Mail®	☐ Return Receipt for Memberolise
2. Article Number (Transfer from service label)	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation™ ☐ Signature Confirmation
7018 0360 0001 3683 81	District Mail Tall Restricted Delivery Tall Pleastricted Delivery	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	35 4 	Domestic Return Receipt
FO FORM OUT 1, any sort of the party save		,

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
 Print your name and address on the reverse so that we can return the card to you. 	x(')\{\all_k \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Attach this card to the back of the mailpiece.	B. Received by Printed Name)
or on the front if space permits.	
Article Addressed to:	D. Is delivery address differe If YES, enter delivery
Chief Officer	•
Springville Vol. Fire Co., Inc.	
405 W.Main Street	
Springville NY 14141	
## ###	3. Service Type
	☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted
9590 9402 3756 8032 0765 44	ACCEPTIFIED Mail® Delivery Certified Mail® Delivery Collect on Delivery Collect on Delivery Merchandise
Article Number (Transfer from service tabel)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation ☐ Signature Confirmation
7018 0360 0001 1683 6392	Mail Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7630-02-000-9053	Domestic Return Receipt
	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete Items 1, 2, and 3.	A Signatura /
Print your name and address on the reverse	Agent TAgent
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	
1. Article Addressed to:	D. is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Chief Officer	II 165, sinci delivery address beson.
Lake Erie Beach Vol. Fire Co.	
9483 Old Lake Shore Road	
Angola NY 14006	
	3. Service Type
	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Registered Mail Restricted
9590 9402 3756 8032 0761 24	(S) Certified Mail® Delivery Delivery □ Return Receipt for
2. Article Number (Transfer from service Intell	☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
7018 0360 0001 1683 6194	ured Mail Restricted Delivery Restricted Delivery Traver \$500
: PS Form 3811, July 2015 PSN 7530-02-000-8053	Domestic Return Receipt
	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3.	Soldsture // ^ t
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse	Agent
so that we can return the card to you.	TB Received Parting Name) 9 Date of Decidory
Attach this card to the back of the mallpiece, or on the front if space permits.	10 MT 18 VIVI 10 5 129118
1. Article Addressed to:	D. Is delivery address different from item 1? Yes
Supervisor	tfYES, enter delivery address below: No
Town of North Collins	i = i
P.O. Box 2	
North Collins NY 14111	· ·
1(6 (1) 10 (1) 10 (1) 10 (1) 11 11 11 11 11 11 11 11 11 11 11 11 1	3. Service Type
	Adult Signature D Adult Signature Restricted Delivery Pregistered Mail Restricted
9590 9402 3756 8032 0757 83	Certified Mail® Delivery Certified Mail Restricted Delivery D Return Receipt for
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation
7018 0360 0001 1683 7948	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X M Addressee
Attach this card to the back of the mailplece,	B. Received by (Printed Same) C. Date of Delivery
or on the front if space permits.	D to deliberate address different to the Table
	D. is delivery address different from item 1? Yes If YES, enter delivery address below:
Chief Officer	
Eden Emergency Squad, Inc.	
2795 E. Church St.	
Eden NY 14057	
NI mierija n ag en est on et ûn kiran diek noor ee an die an bee	3. Service Type
	□ Adult Signature □ Adult Signature Restricted Delivery □ Registered Mail Restricted □ Registered Mail Restricted □ Registered Mail Restricted □ Registered Mail Restricted
9590 9402 3798 8032 8209 21	☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandisa
8284 E841 1000 04E0 8107	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation d Mail ☐ Signature Confirmation
0018 1000 1000 1000	d Mail Restricted Delivery Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7630-02-000-8053	Domestic Return Receipt
7	
45 1050	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A Signature
Print your name and address on the reverse so that we can return the card to you.	Addressee
Attach this card to the back of the mallpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. is delivery address different from item 1? Yes
M	If YES, enter delivery address below: No
Mayor	1
Village of Hamburg 100 Main St.	
Hamburg NY 14075	
Hamburg NT 14075	<u> </u>
	3. Service Type
9590 9402 3756 8032 0757 14	Cl. Adult Signature Restricted Delivery
	Contified Mail Restricted Delivery Collect on Delivery Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Standard Confirmation ☐ Mail ☐ Standard Confirmation ☐ Standard Delivery ☐ Restricted Delivery
7018 0360 0001 1683 7870	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domiestic Return Receipt
The second secon	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete terre 2, and 3.	A. Signature
Frint your name and address on the reverse so that we can return the card to you.	X Addressee
Attach this card to the back of the mailpiece,	E. Recipied by (Print. C. Date of Delivery
or on the front if space permits.	D, is delivery address different from item 12 Yes
Chief Officer	D. Is delivery address different from Item 1? " Yes If YES, enter delivery address below: No
Tonawanda Emergency Medical	
Unit	
1835 Sheridan Drive	
Kenmore NY 14223	
• 110 CHIEN 1996 (54 DT) H O 118 W D 1060 1069 O) HE LEE DUL	3. Service Type
11 0 10 10 10 10 1 1 E30 1 100 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Adult Signature Registered Mail®
9590 9402 3756 8032 0754 55	Certified Mail® Certified Mail Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Marchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation
7018 0360 0001 1683 67	D 5 ill Restricted Delivery 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 malipiece, or on the front if space permits. 1. Article Addressed to: Supervisor Town of Eden 2795 E.Church St. Eden NY 14057	A. Signature X. M. Addressee B. Received by (Printed films) D. is delivery address different from itam 1? Yes If YES, enter delivery address below: No 3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Registered Mail® Registered Mail® Certified Mail®
3333 3432 3733 3002 0737 30	Collect on Delivery Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery
7018 0360 0001 1683 789	Mail Restricted Delivery Mail Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Raturn Receipt
C. Commercial Commerci	
SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3.	COMPLETE THIS SECTION ON DELIVERY A. Signature
 Print your name and address on the reverse so that we can return the card to you. 	X M. aren. Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	Tyes, and delivery address tillstant from Item 1? Yes
Chief Officer	Z 21.20.
Twin.District Fire Co.	MAY 2.4 201
4999 William Street Lancaster NY 14086	\
## ### ### ### ### ### ### ### ### ### ### ### ### ### ### ### ### ### ###	3. Service Type
-31 9 MIGE 21 100) 100 I OF & D 44110 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	□ Adult Signature □ Registered Mail** □ Registered Mail Restricted
9590 9402 3756 8032 0765 68	Coffied Mell® Defivery Defivery Coffeet on Coffeet on Defivery Coffeet on Coffee
Article Number (Transfer from service label)	Collect on Delivery Regiricted Delivery Signature Confirmation Signature Confirmation
7018 0360 0001 1683 6378	300)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
(A)	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Cognitive items 1, 2, and 3. Print your name and address on the reverse	A Signature
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailplece, or on the front if space permits.	BUILLER 5/24
1. Article Addressed to:	D. is delivery address different from item 1? Yes If YES, enter delivery address below: No
Chief Officer	
Boston Emergency Squad,Inc. 8500 Boston State Road	İ
Boston NY 14025	· !
	3. Service Type Priority Mell Express@
	☐ Adult Signature ☐ Registered Mail Pastricted ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☐ Cellvery ☐ Delivery
9590 9402 3756 8032 0763 91	☐ Certified Mell Restricted Delivery ☐ Return Receipt for
2. Article Number 0360 0001 1683 811	cn Delivery Restricted Delivery squared Mail Restricted Delivery (over \$500)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A Sonature
Print your name and address on the reverse so that we can return the card to you.	A NO 124100 KM BAgent
 Attach this card to the back of the mailpiece, 	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	Bus Charachi 5/4/18
	D. Is delivery address different from item 1? Yes
Chief Officer	If YES, enter delivery address below:
Town of Darien	
10569 Alleghany Road	J
Darien Center, NY 14040	
fi d Birini sor i inde el fr de filme bele der aloma ico all	3. Service Type
	☐ Adult Signature ☐ Registered Mail™
9590 9402 3798 8032 8200 99	Certified Mail@ Delivery
2 Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery Signature Confirmation**
7018 0350 0001 1683 8488	T Mail □ Sitrature Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	(00)
	Domestic Return Receipt
l	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	x (out. M(and w) - Agent
so that we can return the card to you.	B. Received by (Printed Name). 6 Date of Delivery
Attach this card to the back of the mallpiece, or on the front if space permits.	Daren Vitaon
Article Addressed to:	D. Is delivery address different from dem 1?
	If YES, enter delivery adcress below: 🛛 No
Dr. Alexander Ljungberg	
100 High St	
Buffalo NY 14203	
	<u> </u>
01 B 30 10 JB 6 200 0 102 B 01 A 0 B J J 10 B 6 10 J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. Service Type ☐ Priority Mail Express@ ☐ Artist Signature ☐ Registered Mail™
(1.13)	Adult Signature Restricted Delivery
9590 9402 3756 8032 0755 54	☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Signature Confirmation
7018 0360 0001 1683 720	fail Restricted Delivery Restricted Delivery 0)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	A. Signature
 ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse 	Agent DAgent
so that we can return the card to you,	B. Baoewed by Printed Name) C. Date of Delivery
Attach this card to the back of the malipiece, or on the front if space permits.	LETSCHOOL
1. Article Addressed to:	D. is delivery address different from item 1? 🖵 Yes
Supervisor	If YES, enter delivery address below: No
Town of West Seneca	
1250 Union Rd.	
West Saneca NY 14224	11
West Saucea NT 14224	<u></u>
	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
	Adult Signature Restricted Delivery Certified Mail® Delivery
9590 9402 3756 8032 0757 52	☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
2014 (12) C CODE ALERT (STATE CONTRACTOR (STATE CONTRACTOR CONTRAC	Collect on Delivery Restricted Delivery Signature Confirmation Confirmation
7018 0360 0001 1683 791 [.]	Mail Restricted Delivery Restricted Delivery (00)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	DELIVERY
Complete items 1, 2, and 3.	A. Signature	, W
 Print your-name and address on the reverse so that we can return the card to you. 	X Icis Kozio	Addressee
Attach this card to the back of the mailpiece,	8. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	1 (07.01	15/24/(8
1, Alicie Addiessed to:	D. Is delivery address different from If YES, enter delivery address to	pelow: No
Emergency Dept Director		
Oishei Children's Hospital		
818 Ellicott St		
Buffalo NY 14203		
11 A 12 (11 A) A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	3. Service Type	☐ Priority Mail Express®
U O 1947 in ana 1846 in 11 a 1110 a 1848 in 1861 in an 1846 in 1861 in 1861 in 1861 in 1861 in 1861 in 1861 in 1	Adult Signature Adult Signature Restricted Delivery	☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3756 8032 0764 21	C Certified Mail® Certified Mail Restricted Delivery	Delivery Return Receipt for Merchandise
2. Article Mandow Character dans and on token.	Collect on Delivery Collect on Delivery Restricted Delivery	Signature Confirmation** Signature Confirmation
7018 0360 0001 1683 8143	d Mail d Mail Restricted Delivery pover \$500)	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-8053		lomestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	DELIVERY
■ Complete items 1, 2, and 3.	A. Signature	<i>i</i>
Print your name and address on the reverse so that we can return the card to you.	X Paralelow	Agent Addresses
 Attach this card to the back of the mailpiece, 	B/Received by (Printed Name)	C. Date of Detvery
or on the front if space permits.	ion Wallat	5/4/18
1. Article Addressed to:	D. Is delivery address different from If YES, enter delivery address to	
Chief Officer		F
U-Crest Fire Co.		
225 Clover Place		
Cheektowaga NY 14225		
NA COMPANY RESIDENCE A SOURCE SOURCE SERVICE TO A PLANTAGE	3. Service Type	☐ Pricrity Mail Express®
	Adult Signature Adult Signature Restricted Delivery	☐ Registered Mail [™] ☐ Registered Mail Restricted
9590 9402 3756 8032 0766 98	C Certified Mail® Certified Mail Restricted Delivery	Delivery Return Receipt for Menchandise
A Asiala Number Himseles from service Johns.	Collect on Delivery Collect on Delivery Restricted Delivery	☐ Signature Confirmation ⁷⁴ ☐ Signature Confirmation
7018 0360 0001 1683 6774	Mail Restricted Delivery	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	0	omestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION OF	! DELIVERY
Complete@ems 1, 2, and 3.	A/6/gnature	
Print your game and address on the reverse	*K / X / (1/2)	☐ Agent
30 that was can return the card to you. Aftern make eard to the back of the makelece,	8. Received by (Printed Name)	Date of Delivery
or on the front if space permits.	1774	
Article Addressed to:	D. Is delivery address different for If YES, enter delivery address	m item 1? Yes
Chief Officer	ii 125, elles danvery appress	below: No
Williamsville Fire Dept.		
5565 Main Street		
Williamsville NY 14221		
	1	D D4-d-14-75
	☐ Adult Signature ☐ Adult Signature Restricted Delivery	☐ Priority Mail Express® ☐ Registered Mail**
9590 9402 3756 8032 0766 05	T Court of imme Library (on Fallsal)	☐ Registered Mall Restricted Delivery
	S Certified Mail®	
A. Article Mumber /Transfer from service Johns	Certified Mail Restricted Delivery	C Return Receipt for Merchandise
7018 0360 0001 1683 675	☐ Certified Mail Flestricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery	C Return Receipt for Merchandise

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
 Print your came and address on the reverse so that we can return the card to you. 	X Mills Mills Baddressee
 Attach this card to the back of the malipiece, 	B. Received by (Primed Name) VC, Date of Delivery
or on the front if space permits.	Darke Mc Adony
1. Article Aridmassed.to:	D. Is delivery address different from IfsIm 1? If YES, enter delivery address below: No
Dr. Joseph Bart	
100 High St	
Buffalo NY 14203	<u> </u>
THE CHARGE EARL LARD OF BUILDING A SECOND IN THE COMME	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
17	Adult Signature Restricted Delivery
9590 9402 3756 8032 0754 93	Certified Mail Restricted Delivery C Return Receipt for Merchandise
2. Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery Signature Confirmation Signature Confirmation
7018 0360 0001 1683 7177	1 Med Restricted Delivery Restricted Delivery 500)
PS Form 3811, July 2015 PSN 7530-02-000-8053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	A. Signature
Complete items 1, 2, and 3. Print your name and address on the reverse	∭ √ □ Agent
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
M Attach this card to the back of the mailpiece, or on the front if space permits.	
1. Article Addressed to:	D. Is delivery address different from item 1? Yes
M	If YES, enter delivery address below: No
Mayor	
City of Tonawanda	
200 Niagara St. Tenawanda NY 14150	
-: Gaawanda N1 14150	3. Service Type
- 1/1 8/1/10 / 10/ / 10/ / 10// 10// 10// 10// 10// 10// 10//	☐ Adult Signature ☐ Registered Mail ^{1M}
9590 9402 3756 8032 0757 69	Contified Meil® Delivery Delivery Delivery Circle Meil® Restricted Delivery Circle Repairs Receipt for
	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
7018 D360 D001 1683 79a	☐ Insured Mail Mail Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
1 O Tolk Out 1, day 2010 For tolk tolk of the	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SEC.
Complete items 1, 2, and 3.	A. Signsture
Print your name and address on the reverse	and the same of th
so that we can return the card to you.	B. Received by (Printed Name) Q. Date of Deliy
Attach this card to the back of the mailpiece, or on the front if space permits.	JS/24/18
Article Addressed to:	D. is delivery address different from item 1? Yes
Chief Officer	w 1ES, atter delivery abdress below.
Indian Falls Fire Dept.	
8030 Allegany Rd.	
Corfu, NY 14036	
() (() () () () () () () () () () () ()	3. Service Type Priority Mail Express®
	☐ Adult Signature ☐ Registered Mail Restricted Cellivery ☐ Registered Mail Restricted
9590 9402 3798 8032 8207 30	☐ Contined Mail® Delivery ☐ Return Receipt for
2. Article Number (Transfer from service label)	☐ Collect on Delivery Merchandise ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation**
7018 0360 0001 1683 83	I □ Incomed Med □ Signature Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
1 0 1 0 m 00 1 1, ouly 2010 Pan 7000-02-000-8000	Comedut return receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A Biglaguro /
Print your name and address on the reverse-	X Harris Bagent
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	1
1. Article Addressed to:	D. Is delivery address different from Item 1?
Chief Officer	1
Snyder Fire Dept.	
4531 Main Street	
Snyder NY 14226	
9590 9402 3756 8032 0759 67	3. Service Type
2. Article Number (Transfer from service label)	☐ Insured Mail ☐ Signature Confirmation 1 Mail Restricted Delivery Restricted Delivery
7018 0360 0001 1683 6415	\$00)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Cómplete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	x Julne Mady Agent Addressee
so that we can return the card to you.	B. Received by (Printed Name) / C. Date of Delivery
 Attach this card to the back of the mailpiece, or on the front if space permits. 	Danere Mada
1. Article Addressed to:	D. is delivery address different from item 1? If YES, enter delivery address below: No
Dr. Josette Teuscher	
100 High St	
Buffalo NY 14203	
Dullais KI 14205	
	3. Service Type
9590 9402 3798 8032 8200 13	G Certified Meil® Delivery G Return Receipt for
C. Article Structure Chancelos from continu labell	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
2. Article Number (Transfer from service label) 7018 0360 0001 1683 70	□ Insured Mail: □ Signature Confirmation B Signature Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A Signature
Print your name and address on the reverse so that we can return the card to you.	Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) U.C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. is delivery address different from item 1? Yes
Emanas Dant Disaster	If YES, either delivery address below: No
Emergency Dept Director Buffalo General Medical Center	
100 High Street	
Buffalo NY 14203	
Manual III 142V3	2 Santos Toro
3	3. Service Type
9590 9402 3756 8032 0763 53	Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Certified Mail Restricted Delivery Certified Mail Restricted Delivery
6 Add the Control of	Collect on Delivery Merchandise No Delivery Restricted Delivery Signature Confirmation th
2. Article Number (Transfer 1991) 1683 8	D75 Mall Restricted Delivery Signature Confirmation Restricted Delivery Gover \$500)

	AND THE THE GESTION OF DELIVERY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A Signature
Print your name and address on the reverse so that we can return the card to you.	XOW GAddressee
Attach this card to the back of the malipiece,	B. Received by (Printed Name) C. Dale of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Yes
	if YES, enter delivery address below: No
Supervisor	;
Town of Grand Island	
2255 Baseline Rd.	
Grand Island NY 14072	
AN a minim a k en a i m ea da aka miniawa 1914 ila a aka 1966 Pet	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
\$1 8 m) ((m) (m) (m) \$1 (1) (\$1 (1) (\$2 (1) (\$3 (1) (Adult Signature Restricted Delivery Certified Mail Restricted Delivery
9590 9402 3756 8032 0767 11	Certified Mell Restricted Delivery Cellect on Delivery Merchandise
	Collect on Delivery Restricted Delivery Signature Confirmation™ Signature Confirmation
7018 0360 0001 1683 6576	sured Mail Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	X Day One Call Agent
so that we can return the card to you.	B. Secented by (Printed Name) U.G. Date of Delivery
Attach this card to the back of the malipiece, or on the front if space permits.	Darley McAdan / 5/24/18
1. Article Addressed to:	D. ts delivery address different from Jam 1?
	If YES, enter delivery address below:
Dr. Jason Borton	100 High St.
875 Ellicott Street	20 - 11 1/202
Buffalo, NY 14203	ER Dept. 14203
	3. Service Type Priority Meil Express®
	3. Service Type
9590 9402 3756 8032 0755 78	Certified Mail® Delivery Delivery Delivery Delivery
	☐ Coffect on Delivery Marchandise Marchandise ☐ Coffect on Delivery Restricted Delivery ☐ Signature Confirmation Telescope
2. Article Number (Transfer from service label)	i Insured Mail Signature Confirmation sured Mail Restricted Delivery Heatricted Delivery
7018 0360 0001 1683 7221	<u> •(er \$500)</u>
PS Form 3811, July 2015 PSN 7590-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. \$ignature
Print your name and address on the reverse	X Coulan Wooden BAgent
so that we can return the card to you.	B. Received by (Printed Name) . U.C. Date of Delivery
Attach this card to the back of the malipiece, or on the front if space permits.	Dariene Nifton
1. Article Addressed to:	D. is delivery address different from item 1? Yes If YES, enter delivery address below:
	If YES, enter delivery address below: No
Dr. Brian Clemency	1
100 High St	
Buffalo NY 14203	
11 B 11 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1	3. Service Type ☐ Priority Mail Express®
	☐ Adult Signature ☐ Registered Mail tM
9590 9402 3756 8032 0756 39	☐ Adult Signature Restricted Delivery ☐ Registered Meil Restricted Delivery ☐ Return Receipt for
Charles Charles	☐ Collect on Delivery Restricted Delivery Signature Confirmation™
7018 0360 0801 1683 728	Control Control

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X LINCHELT Addressee
Attach this card to the back of the malipiece, or on the front if space permits.	B. Received by (Primped Name) C. Date of Delivery
Article Addressed to:	D. to delivery address different from item 1? Yes
Supervisor	If YES, enter delivery address below: No
Town of Aurora	
300 Gieed Ave	<u>]</u>]
East Aurora NY 14052	
	3. Service Type D Pringly Mail Engaged
	☐ Adult Signature ☐ Registered Mail™
	Contribed Mail® Contribed Mail Restricted Delivery Contribed Mail Restricted Delivery Contribed Mail Restricted Delivery Contribed Mail Restricted Delivery Rectum Receipt for
9590 9402 1265 5246 2194 38 2. Article Number (fransfer from service label)	☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation**
	☐ Insured Mail ☐ Signature Confirmation Mail Restricted Delivery Restricted Delivery
7018 0360 0001 1683 6637	00)
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Stanature
■ Print your name and address on the reverse	X Agent BAddressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Dath of Delivery
or on the front if space permits.	1 5/24
1. Article Addressed to:	D. Is delivery address different from item 1? (4) Yes 1/1 If YES, enter delivery address below: (1) No
Chief Officer	
Grand Island Fire Co. Inc.	II.
2275 Baseline Road	1
Grand Island NY 14072	
and minima and analy has been been been and the second and	3. Service Type
######################################	☐ Adult Signature ☐ Registered Mail** ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted
9590 9402 3798 8032 8208 91	CCCertified Meit® Delivery Delivery G Return Receipt for
A Adiab Number (Transfer from service label)	☐ Collect on Delivery Marchandise Marchandise ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation**
7018 0360 0001 1683 6927	1 Insured Men Signature Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	
	Domestic Return Receipt
The State of the S	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1,2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	× Nelle X
Attach this card to the back of the malipiece,	B. Received by (Printed C. Date of Delivery
or on the front if space permits.	Debbie L Douglas
	D. Is delivery address different from Item 1?
Chief Officer	
Bethany Fire Dept.	
5253 Old Telephone Rd	
E. Bethany, NY 14054	
	3. Service Type
er ominimr omer ime e se ni me illi må fles i me libtå åt fle i disk	☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☐ Registered Mail™
3730 3402 3130 0002 020 1 40	© Certified Mail Restricted Delivery ☐ Return Receipt for
A-Nicio Number (Transfer from service label)	☐ Cottect on Delivery ☐ Cottect on Delivery Restricted Delivery ☐ Cottect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
7018 0360 0001 1683 7580	☐ Insured Mail ☐ Signature Commission ☐ Signature Commission ☐ Restricted Delivery ☐ Restricted Delivery

■ Complete terms 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the scale to you. ■ Attach this card to the back of the maliplece, or on the food if upone perints. 1. Article Addinaged to: Chief Officer Orchard Park Fire District EMSInc 3920 Taylor Road Orchard Park Fire District EMSInc 3920 Taylor Road Orchard Park No. 14127	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Printy your name and address on the reverse so that we can return the card to you.	Complete items 1, 2, and 3.	1 2 9 11 11 11 1
Restricted Delivery Delivery Baldess delivery Description Descri	■ Print your name and address on the reverse	X MAD TIME SANCTIONS
or on the front if space permits. 1. Article Addressed to: Chief Officer Orchard Park Fire District EMSInc 3920 Taylor Road Orchard Park Ny 14127	Attach this card to the back of the mailpiece,	B Received by (Printed Name) C. Date of Delivery
Chief Officer Orchard Park Fire District EMSInc 3920 Taylor Road Orchard Park NY 14127	or on the front if space permits.	Jains (7 avids) 1/24/14
Orchard Park Fire District EMSInc 3920 Taylor Road Orchard Park NY 14127	1. Article Addressed to:	I D. B. ORIVETY RECRESS CHICKEN CONTRACTOR TO
3920 Taylor Road Orchard Park NY 14127 Service Type	Chief Officer	
Service Type Service Type	Orchard Park Fire District EMSInc	·
Senvice Type Senvice Type		
9590 9402 3756 8032 0761 86 9590 9402 3756 8032 0761 86 70 B	Orchard Park NY 14127	
9590 9402 3756 8032 0761 86 Contrible Nail Principle Ordering Delivery Collect on Delivery Positioned Delivery Collect on Delivery Delivery Collect on Delivery Positioned Delivery Collect	RECOMMENDED FOR HOUSENESS OF HERE STATES AND A HOUSE STATES	☐ Adult Signature ☐ Registered Mail™
Collect on Delivery Restricted Delivery Collect On Delivery		Certified Mail® Delivery
PS Form 3811, July 2015 PSN 7850-02-000-0053 SENDERF COMPLETE THIS SECTION SCOMPLETE THIS SECTION A Signature A Sig	9590 9402 3756 8032 0761 86	☐ Collect on Delivery Merchantise
SENDER: COMPLETE THIS SECTION #*Complete items 1, 2 and 3. #*Print your hame apid address on the reverse so that we can return the card to you. #*Atlach thistoged to the back of the maliplece, or on the florid if space permits. 1. Article Addressed to: Dr. Kevin McGee 100 High St Buffalo NY 14203 #**Sender defivery address different formy florid Mail Repetited Mail Restricted Delivery 2. Addicts Number (Finassis: finas seasies label) 701.8 0360 0001 14.83 7191 PS Form 3811, July 2015 PSN 7530-02-000-0053 ***Service Type	,	Signature Confirmation
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Agent		
SENDER: COMPLETE THIS SECTION **Complete items 1, 2, and 3. **Print your hame and address on the reverse so that we can return the card to you. **A Attach this/rigard to the back of the mailplece, or on the front if space permits. 1. Article Addressed to: Dr. Kevin McGee 100 High St Buffalo NY 14203 **Service Type Addressed below: Addressed below: Addressed below: No Addressed below: Addr		Pointain Larrent Lacopy
A Signature A Service Type A Signature A		1
Printy your hisme and address on the reverse so that we can return the card to you. Attach this tigger to the back of the mallplece, or on the front if space permits. 1. Article Addressed to: Dr. Kevin McGee 100 High St Buffalo NY 14203 3. Service Type Addresses different from term from the form of the form of the form of the form of page permits. 2. Acticle Alternier. (Transfer: from sanufor. Juban) 7018 03L0 0001 Lb83 7191 PS Form 3811, July 2015 PSN 7530-02-000-9053 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 mallplece, or on the front if space permits. 1. Article Addressed to: Supervisor Town of Collins P.O. Box 420 Collins NY 14034 Toll 8 0360 0001 Lb83 5006 Service Type Addresses different from term from term from term from term of the form of page permits. Service Type Addresses different from term fro		
Service Type Addressee Condition Co		
Acticle Addressed to: Acticle Addressed to: B. Geceived by Printed Name C. Date of Delivery		X / aune Me au - Addressee
1. Article Addressed to: D. Is delivery address different from learn 1? Yes if YES, enter delivery address below: No Dr. Kevin McGee 100 High St Buffalo NY 14203 3. Service Type Addt Signature Restricted Delivery Septiment Mail Properties Mail Properties Addressed Delivery Certified Mail Properties Mail Properties Certified Mail Properties	Attach this card to the back of the maliplece,	B. Received by (Printed Name) (C. Date of Delivery
Buffalo NY 14203 Service Type	·	D. la delivery editores different from them 12 Yes
100 High St Buffalo NY 14203 Service Type		
100 High St Buffalo NY 14203 Service Type	Dr. Kevin McGee	
Buffalo NY 14203		
3. Service Type 9590 9402 3756 8032 0755 47 2. Acticle Number Transfer from service Johns 7018 0310 0001 1:633 7191 PS Form 3811, July 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION COMPLETE THIS SECTION COMPLETE THIS SECTION A Signeture COMPLETE THIS SECTION A 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 mailplece, or on the front if space permits. 1. Article Addressed to: Supervisor Town of Collins P.O. Box 420 Collins NY 14034 3. Service Type Addressed delivery address below: Drinking Mail Express® Registered Mail Restricted Delivery Registered Mail 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 mailplece, or on the front if space permits. 1. Article Addressed to: Supervisor Town of Collins P.O. Box 420 Collins NY 14034 3. Service Type Addressed Mail Restricted Delivery Coefficied Mail Restricted Delivery Coefficied Mail Restricted Delivery Coefficied Mail Restricted Delivery Registered Mail Restricted Delivery Registered Mail Restricted Delivery Registered Mail Restricted Delivery Registered Mail Restricted Delivery Responsed Mail Restricted Delivery Registered Mail R	•	4
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Chief Officer	If YES, enter delivery address below: No
BigTree Vol. Firemen's Co.,Inc. 4112 Big Tree Rd	
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Bertrand Chaffee Hospital		
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Orchard Park NY 14227	3. Service Type	☐ Priority Mell Express®
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COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Print your name and address on the reverse Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1 Article Addressed to: D. Is delivery address different from item 1? If YES, enter delivery address below: Chief Officer LeRoy Fire Dept. 4 Clay Street LeRoy, NY 14482 Service Type ☐ Priority Mail Express Adult Signature Adult Signature Adult Signature Restricted Delivery Certified Mail® ☐ Registered Mail ☐ Registered Mail Restricted Delivery 9590 9402 3798 8032 8201 12 ☐ Certified Mail Res Return Receipt for Merchandise Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service tabel) Signature Confirmation ☐ Insuzed Mail Restricted Delivery Vail Restricted Delivery XII 7018 0360 0001 1683 7559 PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt SENDER: COMPLETE THIS SECTION. COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. □ Agent Print your name and address on the reverse so that we can return the card to you. ☐ Addressee B. Received by (Printed Name) Attach this card to the back of the mailpiece. C. Date of Delivery or on the front if space permits. 1. Article Addressed to: is delivery address different from item 1? ery address below: Chief Officer Boston Vol. Fire Co. 6746 Mill Street Boston NY 14025 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Max® □ Recistered Mail™ Registered Mail Restricted 9590 9402 3798 8032 8209 83 ☐ Certified Mail Restricted Delivery C Return Receipt for Merchandise ☐ Coffect on Delivery en Delivery Restricted Delivery Signature Confirmation™ 7018 0360 0001 1683 7016 nature Confirmation Mail Restricted Delivery Restricted Delivery PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. □ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Qt. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: Chief Executive Officer United Memorial Medical Center 127 North Street Batavia, NY 14020 Service Type ☐ Priority Mail Express® ☐ Registered Mail™ Adult Signature Adult Signature Restricted Delivery Certified Mail® Registered Mail Restricted Delivery 9590 9402 3798 8032 8201 74 Return Receipt for Merchandise Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery Signature Confirmation Signature Confirmation " Adda Number (Transfer from service label) 7018 0360 0001 1683 7610 I Insured Mail Restricted Delivery Restricted Delivery PS Form 3811, July 2015 PSN 7530-02-00-50 Domestic Return Receipt :

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Portageville NY 14536		
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Buffalo NY 14214		
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Amherst NY 14221	
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Supervisor	1
Town of Warsaw	MAY 2 4 2018 ?
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Warsaw NY 14569	
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	3. Service Type ☐ Adult Signature	☐ Priority Mail Express® ☐ Registered Mail™
The state of the s	O Adult Signature Restricted Delivery Cl Certified Mail®	Ci Registered Mail Restricted Delivery
	Certified Mail Restricted Delivery Collect on Delivery	Return Receipt for Merchandise
Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery Insured Mail	☐ Signature Confirmation** ☐ Signature Confirmation ,
/U18 Nath Coos star	☐ Insured Mail Restricted Delivery	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-80-35		omestic Return Receipt
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
1. 1.1.1		[]][]]]
■ Print your name and address on		Figure 1.1
so that we can return the card to	B. Received by (Pointed Name)	C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	322	
1. Article Addressed to:	D. Is delivery address different fro	
	If YES, enter delivery address	below: No
Dr. Christian Krawczyk	il	
1 John James Audubon Pkwy #210	li .	
A Johnson James and Transport Co. 10 P. Co. 10	11	
Amherst, NY 14228		
	3. Service Type	☐ Priority Mail Express®
	Adult Signature Adult Signature Restricted Delivery	Priority Maji Express® Registered Mali ^{PM} Registered Mali Restricted
Amherst, NY 14228	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery	Registered Mail Restricted Delivery Recurrence Return Receipt for
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Amherst, NY 14228 9590 9402 3756 8032 0756 22 2. Article Number (Transfer from service label) 7018 0350 0001 1583 727 PS Form 3811, July 2015 PSN 7530-02-000-9053 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	Adult Signature Adult Signature Restricted Delivery Certified Mail Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Octivery Insurant Mail Initiative COMPLETE THIS SECTION ON A. Signature X. Manual Mail B. Received by (Printed Name) D. Is delivery address different from	☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandian ☐ Signature Confirmation ™ ☐ Signature Confirmation Restricted Delivery ☐ Domestic Return Receipt ☐ Agent ☐ Addressee ☐ C. Date of Delivery ☐ item 1? ☐ Yes
Amherst, NY 14228 9590 9402 3756 8032 0756 22 2. Article Number (Transfer from service label) 7018 0350 0001 1583 727 PS Form 3811, July 2015 PSN 7530-02-000-9053 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	Adult Signature Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insurari Mail Initiative COMPLETE THIS SECTION ON A. Signature X. Market Section On One B. Received by (Printed Name) D. Is delivery address different fro If YES, enter delivery address	☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandian ☐ Signature Confirmation ™ ☐ Signature Confirmation Restricted Delivery ☐ Domestic Return Receipt ☐ Agent ☐ Addressee ☐ C. Date of Delivery ☐ item 1? ☐ Yes
Amherst, NY 14228 9590 9402 3756 8032 0756 22 2. Article Number (Transfer from service label) 7018 0350 0001 1583 727 PS Form 3811, July 2015 PSN 7530-02-000-9053 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	Adult Signature Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Cotlect on Delivery Collect on Delivery Restricted Octivery Instrumit Mail Interpretation Delivery B. Restricted Delivery D. Is delivery address different for If YES, anter delivery address 3. Service Type Cacult Signature	☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandias ☐ Signature Confirmation ™ ☐ Signature Confirmation Restricted Delivery ☐ Domestic Return Receipt ☐ Agent ☐ Addressee ☐ C. Date of Delivery ☐ item 1? ☐ Yes
Amherst, NY 14228 9590 9402 3756 8032 0756 22 2. Article Number (Transfer from service label) 7018 0350 0001 1583 727 PS Form 3811, July 2015 PSN 7530-02-000-9053 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. Addressed to: Supervisor Town of Perry 7618 Route 20A Perry NY 14530	Adult Signature Adult Signature Adult Signature Adult Signature Cartifled Mail Restricted Delivery Certifled Mail Restricted Delivery Collect on Delivery Collect on Delivery Instrumed Mail Idli Restricted Delivery Instrumed Mail Idli Restricted Delivery Instrumed Mail Adult Signature Complete This Section on A. Signature X. A. Signature X. A. Signature Adult Signature X. A. Signature Adult Signature	Registered Mail Pastricted Delivery Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation* Signature Confirmation Restricted Delivery Domestic Return Receipt Agent Addressee C. Date of Delivery mitem 1? Yes below: No
Amherst, NY 14228 9590 9402 3756 8032 0756 22 2. Article Number (Transfer from service label) 7018 0350 0001 1583 727 PS Form 3811, July 2015 PSN 7530-02-000-9053 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	Adult Signature Adult Signature Adult Signature Adult Signature Certified Mail Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Collect on Delivery Insurant Mail Insurant Mail Insurant Mail Adult Signature Adult Signature Adult Signature Adult Signature Adult Signature Certified Mail Certified	Registered Mail Pestricted Delivery Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation Restricted Delivery Domestic Return Receipt Agent Addressee C. Date of Delivery The Item 1? Yes below: No Priority Mail Express® Registered Mail Restricted Delivery Registered Mail Restricted Delivery Registered Mail Restricted Delivery Registered Mail Restricted Delivery Registered Mail Restricted Delivery Registered Receipt for Merchandise
Amherst, NY 14228 9590 9402 3756 8032 0756 22 2. Article Number (Transfer from service label) 7018 0350 0001 1583 727 PS Form 3811, July 2015 PSN 7530-02-000-9053 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 Andressed to: Supervisor Town of Perry 7618 Route 20A Perry NY 14530	Adult Signature Adult Signature Adult Signature Restricted Delivery Certified Mail Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Collect and Delivery Restricted Delivery Instrum Mail B. Restricted Delivery B. Received by (Printed Name) J. J. J. J. J. J. J. J. J. J. J. J. J. J	Registered Mail Pastricted Delivery Return Receipt for Merchandise Signature Confirmation* Signature Confirmation Restricted Delivery Domestic Return Receipt Agent Addressee C. Date of Delivery mitem 1? Yes below: No
Amherst, NY 14228 9590 9402 3756 8032 0756 22 2. Article Number (Transfer from service label) 7018 0350 0001 1583 727 PS Form 3811, July 2015 PSN 7530-02-000-9053 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	Adult Signature Adult Signature Adult Signature Adult Signature Catified Mail Restricted Delivery Certified Mail Restricted Delivery Collect on Deliver	Registered Mail** Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation** Signature Confirmation Restricted Delivery Domestic Return Receipt Agent Addressee C. Date of Delivery The Mail** Registered Mail**

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signalare
Print your name and address on the reverse	X Addressee
so that we can return the card to you. Attach this card to the back of the malipiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 17 Yes
Article Addressed to:	D. to delivery address different from item 1? LI Yes If YES, enter delivery address below: INO
Chief Officer	
Town of Batavia Fire Dept.	
PO Box 417	
Batavia, NY 14020	
	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
9590 9402 3798 8032 8200 68	☐ Adult Signature Restricted Delivery ☐ Registered Mall Restricted ☐ Certified Mail® Delivery
9390 3402 3790 8032 8200 88	Certified Mail Restricted Delivery Collect on Delivery
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery Id Mail Id Mail Restricted Delivery Restricted Delivery Restricted Delivery
7018 0360 0001 1683 8457	d Mait Restricted Delivery 3500) Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
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■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	X HUM Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
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Article Addressed to:	D. Is delivery address different from item 1?/ U Yes' If YES, enter delivery address below: \(\bar{\text{\ti}\text{\texi{\text{\texit{\text{\texi{\text{\texi}\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi
Chief Executive Officer]
Erie County Medical Center	
462 Grider Street	
Buffalo NY 14215	
SI REMANDI AMILI MANDELEN A HOLLAR BOLL I SIND I ARE IN A DIA	3. Service Type
15 9 0/410 0 1 18 3 107 019 1 8 981 0 1 16 1 1/1 1 1 10 17 0 0 0	□ Adult Signature □ Registered Mail™ □ Registered Mail Restricted Delivery □ Registered Mail Restricted Delivery □ Deliver □ Deliver □ Deliver □ Deliver □ Deliver □ Deliver □ Deliver □ Deliver □ Deliver □ Deliver □ Deliver □ Deliver □ Deliver □ Deliver □ Deliver □ Deliver □ Deliver □ Deliver □ D
9590 9402 3756 8032 0763 84	☐ Certified Mai Restricted Delivery ☐ Return Receipt for ☐ Collect on Delivery Merchandise
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7018 0360 0B01 1683 8109	ed Mail Restricted Delivery Restricted Delivery \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THE SECTION OF THE PARTY.
The second secon	COMPLETE THIS SECTION ON DELIVERY A. Signature
■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse	X // Agent
so that we can return the card to you.	Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B: Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? Yes
Mayor	If YES, enter delivery address below: No
Village of Castile	1, 10130+315
53 N. Main St.	
Castile NY 14427	
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	Adult Signature DAdult Signature DAdult Signature
9590 9402 3798 8032 8202 04	El Certified Mail® Delivery Delivery Receipt for
2 Article Number (Transfer from service label)	☐ Collect on Delivery
7018 0360 0001 1683 76	☐ Signature Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	LIVERY
Complete items 1, 2, and 3.	A. Signature	
 Print your name and address on the reverse so that we can return the card to you. 	XTI) audam Wen Lak	☐ Agent ☐ Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
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1. Article Addressed to:	D. Is delivery address different from it if YES, enter delivery address be	
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Dr. Darryl Wenner		
224 E Main St		
Springville, NY 14141		
(1 8 E jējē 20 01 ie 1 0 1 0 1 10 10 0 0 1 1 1 1 1 1 1 1 1	☐ Adult Signature ☐	Priority Mail Express® Registered Mail™
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9590 9402 3756 8032 0755 92	Contified Mail Restricted Delivery	Return Receipt for Merchandise
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PS Form 3811, July 2015 PSN 7530-02-000-8053		nestic Return Receipt
the constitution of		
"material and " > 910	COMPLETE THIS SECTION ON DE	ELIVERY
SENDER: COMPLETE THIS SECTION		
■ Complete items 1, 2, and 3.	A. Signature	Toron "non
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Attach this card to the back of the mailpiece,	S. Received by (Printed	1. Lienvery
or on the front if space permits.	JAMES Eddy	
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Chief Officer	2 (20) (1)	
Gowanda Ambulance Service		
Corp.		
10 Mill Street		
Gowanda NY 14070		 -
1) A B. (B. M.) B. G. (M. F. D.) D. F. H. M. F. F. H. F. A B. M. H. H. M. B. T. M. B. T. M. B. T. M. B.	☐ Adult Signature	☐ Priority Ma. ☐ Registered Mou
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	Certified Mail Restricted Delivery Collect on Delivery Delivery Restricted Delivery	Merchandise ☐ Signature Confirmation ⁷⁴ ☐ Signature Confirmation
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2 Article Number (Transfer from conduct 1463 423 423 7018 0360 0001 1683 423	Certified Mail Restricted Delivery Collect on Delivery Restricted Delivery Mail Mail Restricted Delivery (over \$500)	Merchandise ☐ Signature Confirmation ⁷⁴ ☐ Signature Confirmation
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2. Article Number (Transfer from sention 12.2) PS Form 3811, July 2015 PSN 7530-02-000-9053 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 malipiece, or on the front if space permits.	Consted Mail Restricted Delivery Collect on Delivery In Delivery Mail Wall Restricted Delivery (over \$500) COMPLETE THIS SECTION ON D A. Signature B. Received by (Printed Name)	Merchandise Signature Confirmation Signature Confirmation Restricted Delivery Comestic Return Receipt Agent Addressee C. Date of Delivery
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2 Article Number (Transfer from Section 1984) 7018 0360 0001 1683 623 PS Form 3811, July 2015 PSN 7530-02-000-9053 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 malipiece, or on the front if space permits. Acticle Addressed to: Chief Officer Evans Center Vol. Fire Co. 8298 Erle Rd.	D. Is delivery address different from if YES, enter delivery address I Adult Service Type 3. Service Type D. Collection Delivery Mail Restricted Delivery Mail Restricted Delivery (over 1500) D. A. Signature X. Signature X. Signature X. Service Type D. Adult Signature	Merchandise Signature Confirmation Signature Confirmation Restricted Delivery amestic Return Receipt Agent
2. Article Number (Transfer from service 12) PS Form 3811, July 2015 PSN 7530-02-000-9053 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 malipiece, or on the front if space permits. Article Addressed to: Chief Officer Evans Center Vol. Fire Co. 8298 Erle Rd. Angola NY 14006	Constited Mail Restricted Delivery Collect on Delivery Restricted Delivery Mail Wall Restricted Delivery (over \$500) COMPLETE THIS SECTION ON O A. Signature B. Received by (Printed Name) D. Is delivery address different from If YES, enter delivery address I 3. Service Type Adult Signature Adult Signature Contried Mail®	Merchandise Signature Confirmation Signature Confirmation Restricted Delivery omestic Return Receipt Agent Addressee C. Date of Delivery item 1? Yes below: No
2. Article Number (Transfer from service 12.2) PS Form 3811, July 2015 PSN 7530-02-000-9053 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 malipiece, or on the front if space permits. Article Addressed to: Chief Officer Evans Center Vol. Fire Co. 8298 Erle Rd.	Constited Mail Restricted Delivery Collect on Delivery Restricted Delivery Mail Wall Restricted Delivery (over \$500) COMPLETE THIS SECTION ON D A. Signature B. Received by (Printed Name) D. is delivery address different from If YES, enter delivery address I 3. Service Type Adult Signature Adult Signature Certified Mail® Contilled Mail® Contilled on Delivery	Merchandise Signature Confirmation Signature Confirmation Restricted Delivery omestic Return Receipt Agent Addressee C. Date of Delivery Term 1? Yes Delow: No Priority Mail Expresse Registered Mailin Registered Mail Restricted Delivery Return Receipt for Merchandise
2. Article Number (Transfer from control 12 12 12 12 12 12 12 12 12 12 12 12 12	Constited Mail Restricted Delivery Collect on Delivery Restricted Delivery Mail Wall Restricted Delivery (over \$500) COMPLETE THIS SECTION ON II A Signature B. Received by (Printed Name) D. Is delivery address different from If YES, enter delivery address I 4 Addr Signature Adult Signature Contitled Mail Restricted Delivery Collect on Delivery Collect on Delivery Collect on Delivery	Merchandise Signature Confirmation Signature Confirmation Restricted Delivery Comestic Return Receipt or Merchandise Signature Confirmation Signature Confirmation Signature Confirmation
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
Complete items 1, 2, and 3.	A Single	
Print your name and address on the reverse	x Iriskoz	.io) X(Agc. □ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	I. KOZIOI	5/24/18
1 Article Addressed to:	D. Is delivery address different from if YES, enter delivery address	
Chief Executive Officer	1	
Olshei Children's Hospital		
ore flucoff 2f		
Buffalo NY 14203		
	3. Service Type Adult Signature Adult Signature Restricted Delivery	C Priority Mell Express®
9590 9402 3756 8032 0760 18	Establed Mail® Certified Mail Restricted Delivery	☐ Registered Mail Restricted Delivery ☐ Return Receipt for
	Collect on Delivery Collect on Delivery Restricted Delivery	Merchandise ☐ Signature Confirmation™
2. Article Number (Transfer from cooler labor 163 85	173 Il Restricted Delivery	Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	DELIVERY
■ Complete items 1, 2, and 3. ¹⁹¹⁷ L ^{CRO}	A. Signature .	_
Print your name and address on the leverse	x 1	☐ Agent ☐ Addressee
so that we can return the care, to you. Attach this card to the back of the mailpiece,	B. Repeived by (Printed Name)	C Date of Delivery
or on the front if space permits.		324/1
1. Article Addressed to:	D. Is delivery address different from If YES, enter delivery address to	
Mayor		
City of Buffalo		
201 City Hall		
Buffalo NY 14202		_
THE STREET HEALTH OF STREET AND ADDRESS OF THE STREET	3. Service Type	☐ Priority Mail Express®
	Adult Signature C. Adult Signature Restricted Delivery	Registered Mail Nestricted
9590 9402 3756 8032 0766 50	TA Certified Mail® Certified Mail Restricted Delivery	Delivery Return Receipt for Merchandise
2. Article Number (fransfer from sension land)	C Collect on Delivery Jelivery Restricted Delivery	Cl Signature Confirmation*** Cl Signature Confirmation
2. Article Number (Tension from Sanda 1683 63)	k in Restricted Delivery (over \$500)	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	(4.6.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	Iomestic Return Receipt
		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
Complete items 1, 2, and 3,	A. Signiliance	W 1
■ Print your name and address on the reverse	X FOR DE	Agent Agent
so that we can return the said to you?	B. Received by (Printed Name)	Addressee
Attach this card to the back of the malipiece, or on the front if space permits.	Jaco 1 Tros	15/25/18
1. Article Addressed to:	D. is delivery address different fro	
Chief Officer	If YES, enter delivery address	below: 🗖 No
Elba Fire Dept.		
PO Box 58		
Elba, New York 14058		
DECEMBER OF THE PROPERTY OF TH	2 20040- 5	
	3. Service Type Adult Signature	Priority Mail Express® Registered Mell™
9590 9402 3798 8032 8200 37	Adult Signature Restricted Delivery Certified Mail®	☐ Registered Mail Restricted Delivery
	☐ Certified Mail Restricted Delivery ☐ Cellect on Delivery	☐ Return Receipt for Merchandiso
		Signature Confirmation**
Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Insured Med	☐ Signature Confirmation
7018 0360 0001 1683 84	[] Insured Mail	

ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Slorefuny
int your name and address on the reverse that we can return the card to you.	¥5ll√V ☐ Addressee
'ach this card to the back of the mailpiece,	B. Reseived by (Printed Name) C. Date of Delivery
on the front if space permits.	D. is delivery address different from item 17 🖸 Yes
	If YES, enter delivery address below: No
C. af Officer	
Getzville Fire Co. Inc.	
630 Dodge Road	
Getzville NY 14068	
ii û û kiriê î êr il ilê êril di a l ali û û biriên di bê hêri bir	3. Service Type
IN DESCRIPTION OF THE PARTY OF AN AND RESIDENCE OF THE PARTY OF THE PA	Cl Adult Signature Restricted Delivery Cl Registered Mail Restricted Delivery
9590 9402 3798 8082 8208 08	☐ Certifled Mail Restricted Delivery ☐ Return Receipt for Merchandise
2 Article Number (Transfer from service label)	☐ Collect on Deävery Restricted Deävery ☐ Signature Confirmation ☐ Mgl
7018 0360 0001 1683 6835	d Mail Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7830-02-000-9053	Domestic Return Receipt
<u> </u>	
CELEBER CONTRICTED THE SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	A. Signature
Complete items 1, 2, and 3.	Agent Agent
Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Dike office invery
Attach this card to the back of the mailpiece,	Kelly L. Sinking 5/41/8
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item: 1?
1	If YES, emter delivery address below:
Mayor	
Village of Perry	·
46 N. Main St.	
Perry NY 14530	
ELA SURIUL 1660 POED IL SERVICA DE MAI BED SUS IL DE 111.	3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™
TA HANDY HAVE IN A 11 II DI IN ALL CITY MANAGEMENT REFEREN	Adult Signature Restricted Delivery Registered Mail Restricted Delivery
9590 9402 3798 8032 8202 42	Certified Mai Restricted Delivery Collect on Delivery Collect on Delivery Collect on Delivery Collect on Delivery Collect on Delivery Collect on Delivery Collect on Delivery Collect on Delivery Collect on Delivery Collect on Delivery Collect on Delivery Collect on Delivery
Transfer from service label)	Construct Mail Districted Delivery
7018 0360 0001 1683 768	NAME PROSTED OF THE PROST
PS Form 3811, July 2015 PSN 7830-02-000-9053	Domestic Return Receipt
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SENDER: COMPLETE THIS SECTION	A.\Signature
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so that we can return the card to you.	X Johnson Catalana D Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Ogte dif Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? U Yes
Chief Officer	If YES, enter delivery address below: No
North Collins Emergency	
Squad,Inc.	
2037 Sherman Ave.	1
North Collins NY 14111	
)	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
	Cladust Signature Restricted Delivery
9590 9402 3756 8032 0762 78	Continued Mail Restricted Delivery Cartified Mail Restricted Delivery Calculated Annual Restricted Delivery Migrotizandise
2 Article Number (litarativ from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
<u> </u>	red Mail Restricted Delivery Restricted Delivery 8500)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X / Cac C 2 G Agent
 Attach this card to the back of the mailpiece, 	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	M SCHOOLDEN VETTY IS
CharOfficer	D. Is delivery address different from item 1? If YES, enter delivery address below:
Comen Fire District	MAY 24 Zuig
8511 Center Street	2010
Colden NY 14033	Assessment
	SPS 14033
	3. Service Type
	Acult Signature Registered Mail* Registered Mail* Registered Mail* Registered Mail* Registered Mail*
9590 9402 3798 8032 8209 52	© Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Cettect on Delivery ☐ Cettect on Delivery ☐ Merchandise
	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
7018 0360 0001 1683 698°	lad Restricted Celivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature/
■ Print your name and address on the reverse	A Adjant
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailplece, or on the front if space permits.	K-6-
1 Article Arthressent for	D. is delivery address different from item 1?
Chief Officer	
Elma Vol. Fire Co. Inc.	1 to box D
2945 Bowen Rd.	PO BOX 3 Elmany
Elma NY 14059	14059
1; 6 0:0:0: 1H0: 1H0: 1 0:0: 1: 0: 0:0: 0 10: 1 0: 1: 1 1 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	3. Service Type
)	☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted
9590 9402 3798 8032 8209 14	Certified Mail® Delivery Certified Mail Restricted Delivery Return Receipt for
2. Article Number (Transfer Imm continues and 1941)	☐ Collect on Defivery n Defivery Restricted Delivery Signature Confirmation™
2. Article Number (Transfer Inc.) 1583 6941	Technology Mail Restricted Delivery Passicologo Convery
PS Form 3811, July 2015 PSN 7530-02-000-9053	(over \$500)
+	
SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	A Signature THI I
 Complete items 1, 2, and 3. Print your name and address on the reverse 	Agent SAgent
so that we can return the card to you.	B. Received by (Bringed Name) C. Date of Delived
 Attach this card to the back of the mailpiece, or on the front if space permits. 	101/181/1 +1/1 OS/24/12
1 Adinto Addressed to	D. Is delivery address different from Item 1? Yes
Mayor	If YES, enter delivery address below: No
Village of Silver Springs	
P.O. Box 317	
Silver Springs NY 14550	
di & Milliani alla i care bei ai di ai di baba dan mi ibe at beb	2 Cassina Time
# # # 10 10 14 14 1 14 14 15 14 15 16 16 16 16 16 16 16	3. Service Type ☐ Priority Mod Express® ☐ Adult Signature ☐ Registered Moli™
9590 9402 3798 8032 8201 98	☐ Adult Signature ☐ Registered Meil ^{nu} ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☐ Delivery ☐ Delivery ☐ Registered Mail®
9590 9402 3798 8032 8201 98	□ Adult Signature □ Adult Signature Restricted Dalivery □ Certified Mail® □ Certified Mail® □ Return Receipt for □ Cotlect on Delivery □ Cotlect on Delivery
	□ Adult Signature □ Adult Signature Restricted Dalivery □ Certified Mail® □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery □ Insured Mail □ Signature Confirmation □ Signature Confirmation □ Signature Certificated Delivery □ Signature Certificated Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

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Domestic Return Receipt

SENDER: COMPLETE THIS SECTION TO	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	X Vicke Magent Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece.	B. Regeived by (Printed Name) C. Date of Delivery
or on the front if space permits.	Ville Dranker
Article Addressed to:	D. is delivery address different front item 1? The No. If YES, enter delivery address below:
Supervisor	0.0.7.09
Town of Castile	1/01504 1/1
53 N. Main St.	
Castile NY 14427	
9590 9402 3798 8032 8204 33 2. Article Number (Transfer from service label)	3. Service Type G Adult Signature Adult Signature Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Adult Restricted Delivery Adult Restricted Delivery Restricted Delivery Restricted Delivery Restricted Delivery Restricted Delivery Restricted Delivery Restricted Delivery Restricted Delivery
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PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	× nancy Black Agent
so that we can return the card to you. Attach this card to the back of the mailpiece.	B. Received by (Finted Name) N C. Date of Delivery
or on the front if space permits.	Nancy Black 5-24-18
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Mayor	in Less aries residue accourt.
Village of Gowanda	
27 East Main St.	i
Gowanda NY 14070	il Q
dowalida NT 14070	
15 2 9 66 (10) 6 0 63 (10) 6 31 (1) 12 (10) 18 (10) 19 (10) 10 (10) 11 (10) 11 (10)	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
OF A MERICAL DESCRIPTION OF A PROPERTY OF A STATE OF A	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Delivery
9590 9402 3756 8032 0757 21	☐ Certified Mail Restricted Delivery ☐ Return Receipt for ☐ Collect on Delivery Merchandise
2. Article Number (Transfer from service lehen	□ Signature Confirmation □ Signature Confirmation
7019 0360 0007 7693	7 8 7 Restricted Delivery 1: Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
the state of the s	A. Signature
Complete items 1, 2, and 3. Print your name and address on the reverse	A Agent
so that we can return the card to you.	Addressee
Attach this card to the back of the mailpiece,	B. Received tily (Printle) Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Yes
Chief Officer	If YES, enter delivery address below:
SpringBrook Fire Dist.	
70 Pound Road	
SpringBrook NY 14140	
9590 9402 3756 8032 0754 48	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Signature Confirmation™
7018 0360 0001 1683 67	12 a Signature Confirmation uil Restricted Delivery Restricted Delivery
0044	(over \$500)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Agent
Attach this card to the back of the malipiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	DIzydoroo 25 pylis
1. Audio Addressed III.	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Supervisor	727
Town of Newstead	0 10-1
P.O. Box 227	
Akron NY 14001	
11	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
0500 0 100 0750 0000 0750 00	Q_Adult Signature Restricted Delivery D Registered Mell Restricted Delivery Delive
	Collect on Delivery Collect on Delivery Restricted Delivery Signature Confirmation™
7018 0360 0001 1683 6545	——————————————————————————————————————
PS Form 3811, July 2015 PSN 7530-02-000-9053	(All (Selection Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A Signature
Print your name and address on the reverse	Addressee
so that we can return the card to you. Attach this card to the back of the maliplece,	B. Rebayed by (Printed Name) C. Date of Delivery
or on the front if space permits.	S. in delivery arrivages different from hem 12 Ves
	D. is delivery address different from item 1? D. Yes If YES, enter delivery address below:
Chief Officer	
Newstead Vol. Fire Co., Inc.	
5691 Cummings Road Akron NY 14001	
AKTON NY 14001	
H	3. Service Type
4. B C(3. C) P C C C C C C C C C C C C C C C C C	Actual Signature Restricted Delivery Registered Mail Restricted Delivery
9590 9402 3756 8032 0759 12	☐ Certified Mail Restricted Delivery ☐ Refum Receipt for Merchandiso ☐ Collect on Delivery Restricted Delivery ☐ Signature Certifirmation™
2. Article Number (Parisfer from senting 1483 6460	d Mail Signature Confirmation
7018 0383 855	(over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
A .3	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print yourname and address on the reverse	A. Signature
so that we can return the card to you.	Addressee
Attach this card to the back of the mallplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? A Yes
Chief Officer	If YES, enter delivery address below: No
Perry Emergency Ambulance, Inc.	PO BOX 205 Perry, NY 14530
11 Mill St	Parce NY 14527
Perry NY 14530	1617, 11 17550
HARAGEN AND SEED HE DE MENTE DE LE MENTE DE LE CONTRACTE	3. Service Type D Priority Mail Express®
<u> </u>	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3798 8032 8206 79	ACCertified Media Certified Media Restricted Delivery Certified Media Restricted Delivery Resturn Receipt for Merchandise
2. Article Number Constant Imm	Delivery Restricted Delivery Signature Confirmation The
7018 0360 0001 1683 704	Cover \$500
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
	· · · · · · · · · · · · · · · · · · ·

SENDER: COMPLETE THIS SECTION	COMPLETE THIS AND ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
- Driet your name and address on the reverse	X Maliessee
so that we can fettiri the care to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	## from from 12 Yes
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Chief Executive Officer	
Sisters of Charity Hospital	
2157 Main Street	
Buffalo NY 14214	
9590 9402 3756 8032 0764 69	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Content on Delivery Callect on Delivery Callect on Delivery Signature Confirmation
7019 03PD DOOT JF93 9797	ed Mail Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-8053	Domestic Return Receipt \$
La Louis co. 11 and mark	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A Signature
Print your name and address on the reverse so that we can return the card to you.	X x town
Attach this card to the back of the malipiece,	B. Received by (Printed Name)
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?
	If YES, enter delivery address below:
Supervisor	
Town of Marilla	ii
1740 Two Rod Rd. Marilla NY 14102	
Mariia NI 14102	2 Pariso Tra
1/ 6 2 14/1 / 10 / 12/ 12/ 12/ 12/ 12/ 12/ 14/ 14/ 14/ 14/ 14/ 14/ 14/ 14/ 14/ 14	3. Service Type
9590 9402 3756 8032 0753 94	O Certified Mail® Delivery Delivery II Roturn Roceipt for
70.	Collect on Delivery
7018 0360 0001 1683 78	A 56 Aul Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	A Signature
■ Complete itemat? 2, and 3. ■ Print your name and address on the reverse	Viley A // A DAge
so that we can return the card to you.	B. Received by Printed Name) C. Date of
Attach this card to the back of the mailpiece, or on the front if space permits.	WAYNE R. HERBUT 5.24.18
Article Addressed to:	D. Is delivery address different from item 1? Yes #YES, enter delivery address below:
Chief Officer	W 123, SINSI CENTERY ESCHOOL SHOUTS.
West Falls Vol. Fire Co., inq	<u> </u>
1864 Davis Road	1
West Falls NY 14170 140	! !
the minimal parts and a figural state (1) in a 1) and a dis-	3. Service Type
92 0 10 14 10 2 4 10 2 140 140 141 141 1 0 144 10 6 144 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Actual Signature ☐ Registered Mail™ ☐ CArtual Signature Restricted Delivery ☐ Registered Mail Restricted
9590 9402 3756 8032 0765 75	El Certified Mail® Delivery Delivery Cl Return Receipt for
7.7.1.5 Constant from common tohall	☐ Collect on Delivery Heatricted Delivery ☐ Signature Confirmation
7018 0360 0001 1683 6	36 L sil Restricted Delivery Restricted Delivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	X Addressee
so that we can return the card to you.	B. Received by (Printled Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Tarrow Lhels
Article Addressed to:	D. Is delivery address different from item 1? Yes
	If YES, enter delivery address below: 🔁 No
Chief Officer	
Byron Fire Dept.	
PO Box 210	
Byron, NY 14422	
Dyron, 111 14422	
(1) 0 % (0 %) (6 0) (6 0) (6 0) (6 1) (6 1) (6 1) (6 1) (6 1)	3. Service Type
	☐ Actuit Signature Restricted Delivery ☐ Registered Mail Restricted Delivery
9590 9402 3798 8032 8200 51	Certified Mail Restricted Delivery G Return Receipt for
2. Article Number (Transfer from service label)	☐ Codect on Delivery Restricted Delivery ☐ Signature Confirmation™
7018 0360 0001 1683 8440	Mail Restricted Delivery Restricted Delivery
	<u>500)</u>
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
\$6' - 50 - 2' - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	[17] M. W. Wang, A. G. Wang, A. G. Wang, A. G. Wang, Phys. Rev. Lett. 19, 120 (1997).
■ Complete items 1, 2, and 3.	A Signature
Print your name and address on the reverse	Agent D Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	8/ Receiped by (Printed Name) C. Date of Delivery
or on the front if space permits.	5/24/18
1. Article Addressed to:	8. Is delivery address different from item 1? Yes
	If YES, enter delivery address below: No
Supervisor	1
Town of Covington	
P.O. Box 445	-
Pavilion NY 14525	
	2 Contac Time
	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail**
9590 9402 3798 8032 8206 24	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ZNCertified Mail® Delivery
9590 9402 3796 8032 8206 24	☐ Certified Mait Restricted Delivery ☐ Return Receipt for ☐ Collect on Delivery Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Detivery Restricted Delivery ☐ Signature Confirmation***
7018 0360 0001 1683 749	### ### Restricted Delivery Restricted Delivery
DC Com 3811 July 2015 DCM 7520 CD CDC 2052	Powertie Pohus Possiel
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A Shanestyre
Print your name and address on the reverse	X IXII - a a X I - a Agent
so that we can return the card to you.	Addressee
Attach this card to the back of the mallpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes
Gregory Gill, Dep. Comm. EMS	If YES, enter delivery address below:
Erie County Dept of Emergency	
Services Services	- [
3359 Broadway	II .
Cheektowaga NY 14227	<u> </u>
	3. Service Type
ET 4 MINISTEL 1001 LANE DÆF AL 12 1311 DJ 3 006 B 0 DY 13 DJF 10 F 02 1	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3756 8032 0755 85	☐ Certified MeitS Delivery ☐ Certified Meit Restricted Delivery ☐ Return Receipt for
a minte stamber (Transfer form carvice label)	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
701/1 07/0 404-	
7018 0360 0001 1683 72	138 fall Septrated Delivery Restricted Delivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	PELIVERY
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Print your name and address on the reverse so that we can return the card to you.	X	☐ Addressee_
■ Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits. 1 Article Addressed to:	D to define address different for	item 1? 🔲 Yes
· · · · · · · · · · · · · · · · · · ·	D. is delivery address different from if YES, enter delivery address b	100pt pt
Chief Officer		
Buffalo City Fire Department	! }	
195 Court Street		
Buffalo NY 14202	H	
9590 9402 3798 8032 8208 77 2. Article Number (Transler from service label)	Adult Signature Adult Signature Restricted Delivery P(Certified Ma39 Certified Ma39 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
7018 0360 0001 1683 690		Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		omestic Return Receipt
		İ
SENDER: COMPLETE THIS SECTION.	COMPLETE THIS SECTION O	N DELIV
Complete items 1, 2, and 3.	A. Signature) 1
■ Print your name and address on the reverse	X Muzin (3	Agent D Address
so that we carrietum the card to you.	B. Received by (Printed Name)	C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	MARVIN PRE115	
1. Article Addressed to:	D. Is delivery address different for	om item 1?
file: - C \ CC:	If YES, enter delivery addres	s below: 🔲 No
Chief Officer		
Millgrove Vol. Fire Dept.]	
11621 Genesee Street		
Alden NY 14004		
ELA OLDICA DELLA INDIA DEL AL ANTO OLO DE EL DEL COLO DE UN RED	3. Service Type G Adult Signature	☐ Priority Mail Express®
014 0 10#1 150 10#01 0 F 14% 0 9 0 10 F 6 F	Adult Signature Restricted Celivery Certified Mail®	☐ Registered Mail Restricted ☐ Registered Mail Restricted Delivery
9590 9402 3756 8032 0761 55	☐ Certified Mail Restricted Delivery	Return Receipt for Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delive	
7018 0360 0001 1683 616	Mail Restricted Delivery	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	(00)	Domestic Return Receipt
		DOMESTIC CONTROL OF THE PARTY O
SENDER: COMPLETE THIS SECTION	COMPLETE THE PERTING	
Complete items 1, 2, and 3.		ON DELIVERY
Print your name and address on the reverse	A. Signature	∯ □ Agent
so that we can return the card to you.	X Kerolm	✓ ✓ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
1 Article Addressed on	D is delivery address with the	
Supervisor	D. is delivery address different if YES, enter delivery address	from item 1? 🔲 Yes ss below: 🔲 No
Town of Cheektowaga	4	
3301 Broadway	~ 	
Cheektowaga NY 14227	[]	
and the Ather	iL	
# 0.015106 (4.0) (0.004 01.0 (0.15) 0.001 0.15) a de contact de co	3. Service Type	☐ Priority Mail Express®
	Adult Signature Adult Signature Restricted Delivery	☐ Registered Mail™
9590 9402 3756 8962 0754 31	Certified Meil® Certified Meil Restricted Delivery	☐ Registered Mail Restricted Defivery ☐ Return Receipt for
The state of the s	Collect on Delivery	Merchandise Onfirmation™
	×.	onformation
PS Form Co. 1, your 2010 Falls (2000)	1. No. 1.	Delivery
- E2 LOUI CO : 11 00% 5010 LOW 1990-05-000-8099		Domestic Heturn Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	ELIVERY
■ Complete items 1, 2, and 3.	A. Signature	D 4
 Print your name and address on the reverse so that we can return the card to you. 	X ///// 17	☐ Agent ☐ Addressee_
Attach this card to the back of the malipiece,	8. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	1/M/ 57/	item 12 🔲 Yes
1. Article Addressed to:	D. Is delivery address different from If YES, enter delivery address be	
Chief Officer		
East Aurora Fire Department		
33 Center St.		
East Aurora NY 14052		
		☐ Priority Mail Express® ☐ Registered Mail™
9590 9402 3798 8032 8209 38	☐ Adult Signature Restricted Dalivery ☐ Certified Mail®	Registered Mail Restricted Delivery
9090 9402 37 90 0032 0209 30	Certified Mail Restricted Delivery Collect on Delivery	Return Receipt for Merchandise
2018 0360 0001 1683 6965		☐ Signature Confirmation*** ☐ Signature Confirmation
7010 0360 0002 2003 0	(over \$500)	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Do	omestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON C	ELIVERY
■ Complete items 1, 2, and 3.	A. Signature	
Print your name and address on the reverse	× Stephone John	- ☐ Agent
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	Stephane Schneich	2/
1 Article Aridressed to:	D. Is delivery address different from If YES, enter delivery address b	item 1? 🔲 Yes
Chief Officer	ii (CO, Billot Collect) acculoss D	elow: 🗍 No
Morton Comers Fire Dept		
13363 Mortons Corners Rd		
Springville NY 14141		
	2 Condon Time	
	☐ Adult Signature	☐ Pricrity Mail Express® ☐ Registered Mail***
9590 9402 3756 8032 0762 54	13 Certified Mal/8	☐ Registered Mail Restricted Celivery ☐ Return Receipt for
	Collect on Delivery	Merchandise FI Signature Confirmation ***
7018 0360 0001 1683 606	☐ Insured Mail	S
	<u> </u>	<u> </u>
PS Form 3811, July 2015 PSN 7530-02-000-9053		omest .wceipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	LIVERY
Complete items 1, 2, and 3.	A. Signature	
Print your name and address on the reverse	x	Agent
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	P. H. M. T. T. C.	C/24/14
Article Addressed to:	D. Is delivery address different from it	em 1? 🗖 Yes
Chief Officer	If YES, enter delivery address bel	ow: 🖸 No
Hamburg Vol. Fire Dept. Inc.		
e301 Union Street		
Hamburg NY 14075		
[]	Sendo Turc	
# # # # # # # # # # # # # # # # # # #	n waant siguatine 📮	Priority Mail Express® Registered Mail™
9590 9402 3798 8032 8207 9 2 - 16	Adult Signature Restricted Delivery S Certifled Mail®	Registered Mail Restricted Delivery
	Continuo main restricted Delivery	Merchandise
2014 G3P0 G0G7 7P93 P950		Signature Confirmation™ Signature Confirmation
	Insured Mail Restricted Delivery (over \$500)	Restricted Delivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	IDELIVERY
Complete items 1, 2, and 3.	A. Signature	
Print your name and address on the reverse so that we can return the card to you.	1 X Wen me	☐ Agent ☐ Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Dislivery
or on the front if space permits.	Dewey MUROCK	15/26/18
1. Article Addressed to:	D. is delivery address different from If YES, enter delivery address	
Chief Officer		_
Pavilion Fire Dept		
PO Box 156		
Pavilion NY 14525		
21 W 02:4101 3001 192 1 01 01 01 20 00 1 01 1 01 1 1 00 1 1 0 0 1 1 0 1 0	3. Service Type	CI Priority Mail Express®
# 1 E1##101 #101 #101 #101	O Adult Signature O Adult Signature Restricted Delivery	© Registered Mail™ □ Registered Mail Restricted
9590 9402 3798 8032 8207 23	Cartified Mail® Cortified Mail Restricted Delivery	Delivery Cl Putum Receipt for
SE& EAJL LODG DIES STANDARD STANDARD	On Delivery On Delivery Restricted Delivery	Merchandise Signature Confirmation**
7018 0360 0001 1683 832	Meil u snaured Meil Restricted Delivery (over \$500)	Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-8053		Domestic Return Receipt
<u></u>		
÷	The second second	No. of Lot, House, Street, Str
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON I	Die. pretty.
■ Complete items 1, 2, and 3.	A. Signetical	
■ Print your name and address on the reverse (**) so that we can return the card to you.	In Milital	C Macrossoc
Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	X MILLER	3/07
1. Article Addressed to:	D. Is delivery address different from If YES, enter delivery address I	
Supervisor		
Town of Boston	1	
8500 Boston State Road		,
Boston NY 14025		
	3. Service Type	O Priority Mail Express®
B. O Ministi; 10061 (1006 Est. 61 D 1011 10) 12: 12: 11: 12: 15: 16: 16: 16: 16: 16: 16: 16: 16: 16: 16	Adult Signature Adult Signature Restricted Delivery	☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3756 8032 0754 24	Certified Malife Certified Mail Restricted Delivery	Delivery Receipt for
Medal existence (Transfer from service label)	Collect on Delivery Collect on Delivery Restricted Delivery	Merchandise Signature Confirmation Confirmation
7018 0360 0001/JAMA3/JAMA9/		Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		omestic Return Receipt
Hitchian dai dan 1900 Can 1900		
		,
SENDER: CO. PLETE THIS SECTION	COMPLETE THIS SECTION ON L	DELIVERY
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■ Print your name and address on the reverse	x Rith to	☐ Agent ☐ Addressee
so that we can return the card to you. Matach this card to the back of the malipiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.		
1. Article Addressed to:	D. Is delivery address different from If YES, enter delivery address to	eitem 1? ☐ Yes xelow: ☐ No
Chief Officer		
Lackawanna Fire Dept.		
1630 Abbott Road		
Lackawanna NY 14218		
II W W W W W W W W W W W W W W W W W W	3. Service Type	□ Priority Med Express®
	Adult Signature Adult Signature Restricted Delivery	☐ Registered Mail ^{The} ☐ Registered Mail Restricted Delivery
	C Cortified Mail®	Delivery C3 Return Receipt for
	Certified Mail Restricted Delivery	
_1	☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery	Merchandite ☐ Signature Confirmation ☐ Signature Confirmation

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
Complete items 1, 2, and 3.	A. Signature	
Print your name and address on the reverse so that we can return the card to you.	x Molina &	. ☐ Agent — ☐ Addressee
Attach this card to the back of the malipiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. is delivery address different from	nitem 1? 🗀 Yes
Chief Officer	If YES, enter delivery address t	pelow: No
Main Transit Fire Dept.	1	
6777 Main Street		
Amherst NY 14221		
Titaletot NT 17221	10 Contro Too	
9590 9402 3756 8032 0758 99	3. Service Type Adult Signature Adult Signature Adult Signature	Priently Mail Express® Registered Medi™ Registered Medi™ Replatered Medi Restricted Delivery Return Receipt for Merchandise
2. Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery	Signature Confirmation Signature Confirmation
7018 0360 0001 1683 6484	Mail Restricted Delivery (96)	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-8053	C	lomestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	ĖLIVERY
Complete items 1, 2, thic 3.	A. Signature	7
Print your name and address on the reverse so that we can return the card to you.	XIV Cullum en la	Agent
Attach this card to the back of the malipiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from	inem 12 ☐ Yes
	If YES, enter delivery address b	
Chief Executive Officer		
Bertrand Chaffee Hospital		
224 East Main St		
Springville NY 14141		
(1 8 5 1 5 7)	☐ Adult Signature	El Priority Mail Express® El Registered Mail [©]
9590 9402 3756 8032 0760 49	ACI Certified Mail®	C Registered Mail Restricted Delivery
	no Delivery	LI Return Haceipt for Merchandise [] Signature Confirmation™
2. Article Number (2360 0001 1683 8303	on Delivery Restricted Delivery Mail Insured Mail Restricted Delivery	Signature Confirmation Restricted Delivery
	(over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053	A CONTRACT OF THE PARTY OF THE	mestic Return Receipt
	COMPLETE THIS SECTION ON D	FUVERY
SENDER: COMPLÉTE THIS SECTION	A. Signature	
Complete items 1, 2, and 3. Print your name and address on the reverse	x Nathle Pos	Agent Agent
so that we can return the card to you.	B. Received by (Printed Name)	
Attach this card to the back of the mailplece, or on the front if space permits.	Hathleen Rose	~
1. Article Addressed to:	D. Is delivery address different form	idend? ☐ Yes
Chief Officer	1 A7	·Λ.Υ.
South Wales Vol. Fire Co., Inc.	o/ o	5 2018
6406 Olean Road	o Man	Joseph Company
South Wales NY 14139	300	
41 E MINTER BERG MEN AL SLA LALL BER ALL ALL AL 12 B. 144 ALA	3. Service Type	Prigaty Med Express®
	Adult Signature Adult Signature Restricted Delivery	☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3756 8032 0766 67	AC Cortified Mail® Ci Cortified Mail Restricted Delivery	Delivery Peturn Receipt for Merchandise
2. Article Number (Transfer from service label)	C	☐ Signature Confirmation™
2. Article Number (Transfer from service label) 7018 0360 0001 1683 6309	Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Mail Restricted Delivery 300)	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3.	A Signature	-
■ Print your name and address on the reverse	x Chut	☐ Agent ☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.		15/24/1X
1. Article Addressed to:	 D. Is delivery address different from If YES, enter delivery address be 	
Chief Executive Officer		
Mercy Hospital		
565 Abbott Road		
Buffalo NY 14220		
		☐ Priority Mail Express® ☐ Registered Mail™
		Registered Mail Restricted Delivery
9590 9402 3756 8032 0764 76	☐ Collect on Delivery	3 Return Receipt for Merchandise
2. Article Number Transfer from secure John 13.50	Collect on Delivery Restricted Delivery	3 Signature Confirmation™ 3 Signature Confirmation
7018 0360 0001 1683 8198	1 Mell Restricted Delivery (Over 3500)	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Do	mestic Return Receipt
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■ Complete items 1, 2, and 3.	A. Signature	7 71 4000
Print your name and address on the reverse	X ////////////////////////////////////	Agent 2 Addressee
so that we can return the card to you. Attach this card to the back of the malipiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	2000	Astem 17 🗆 Yes
1. Article Addressed to:	D. Is delivery eddress dimetric and If YES, enter delivery address	patanc
24		7
Mayor	MAY 24	2010
Village of Springsville P.O. Box 17		2010
Springville NY 14141	<u> </u>	
	3. Service Type 14141 D Adult Signature	☐ Priority Neur Express® ☐ Registered Mail™
	Adult Signature Restricted Delivery Certified Mail®	Registered Mail Restricted Delivery
9590 9402 2075 6132 4425 23	☐ Certified Mell Restricted Delivery ☐ Collect on Delivery	☐ Return Receipt for Merchandise
2. Article Number Charles from sender from	Collection Degivery Restricted Delivery	Signature Confirmation** Signature Confirmation
7018 0350 0001 1683 80	20 at Restricted Delivery	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		Domestic Return Receipt
and the second		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION OF	N DELIVERY
■ Complete items 1, 2, and 3.	A Signature)
Print your name and address on the reverse so that we can return the card to you.	(William)	Agent Addressee
 Attach this card to the back of the mailpiece, 	B. Received by (Ednted Name)	C. Date of Delivery
or on the front if space permits. 1. Addicts Addressed to:		5 - 人 9~/ <u> </u> cm item 12 Yes
Curomnos		mn aam 17 LJ 385
Supervisor	D. Is delivery address different in If YES, enter delivery address	Major: No
Town of Colden	If YES, enter delivery address	
Town of Colden P.O. Box 335	If XES, enter delivery address of the If XES, enter delivery address o	
Town of Colden	MAY 24 2016	
Town of Colden P.O. Box 335	If YES, enter delivery address	
Town of Colden P.O. Box 335 Colden NY 14033	If NES, enter delivery add	□ No □ No □ Priority Mall ExpressΦ
Town of Colden P.O. Box 335 Colden NY 14033	If NES, enter delivery add	Priority Mall Express® Registered Mal ^{an} Recistered Mal Restricted
Town of Colden P.O. Box 335 Colden NY 14033	3. Scrittice Type Adjuly Signature Scrittled Mail® Certified Mail®	□ Pricrity Mall Express® □ Recistered Mal™
Town of Colden P.O. Box 335 Colden NY 14033	3. Scriffce Type Adult Signature Ballin Signature Caralled Mails	☐ Priority Mall Express® ☐ Priority Mall Express® ☐ Registered Mall™ ☐ Registered Mall Restricted Delivery ☐ Return Receipt for Merchandise

■ Complete terms 1, 2, and 3. ■ Print your name and actoress on the reverse on the reverse on the terms of the you. ■ Attach this card to the back of the malpiece, 1. Article Addinators for: 1. Article Addinators for: 1. Article Addinators for: 1. Article Addinators for: 1. Article Addinators for: 1. Article Addinators for: 1. Article Addinators for: 1. Article Addinators for: 1. Article Addinators for: 1. Article Addinators for: 1. Article Addinators for: 1. Article Addinators for: 2. Article Humber (Teresfor from service label) 7. One of the Proposition Addinators for the theory for the Article Delays of the Article State of the Proposition Addinators for the Humber (Teresfor from service label) 7. Article Addinators for: 8. Received by Printed Name of the Proposition Addinators for the Humber (Teresfor from service label) 7. Article Addinators for: 9. Service Type 2. Article Humber (Teresfor from service label) 7. Article Addinators for: 9. Service Type 2. Article Humber (Teresfor from service label) 7. Article Addinators for: 9. Service Type 2. Article Humber (Teresfor from service label) 7. Article Addinators for: 9. Service Type 2. Article Humber (Teresfor from service label) 7. Article Addinators for: 9. Service Type 2. Article Humber (Teresfor from service label) 7. Article Addinators for: 9. Service Type 2. Article Humber (Teresfor from service label) 7. Article Addinators for: 8. Received by Printed Name of Delays (Service Delays) 9. Service Type 9. Service Type 1. Article Humber (Teresfor from service label) 7. Article Humber (Teresfor from service label) 7. Article Addinators for the theory for the Humber (Teresfor from service label) 7. Article Humber (Teresfor from service label) 7. Article Humber (Teresfor from service label) 7. Article Humber (Teresfor from service label) 7. Article Humber (Teresfor from service label) 7. Article Humber (Teresfor from service label) 7. Article Humber (Teresfor from service label) 7. Article Humber (Teresfor from se	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
so that we are return the cord to you. Attach team of the pack of the malplece, or on the front if space parmits.	■ Complete items 1, 2, and 3.	
# Attach this card to the back of the maliplece, 1. Article Officer West Seneca Fire District #2 2.055 Union Road West Seneca NY 14224 ### ### ### ### ### ### ### ### ### #		
Chief Officer West Seneca Fire District #2 2055 Union Road West Seneca NY 14224	Attach this card to the back of the mailpiece,	
West Seneca Fire District #2 2055 Union Road West Seneca NY 14224		
2. Article Number (Brooter from service sheet) 2. Article Number (Brooter from service sheet) 7.0.16 0.3 to 0.0000.1 1.6 do 3.5 1.5 to 1.6 to 1.5 t	Chief Officer	<u> </u>
West Seneca NY 14224 Services Type Addit Signature Priority Med Express Priority M	West Seneca Fire District #2	Ì
9590 9402 3756 8032 0765 99 2. Article Number (Transfer from service label) 7016 0340 0001 1463 1757 PS Form 3811, July 2015 PSN 7530-02-000-8053 Complete items 1, 2, and 3. Print your name and address on the mileson, or on the front if space partials. 1. Article Allor Form of the control of policy partials and the control of policy partials and policy parti	2055 Union Road	
9590 9402 3756 8032 0766 99 2. Article Number (Paraster from service label) 7018 0360 0001 1683 5757 PS Form 3811, July 2015 PSN 7530-02-000-9055 Conclude to Debvery (Paraster Debvery Control of Debv	West Seneca NY 14224	
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East Concord Fire Department,	
Inc.	
nc. 9413 Genesee Road	
East Concord NY 14055	
	3. Service Type □ Priority Mail Express®
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3330 3402 3730 0032 0204 00	☐ Certified Meil Restricted Delivery ☐ Return Receipt for ☐ Collect on Delivery ☐ Merchandise
Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation
7018 0360 0001 1683 7351	Adil Restricted Delivery Restricted Delivery 0)
PS Form 3811, July 2015 PSN 7530-02-000-8053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
Complete Items 1, 2, and 3.	A. Signature	
 Print your name and address on the reverse so that we can return the card to you. 	XX4-5	- □ Agent □ Addressee
 Attach this card to the back of the mailpiece, 	B/Beceived by (Printed Name)	C. Date of Delivery
or on the front if space permits.	Joi Mulumes	5/24/18
Article Addressed to:	 D. Is delivery address different from If YES, enter delivery address I 	
Chief Officer	,	<u> </u>
Bergen Fire Dept.		
PO Box 428		
Bergen, NY 14416		
ELE KLORMA AMILIAN BALALAH BI EKANA AKLI MIYALAH ELI MERENE	3. Service Type	☐ Priority Mail Express®
EL BENJAN ANDEL LOO ET ET NO 151 NO 176 LOGIT E LOO LOGIT E	Adult Signature Adult Signature Restricted Delivery	☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3798 8032 8203 65	S Certified Mail® Certified Mail Restricted Delivery	Delivery Return Receipt Icr
2. Article Number (Transfer from service label)	Collect on Delivery Collect on Delivery Restricted Delivery	Merchandise ☐ Signature Confirmation™
7018 0360 0001 1683 8369	Meil Meil Restricted Delivery	☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	<u> </u>	Omestic Return Receipt
		i
Experience of the response of the first of the		*
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
Complete items 1, 2, and 3.	A. Signature	
 Print your name and address on the reverse so that we can return the card to you. 	* Russian &	☐ Agent ☐ Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D lo deliment address different for	
	D. Is delivery address different from If YES, enter delivery address	to item 1? Les tes below: No
Chief Officer	Fire Dopt	_
Castile Fire Dept	163x 98	
P.O. Box 338 26900 1000	13 33.78	
Castile Fire Dept P.O. Box 338 Castile NY 14427	<u> </u>	
	3. Service Type	☐ Priority Mail Express®
	Adult Signature Adult Signature Restricted Delivery	☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3798 8032 8205 94	GC Certified Mail® Certified Mail Restricted Delivery	Debvery Return Receipt for
2. Article Number (Transfer from service tabel)	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery	Merchandise Signature Confirmation***
7018 0360 0001 1683 7467	Mail Restricted Delivery	☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	<u>300)</u>	Comestic Return Receipt
SENDER: COMPLETE THIS SECTION	· · · · · · · · · · · · · · · · · · ·	
	COMPLETE THIS SECTION OF	V DELIVERY
Complete items 1, 2, and 3. Print your name and address on the reverse	A. Signature	
so that we can return the card to you.	Method Leller	☐ Agent☐ Addressee
Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	0/29/18	
Chief Office-	 D. Is delivery address different fro If YES, enter delivery address 	mitem 1? Yes No
Chief Officer		— ··-
Wyoming Hook & Ladder Co., Inc. P.O. Box 36	1	
	11	
Wyoming NY 14595	<u> </u>	
il a b'i i i i a a a i i i i a a a i i i i i i i i i i i i i i i	3. Service Type	☐ Priority Mail Express®
9590 9400 3700 0000 000 000	Adult Signature Adult Signature Restricted Delivery	Registered Mail Restricted
9590 9402 3798 8032 8204 57	Si Certified Mail Restricted Defeare	Delivery Florum Receipt for
2. Article Number (Transfer from service label)	O Collect on Delivery Restricted Delivery	Merchandise Signature Confirmation**
7018 0360 0001 1643 3330	1 Mail Restricted Delivery	Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	500)	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	X Jawx Males Addressee
 a that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from Item 1? Yes
Programme Dont Director	If YES, enter delivery address below: No
Emergency Dept Director	
Sisters of Charity Hospital- St	
Joseph Campus	
2605 Harlem Road	
Cheektowaga NY 14225	3. Service Type
	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail ™ ☐ Registered Mail Restricted
9590 9402 3756 8032 0759 81	EST Continued Melitip Delivery Delivery
2. Articles	Merchandisa Merchandisa
70:	ntimation ©very
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PS Farm 30, way zo io non roomercompess	Dunnesuc Heium Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	X Agent
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the malipiece, or on the front if space permits.	Michael Conti 5/30/8
1. Article Addressed to:	O. is delivery address different from item 1?
Chief Officer	
Highland Hose Vol. Fire Co., Inc.	MAY 30 2018
1 George Nablo Parkway	
Derby NY 14047	
Delby NI 14047	2 62/1 72
11 : 	3. Service Type
9590 9402 3798 8032 8208 84	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted EKCertified Mail® ☐ Delivery
	☐ Contified Mail Restricted Delivery ☐ Return Receipt for Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Mail ☐ Signature Confirmation
7018 0360 0001 1683 691	LI Mail Restricted Delivery Restricted Delivery (0v0/ 9300)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Agent
Attach this card to the back of the malinions	B. Regelved by (Printed Name) C. Date of Deliver
or on the front if space permits. 1. Article Addressed to:	LKEVIN Smith 15/2011A
Angle Antileased IO:	D. Is delivery address different from item 1? Yes
Chief Officer	If YES, enter delivery address below: No
Seneca Hose Fire Co. One	II
2801 Seneca Street]
West Seneca NY 14224	1)
	3. Service Type
61 B MICHINEL BROOK (MRE 9 6) 51 B 1955 B 4 2955 (10 1/9 1/1 B 1/1/2 B 1/1/2	O Adult Signature
9590 9402 3756 8032 0762 09	Certified Mail® Delivery Delivery Delivery
2. Article Number (Transfer from service jabel)	Collect on Delivery Receipt for Merchandise
7018 0360 0001 1683 611	Cosect on Delivery Restricted Desivery Signature Confirmation

SENDER: COMPLETE	COMPLETE THIS SECTION ON	DELIVERY
■ Complete Items 1, 2, and 3.	A. Signature	<u> </u>
Print your name and address on the reverse	x	☐ Agent ☐ Addressee
so that we can return the card to you.	B. Rec red (Prince Name)	C. Date of Delivery
Attach this card to the back of the malipiece, or on the front if space permits.		
Article Addressed to:		r to 1? Nes
Chief Officer	If YES, enter delivery address	
Ellicott Creek Vol. Fire Co.		
45 South Ellicott Creek Rd		
Amherst NY 14228		
11 H HIBURA HONN 1849 NO SK O HANKEN DILAT I 1 OFFICE AL 1 OFFICE	3. Service Type C Adult Signature	☐ Pricity Meil Express® ☐ Registered Mail™
I I O CHRISTO OCH ING BALANA HINIO O BULA HERMIN MA I PRU	Adult Signature Restricted Delivery El Certifled Mail®	☐ Registered Mail Restricted Delivery
9590 9402 3756 8032 0760 63	Certified Mail Restricted Delivery Collect on Delivery	☐ Return Receipt for Memberdise
2. Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery	☐ Signature Confirmation
7018 0360 0001 1683 6255	: Mail Restricted Delivery (00)	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt
	·	
The second secon		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
■ Complete items 1, 2, and 3.	A. Signature	- A
 Print your name and address on the reverse so that we can return the card to you. 	X Sandada 1	☐ Agent ☐ Addressee
Attach this card to the back of the mailpiece.	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	VAndraka	<u> </u>
- Asirla Addressed to:	D. Is delivery address different from If YES, enter delivery address i	n.ttem 1? ☐ Yes below: ☐ No
Supervisor		
Town of Pike		
4643 Safford Rd.		
Gainesville NY 14066		
111 74000	2.20.7.	
 	3. Service Type C) Adult Signature	☐ Priority Mail Express® ☐ Registered Mail™
9590 9402 3798 8032 8202 28	Adult Signature Restricted Delivery Centified Mail®	☐ Registered Mail Restricted Delivery
	☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	☐ Return Receipt for Merchanoise
2. Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery LT Losumed Mell	☐ Signature Confirmation™ ☐ Signature Confirmation
7018 0360 0001 1683 766	Meil Pleatificted Delivery	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	1	Corpositic Return Receipt
		ار ـــ
SENDER: COMPLETE THIS SECTION	сомривте тніз ѕестіом ог	N DELIVERY
■ Complete items 1, 2, and 3.	A. Signature	D ****
Print your name and address on the reverse so that we can return the card to you.	XICHERON	☐ Agent ☐ Addressee
 Attach this card to the back of the mailpiece, 	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	Deanna WIL	-
1. Article Addressed to:	D. is delivery address different from if YES, enter delivery address	
Chief Officer		
Warsaw Fire Dept. Rescue Squad	1	
P.O. Box 22	1	
Warsaw NY 14569	11	ŝ
	2 Sandas Fina	\$0.
	3. Service Type Adult Signature	☐ Priority Mail Express® ☐ Registered Mail™
9590 9402 3798 8032 8206 55	Arkit Signature Restricted Dollvery Certified Mod®	☐ Registered Mait Restricted Delivery
	Certified Mail Restricted Delivery	Return Receipt for Merchandise
2 Article Number (2) 350 0001 1583 75	3 5 in Delivery Restricted Deliver	■ Signature Confirmation
5070 0200 pppp ==	Insured Mail Restricted Delivery (over \$500)	Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt
Super Schiller		!

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	X \ C \ S \ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deltyry
or on the front if space permits.	VICKE KEISOLO 0151110
1. Article Addressed to:	D. is delivery address different from Item 1? Yes If YES, enter delivery address below: No
Chief Officer	
Sheldon Vol. Fire Company. Inc.	
996 Centerline Road	
Strykersville NY 14145	
01 0 05 05 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. Service Type
UP. II MINERAL DANET MAN EEL OL AN 1914 AF PET I BIT E 2701 I 13 E AUF	Adult Signature Restricted Delivery Registered Meil Restricted Delivery
9590 9402 3798 8032 8204 71	Certified Mail Restricted Delivery Return Recept for Merchandise
2. Article Number (Transfer 1981) 1983 7344	in Delivery Rostricted Delivery O Signature Confirmation
7018 0360 0001 1683 7344	(over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
The second secon	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	X MU 2010UEZ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	M. Krzanowic 2 5/3/18
1. Article Addressed to:	D. Is delivery address different from item 1? Tyes If YES, enter delivery address below: 12 No
Chief Officer	
Darien Fire Dept	
FO Box 135	Į.
Darien Center NY 14040	
D) B MINIGH (MAI) 180 181 18 18 18 18 18 18	3. Service Type
9590 9402 3798 8032 8201 36	☐ Adult Signature Restricted Delivery ☐ Registered Mail Rostricted Delivery Delivery
3330 3402 3730 0002 0201 30	Control Mail Restricted Delivery Collect on Delivery Merchantist
Article Number (Transfer from service label)	☐ Collect on Dativery Restricted Delivery ☐ Signature Confirmation ☐ Insured Mail ☐ Signature Confirmation
7018 0360 0001 1683 757	d Mail Restricted Delivery Restricted Delivery (500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
	3. 14.3 San
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	X M Diagraphy (2) Agent
so that we can return the card to you. Attach this card to the back of the malipiece,	B. Received by (Printed Name) C. Detry of Delivery
or on the front if space permits.	M. Krzanowicz 5/31/18
1. Article Addressed to:	D. is delivery address different from item 1? Yes if YES, enter delivery address below: No
Chief Officer	
Darien EMS	U
PO Box 135	<u>il</u>
Darien Center NY 14040	
	3. Service Type © Priority Mail Express®
1. 4 0 10 101 101 101 101 101 101 101 101 1	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3798 8032 8200 44	BE Centified Malified Delivery Petheny Collect on Delivery Manufacture Section 1
2. Article Number (Transfer from service laten)	☐ Callect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
7016 0360 00D1 1683 84	33 Mail Restricted Delivery Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	ELIVERY
■ Complete items 1; 2, and 3.	A. Signature	
Print votageme and address on the reverse	XFA CLIANUS	☐ Agent / ☐ Addressee
so that the can return the card to you. Attach this card to the back of the mailpiece,	B. Referred by (Printed Name)	C. Date of Delivery
or on the front if space permits.	O Suz	15-31-18
1. Article Addressed to:	D. Is delivery address different from it If YES, enter delivery address be	
Chief Officer	II 153, drinds delines à emeress de	Ow. 17.00
Pembroke Fire Dept		
630 Main Rd		
Corfu, NY 14036	!	
	3, Service Type	0.0447-14-7.5
71 0 01874] 184 4 444 447 11 9 1 11 4 4 4 1 4 4 1 4 1 4 1 4 1 4 1 4	☐ Adult Signature ☐) Priority Mail Express® I Registered Mail*** I Registered Mail Restricted
9590 9402 3798 8032 8201 05	S Certified Mall®	Delivery Return Receipt for
	Collect on Delivery	Merchandise Signature Confirmation***
2. Article Number (Transfer from service label)	☐ Insured Mail C	Signature Confirmation Restricted Delivery
7018 0360 0001 1683 754	Mail Restricted Delivery	
PS Form 3811, July 2015 PSN 7590-02-000-9000	Do	mestic Return Receipt
1984		;
The control of the co		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	ELIVERY
Complete items 1, 2, and 3.	A Signature	☐ Agent
Print your name and address on the reverse so that we can return the card to you.	X hay M.	Addressee_
Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	PACY KENI	1 2 2 2 2 2
1. Article Addressed to:	D. Is delivery address different from If YES, enter delivery address b	
Chief Officer		_
Pine Hill Hose Co.	}	
2433 Genesee Street		
Cheektowaga NY 14225	11	
11 2 0 3 10 1 10 11 10 11 11 11 11 11 11 11 11 1	3. Service Type	☐ Priority Mail Express®
11 6 3 (4)6 4 4 3 1 1 1 6 1 3 3 1, 11 8 111 8 2 111 2 14 111 8 15 16 1	Adult Signature	☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 3756 8032 0759 43	ZI Certified Mail®	Delivery □ Return Receipt for
2. Article Number (Transfer from service lebel)	UCollect on Delivery Collect on Delivery Restricted Delivery	Morchandise ☐ Signature Confirmation™
— ··· — ··· <u>— ···</u>	☐ Insured Mail I Mail Restricted Delivery	Signature Confirmation Restricted Delivery
7018 0360 0001 1683 5439 PS Form 3811, July 2015 PSN 7530-02-000-9053	500)	maetle Betree Beautat
F5 F6/11 OC 11, July 2015 F5/17530-02-000-9053	DX.	emestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	ELIVERY
Complete items 1, 2, and 3.	A Signature	
■ Print your name and address on the reverse		- D Agent
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Disyery
or on the front if space permits.	Amarda Schipian	a 6/1/18
1 Artinia Addressart to:	D. is delivery address different from if YES, enter delivery address b	
Chief Officer		UW
Harris Hill Vol. Fire Co. Inc.		
8630 Main Street	H	
Williamsville NY 14221	[]	
1:3 110(m) 101(191 th te sterm a sea annie	3. Service Type	3 Delevite Mar Stranger
	☐ Actual Signature	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail™
9590 9402 3756 8032 0760 94	SCertified Mail®	3 Registered Mail Restricted Delivery 3 Return Receipt for
2. Article Number (Transfer from service label)	☐ Collect on Delivery	Diversity of the Second Secon
	☐ Insured Mall	3 Signature Confirmation Restricted Delivery
7018 0360 0001 1683 6224	30)	<u> </u>
PS Form 3811, July 2015 PSN 7630-02-000-9083	Do	mestic Return Receipt

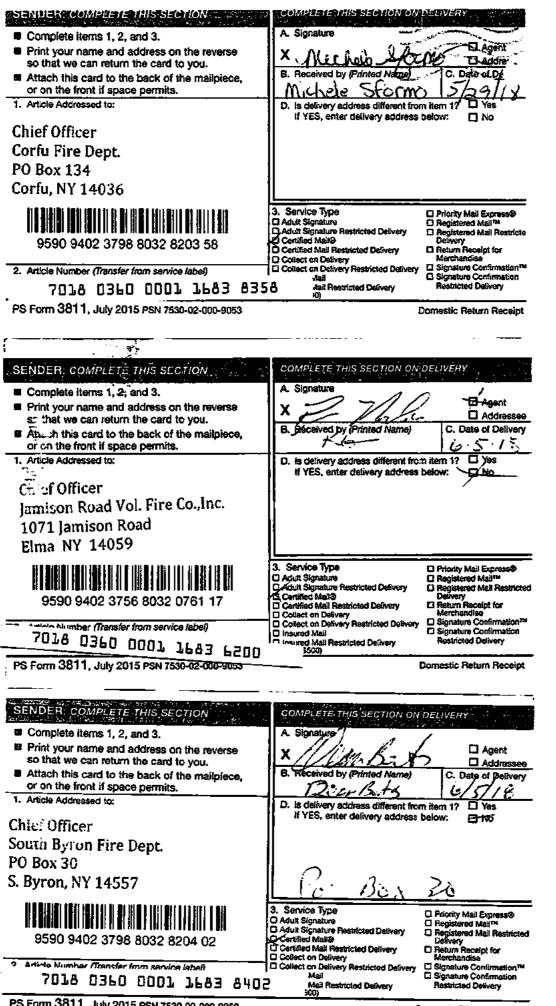
Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION A
Complete items 1, 2, and 3.	A Signatura ()
Print your name and address on the reverse	☐ Agent
so that we can return the card to you.	Addressey.
Attach this card to the back of the mailpiece,	
or on the front if space permits. 1. Article Addressed to:	D. is delivery address different from hear 12 Yes
۵.	If YES, enter debugity address below?
Chief Officer	NN - 1 2018 3
Hy-View Hose Company	Z JON 1 2010 S JAMES D
8 Airport Avenue	/ Latin 1
Depew NY 14043	Ses 2000 Care
	3. Service Type
11 HE HEID, ANGL 184 I IL 31 H 1911 NO EIL I CÉL 186 E 18 I BII	☐ Adult Signature ☐ Registered Matiff
ILONIONI ONE INTERIOR DI CONTRA CONTR	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☐ Registered Mail Restricted ☐ Registered Mail Restricted ☐ Registered Mail Restricted
9590 9402 3756 8032 0761 00	Collect on Delivery Resultated Delivery Return Receipt for Merchandise
2. Article Number (Transfer from service lebel)	Collect on Delivery Restricted Delivery Signature Confro
7018 0360 0001 1683 621	all Restricted Delivery Restric*
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
-	
SENDER COMOLETE THE FEETON	COMPLETE THIS SECTION ON DELIVERY
SENDSF:: COMPLETE THIS SECTION	
► Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X BAddressee
Attach this card to the back of the malipiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	Brett Hostnes 6-1-18
1 Article Artringend to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Supervisor	in the distribution and the
Town of Eagle	1
3468 E. Main St.	
Bliss NY 14024	
21021	
NA RIBINA CON INCOMO DE LA JULIO DE COLO DE LA RECEL DA CARDA	3. Service Type
01 M M3103M3 0M0f 1M3 C31 01 M1 91 111 M1 911 1 M1 1 1 M 1 1 1 M1 M1 W14	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted
9590 9402 3798 8032 8205 25	Certified Mail® Delivery Certified Mail Restricted Delivery Return Receipt for
2. Article Number (Transfer from service label)	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
7018 0360 0001 1683 739	Visil Signature Confirmation Visil Restricted Delivery Restricted Delivery
	(0ver 5500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
2	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signapuda / CA //
Print your name and address on the reverse	Agent
so that we can return the card to you.	What I was a Addressee
Attack this gard to the back of the mailpiece,	B. Received by (Finted Name) C, Date of Callyant
or on the femilif space permits. 1. Article Addressed to:	- - <u> </u>
1. Allerd Additionable Co.	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Supervisor	
Town o‱ainesville	
•	
Town o‱ainesville 5898 School Rd.	
Town of ainesville	
Town of ainesville 5898 School Rd.	3. Service Type
Town of ainesville 5898 School Rd. Castile NY 14427	3. Service Type
Town of ainesville 5898 School Rd.	3. Service Type Adult Signature Priority Mail Express® Registered Mail** Adult Signature Restricted Delivery Registered Mail Restricted Delivery Return Receipt for
Town of ainesville 5898 School Rd. Castile NY 14427 9590 9402 3798 8032 8204 26	3. Service Type Adult Signature Priority Mail Express® Registered Mail™ Registered Mail™ Registered Mail™ Restricted Delivery Restricted Mail Restricted Delivery Return Receipt for Merchandise
Town of ainesville 5898 School Rd. Castile NY 14427	3. Service Type

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

The state of the s	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	X-Signature
Print your name and address on the reverse	XKOY AUU KOLW Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) 9, Date of Delivery
or on the front if space permits.	
1. Article Addressed to:	D. Is delivery address different from Item 1? Ses If YES, enter delivery address below: No
Chief Officer	
Harris Corners Fire Dept. Rescue	
Squad	
Route 20A	<u> </u>
Strykersville NY 14145	3. Service Type
DLO MIGENE AMBITENE DE LA TRE DEFENDA DE LINE DE LA TRE DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMP	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricted ☐ Registered Mail Restricted ☐ Registered Mail Restricted ☐ Registered Mail Restricted ☐ Registered Mail Restricted
9590 9402 3798 8032 8205 87	☐ Certified Mail Restricted Delivery ☐ Rotum Receipt for
2. Article Number (Transfer from service label)	☐ Collect on Delivery Matchandise ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Insured Mail ☐ Signature Confirmation
7018 0360 0001 1683 7450	Contributed Professor
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
A Section 1	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A Signature
Print your name and address on the reverse so that we can return the card to you.	Authory Medizinste - Addressee
Attach this card to the back of the mailpiece.	B. Received by Printed Nation C. Date of Calinary
or on the front if space permits.	D. Is delivery address different from item 1? U Yes
	If YES, enter delivery address below:
Chief Officer	II .
Alabama Fire Dept. P. O. Box 798	11
Basom NY 14013	1
D4\$0111 141 14013	
ALA ANALAN ANALAN ANALAN ANALAN ANALAN ANALAN ANALAN ANALAN ANALAN ANALAN ANALAN ANALAN ANALAN ANALAN ANALAN A	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
41.0 11.4 11.4 11.1 11.4 11.4 11.4 11.4	☐ Actust Signature Restricted Delivery ☐ Registered Mell Restricted Delivery
9590 9402 2075 6132 4425 61	☐ Certified Meil Restricted Delivery ☐ Return Receipt for Merchandise
2. Article Number (Imnsfer from service label)	Collect on Delivery Restricted Delivery
7018 0360 0001 1683 8518	(over \$500) Hell Rosintoled Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Ocmestic Return Receipt
·	
CENIODE, COMPLETITION SCOTTON	COMPLETE THE SECTION ON DILIVERY
SENDER: COMPLETE THAT GESTION	Contract to a State of Deliver
mplete items 1, 2; and 3. int your name and address on the reverse	A Signature
so that we can return the card to you.	A Signature
•	× Salacon □ Addressee
Attach this card to the back of the mailplace,	x 11 Barron 129 gent
•	X Jacky Date of Delivery Stephanic Acoust 5/85/18 D. is delivery address different from item 1? Yea
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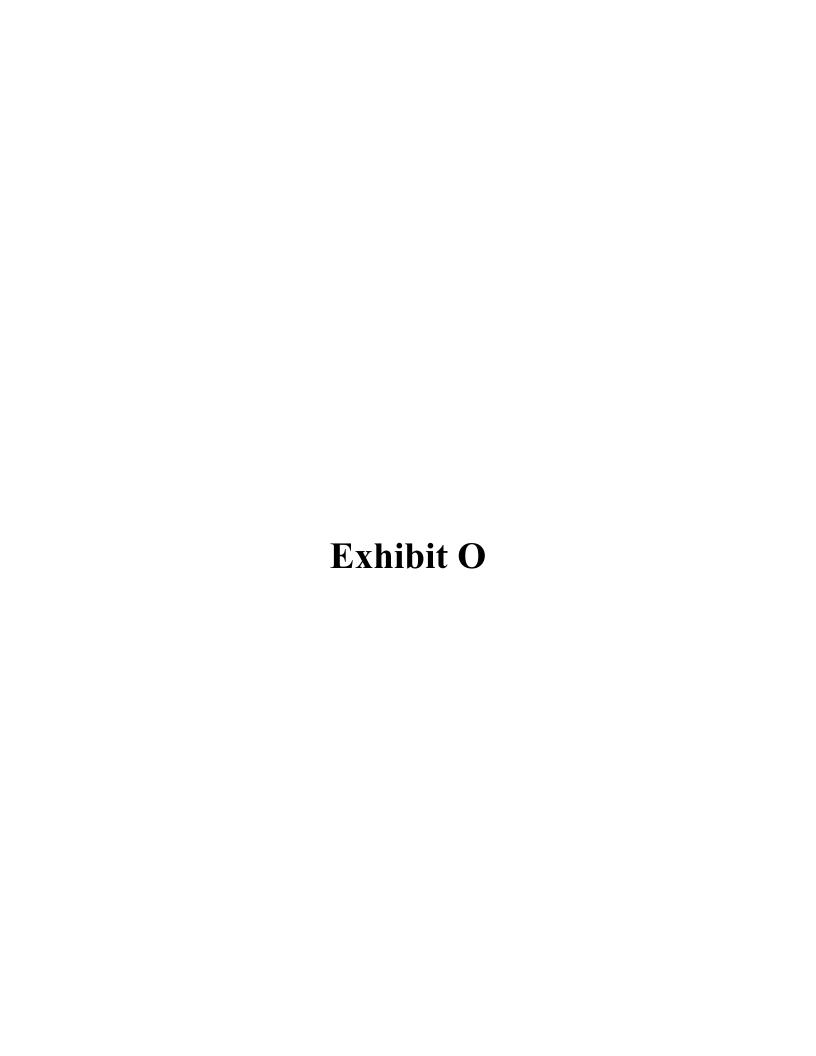
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Nexander NY 14005		
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Supervisor	I JUN U.	
Town of Attica	11 \	
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Village of Cainesville		
2 Toolhouse Road Gainesville NY 14066		
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Village of Wyoming	1	
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or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from	item 17 🔲 Yes
Supervisor	If YES, enter delivery address be	
Town of Wethersfield		
4362 Route 78		
Bliss, NY 14066		
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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 mailpled or on the front if space permits. Chief Officer Clarence Fire District #1 P. O. Box 340 Clarence NY 14031	ı	A Signature X B, Received by (Printed Name) K, M. M. LAS H D. Is delivery address different from if YES, enter delivery address	Agent Addresse C. Date of Deliver
Chief Officer Clarence Fire District #1 P. O. Box 340		D. Is delivery address different from If YES, enter delivery address.	nitem 1? 🔲 Yes
			below: 🖸 No
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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 <u>Genesee County</u>

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 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.

Kenneth Peterson

Very truly, you

ALS Coordinator
Eric County Emergency Medical Services



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.crie.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 Wanka

By: Chief of Emerging Medicine - ECMC

Chief Executive Officer or title of administrator signing letter

April 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,

<u>√√√√√√</u> ≪signature>

By: Clief of Emagener Medicine - ECMC

Chief Executive Officer or title of administrator signing fetter



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,

That Park

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,

josepb⁄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,

Chief Executive Officer or title of administrator signing letter



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.ccv/c.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,
Benefit Herse

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,

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 existto 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,

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,

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 permeant ambulance operating authority under Public Health Law Article 30.

Very truly yours,

Michael T. Kalczyi

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 Aiden

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,

Chief of Elma Fire Company

P.O. Box 143 10 Mill St. Gowanda, N.Y. 14070 Phone: 716-532--2025 Fax: 716-532-4884 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



GRAND ISLAND FIRE COMPANY, INC

2275 Baseline Road - Grand Island, NY 14072-1711

Phone: (716) 773-4334 - Fax (716) 773-5156 www.grandislandfire.us

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 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.

Christopher M. Soluri

Fire Chief

HOLLAND FIRE DISTRICT NO. 1 49 N. MAIN STREET PO BOX 610 HOLLAND, NY 14080

April <u>27</u>, 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: Commissioner Chair

Chief Executive Officer or title of administrator signing letter

Jamison Road Volunteer Fire Company, Inc.

1071 JAMISON ROAD ELMA, NEW YORK 14058

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 30.

Very truly yours,

Chief of Jamison RB 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. Poptolkowski

Vice President Allison Revelas

Treasurer Brian Foote

Secretary Michelle Wilhams

Director of Operations
David Maracco

Director
William Revelas

Director

John O'Donnel

Director

Amy Revelas

Director Rachel Huster 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 Popiolkówski

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.

Fax: 716.683.5466

Very truly yours,

Chester Popiolkowski

President, Lancaster Volunteer ambulance Corps.

Phone: 716,683,3282 lancasterambulance.org



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



Stillgrove Volunteer Fire Department, Inc.



11621 GENESEE STREET ALDEN, NEW YORK 14004

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

Roht w Eleglis f



Millgrove Volunteer Fire Department, Inc.



11621 GENESEE STREET ALDEN, NEW YORK 14004

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>

Chief Executive Officer or

title of administrator signing letter



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,

Chief Executive Officer or title of administrator signing letter

Apr 09 18, 07:32p Mortone Corners VFD 60 194



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 exit 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

Visit Our Website: www.NewtonAbbottFire.com

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 O Machemer

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

PresidentKenneth Machemer

Vice PresidentPaul Bodden

DirectorsMarylyn Wiechman
Gregory Gill

Director of EMS OperationsTimothy 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

inothy & Bustian

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 Conwon

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. Butter, PLLC 6166 Main Street, Suite 302 Williams ville, NY 14221

14221-524677

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SWOR AVILLE FIRE COMPANY

SWORMVILLE FIRE COMPANY, INC.

6971 Transit Road East Amherst, NY 14051

7, 2018 <u>لك</u> May

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: Stove Klock - Chie

Chief Executive Officer or title of administrator signing letter



Town Line Volunteer Fire Department, Inc.

6507 Broadway, Lancaster, New York 14086

710.683.0385

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 Aiden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very truly yours,

Jennifer M. Broska

serosque in 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 <u>| 9</u>, 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,

Chief Executive Officer or title of administrator signing letter

DISTRICT CHEEF 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.

Verin Schieber

vours.

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

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
Pire 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

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

William Cleary, Chairman

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

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.

Carl E. Patterson

Mayor

VILLAGE OF ALDEN

INCORFORATED MAY 7, 1869

PUBLIC WORKS (716) 937-7392



19336 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,

Mayor Michael Manicki

Meld Shil

Mayor, Village of Alden



VILLAGE OF ANGOLA

www.villageofangola.org TDD 1-800-662-1220

41 COMMERCIAL STREET • ANGOLA, NEW YORK 14006

Hon. Richard A. Savage, Supervisor Town of Alden 3311 Wende Road Alden, New York 14004 May 29th, 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".

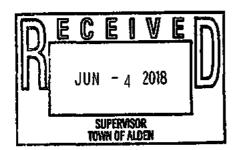
Our organization would like to on record stating that we support the Town of Alden EMS in its request for permanent ambulance operation authority under Public Health Law Article 30.

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

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

Anrora Town Supervisor

SUPERVISOR James J. Bach (716) 652-7590 ibach@townofaurora.com



TOWN CLERK Martha L. Librock (716) 652-3280 townclerk@townofaurora.com

TOWN OF AURORA

Southside Municipal Center 300 Gleed Avenue, East Aurora, NY 14052 www.townofaurora.com

TOWN COUNCIL MEMBERS

April 24, 2017

Susan A. Friess Sfriess@townofaurora.com

Town of Alden 3311 Wende Road

Jeffrey T. Harris ihagris@townofaurora.com

Jolene M. Jeffe

iieffe@townofaurora.com

Charles D. Snyder csnyder@townofaurora.com

SUPT. OF HIGHWAYS David M. Gunner (716) 652-4050 highway@townofaurora.com

SUPT. OF BUILDING Patrick J. Bliznisk (716) 652-7591 building@townofeurora.com

ASSESSOR Richard L. Dean assessor@townofaurora.com (716) 652-0011

> DIR. OF RECREATION Christopher Musshafen (716) 652-8866 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

FAX: (716) 652-3507 NYS Relay Number: 1(800) 662-1220

This institution is an equal opportunity provider and employer.

Hon. Richard A. Savage, Supervisor 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.

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 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

1 th ho

Supervisor
Town of Brant

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

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

line Benezkowski-

Supervisor

Town Of **COLLINS NEW YORK**

ERIE COUNTY

KENNETH MARTIN, SUPERVISOR BECKY JO SUMMERS, TOWN CLERK



BOARD MEMBERS: MARY STELLEY, DEPUTY SUPERVISOR SARA JANE SKIN JIM HOTNICH JACQUELYN MeLEAN

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

Town Of COLLINS **ERIE COUNTY NEW YORK**

KENNETH MARTIN, SUPERVISOR MECKY JO SUNDJERS, TOWN CLERK



ROAKO MEDIDERS: MARY STELLEY, EMPUTY SUPERYISOR SARA JANE SION JM KOTNICH JACONELYN MALEAN

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

Glyde M. Drake Supervisor James M. Kreemien Deputy Supervisor Brian F. Attea Attorney



Kenneth D. Zittel Councilman William F. Synder; III Councilman

Ehilip DrozdCoucilman

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 Glyde M. Drake Supervisor James M. Kreemien Deputy Supervisor Strian F. Acces Attorney



Rerneth D. Zittel Councilman William F. Synder, III Councilman Lhilip Droad Coucilman

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

Section 1984

konow

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:

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: NETER MERCURIO - MAY

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:

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 Way !

Chief Executive Officer or title of administrator signing letter

Dennis M. Powers Supervisor

Michael P. Notan
Deputy Supervisor/Councilman
Tracy W. Petrocy
Councilman
Thomas M. Fallon
Councilman

James Malczewski, Jr.



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. Notan
Deputy Supervisor/Councilman
Tracy W. Petrocy
Councilman
Thomas M. Fallon
Councilman
James Malczewski, Jr.
Councilman



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

MARY K. HOSLER, SUPERVISOR Telephone: (716) 549-5787

JEANNE M. MACKO COUNCILITOMAN

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.

Many K. Hosler

Supèrvisok

www.townofevans.org
MARY K. HOSLER, SUPERVISOR

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.

Måry K. Hosler



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. DIPASOUALE

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

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.

Мауог

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

Town Justices
CHRISTOPHER O'BRIEN
JILLANDERSON
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.

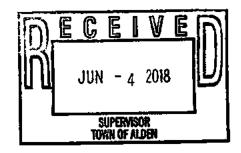
We have received and understand the definition of "public need" which was provided to us in the letter of solicitation from Town of Alden EMS. We believe that the circumstances exist to satisfy the requirement of "public need".

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

JOHANNA M. COLEMAN Supervisor

21 Central Avenue Lancaster, New York 14086 (716) 683-1610 Fax: (716) 683-0512

May 30, 2018

Hon. Richard A. Savage, Supervisor Town of Alden 33 1 1 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





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,

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,

BY: DAVID L.

Chief Executive Officer or

title of administrator signing letter

SUPERVISOR. TOWN OF NEWSTEAD



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

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.

<signatur@>

by. They saymage New College

Chief Executive Officer or title of administrator signing letter



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.

Supérvisor

Town of North Collins





TOWN OF ORCHARD PARK

S 4295 South Buffalo Street Orchard Park, New York 14127-2609

SUPERVISOR DR. PATRICK J. KEEM

COUNCILMEMBERS EUGENE MAJCHRZAK MICHAEL J. SHERRY

> TOWN CLEAK 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

May 29, 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 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. Kleem

Orchard Park Town Supervisor

DECEIVE



TOWN OF ORCHARD PARK

S 4295 South Buffalo Street Orchard Park, New York 14127-2609

April 13, 2018

SUPERVISOR OR, PATRICK J. KEEN

COUNCILMEMBERS EUGERE MAJCHRZAK MICHAEL J. SHERRY

> TOWN CLERK REMY C. ORFFEO

TOWN ATTORNEY
JOHN C. BAILEY

TOWN JUSTICES
EDWARD A. PACE
LYNN W. KEANE

SUFT, OF HIGHWAYS FREDERICK & PLASECKL JR.

CHIEF OF POLICE MARK F. PACHOLEC

SUILDING 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 BANTIAGO 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.

A. 635

art es in .

Very Truly Yours,

Dr. Patrick J. Keem

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:

This letter is in response to the request by the Town of Alden EMS for a letter of support in response to our 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,

Beverly Gambino

Supervisor Town Of Sardinia

DE CEIWE MAY 3 1 2018 SUPERMENTAL MARKET MAR Mayor
William J. Krebs
Trustees
Alan L. Chamberlin
Nils A. Wikman
Kim Pazzuti
Elise Rose



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 AdministratorClerk 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:

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,

Mayor, William J Krebs

William & Kreb



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: mayor@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 *AidenEMS2018@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,

Donald T. Eichenauer

CEO

May <u>3/</u>, 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,

1

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,

Linsey A. Brandon

Secretary of Bennington Volunteer Fire Company

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,

Laura Dutton

Bliss Rescue Squad Captain

Laura Dutton



Cowlesville Fire Company 361 Clinton St. Cowlesville, NY 14037

Telephone: 585-937-6991 Fax: 585-937-8237 http://www.cowlesville.com 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: 565-937-6991 Fax: 585-937-6237 @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,

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.

Brian J. ASA

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 deportunity provider and community service organization"

If you wish to file a Civil Rights program complaint of distrimination, complete the USDA Program Distrimination Complaint Porm, found online at
, or at any USDA office, or onli (866) 632-6992 to request the form. You may also write a latter containing all
of the information requested in the form. Send your completed complaint form or letter to me at U.S. Department of Agriculture, Director, Office of Adjustication,
1400 Independence Avenue, S.W., Washington, D.C. 20230-9410 by for (202) 690-7442 or estudied in the first containing and the containing and containing an



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

[&]quot;This is an equal opportunity provider and community survice organization"

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,

Mayor

VILLAGE OF ARCADE

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

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. 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) 690-7442 or email at program.intake@usda.gov

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 e-mail-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 form 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

William P. Lessel

[&]quot;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.

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,

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,

By: Brett C. Hastings

Supervisor, Town of Eagle, NY

ALSTON

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

Raviel L. Tallman

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>

Chief Commission

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,

Angela Brunner

Supervisor, Town of Java

TOWN OF SILL LIBRATURES

P.O. Box 193
Wyoming, New York 14591
Supervisor Daniel P. Leuer
Town (585) 495-6300
Cell: (585) 704-4873

April /2, 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

JUN 18 2018

TOWN OF PERRY

P.O. BOX 206, 22 SOUTH MAIN STREET PERRY, NEW YORK 14630 585/237-2241 FAX: 685/237-3074 Email: townsfpe@rochester.rr.com

SUPERVISOR JAMES BRICK

COUNCILMAN ADELBERT BELL COUNCILMAN GERALD SAHRLE

.)

COUNCILMAN TRACY ROZANSKI

COUNCILMAN JOE MLYNIEC TOWN CLERK SARAH BALLINGER

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,

≪ignature>

By: JAMES R Brick, Supernson

Chief Executive Officer or title of administrator signing letter

TOWN OF SHELDON

OFFICES
Tel: 585-535-7644
Fax: 585-535-0216
TDD#: 1-800-662-1220

TOWN HALL

1380 CENTERLINE ROAD STRYKERSVILLE, NEW YORK 14145 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 Aiden 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

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

Tek phone: (885) 786-2120 (TDD) 1-800-602-1220

Fax: (586) 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,

Joseph F. Falinie-

"This institution is an equal opportunity provider and employer"



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:imd



Alexander Fire Department

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



LINE OFFICERS
JEFF PIETRZYKOWSKI -CHIEF
JEFF FLUKER -1ST ASST. CHIEF
JAMIE FLUKER-2^{MP} ASST. CHIEF

Bathany Volunteer Fire Department 5253 OLD TELEPHONE ROAD EAST BETHANY, NY 14054



EXCEUTIVE OFFICERS
CHRIS PAGE-FRESIDENT
JEFF WOLAK-TREASURER
CORRE 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 responds 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 dircumstances 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,

off Dietrzykowski

Chlef

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<u>30</u>, 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,

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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,

Edwin F. Mileham, Jr.

El & hal 1

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: OHIEF 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.

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2 MD CERTIFIED PROJECT

Sincerely,

Stephanis 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 Fire Chief/Treasurer

Suchanio E. Call



Phone: 585-345-6375

www.batavianewyork.com

Fax: 585-343-5639



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 trady yours

Stefano Napolitano

Fire Chief







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 Aiden EMS in its request for permanent ambulance operating authority under Public Health Law Article 30.

Very tosty yours

Stefano Napolitano

Fire Chief



www.batavianewyork.com

Town of Darien 10569 Allegheny Road Darien Center, NY 14040 58S-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

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June 9, 2018

Hon. Richard A. Savaga, 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 BMS 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.

egdberger

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.sect.usda.gov/compleint_filing_cust.httms, or at any USDA officer, or call (866)632-9992 (IDD (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 compleint form or letter to us by mail at: USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fix (202)690-7442 or email at: 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:

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,

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, 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