

**BOROUGH OF LAKEHURST
REMINDER: REDEVELOPMENT MEETING BEGINNING**

CANCELED

**WORK SESSION/REGULAR MEETING
SEPTEMBER 2, 2021
TENTATIVE AGENDA**

1. Approval of Minutes of August 19, 2021 Regular Meeting
2. Payment of Bills
3. Resolution adopting form required to be used for the filing of notices of tort claims
4. Resolution approving Police Department Hold Harmless agreement for use of workout center
5. Request to donate a park bench at Lake Horicon in memory of a loved one
6. Second reading and public hearing of Ordinance #2021-07 entitled “AN ORDINANCE OF THE BOROUGH OF LAKEHURST, IN THE COUNTY OF OCEAN, STATE OF NEW JERSEY, AUTHORIZING VARIOUS IMPROVEMENTS AND TO APPROPRIATE THE SUM OF \$100,000 TO PAY THE COST THEREOF, FULLY FUNDED BY THE CAPITAL IMPROVEMENT FUND”
7. Executive/Closed Session to discuss personnel matters/contract negotiations

Maryanne Capasso, RMC
Municipal Clerk

The Mayor and Council reserve the right to add or delete items from the agenda.

**RESOLUTION
SEPTEMBER 2, 2021**

WHEREAS, the governing body of the Borough of Lakehurst, in the County of Ocean and State of New Jersey has carefully examined all vouchers presented to the Borough Clerk for payment of claims; finding all to be accurate and legitimate;

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council of the Borough of Lakehurst, County of Ocean, State of New Jersey that the bills list as presented in the amount of \$371,688.86 is hereby approved.

I, Maryanne Capasso, Municipal Clerk, of the Borough of Lakehurst, County of Ocean, State of New Jersey, do hereby certify that the above resolution was approved by the Mayor and Council at the meeting of September 2, 2021.

**Maryanne Capasso
Municipal Clerk, RMC**

P.O. Type: All
Range: First to Last
Format: Detail without Line Item Notes

Open: N Paid: N Void: N
Rcvd: Y Held: Y Aprv: N
Bid: Y State: Y Other: Y Exempt: Y

PO #	PO Date	Vendor	Amount	Charge Account	Contract Acct Type	PO Type Description	Stat/Chk	First Enc Date	Rcvd Date	Chk/Void Date	Invoice
21-00587	08/30/21	00145 OCEAN COUNTY UTILITIES									
		1 3RD QTR 2021 UTILITIES CHARGE	80,780.00	1-09-00-105-222	B	CONTRACTUAL SERVICES	R	08/30/21	08/30/21		
21-00588	08/30/21	L0098 LAKEHURST BOARD OF EDUCATION									
		1 SEPTEMBER 2021	249,239.00	1-01-55-900-002	B	SCHOOL TAXES PAYABLE	R	08/30/21	08/30/21		
Total Purchase Orders:		2	Total P.O. Line Items:		2	Total List Amount:	330,019.00	Total Void Amount:		0.00	

Totals by Year-Fund Fund Description	Fund	Budget Rcvd	Budget Held	Budget Total	Revenue Total	G/L Total	Total
CURRENT FUND APPROPRIATIONS	1-01	249,239.00	0.00	249,239.00	0.00	0.00	249,239.00
WATER & SEWER OPERATING	1-09	80,780.00	0.00	80,780.00	0.00	0.00	80,780.00
Total of All Funds:		<u>330,019.00</u>	<u>0.00</u>	<u>330,019.00</u>	<u>0.00</u>	<u>0.00</u>	<u>330,019.00</u>

P.O. Type: All
Range: First to Last
Format: Detail without Line Item Notes

Open: N Paid: N Void: N
Rcvd: Y Held: Y Aprv: N
Bid: Y State: Y Other: Y Exempt: Y

PO #	PO Date	Vendor	Amount	Charge Account	Contract PO Type Acct Type Description	Stat/Chk	First Rcvd Enc Date Date	Chk/Void Date Invoice
17-00069	01/26/17	C0015 CODED SYSTEMS CORPORATION						
1		CODIFICATION OF ORDINANCES	5,800.00	0-01-55-900-012	B RESERVE CODIFICATION OF ORDS.	R	01/26/17 09/01/21	
21-00506	07/19/21	A0093 ACTION UNIFORM CO.						
1		S/S BLAUER 8472 NAVY	72.00	1-01-25-240-273	B UNIFORM ALLOWANCE - KLINE	R	07/19/21 09/01/21	37802
2		FIRST TACTICAL #114011 WOLF GR	92.00	1-01-25-240-273	B UNIFORM ALLOWANCE - KLINE	R	07/19/21 09/01/21	
3		EMBROIDERED COLLARS	8.00	1-01-25-240-273	B UNIFORM ALLOWANCE - KLINE	R	08/31/21 09/01/21	
			<u>172.00</u>					
21-00512	07/22/21	M0118 MIRACLE CHEMICAL CO.						
1		200 GAL SODIUM HYPOCHLORITE	702.00	1-09-00-101-267	B CHEMICALS	R	07/22/21 09/01/21	
21-00526	08/04/21	W0008 WORKNET, OCEAN BAY OCC MEDICIN						
1		PRE-EMPLOYMENT PHYSICAL EXAM	235.00	1-01-26-306-250	B RECYCLING TAX	R	08/04/21 09/01/21	
21-00530	08/12/21	A0090 ACCURATE TOWING						
1		IMPOUND INVOICE: 71930	125.00	1-01-25-240-298	B Police - Towing Charges	R	08/12/21 09/01/21	71930
2		IMPOUND INVOICE: 76631	125.00	1-01-25-240-298	B Police - Towing Charges	R	08/12/21 09/01/21	76631
			<u>250.00</u>					
21-00533	08/12/21	P0032 THE PARTS SHACK, LLC						
1		BATTERY - CORE RETURNED	115.40	1-01-26-291-256	B PUBLIC WKS VEHICLE MAINT/REP	R	08/12/21 09/01/21	308131
21-00545	08/17/21	H0026 HOLMAN, FRENIA, ALLISON, PC						
1		BILLING FOR O.C. CARES ACT	140.00	1-01-20-135-222	B AUDIT SERVICES	R	08/17/21 09/01/21	
21-00562	08/17/21	M0113 MANCHESTER TOWNSHIP						
1		3-4TH QTR 2021 BORO PROP TAX	57.82	1-01-26-310-299	B MISCELLANEOUS	R	08/17/21 09/01/21	
2		1-2ND QTR 2022 BORO PROP TAX	56.34	1-01-26-310-299	B MISCELLANEOUS	R	08/17/21 09/01/21	
			<u>114.16</u>					
21-00582	08/23/21	T0061 TOMS RIVER HEATING & AIR COND						
1		PD AC REPAIR 8/17/21	240.00	1-01-26-310-244	B EQUIPMENT - MAINTENANCE/REPAIR	R	08/23/21 09/01/21	138578

PO # Item	PO Date Description	Vendor	Amount	Charge Account	Contract Acct Type	PO Type Description	Stat/Chk	First Enc Date	Rcvd Date	Chk/Void Date	Invoice
21-00584	08/25/21	S0151		SHERWIN-WILLIAMS PAINT STORE							
1	ATH WHITE		381.24	C-04-00-560-001	B Improvements	Recreation Fields (19-08)	R	08/25/21	09/01/21		
2	DISCOUNT - 60%		228.74	C-04-00-560-001	B Improvements	Recreation Fields (19-08)	R	08/25/21	09/01/21		
			152.50								
21-00595	09/01/21	V0855		VERIZON							
1	PHONE BILL		368.28	1-01-31-440-275	B TELEPHONE		R	09/01/21	09/01/21		
21-00596	09/01/21	P0022		SUN LIFE							
1	LIFE INS BILL TO 10/21		113.40	1-01-23-220-227	B Insurance - Life Insurance		R	09/01/21	09/01/21		
21-00597	09/01/21	A0024		ACTION DATA SERVICES							
1	PAYROLL SERVICE PDEND 8/08/21		184.13	1-01-20-130-299	B Finance - Miscellaneous		R	09/01/21	09/01/21		74533
21-00598	09/01/21	M0081		METROPOLITAN LIFE INSURANCE CO							
1	DENTAL INSURANCE 9/2021		3,843.28	1-01-23-220-226	B Insurance - Dental		R	09/01/21	09/01/21		
21-00599	09/01/21	O0139		OCEAN COUNTY LANDFILL							
1	LANDFILL DUMP FEE ESCROW		15,000.00	1-01-32-465-257	B LANDFILL FEES		R	09/01/21	09/01/21		
21-00600	09/01/21	A0100		AARON J SNYDER							
1	MEDICARE REIMBURS. 6/21-8/21		445.50	1-01-23-220-228	B Insurance - Medicare Reimbursement		R	09/01/21	09/01/21		
21-00601	09/01/21	J0012		JOE STEUBER							
1	MEDICARE REIMBURS. 6/21 - 8/21		445.50	1-01-23-220-228	B Insurance - Medicare Reimbursement		R	09/01/21	09/01/21		
21-00602	09/01/21	M0261		MACLEAN, NORBERT B, JR.							
1	MEDICARE REIMBURS. 6/21-8/21		660.60	1-01-23-220-228	B Insurance - Medicare Reimbursement		R	09/01/21	09/01/21		
21-00603	09/01/21	A0506		AT&T							
1	AT&T TELEPHONE CHARGES		3,378.13	1-01-31-440-275	B TELEPHONE		R	09/01/21	09/01/21		
21-00604	09/01/21	NJ101		NJ DEPT OF HEALTH							
1	DOG LIC REPORT AUGUST 2021		1.20	1-15-00-900-003	B Due to State - License Fees		R	09/01/21	09/01/21		
21-00605	09/01/21	C0023		CHRISTOPHER & APRIL CHILLEMI							
1	OVERPAYMENT OF TAXES		403.35	1-01-55-900-003	B Tax Overpayments Refunded		R	09/01/21	09/01/21		

PO #	PO Date	Vendor	Amount	Charge Account	Contract PO Type	Stat/Chk	First Enc Date	Rcvd Date	Chk/Void Date	Invoice	
Item Description					Acct Type Description						
21-00606	09/01/21	P0056 PAUL CLAYTON JR.									
1		OVERPAYMENT OF TAXES	1,626.03	1-01-55-900-003	B Tax Overpayments Refunded	R	09/01/21	09/01/21			
21-00607	09/01/21	L0003 LAKEHURST HARDWARE									
1		HARDWARE HOUSE ACCOUNT CHARGES	149.56	1-01-26-310-262	B MINOR TOOLS & EQUIPMENT	R	09/01/21	09/01/21			
2		HARDWARE HOUSE ACCOUNT CHARGES	919.10	1-01-26-310-262	B MINOR TOOLS & EQUIPMENT	R	09/01/21	09/01/21			
			1,068.66								
21-00608	09/01/21	S0896 SHORE BUSINESS SOLUTIONS									
1		PW COPIER INVOICE# AR48205	35.10	1-01-26-305-299	B MISCELLANEOUS	R	09/01/21	09/01/21		AR48205	
2		BH COPIER INVOICE# AR48299	6.01	1-01-20-120-299	B MISCELLANEOUS	R	09/01/21	09/01/21		AR48299	
3		BH COPIER INVOICE# AR47018	12.36	1-01-20-120-299	B MISCELLANEOUS	R	09/01/21	09/01/21		AR47018	
4		PD COPIER INVOICE# AR47749	347.27	1-01-25-240-297	B Police - Miscellaneous	R	09/01/21	09/01/21		AR47749	
			400.74								
21-00609	09/01/21	J0900 JCP&L									
1		ELECTRIC BILL CF	3,352.37	1-01-31-435-276	B ELECTRICITY	R	09/01/21	09/01/21			
21-00610	09/01/21	J0900 JCP&L									
1		ELECTRIC BILL STREET LIGHTING	1,388.23	1-01-31-436-276	B STREET LIGHTING	R	09/01/21	09/01/21			
2		LED STREET LIGHTING	432.00	1-01-31-436-276	B STREET LIGHTING	R	09/01/21	09/01/21			
			1,820.23								
21-00611	09/01/21	C0060 COMCAST CABLE									
1		ESC CABLE MODEM	156.53	1-01-31-440-275	B TELEPHONE	R	09/01/21	09/01/21			
2		COMM CENTER CABLE MODEM	89.62	1-01-31-440-275	B TELEPHONE	R	09/01/21	09/01/21			
3		BORO HALL CABLE MODEM	174.57	1-01-31-440-275	B TELEPHONE	R	09/01/21	09/01/21			
4		PD CABLE MODEM	105.84	1-01-31-440-275	B TELEPHONE	R	09/01/21	09/01/21			
5		PW CABLE MODEM	110.84	1-01-31-440-275	B TELEPHONE	R	09/01/21	09/01/21			
			637.40								
Total Purchase Orders:		27	Total P.O. Line Items:		41	Total List Amount:		41,669.86	Total Void Amount:		0.00

Totals by Year-Fund							
Fund Description	Fund	Budget Rcvd	Budget Held	Budget Total	Revenue Total	G/L Total	Total
CURRENT FUND APPROPRIATIONS	0-01	5,800.00	0.00	5,800.00	0.00	0.00	5,800.00
CURRENT FUND APPROPRIATIONS	1-01	35,014.16	0.00	35,014.16	0.00	0.00	35,014.16
WATER & SEWER OPERATING	1-09	702.00	0.00	702.00	0.00	0.00	702.00
ANIMAL CONTROL FUND	1-15	1.20	0.00	1.20	0.00	0.00	1.20
Year Total:		35,717.36	0.00	35,717.36	0.00	0.00	35,717.36
	c-04	152.50	0.00	152.50	0.00	0.00	152.50
Total of All Funds:		41,669.86	0.00	41,669.86	0.00	0.00	41,669.86

**RESOLUTION
SEPTEMBER 2, 2021**

A RESOLUTION OF THE BOROUGH OF LAKEHURST ADOPTING A FORM REQUIRED TO BE USED FOR THE FILING OF NOTICES OF TORT CLAIMS AGAINST THE BOROUGH IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY TORT CLAIMS ACT, N.J.S.A. 59:8-6.

WHEREAS, the New Jersey Tort Claims Act, N.J.S.A. 59:8-6, provides that a public entity may adopt a form to be completed by claimants seeking to file a Notice of Tort Claim against the public entity; and

WHEREAS, the Borough of Lakehurst is a public entity covered by the provisions of the New Jersey Tort Claims Act; and,

WHEREAS, the Borough of Lakehurst deems it advisable, necessary and in the public interests to adopt a Notice of Tort Claim form in the form attached hereto and made a part hereof.

NOW THEREFORE BE IT RESOLVED, by the Mayor and Council of the Borough of Lakehurst assembled in public session the 2nd day of September, 2021, that the attached Notice of Tort Claim form be and hereby is adopted as the official Notice of Tort Claim form for the Borough; and,

BE IT FURTHER RESOLVED that all persons making claims against the Borough, pursuant to the New Jersey Tort Claims Act, N.J.S.A. 59:8-1, et. seq., be required to complete the form herein adopted as a condition of compliance with the notice requirement of the New Jersey Tort Claims Act.

I, Maryanne Capasso, Municipal Clerk, of the Borough of Lakehurst, County of Ocean, State of New Jersey, do hereby certify that the above resolution was approved by the Mayor and Council at the meeting of September 2, 2021.

**Maryanne Capasso, RMC
Municipal Clerk**

BOROUGH OF LAKEHURST

CLAIMANT INFORMATION

Name: _____

Telephone: _____

Address: _____

Date of Birth: _____

ATTORNEY INFORMATION (If Applicable)

Name: _____

Telephone: _____

Address: _____

Fax: _____

File No.: _____

Send Notices to: Claimant

Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the Borough of Lakehurst.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents requested shall be returned to the:

**Municipal Clerk
Borough of Lakehurst
5 Union Avenue
Lakehurst, NJ 08733**

NOTE CAREFULLY: Your claim will not be considered filed as required under the New Jersey Tort Claims Act until this completed form has been filed with the Borough of Lakehurst. Failure to provide the information requested, including such responses as “to Be Provided” or “Under Investigation” will result in the claim being treated as not being properly filed.

Timely Notices of Claim must be filed within 90 days after the incident giving rise to the claim.

This form is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate “Not Applicable.”

If you are unable to answer any questions because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies. Where a question asks that you “identify all persons,” provide the name, address, and telephone number of the person.

If you need more space to provide a full answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

“**Claimant**” shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the Borough of Lakehurst.

“**Documents**” shall refer to any written, photographic, or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

“**Person**” shall include in its meaning a partnership, joint venture, corporation, association, trust, or any other kind of entity, as well as a natural person.

“**Public Entity**” shall refer to the Borough of Lakehurst along with any agent, official, or employee of the Borough of Lakehurst against whom a claim is asserted by the Claimant.

NOTE: That the questions are divided into sections relating to the claimant, the claim, property damage, personal injury, and the basis for the claim against the public entity or public employee.

If the claim involves only property damage, the portion on personal injuries need not be answered. If the claim involves no property damage, then the portion on property damage need not be answered.

INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:
 - Any other name by which the claimant is known.

 - Address at the time of the incident giving rise to the claim.

 - Marital Status (at the time of the incident and current).

 - Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, of any of the persons to the Claimant.

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

4. Provide the Claimant's complete version of the events the form the basis of the claim.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name and address of each individual.

6. Identify all public entities or public employees (by name and position) alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition, and the manner in which you claim the condition caused the injury.

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. **Statements such as “should have known” and “common knowledge” are insufficient.**

9. If you or any other party or witness consume any alcoholic beverages, drugs, or medications within twelve hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed, (b) the quantity thereof, (c) where consumed, (d) the names and addresses of all persons present.

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payers. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person of your behalf, including doctors, hospitals or any person repairing damage to property.

11. If any photographs, sketches, charts, or maps were made with respect to anything which is the subject matter of the Claim, state the date thereof, the names and addresses of the persons making the maps and of the persons who have present possession thereof. Attach copies of any photographs, sketched, charts or maps.

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; the date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.

13. State the total amount of your claim and the basis on which you calculated the amount claimed.

14. Provide copies of all documents, memoranda, correspondence, reports (including police reports), etc. Which discuss, mention, or pertain to the subject matter of this claim.

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

PROPERTY DAMAGE CLAIM

16. If your claim is for property damage, attach a description of the property and an estimate of the cost of repair. If your claim does not involve any claim for property damage, enter "None."

Note: If your claim is for property damage only, initial here and proceed directly to the certification section on the next to last page of this form.

☐Initials: _____

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity. State the time and place of the complaint and the person or persons to whom the complaint was made.

18. Describe in detail the nature, extent, and duration of any and all injuries.

19. Describe in detail any injury or condition claimed to be permanent.

20. If confined to any hospital, state name and address of each and the dates of admissions and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

21. If x-rays were taken, state (a) the address of the place where each was taken, (b) the name and address of the person who took them, (c) the date when each was taken, (d) what each disclosed, (e) where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

22. If treated by doctors, including psychiatrist or psychologist, state (a) the name and present address of each doctor, (b) the dates and places where treatments were treatments are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctor whom you propose to have testify on your behalf.

23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movement, hearing or sight, state in detail, the nature and extent of the impairment and what corrective appliances, support, or device you use to overcome or alleviate the impairment.

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury, and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

25. If any treatments, operations, or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation, or surgery, (b) the purpose thereof and the results anticipated or expected, (c) the name and address of the doctor who recommended the treatments operations or surgery, (d) the name and address of doctor who will administer or perform the same, (e) the estimated medical expenses to be incurred, (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence, (g) all other losses or expenditure anticipated as a result of the treatment, operations or surgery, (h) further if it is your intention to undergo the treatments, operation or surgery, please give an approximate date.

26. Itemize any and all expense incurred for hospital, doctors, nurses, x-rays, medicines, care, and appliances and indicate which expenses were paid by any insurance coverage.

27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer, (b) position held and the nature of the work performed, (c) average weekly wages for the year prior to the injury, (d) period of time lost form employment, giving dated, (e) amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, workers' compensation, disability income, social security, and income continuation insurance.

28. If other loss of income, profit or earnings is claimed, state (a) total amount of loss, (b) give a complete detailed computation of the loss, (c) the nature and dates of the loss.

29. If you are claiming lost wages state (a) the date that the employment began, (b) the name and address of the employer, (c) the position held and the nature of the work performed, (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the year.

DOCUMENT REQUEST: Provide all documents identified in your answers to the above questions.

CERTIFICATION: I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

Signature of Claimant: _____

Authorization for Release of Medical and Hospital Records

Date: _____

To: _____

Re: _____
Patient's Name

Address

Social Security Number

Claim Number

You are hereby authorized and requested to disclose, make available and furnish to:

all information, records, x-rays, reports, or copies thereof relating to my examination, consultation, confinement, or treatment and to permit him or her to inspect and make copies or abstracts thereof.

Approximate date of admission to hospital, first examination, treatment of consultation:

A photocopy of this release form, bearing a photocopy of my signature shall constitute your authorization for the release of the information in accordance with the request made to you.

Signature: _____

Date: _____

RESOLUTION
SEPTEMBER 2, 2021

BE IT RESOLVED by the Mayor and Council of the Borough of Lakehurst, County of Ocean, State of New Jersey hereby accept the Police Department Hold Harmless agreement for use of the newly established workout center located at the Lakehurst Community Center.

I, Maryanne Capasso, Municipal Clerk, of the Borough of Lakehurst, County of Ocean, State of New Jersey, do hereby certify that the above resolution was approved by the Mayor and Council at the meeting of September 2, 2021.

Maryanne Capasso, RMC
Municipal Clerk

**BOROUGH OF LAKEHURST - COUNTY OF OCEAN
ORDINANCE 2021-07**

**ORDINANCE OF THE BOROUGH OF LAKEHURST, IN THE COUNTY OF OCEAN, STATE OF
NEW JERSEY, AUTHORIZING VARIOUS IMPROVEMENTS AND TO APPROPRIATE THE SUM
OF \$100,000 TO PAY THE COST THEREOF, FULLY FUNDED BY THE CAPITAL
IMPROVEMENT FUND**

**BE IT ORDAINED BY THE BOROUGH COUNCIL OF THE BOROUGH OF LAKEHURST,
IN THE COUNTY OF OCEAN, NEW JERSEY (not less than two thirds of all members thereof
affirmatively concurring) AS FOLLOWS:**

Section 1. The Borough of Lakehurst, in the County of Ocean, State of New Jersey (the "Borough") is hereby authorized to undertake the following various improvements.

Sections 2. The sum of \$32,000 is hereby appropriated for the acquisition of Police radios, the sum of \$6,000 is hereby appropriated for computers, the sum of \$25,000 is hereby appropriated for Public Works equipment, the sum of \$10,000 is hereby appropriated for street signs, the sum of \$20,000 is hereby appropriated for bulkhead improvements, and the sum of \$7,000 for a rowboat (hereinafter referred to as "purpose"). Said appropriation shall be fully funded by the Capital Improvement Fund. The sum of \$100,000 is hereby appropriated from the Capital Improvement Fund for the payment of the cost of said purpose.

Section 3. The period of usefulness of the Improvements referred to in Section 2, within the limitations of the Local Bond Law and according to the reasonable life thereof, is not less than five years.

Section 4. The capital budget of the Borough of Lakehurst is hereby amended to conform with the provisions of this ordinance to the extent of any inconsistency herewith. The resolution in the form promulgated by the Local Finance Board showing full detail of the amended capital budget and capital program as approved by the Director of the Division of Local Government Services is on file with the Clerk and is available there for public inspection.

Section 5. The improvements authorized hereby are not current expenses and are general improvements the Borough may lawfully make. No part of the cost of the Improvements authorized hereby has been or shall be specially assessed on any property specially benefited thereby.

Section 6. All ordinances or parts of ordinances, inconsistent herewith are hereby repealed to the extent of such inconsistency.

Section 7. This bond ordinance shall take effect twenty days after the first publication thereof after final adoption, as provided by the Local Bond Law.

Hon. Harry Robbins
Mayor

STATEMENT

The ordinance published herewith has been finally adopted by the governing body of the Borough of Lakehurst, in the County of Ocean, State of New Jersey, by the recorded affirmative votes of at least two-thirds (2/3) of the full membership of the governing body on September 2, 2021, and the twenty (20) day period of limitation within which a suit, action or proceeding questioning the validity of such ordinance can be commenced, has begun to run from the date of first publication of this statement.

Maryanne Capasso, RMC
Municipal Clerk