

CITY COUNCIL

The City of Orange Township, New Jersey

DATE _____

NUMBER 12-2024

TITLE: AN ORDINANCE TO AMEND THE CODE OF THE CITY OF ORANGE TOWNSHIP, CHAPTER 200, ENTITLED "VEHICLES AND TRAFFIC" SECTION 200-52-1 HANDICAPPED PARKING SPACES. (364 Berwick St)

WHEREAS, Connie Mosley - Hayes has in her possession a special identification card issued by the Division of Motor Vehicles of the State of New Jersey; and

WHEREAS Connie Mosley Hayes requested that a handicapped parking space be established in front of her house; and

NOW, THEREFORE, BE IT ORDAINED by the City Council of the City of Orange Township that Section 200-52-1 be and is hereby amended to include a handicapped parking space at the location as follows:

364 Berwick St

BE IT FURTHER ORDAINED that any ordinances or parts thereof in conflict with the provisions of this ordinance be repealed to the extent of such conflict.

BE IT FURTHER ORDAINED that this Ordinance shall take effect upon final passage, approval and publication pursuant to law.

Adopted:

Joyce L. Lanier
City Clerk

Tency A. Eason
Council President

Purpose: Create Handicapped Parking Space

Economic Impact: None

Approved:

Dwayne D. Warren, Esq.
Mayor


A. M. Beath



NJ Primary Care

Deval P. Gadhvi, MD
BY APPOINTMENT ONLY

08/07/2023

To Whom It May Concern

This is a note to confirm that Connie Mosley-Hayes Dob: 11/11/1960 was seen in my office today for a doctor's appointment. The patient will need a handicap parking permit due to her BACK PAIN (M54.9) Lumbar Disc (M51.26) Herniated Cervical (M50.20)

If you have any questions or concerns in this regard, please do not hesitate to call my office at 201-360-0782.

200 Hudson Street
Suite 145
Jersey City, NJ, 07311

Mr. & Mrs Fidelis Onyeukwu

364 Berwick Street

Orange, New Jersey 07050

August 23, 2023.

To whom it may concern,

I am Fidelis Onyeukwu the landlord of the property at 364 Berwick Street Orange, New Jersey 07050 and the tenants who resides here at this address are not permitted to park in the backyard or driveway My family and I have personal vehicles that occupies the driveway

Thank you in advance,



Mr. Fidelis Onyeukwu

NEW JERSEY
MOTOR VEHICLE COMMISSION



CAUTION:

REMOVE BEFORE DRIVING. IT'S THE LAW!

P E R M A N E N T

PERSON WITH DISABILITY PARKING PERMIT



GOOD THROUGH

JAN	FEB	MAR	APR	MAY	JUN
JUL	AUG	SEP	OCT	NOV	DEC
2023	4	2025	2026	2027	2028

The Persons With a Disability Identification Card must be in the possession of the person to whom it was issued when using this placard.

This placard shall expire on the last day of the month punched out above. Punching more than one month and/or year invalidates this placard.

P 2567562

NEW JERSEY NJMVC
AUTO DRIVER LICENSE

DL 11-11-2025
DOB 11-11-1980
ISS 08-05-2023
CLASS D
11-11-2025

MOSLEY-HAYES
CONNIE Y
364 BERWICK ST
ORANGE, NJ 07050
END NONE
RESTR 1

GENDER F HT 5 06 WT 125 BRN

NJMVC

PERSON WITH A DISABILITY ID
PLACARD: P2567562
GOOD THRU: 05/2024

CONNIE Y MOSLEY-HAYES
364 BERWICK ST
ORANGE NJ 07050
EQD

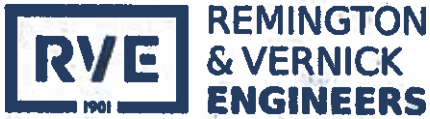
HDC PLACARD: 80
RENEWAL/REPL FEE: 0.00
WL RA20211730431

WE APPRECIATE THE OPPORTUNITY TO SERVE YOU.



VEHICLE REGISTRATION

PLATE NO: 1C4R1FJT0EC281111
VIN: JEE 2014 WAGON BK
364 BERWICK ST
ORANGE NJ 07050
GOOD THRU: 01/2024
GRA NC:8
PASSENGER 08
RENEWAL FEE: 64.50
PT:HD
WW202234100000467



One Harmon Plaza, Suite 600
Secaucus, NJ 07094
O: (201) 624-2137
F: (201) 624-2136

September 12, 2023

Mr. Marty Mayes, Director of Public Works & Engineering
City of Orange Township
29 North Day Street
Orange, New Jersey 07050

Re: City of Orange Township
Recommendation for On-Street Handicapped Parking at 364 Berwick Place
Block 5802, Lot 16
RVE File No. 0717G009

Dear Mr. Mayes:

At the request of the City, our office conducted a site investigation of the above-referenced location to determine the feasibility of installing an on-street handicapped parking stall. Our office conducted the investigation per *City Code Chapter 200-18.1 Handicapped Parking Spaces*. Below please find a summary of the City Code requirements and our findings:

City Code Requirement	Findings
Is parking prohibited in area?	No
Will the parking space interfere with normal traffic flow?	No
Will the number and/or nature of commercial establishments in the area make the parking stall burdensome or impracticable?	No
Will the existence of other restricted parking stall in the vicinity of the proposed parking stall create an unreasonable burden on residents?	No
Is there an existing handicapped parking stall within 300 feet of the proposed parking stall?	No

Our office also noted the following conditions during its site investigation:

- The property appears to be a multi-family residential dwelling.
- There is a driveway associated with the property.

Based on our investigation, the above-referenced property meets the requirements of *City Code Chapter 200-18.1 Handicapped Parking Spaces*.

Should the City approve the application, our office recommends that the stall be constructed on the south curb line of Berwick Place directly in front of the property. Our office can provide technical guidance upon request.

Should you have any questions, please feel free to call Mr. Derek Dorrah at (551) 430-1019.

Sincerely,
REMINGTON & VERNICK ENGINEERS



Joseph P. Barbadoro, P.E.
Project Manager & Engineer

Enclosures

cc : Ellie Serrano, Department of Public Works; Derek Dorrah, RVE

REAL ESTATE LEASE

This Lease Agreement (this "Lease") is dated February 01, 2024, by and between Mr. & Mrs. Fidelis Onyeukwu ("Landlord"), and Mr. & Mrs. Alfred Hayes Jr. ("Tenant"). The parties agree as follows:

PREMISES. Landlord, in consideration of the lease payments provided in this Lease, leases to Tenant Alfred Hayes Jr., Connie Mosley-Hayes, Tamir Lee, Abdul-Azeem Lee and Nayla Lee (the "Premises") located at 364 Berwick Street, Orange, New Jersey 07050.

TERM. The lease term will begin on February 01, 2024 and will terminate on February 01, 2025.

LEASE PAYMENTS. Tenant shall pay to Landlord lease payments of \$1,350.00, payable in advance on the first day of each month, for a total lease payment of \$1,350.00. Lease payments shall be made to Landlord at 364 Berwick Street, Orange, NJ, 07050 which may be changed from time to time by Landlord.

POSSESSION. Tenant shall be entitled to possession on the first day of the term of this Lease, and shall yield possession to Landlord on the last day of the term of this Lease, unless otherwise agreed by both parties in writing. At the expiration of the term, Tenant shall remove its goods and effects and peaceably yield up the Premises to Landlord in as good a condition as when delivered to Tenant, ordinary wear and tear excepted.

USE OF PREMISES/ABSENCES. Tenant shall occupy and use the Premises as a dwelling unit. Tenant shall notify Landlord of any anticipated extended absence from the Premises not later than the first day of the extended absence.

OCCUPANTS. No more than 5 person(s) may reside on the Premises unless the prior written consent of the Landlord is obtained.

PETS. No pets shall be allowed on the Premises.

PARKING. Tenant shall be entitled to use 0 parking space(s) for the parking of motor vehicle(s).

PROPERTY INSURANCE. Landlord and Tenant shall each be responsible to maintain appropriate insurance for their respective interests in the Premises and property located on the Premises.

RENEWAL TERMS. This Lease shall automatically renew for an additional period of one year per renewal term, unless either party gives written notice of termination no later than 60 days prior to the end of the term or renewal term. The lease terms during any such renewal term shall be the same as those contained in this Lease.

MAINTENANCE. Landlord shall have the responsibility to maintain the Premises in good repair at all times and perform all repairs necessary to satisfy any implied warranty of habitability.

UTILITIES AND SERVICES. Tenant shall be responsible for all utilities and services incurred in connection with the Premises.

TAXES. Taxes attributable to the Premises or the use of the Premises shall be allocated as follows:

REAL ESTATE TAXES. Landlord shall pay all real estate taxes and assessments for the Premises.

PERSONAL TAXES. Landlord shall pay all personal taxes and any other charges which may be levied against the Premises, along with all sales and/or use taxes (if any) that may be due in connection with lease payments.

HABITABILITY. Tenant has inspected the Premises and fixtures (or has had the Premises inspected on behalf of Tenant), and acknowledges that the Premises are in a reasonable and acceptable condition of habitability for their intended use, and the agreed lease payments are fair and reasonable. If the condition changes so that, in Tenant's opinion, the habitability and rental value of the Premises are adversely affected, Tenant shall promptly provide reasonable notice to Landlord.

DEFAULTS. Tenant shall be in default of this Lease if Tenant fails to fulfill any lease obligation or term by which Tenant is bound. Subject to any governing provisions of law to the contrary, if Tenant fails to cure any financial obligation within 5 days (or any other obligation within 10 days) after written notice of such default is provided by Landlord to Tenant, Landlord may elect to cure such default and the cost of such action shall be added to Tenant's financial obligations under this Lease. All sums of money or charges required to be paid by Tenant under this Lease shall be additional rent, whether or not such sums or charges are designated as "additional rent". The rights provided by this paragraph are cumulative in nature and are in addition to any other rights afforded by law.

LATE PAYMENTS. For any payment that is not paid within 5 days after its due date, Tenant shall pay a late fee of \$50.00.

CUMULATIVE RIGHTS. The rights of the parties under this Lease are cumulative, and shall not be construed as exclusive unless otherwise required by law.

ACCESS BY LANDLORD TO PREMISES. Subject to Tenant's consent (which shall not be unreasonably withheld), Landlord shall have the right to enter the Premises to make inspections, provide necessary services, or show the unit to prospective buyers, mortgagees, tenants or workers. However, Landlord does not assume any liability for the care or supervision of the Premises. As provided by law, in the case of an emergency, Landlord may enter the Premises without Tenant's consent. During the last three months of this Lease, or any extension of this Lease, Landlord shall be allowed to display the usual "To Let" signs and show the Premises to prospective tenants.

NOTICE. Notices under this Lease shall not be deemed valid unless given or served in writing and forwarded by mail, postage prepaid, addressed to the party at the appropriate address set forth below. Such addresses may be changed from time to time by either party by providing notice as set forth below. Notices mailed in accordance with these provisions shall be deemed received on the third day after posting.

LANDLORD:

Mr. & Mrs. Fidelis Onyeukwu
364 Berwick Street
Orange, NJ 07050

TENANT:

Mr. & Mrs. Alfred Hayes Jr.
364 Berwick Street
Orange, NJ 07050

Such addresses may be changed from time to time by either party by providing notice as set forth above.

GOVERNING LAW. This Lease shall be construed in accordance with the laws of the State of New Jersey.

ENTIRE AGREEMENT/AMENDMENT. This Lease contains the entire agreement of the parties and there are no other promises, conditions, understandings or other agreements, whether oral or written, relating to the subject matter of this Lease. This Lease may be modified or amended in writing, if the writing is signed by the party obligated under the amendment.

SEVERABILITY. If any portion of this Lease shall be held to be invalid or unenforceable for

any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Lease is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

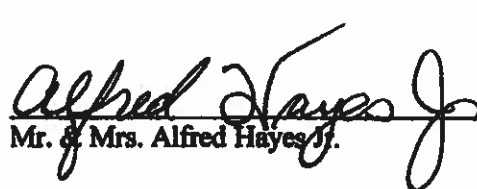
WAIVER. The failure of either party to enforce any provisions of this Lease shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Lease.

BINDING EFFECT. The provisions of this Lease shall be binding upon and inure to the benefit of both parties and their respective legal representatives, successors and assigns.

LANDLORD:


_____ 2/1/2024
Mr. & Mrs. Fidelis Onyeukwu

TENANT:


_____ 2/1/2024
Mr. & Mrs. Alfred Hayes Jr.



Jeep

The Jeep logo is rendered in a metallic, embossed style. Each letter of 'Jeep' is filled with a detailed, topographical map of the state of New Jersey. The letters are set against a dark, reflective background that shows a distorted, wavy image of a landscape with trees and a sky.



New Jersey

2728 H H

Garden State

REGISTRATION SERVICE

This is a standard New Jersey license plate. The text is printed in a bold, sans-serif font. The top line features the state name 'New Jersey' with a small dot above it. The middle line contains the registration number '2728' followed by two letters 'H H'. The bottom line features the state motto 'Garden State' with a small dot above it. In the bottom right corner, there is a small, vertical stamp that reads 'REGISTRATION SERVICE'.



Total amount due **\$160.76**
 Please pay by **February 9, 2024**

Your energy bill

Message Center

J.D. Power named PSE&G #1 for Residential and Business Customer Satisfaction among Large Electric utilities in the East Region. On behalf of the more than 12,000 PSEG employees who work hard every day, we thank you for rating us as a top utilities provider. For J.D. Power 2023 award information, visit jdpower.com/Awards.

Help is available to pay your energy bill! The Low Income Home Energy Assistance Program (LIHEAP) helps customers pay for winter heating bills. The Universal Service Fund (USF) and Fresh Start Program (FSP) also help make your energy bills more affordable and provide relief from past-due balances. Apply online at pseg.com/EnergyAssistance, or call 1-800-510-3102. For more information, see the enclosed bill insert.

Carbon monoxide poisoning is more common in cold weather. Install CO detectors throughout your home or business. To learn more about how to protect yourself, visit pseg.com/GasSafety.

NEXT METER READING February 21, 2024

How to contact us

1-800-438-PSEG (7734)
 Customer Service: 7am to 8pm Mon-Fri
 Emergencies / Outages / WorryFree Services: 24/7
 TTY for the hearing impaired: 1-800-225-0072

Visit pseg.com/myaccount to access your account anytime

Text us. Register for MyAlerts by texting RIEB to 4PSEG(47734)
 > Text OUT to report an outage.

facebook.com/pseg twitter.com/psegdelivers

Bill date: January 25, 2024
 For the period: December 21, 2023 to January 23, 2024

▶ CONNIE MOSLEY-HAYES

ACCOUNT NUMBER
 65 178 486 06

SERVICE ADDRESS
 364 BERWICK ST FL 2
 ORANGE CITY NJ 07050-2132

Snapshot of what you owe

See page 2 for details

Balance remaining from your last bill	\$0.00
Plus This month's charges and credits	\$160.76
Total amount due by Feb 9, 2024	\$160.76

How much energy you're using



This month was 2°F colder compared to this month last year.

If you were enrolled in our Equal Payment Plan, your monthly payment would be \$111.00. To automatically enroll in this plan, please pay \$111.00 instead of the amount due on this bill. For more information, visit pseg.com/epp.



PAY YOUR WAY, 24/7
 We offer a variety of methods that make it easy to pay your bill. See reverse side for more information.

- By checking this box, I authorize PSE&G to initiate recurring ACH/Electronic Debits using the bank account number on the enclosed check.
- By checking this box, I authorize PSE&G to enroll me in paperless billing at this email address: _____

CONNIE MOSLEY-HAYES
 364 BERWICK ST FL 2
 ORANGE NJ 07050-2132

PSE&G CO
 PO BOX 14444
 NEW BRUNSWICK NJ 08906-4444

Account number **6517848606**
 Total amount due by Feb 9, 2024 **\$160.76**

Amount enclosed

6517848606 0000160768 0000000008

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2023

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name CONNIE MOSLEY-HAYES		Box 2. Beneficiary's Social Security Number _____
Box 3. Benefits Paid in 2023 _____	Box 4. Benefits Repaid to SSA in 2023 NONE	Box 5. Net Benefits for 2023 (Box 3 minus Box 4) _____
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit Medicare Part B premiums deducted from your benefits Voluntary Federal Income Tax Withheld Total Additions Benefits for 2023	DESCRIPTION OF AMOUNT IN BOX 4 NONE	
		Box 6. Voluntary Federal Income Tax Withheld _____
		Box 7. Address CONNIE MOSLEY -HAYES 364 BERWICK ST ORANGE NJ 07050-2132
		Box 8. Claim Number (Use this number if you need to contact SSA.) _____

PAYER CORRECTED (if checked) For assistance, call the IRS at 1-800-829-1040

New Jersey Division of Pensions and Benefits PO BOX 285 Trenton, NJ 08626-0295 PAYERS Federal Identification number 22-1917082		1 Gross distribution 2a Taxable amount 2b Taxable amount not determined <input type="checkbox"/> Total distributions <input type="checkbox"/>	OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.
Recipient's Identification number 88A-1026		4 Federal income tax withheld 5 Employee contributions or insurance premiums 0.00	7 Distribution code 7	COPY C For Recipient's Records
Recipient's name, address, and ZIP code CONNIE Y MOSLEY-HAYES 384 BERWICK STREET 2ND FLOOR ORANGE NJ 07050-2132		8a Your percentage of total distribution 8b Total employee contributions	12 State tax withheld 13 State/Payer's state number NEW JERSEY Account number (optional)	This information is being furnished to the Internal Revenue Service. KEEP THIS COPY FOR YOUR RECORDS

Form 1099-R

Department of the Treasury - Internal Revenue Service

INSTRUCTIONS TO THE RECIPIENT

Generally, distributions from retirement plans (IRAs, qualified plans, section 403(b) plans, and governmental 457(b) plans), insurance contracts, etc., are reported to recipients on Form 1099-R.

Qualified Plans and section 403(b) plans-- If your annuity starting date is after November 18, 1996, generally, you must use the simplified method to compute your taxable amount if your payer didn't show the taxable amount in box 2a. See the instructions for Form 1040 or 1040NR.

Loans treated as distributions. If you borrow money from a qualified plan, 403(b) plan or governmental section 457(b) plan, you may have to treat the loan as a distribution and include all or part of the amount borrowed in your income. There are exceptions to this rule. If your loan is taxable, Code L or M will be shown in box 7. See Pub. 575.

Box 1 - Shows the total amount you received this year. The amount may have been a direct rollover or received as periodic payments, as nonperiodic payments, or as a total distribution. Report this amount on Form 1040, or 1040NR on the line for "Pensions and annuities" (or the line for "Taxable amount"). However, if this is a lump-sum distribution see Form 4972, Tax on Lump-Sum Distributions. If you have not reached minimum retirement age, report your disability payments on the line for "Wages, salaries, tips, etc." Also report on that line permissible withdrawals from eligible automatic contribution arrangements and collective distributions of excess distributions, excess contributions, or excess aggregate contributions.

Box 2a - This part of the distribution is generally taxable. If there is no entry in this box, the payer may not have all the facts needed to figure the taxable amount. In that case, the first box in box 2b should be checked. You may want to get one of the following publications from the IRS to help you figure the taxable amount: Pub. 571, Tax-Sheltered Annuity Programs for Employees of Public Schools and Certain Tax-Exempt Organizations, Pub. 575 or Pub. 939, General Rule for Pensions and Annuities. For a direct rollover, zero should be shown, and you must enter zero (-0-) on the "Taxable amount" line of your tax return. If this is a total distribution from a qualified plan and you were born before 1936 (or you are the beneficiary of someone born before 1936), you may be eligible for the 10-year tax option. See Form 4972 instructions for more information. If you're an eligible retired public safety officer who elected to exclude from income distributions from your eligible plan used to pay certain insurance premiums, the amount shown in box 2a hasn't been reduced by the exclusion amount. See the instructions for Form 1040 or 1040NR for more information.

Box 2b - If the first checkbox is checked, the payer was unable to determine the taxable amount, and box 2a should be blank. If the second checkbox is checked, the distribution was a total distribution that closed out your account.

Box 3 - If you received a lump-sum distribution from a qualified plan and you were born before January 2, 1936 (or you are the beneficiary of someone born before January 2, 1936), you may be able to elect to treat this amount as a capital gain on Form 4972 (file on Sch. D (Form 1040)). See instructions for Form 4972.

Box 4 - Shows Federal income tax withheld. Include this on your income tax return as tax withheld, and if box 4 shows an amount other than zero, attach Copy B to your return. Generally, if you will receive payments next year that are not eligible rollover distributions, you can change your withholding or elect not to have income tax withheld by giving the payer Form W-4P, Withholding Certificate for Pension or Annuity Payments.

Box 5 - Generally, this shows the employee's investment in the contract (after-tax contributions), if any, recovered tax free this year.

Box 7 - These codes identify the distribution you received: 1 - Early distribution, no known exception (in most cases, under age 59 1/2) (File Form 5329 if you qualify for an exception to the additional 10% tax). For a rollover to a traditional IRA of the entire taxable part of the distribution, do not file Form 5329. See Form 1040 instructions. 2 - Early distribution exception applies (under 59 1/2) (You need not file Form 5329). 3 - Disability (You need not file Form 5329). 4 - Death (You need not file Form 5329). 5 - Normal distribution. 6 - Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2023. A - May be eligible for 10-year tax option (See Form 4972). E - Excess annual additions under section 415 (Report on Form 1040 on the line for taxable pension or annuity income. You need not file Form 5329). G - Direct rollover to a qualified plan, a 403(b) plan, a governmental 457(b) plan, or an IRA. L - Loans treated as distributions. M - Qualified plan loan offset. P - Excess contributions plus earnings/excess deferrals taxable in 2022.

Box 8a - If a total distribution was made to more than one person, the percentage you received is shown.

Box 9b - If you are a new retiree and this is the first year that you received benefits, the amount shown is your after-tax contribution. This differs from your total contribution to the pension plan because your normal pension contribution has been tax-deferred since January 1987. It is used to compute the taxable portion of the distribution. See Pub. 575.

Boxes 12 and 13 - If state income tax was withheld from the distribution, these boxes will be completed

▶ PLACING YOUR TAX RETURN BY MAIL OUT AGAIN HERE

* Indicates a change to the amount of your allowance(s) and/or deduction(s).

RETAIN AS EVIDENCE OF YOUR DEDUCTIONS

PEN051 (Rev. 10/05/2021)



Department of the Treasury
STATE OF NEW JERSEY
Trenton, New Jersey 08625-0295

SEQUENCE NUMBER
2531260

Public Employees' Retirement System 1

DATE: FEB 01 2024

NON-NEGOTIABLE

ELECTRONIC FUND TRANSFER

DEPOSITED TO THE ACCOUNT OF:

CONNIE Y MOSLEY-HAYES

564 DERWICK STREET

2ND FLOOR

ORANGE NJ 07050

ROUTE NUMBER: #####

BANK NAME: WELLS FARGO BANK

ACCOUNT NUMBER: #####

AMOUNT DEPOSITED: _____

NOTE: Bank and/or account number changes may result in the CANCELLATION OF YOUR AUTOMATIC PAYROLL DEPOSIT and the issuance of one or more regular pension checks sent to your mailing address prior to any changes taking effect. Failure to notify the Division of Pensions and Benefits of bank account changes may result in improper disposition of your payment. CANCELLATION OF ELECTRONIC FUND TRANSFER MUST BE MADE IN WRITING AND CONTAIN THE MEMBER'S SOCIAL SECURITY NUMBER, NAME AND SIGNATURE. ACCOUNT NUMBER AND BANK CHANGES REQUIRE SUBMISSION OF A NEW EFT AUTHORIZATION FORM.

Please be sure to keep your mailing address current with the Division of Pensions and Benefits.

Wells Fargo Combined Statement of Accounts

January 17, 2024 ■ Page 1 of 6



CONNIE Y MOSLEY -HAYES
364 BERWICK ST
2ND FLOOR
ORANGE NJ 07050-0000

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711

1-800-TO-WELLS (1-800-869-3657)

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (347)
P.O. Box 6965
Portland, OR 97228-6965

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	<input checked="" type="checkbox"/>	Direct Deposit	<input checked="" type="checkbox"/>
Online Bill Pay	<input checked="" type="checkbox"/>	Auto Transfer Payment	<input type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>	Overdraft Protection	<input checked="" type="checkbox"/>
Mobile Banking	<input checked="" type="checkbox"/>	Debit Card	<input type="checkbox"/>
My Spending Report	<input checked="" type="checkbox"/>	Overdraft Service	<input type="checkbox"/>

Summary of accounts

Checking and Savings

Account	Page	Account number	Ending balance last statement	Ending balance this statement
Wells Fargo® Essential Checking	2			
Wells Fargo Way2Save® Savings	4			
Total deposit accounts				

State of NJ Firearm IDENTIFICATION CARD

In conjunction with a valid form of government ID, gives permission to purchase rifles and shotguns pursuant to provisions of N.J.S.2C:58-3 with amendments and supplements, is granted to:

Applicant Name: Connie Y Mosley-Heyes

SBI Number: 636307H

**Residential Address: 364 Berwick Street 2nd Fl
Orange, NJ, 07050**

Issuing Authority: Orange Pd (NJ0071700)

Date Approved: 08/23/2022

Confirmation Number: 22222627142

Note - This card is void upon you becoming subject to any of the disabilities set forth in Section 2C:58-3 of the New Jersey Statutes whereupon this card shall be returned to the Superintendent of State Police within 5 days.

Failure to surrender this card is a crime of the 4th degree. S.P. 645

CITY OF ORANGE TOWNSHIP
DEPARTMENT OF PUBLIC WORKS & ENGINEERING

HANDICAP REQUEST
CHECKLIST

Name: Connie Mosley-Hays Address: 364 Berwick St. 2ND fl.
Phone number: 973-202-1535
Email Address: C.MOFLRER1160@gmail.com

- Letter from the individual addressed to: Marty Mayes
Director of Public Works
29 North Day ST.
Orange, New Jersey 07050
- Letter from the Doctor stating your medical condition
- Copy of Driver's License
- Copy of Disable I.D. Card
- Copy of Handicap Place Card and/or License Plate.
- Copy of Registration Card

Mrs. Connie Mosley-Hayes

364 Berwick Street

Orange, New Jersey 07050

Email: c.mofirer1160@gmail.com

February 8, 2024.

Keesha Lewis – Clerical Support for Public Works/Engineering

City Hall

29 Day Street

Orange, New Jersey 07050

Hello Ms. Keesha Lewis,

I am leaving at your City of Orange Township Department of Public Works & Engineering office a copy of all the requested documents for a Handicap Request and more. This office has request more from me than what's on the Handicap Request List. So, I included other documents to verify my current address.

1. The New and Old Handicap Request Checklist
2. Letter from the Doctor
3. Placard Card # P2567562, New Jersey REAL I.D. Driver License with the Gold Star in the Upper Right-Hand Corner, MVC Person with a Disability ID, New Jersey Vehicle Registration
4. A picture of my Jeep Handicap License Plate # 2728HH
5. A copy of the Lease for the resident I resides at: 364 Berwick Street Orange, New Jersey 07050
6. A letter from my landlord where I rent the apartment
7. A current PSE&Gas Bill /with the address
8. A 2023 Form SSA-1099 – Social Security Benefit Statement/with the address
9. A 2023 Form 1099-R New Jersey Division of Pensions and Benefits/with current address
10. A current Pension Statement/with address and the Bank Name – Wells Fargo Bank
11. A current Well Fargo Bank Statement/with the address
12. A State of NJ Firearm Identification Card/with my SBI number giving by Orange Police Department/with the address

Please make sure that this list of people receives a copy of these documents:

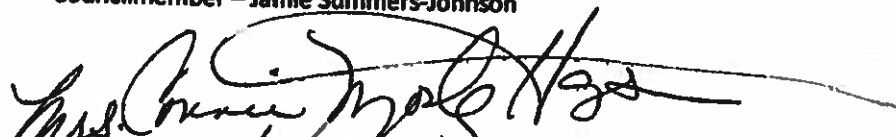
Mayor – Dwayne Warren

Director of Public Works – Marty Mayers

Director of Planning & Economic – Laquana Best

Code Enforcement Assistant – Lisa Drummond

Councilmember – Jamle Summers-Johnson


2/8/2024