

TOWN OF STONY POINT  
OFFICE OF TOWN CLERK

74 East Main Street  
Stony Point, New York 10980  
(845) 786-2716 Ext. 107 ~ Fax (845) 786-2783



Megan Carey, Town Clerk  
Holli Finn, Deputy Town Clerk

**STONY POINT TOWN BOARD**

**Agenda**

**7:00PM**

**April 12, 2022**

Pledge of Allegiance  
Roll Call  
Supervisors Report  
Police Dept Report  
Golf Course Report  
Purchase Order Request  
Audit of Bills  
Minutes: March 22, 2022  
Departmental Reports  
Correspondence  
Public Input-Limited to 3 minutes

1. Promotion- Police Detective
2. Appoint Part Time Police Officer
3. Authorize Town Clerk to advertise for Bid for Day Camp Bus Transportation
4. Authorize Town Clerk to advertise for Bid for Paving
5. Authorize Town Clerk to advertise for Bid for Playground Equipment
6. Authorize Town Clerk to advertise for Bid for Highway Garage Roof
7. Renew Service Contract - Centurion Telephone Contract
8. Waive Waiting Period for Liquor License for McFadden Group/Patriot Hills
9. Waive Waiting Period for Liquor License for The Perfect Pint, Inc.
10. Set Fees for Day Camp/Playground Programs
11. Set Fees for Town Pool
12. Approve Request to Hire Cashiers for Town Pool
13. Approve Request to Hire Lifeguards for Town Pool
14. Hire Maintenance Mechanic I-Parks Department
15. Hire Grounds Worker-Parks Department
16. Surplus Landscape Trailer
17. Approve 2021 Budget Transfers
18. Request from SPPAL for Use of Justice Court and Surrounding Properties-Drive-In Movie
19. Donation-North Rockland Youth Hockey

Executive Session-If Necessary

#1

# Promotion- Police Detective

#2

Appoint Part Time Police  
Officer- Andrew Esposito

**Specification for Bus Transportation for Summer Recreation Program 2022**

#3

1. Summer program commences: June 27, 2022  
Summer Program ends: August 5, 2022

**FIVE (5) TRIPS: (Departure time 10:30am/3 pm return time unless otherwise noted)**

JUNE 29<sup>th</sup>: Round trip to High Exposure in Northvale, NJ - 4 buses

JULY 6<sup>th</sup>: Round trip to The Castle Fun Center in Chester, NY – 4 buses (4pm return time)

JULY 12<sup>th</sup> (**TUESDAY**): Round trip to Boulder Stadium in Ramapo, NY – 4 buses

JULY 20<sup>th</sup>: Round Trip to Lake Welch Beach Stony Point, NY - 4 buses

July 27<sup>th</sup>: Round trip to Bounce Trampoline Park in Valley Cottage, NY – 4 buses

**WEEKLY TRIPS WITHIN ROCKLAND COUNTY:**

- One (1) round trip each week (Thursday) for six (6) weeks to the movie theater (location TBD)  
– 5 buses

**BIDDERS WILL ALSO BE REQUIRED TO BE ABLE TO FURNISH ADDITIONAL OR REPLACEMENT BUSES WITHIN FORTY-FIVE (45) MINUTES OF BEING NOTIFIED**

Holli Finn

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#4

**From:** Karl Javenes  
**Sent:** Monday, April 4, 2022 12:30 PM  
**To:** Megan Carey; Holli Finn  
**Cc:** Supervisor; Gregg Smith  
**Subject:** Paving bid

Good afternoon,  
Please place the road paving bid on the agenda for the next town board meeting.  
Use the previous years and change the dates appropriately.  
Thank you

Karl Javenes  
Superintendent of Highways  
Town of Stony Point  
74 East main Street,  
Stony Point, NY 10980  
845-786-2300  
914-906-4836

#5

Holli Finn

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**From:** Karenanne Nigro  
**Sent:** Tuesday, April 5, 2022 10:22 AM  
**To:** Holli Finn; Megan Carey  
**Cc:** Supervisor; Karl Javenes; Gregg Smith  
**Subject:** Playground Equipment

Good morning~

Can you please put on the April 12<sup>th</sup> agenda meeting ~ approve to go out to bid for playground equipment. We will have everything to you later today or early tomorrow.

Thank you,

*Karenanne Nigro*

Recreation Dept.  
Town of Stony Point  
845 947-5261 office  
845 786-2220 fax

[knigro@townofstonypoint.org](mailto:knigro@townofstonypoint.org)

**LIKE US ON FACEBOOK**

<https://www.facebook.com/StonyPointRecreation>

## Charles Eccher Park

### Playground equipment bid specifications

- 1- King Kong play structure designed for ages 2-5 in color- natural.
- 1- Monkey around play structure designed for ages 2-5 in color- natural.
- 2- free safety signs.
- 1- Maze go round designed for ages 2-12 in color- natural.
- 1- two seat see saw designed for ages 2-12 in color- natural.
- 1- 9 station fitness group designed for ages 13- +.
- 2- 5" single post swing frame 8ft- 2 bay in color- brown.
  
- 4- belt seat swing bundle in color- black.
  
- 3- bucket seat swing bundle in color- black.

All shipping fees must be included with professional installation including concrete footings.

#### **General**

Prevailing wages included.

Specified equipment or equal.

Contractor is responsible for obtaining building permit and all permit fees will be waived.

All equipment specifications must be submitted and approved by a town official.

## Riverfront Park

### Playground equipment bid specifications

- 1- Tiger tail play structure designed for ages 2-12 in color- primary.
- 1- Safety sign.
- 1- two seat see saw designed for ages 2-12 in color- primary.
- 1- 5" single post swing frame 8ft- 2 bay in color- brown.
- 2- belt seat swing bundle in color- black.
- 2- bucket seat swing bundle in color- black.

All shipping fees must be included with professional installation including concrete footings.

### **General**

Prevailing wages included.

Specified equipment or equal.

Contractor is responsible for obtaining building permit and all permit fees will be waived.

All equipment specifications must be submitted and approved by a town official.



## Add/Alternate for New Playground Equipment

### Clark Park

Playground equipment bid specifications

- 1- Monkey in the middle play structure designed for ages 2-12 in color- natural.
- 1- Safety sign.
- 1- two seat see saw designed for ages 2-12 in color- primary.
- 1- 5" single post swing frame 8ft- 2 bay in color- brown.
- 2- belt seat swing bundle in color- black.
- 2- Bucket seat swing bundle in color-black.

### Heights Park

Playground equipment bid specifications

- 1- 5' free standing single wave slide designed for ages 2-12 in color- natural.
- 1- two seat see saw designed for ages 2-12 in color- natural.
- 1- 5" single post swing frame 8ft- 2 bay in color- brown.
- 2- belt seat swing bundle in color- black.
- 2- bucket seat swing bundle in color- black.

### Laurel Park

Playground equipment bid specifications

- 1- 5' free standing single wave slide designed for ages 2-12 in color- primary.
- 1- two seat see saw designed for ages 2-12 in color- primary.
- 1- 5" single post swing frame 8ft- 2 bay in color- brown.
- 2- belt seat swing bundle in color- black.
- 2- bucket seat swing bundle in color- black.

### Town pool Park

Playground equipment bid specifications

- 1- Chimp champ play structure designed for ages 2-12 in color- primary.
- 1- Safety sign.
- 1- two seat see saw designed for ages 2-12 in color- primary.

All shipping fees must be included with professional installation including concrete footings.

### General

Prevailing wages included.

Specified equipment or equal.

Contractor is responsible for obtaining building permit and all permit fees will be waived.

All equipment specifications must be submitted and approved by a town official.

**BID PROPOSAL-ADD/ALTERNATE PLAYGROUND EQUIPMENT**

ALL PRICES BID MUST BE FIRM; I.E., NO PRICE ADJUSTMENTS ARE PERMITTED.

BID PRICES ARE TO BE FILLED OUT BOTH IN WORDS AND FIGURES.

IN CASE OF ANY DISCREPANCY, THE PRICE IN WORDS WILL GENERALLY BE TAKEN AS THE BID PRICE.

\$ \_\_\_\_\_

\_\_\_\_\_  
WRITTEN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NO.

#6

Authorize Town Clerk to Advertise for  
Bids for Highway Garage Roof

# L

PRODUCT 1881 ALIGN TYPE DIRECT VON TRIS LIFE

Fold at (s) to fit 771C and 5030C Envelopes

**CENTURION TELEPHONE S/S INC.**  
 6 SUMMERVILLE ROAD  
 GOSHEN, NEW YORK 10924

**INVOICE**

6132

(845) 651-2444  
 r3387@aol.com

TO TOWN OF STONY POINT

MAIN STREET

STONY POINT N.Y.

DATE 3-29-22  
 SHIP TO

*[Signature]*

ORDER NO.

SALESPERSON DATE SHIPPED SHIPPED VIA FOB POINT TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
>	SERVICE CONTRACT FOR TELEPHONE AND VOICE MAIL SYSTEMS		
	INCLUDES ONE YEAR SERVICE FROM 4-22 to 4-23		
	ALL PARTS AND LABOR FOR THE FOLLOWING LOCATIONS		
	TOWN HALL STONY POINT		
	POLICE DEPARTMENT STONY POINT		
	JUSTICE COURT STONY POINT		
	COST	\$5,000	00
	NO INCREASE FROM LAST YEAR		
TOTAL AMOUNT DUE			\$5,000 00

THANK YOU

PRODUCT 1081 ALIGN TYPE DIRECTLY ON THIS LINE

Fold at (-) to fit 7710 and 5030C Envelopes

**CENTURION TELEPHONE S/S INC.**  
6 SUMMERVILLE ROAD  
GOSHEN, NEW YORK 10924

**6133**

(845) 651-2444  
r3387@aol.com

DATE 3-29-22 ORDER NO.  
SHIP TO

TO TOWN OF STONY POINT

MAIN STREET

PATRIOT HILLS GOLF COURSE

STONY POINT N.Y.

*Barry QM*

SALESPERSON DATE SHIPPED SHIPPED VIA FOB POINT TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
>	SERVICE CONTRACT: TELEPHONE AND VOICE MAIL SYSTEMS		
	INCLUDES ONE YEAR SERVICE ALL PARTS AND LABOR		
	FROM 4-22 to 4-23		
	ALL EQUIPMENT AT PATRIOT HILLS GOLF COURSE		
	COST	\$900	00
	TOTAL DUE	\$900	00

THANK YOU

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

# 8

## Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice Sent:  1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:  
For premises outside the City of New York:

New Application  Removal  Class Change

For premises in the City of New York:

New Application  New Application and Temporary Retail Permit  Renewal  Alteration  Removal

Class Change  Method of Operation  Corporate Change

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date

For **Renewal** applicants, answer all questions

For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For **Corporate Change** applicants, attach a list of the current and proposed corporate principals

For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type

For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

**Please include all documents as noted above. Failure to do so may result in disapproval of the application.**

**This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:**

3. Name of Municipality or Community Board:

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable):  Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold:  Beer & cider  Wine, Beer & Cider  Liquor, Wine, Beer & Cider

12. Extent of Food Service:  Full Food menu; full kitchen run by a chef/cook  Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment:

Seasonal Establishment  Juke Box  Disc Jockey  Recorded Music  Karaoke

14. Method of Operation: (check all that apply)  Live Music (give details i.e., rock bands, acoustic, jazz, etc.):

Patron Dancing  Employee Dancing  Exotic Dancing  Topless Entertainment

Video/Arcade Games  Third Party Promoters  Security Personnel

Other (specify):

15. Licensed Outdoor Area:  None  Patio or Deck  Rooftop  Garden/Grounds  Freestanding Covered Structure  
(check all that apply)  Sidewalk Cafe  Other (specify): \_\_\_\_\_

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located within 500 feet of three or more on-premises liquor establishments?  Yes  No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation?  Yes  No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:  
   

Name
Serial Number

21. Does the applicant or licensee own the building in which the establishment is located?  Yes (if YES, SKIP 23-26)  No

**Owner of the Building in Which the Licensed Establishment is Located**

22. Building Owner's Full Name:

23. Building Owner's Street Address:

24. City, Town or Village:  State:  Zip Code:

25. Business Telephone Number of Building Owner:

**Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice**

26. Representative/Attorney's Full Name:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name:  Title:

Principal Signature:

ANDREA O'BRIEN  
NYS ABC LAW CONSULTING GROUP  
LIQUOR LICENSE CONSULTANT  
WWW.NYSLIQUOR.ORG  
ANDREA@LIQUORAUTHORITY.ORG  
914-980-9717

#9

April 4, 2022

Town of Stony Point  
Office of the Town Clerk  
74 E Main St  
Stony Point, NY 10980

Re: The Perfect Pint, Inc  
337 N. Liberty Dr.  
Tomkins Cove, NY 10986

Dear Town Clerk:

Enclosed herewith is the 30-Day Notice to the Municipality for the above-mentioned The Perfect Pint, Inc., part of the NYS Liquor Authority application for a Liquor License.

We respectfully request a waiver of the 30-day wait period so that the applicant can proceed quickly with submitting the change request to the NYSLA.

If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely yours,

*Andrea O'Brien*

Andrea O'Brien  
Liquor License Consultant

Encl.



# Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice Sent:

1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

New Application  Removal  Class Change

For premises in the City of New York:

New Application  New Application and Temporary Retail Permit  Renewal  Alteration  Removal  
 Class Change  Method of Operation  Corporate Change

For New and Temporary Retail Permit applicants, answer each question below using all information known to date

For Renewal applicants, answer all questions

For Alteration applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For Corporate Change applicants, attach a list of the current and proposed corporate principals

For Removal applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For Class Change applicants, attach a statement detailing your current license type and your proposed license type

For Method of Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board:

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable):  Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold:  Beer & cider  Wine, Beer & Cider  Liquor, Wine, Beer & Cider

12. Extent of Food Service:  Full Food menu; full kitchen run by a chef/cook  Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment:

Seasonal Establishment  Juke Box  Disc Jockey  Recorded Music  Karaoke

14. Method of Operation: (check all that apply)  Live Music (give details i.e., rock bands, acoustic, jazz, etc.):

Patron Dancing  Employee Dancing  Exotic Dancing  Topless Entertainment

Video/Arcade Games  Third Party Promoters  Security Personnel

Other (specify):

15. Licensed Outdoor Area: (check all that apply)  None  Patio or Deck  Rooftop  Garden/Grounds  Freestanding Covered Structure  
 Sidewalk Cafe  Other (specify):

- 16. List the floor(s) of the building that the establishment is located on:
- 17. List the room number(s) the establishment is located in within the building, if appropriate:
- 18. Is the premises located within 500 feet of three or more on-premises liquor establishments?  Yes  No
- 19. Will the license holder or a manager be physically present within the establishment during all hours of operation?  Yes  No
- 20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:  
   
Name Serial Number
- 21. Does the applicant or licensee own the building in which the establishment is located?  Yes (if YES, SKIP 23-26)  No

Owner of the Building in Which the Licensed Establishment is Located

- 22. Building Owner's Full Name:
- 23. Building Owner's Street Address:
- 24. City, Town or Village:  State:  Zip Code:
- 25. Business Telephone Number of Building Owner:

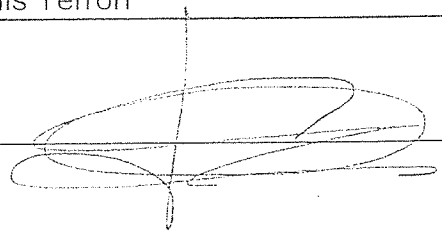
Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

- 26. Representative/Attorney's Full Name:
- 27. Representative/Attorney's Street Address:
- 28. City, Town or Village:  State:  Zip Code:
- 29. Business Telephone Number of Representative/Attorney:
- 30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.

- 31. Printed Principal Name:  Title:

Principal Signature: 

# 70

# *Stony Point Recreation*

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*5 Clubhouse Lane Stony Point NY 10980*

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*(845) 947-5261*

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April 4, 2022

Members of the Town Board,

I am requesting that we increase the following fees for Day Camp and the Playground Program.

## Day Camp

1 <sup>st</sup> child from \$250 to	\$275
2 <sup>nd</sup> child from \$200 to	\$225
3 <sup>rd</sup> and any additional children from \$150 to	\$175

## Playground Program

1 <sup>st</sup> child from \$75 to	\$100
2 <sup>nd</sup> and each additional child from \$60 to	\$75

Respectfully Submitted,

Karenanne Nigro  
Recreation Facilities Supervisor  
[knigro@townofstonypoint.org](mailto:knigro@townofstonypoint.org)

#11

# *Stony Point Recreation*

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*5 Clubhouse Lane Stony Point NY 10980*

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*(845) 947-5261*

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April 4, 2022

Members of the Town Board,

I am requesting that we increase the following fees for the town pool.

## **Town Pool**

Family of up to five from \$100 to	<b>\$125</b>
Additional Children from \$25 to	<b>\$35</b>
Individual Pass from \$35 to	<b>\$45</b>

I am requesting we keep the following fees the same.

Guest \$10  
Seniors FREE  
Nonresident Seniors \$5

Respectfully Submitted,

Karenanne Nigro  
Recreation Facilities Supervisor  
[knigro@townofstonypoint.org](mailto:knigro@townofstonypoint.org)

# *Stony Point Recreation*

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*5 Clubhouse Lane Stony Point NY 10980*

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*(845) 947-5261*

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#12  
4/13

March 29, 2014

Members of the Town Board,

I am requesting approval to hire the following people to be employed at the Town Pool as well as the wading pool at Eccher Park from 6/25/22 thru 9/5/22.

I am requesting that we hire the same **2** cashiers that we have had for the past several years.

## **Cashiers**

Joan Dubois

Debra Wirchansky

I am requesting that we hire the following lifeguards.

## **Lifeguards**

Owen Reilly

Olivia Lopresti

Lucas Lewis

Respectfully Submitted,

Karenanne Nigro

Recreation Facilities Supervisor

[knigro@townofstonypoint.org](mailto:knigro@townofstonypoint.org)

DEPARTMENT OF PERSONNEL  
50 Sanatorium Road, Building A  
Pomona, New York 10970  
Phone: (845) 364-3737 Fax: (845) 364-3738  
Email: rcexams@co.rockland.ny.us

Lori Gruebel  
Commissioner of Personnel

**APPLICANT-** WILLIAM HOGAN

**POSITION-** MAINTENANCE MECHANIC I

**DATE PO 23 SENT-** 03/21/2022    **EFFECTIVE DATE-** 03/21/2022    **DEPT./AGENCY -** T/STONY POINT

The application of the above-named individual for the position noted has been examined to determine eligibility for appointment in accordance with the Civil Service Law and Rules. Any information relating to the determination below, should be emailed to: [rcexams@co.rockland.ny.us](mailto:rcexams@co.rockland.ny.us)

**DETERMINATION OF APPLICATION REVIEW:**

- (X) Approved in accordance with the current specification for the position indicated.
- ( ) Conditional pending:
- ( ) Not approved for reason stated:

**CAUTION:** Any approval of an application is limited solely to the title indicated and does not imply that the individual concerned may now be appointed. Please note the following:

Appointment to any position requires prior classification by this office and establishment by proper authority in your jurisdiction of a position in that title.

- a. Provisional appointment cannot be made if an eligible list containing the names of three or more individuals willing to accept appointment in your jurisdiction exists. Always receive clearance from the appropriate operating sections of this office prior to your making a provisional appointment.
- b. Temporary appointments except to existing vacant but encumbered positions require prior classification of the position if such appointment is (a) for a period in excess of 30 days or (b) for a title above entry level. A temporary appointment to a competitive class position for a period in excess of 30 days must be made from an appropriate eligible list, if available.

**FURTHER ACTION REQUIRED BY APPOINTING AUTHORITY :**

- (X) Application retained. If individual is appointed, send in Employee Data Change Form or Report of Personnel Change (PT1).
- ( ) Application retained pending clearance of condition (see above). If not cleared within (30) days, application will be returned disapproved.
- ( ) Application and/or Employee Data Change Form or Report of Personnel Change (PT1) returned for amendment of filing.

It is the policy of the Rockland County Department of Personnel to provide accommodations in testing to individuals with disabilities and to religious observers and to provide for and promote equal opportunity in employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, or criminal record.

# Rockland County

PERSONNEL

## APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS, LIBRARIES AND SPECIAL DISTRICTS

1. 6 ROUNDS WORKER

POSITION TITLE

EXAM NUMBER

Date Received \_\_\_\_\_ Approved \_\_\_\_\_

Conditional \_\_\_\_\_ Disapproved \_\_\_\_\_

#15

PERSONNEL DEPT.  
USE ONLY

**READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING.** This application is part of the examination. It is necessary that you answer all questions completely. Print in ink or use typewriter. Attach additional sheets if necessary to give complete and detailed information. A resume cannot substitute for the application. **Immediate Notice should be given of any change in address before or after examination.**

2. NAME AND RESIDENCE

Waldron Last Name      Matthew First Name      S Initial

38 Rosetown RD Street Address or Road      Business: (845)-538-3305 Phone Number

TOMKINS COVE NEW YORK R.D. # or P.O. Box #      Town      State      Zip

Email Address: Jennifer Woolley Waldron@smhlp.com

3. Social Security Number [REDACTED]

**NON-REFUNDABLE APPLICATION FILING FEE** Please read the announcement and information on page 4

FEE PAID: \_\_\_\_\_ NO FEE IS DUE BECAUSE:

I have enclosed the fee       I have completed the Application Fee Waiver request form. (Attach to application)

(The fee WILL NOT BE REFUNDED if your application is DISAPPROVED)

4. If you are applying for a law enforcement position or are under 18 years of age, fill in your date of birth. 04/11/2000

MM/DD/YYYY

5. State your actual permanent legal residence and indicate how long you have resided there continuously, up to and including date of this application.

	Yrs.	Mos.
School District <u>North Rockland</u>	<u>22</u>	
Village of _____		
Town of <u>TOMKINS COVE</u>	<u>22</u>	
County of <u>ROCKLAND</u>	<u>22</u>	
State of <u>NEW YORK</u>	<u>22</u>	

6. If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, list below. Call to make arrangements no later than Tuesday before the test date.

Exam Number(s)	Title(s)

7A. Are you currently a U.S. Citizen? (Citizenship is no longer a requirement for employment except for public officer positions) (If "Yes" to question 7A skip to question 7C)

YES  NO

B. If not, do you have the legal right to accept Employment in the United States? Please give alien registration number:

YES  NO

C. Are you a retiree from New York State or any civil division thereof?

YES  NO

D. Are you an Exempt Volunteer Fireman?

YES  NO

**EXTRA CREDIT FOR WAR TIME VETERANS – READ LAST PAGE FOR DETAILS**

8A. I expect to receive or have already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. I served on a full-time active duty Basis other than for training purposes during one of The war periods listed on the back of this form. If not, omit questions 8B-F.

YES  NO

B. Are you currently in the military? What was your date of entry? \_\_\_\_\_ What was or is your expected date of separation? \_\_\_\_\_

YES  NO

C. I wish to claim additional credits as a non-disabled war veteran. YES  NO

I wish to claim additional credits as a disabled war Veteran. YES  NO

(Separation from Service Forms/VA forms must be submitted)

D. I am a New York State Resident. YES  NO

E. I am a US citizen or alien lawfully admitted for permanent residence. YES  NO

F. I have used veteran credits for appointment to a position in New York State or Local government. YES  NO

Holli Finn

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# 16

**From:** Supervisor  
**Sent:** Monday, April 4, 2022 2:26 PM  
**To:** Holli Finn; Megan Carey  
**Subject:** FW: Surplus landscape trailer  
**Attachments:** 67077339282\_\_28209D37-A6CF-458A-8DBF-8CFAC36D7F95.heic

See below and attached for agenda,  
Thank you,  
Jim

*Jim Monaghan*  
*Supervisor*  
*Town of Stony Point*  
*845-786-2716*  
*845-786-3248 - Fax*  
*[www.townofstonypoint.org](http://www.townofstonypoint.org)*

**From:** Karl Javenes <KJavenes@townofstonypoint.org>  
**Sent:** Monday, April 4, 2022 10:42 AM  
**To:** Gregg Smith <GSmith@townofstonypoint.org>; Supervisor <supervisor@townofstonypoint.org>  
**Subject:** Surplus landscape trailer

Good morning,  
Please place this on the next board meeting agenda to surplus the attached landscape trailer. It has exhausted its lifespan and will be brought to a recycling facility.  
Thank you,  
Karl



**DON'T PEEL STICKER FROM FRONT - SEE BACK!**

**Keep this document to show to the police and courts**



508182CU

\*VOID  
VOID\*  
\*VOID  
VOID\*  
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NY 859CR (12/13) NEW YORK STATE REGISTRATION DOCUMENT

G PSD L68510 PSD  
AK2323 PERM  
1989 HAU NONTRANSFERABLE  
TRLR WH 16HGB2028KP000173  
3500 0 UTD1033 OCT 08 2014  
Wt/Seats Fuel/Cyl 033 UTD21F

STONY POINT TOWN  
74 E MAIN ST  
STONY POINT NY 10980 EXEMPT  
AMT PAID (INCL ADD CHG) ANNUAL CHG  
508182CU VOID IF ALTERED EXCEPT FOR ADDRESS NO FEE DUE



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*Tarks*

# CERTIFICATE OF TITLE



## STATE OF NEW YORK



Title and Identification No.	Year	Make	Model Code	Body/Hull	Document No.
16HGB2028KP000173	1989	HAU	N/A	TRLR	919434M
Color	Wt./Sts./Lgth.	Fuel	Cyl./Prop.	New or Used	Type of Title
WH	2000			USED	VEHICLE
Name and Address of Owner(s)					Date Issued
STONY POINT TOWN					6/22/99

Name and Address of Owner(s)

STONY POINT TOWN

74 E MAIN ST  
STONY POINT NY  
10980-1629

VOID IF ALTERED

VOID IF ALTERED

This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.

003743

Lienholder \_\_\_\_\_

Lienholder \_\_\_\_\_

Lienholder \_\_\_\_\_

Lienholder \_\_\_\_\_

MV-999 (11/96)

DEPARTMENT OF MOTOR VEHICLES

# 17

## General Fund

Expenses	Acct. #	Discription	\$ Amount
DR	10.401	TOWN BOARD/PLANNING EXPENSE	(16,256.50)
	A1110.1	JUSTICE CT.-PERS. SERV.	9,754.17
	A1110.4	JUSTICE COURT-EXPENSE	1,796.43
	A1220.1	SUPV.-PERS. SERV.	12,516.21
	A1220.2	SUPV.-EQUIP.	(8,118.00)
	A1220.4	SUPERVISOR-EXPENSE	2,453.78
	A1330.2	TAX REC.-EQUIP.	(1,000.00)
	A1330.4	TAX RECEIVER-EXPENSE	(4,891.10)
	A1355.1	ASSESSOR-PERS.SERV.	1,186.59
	A1355.2	ASSESSOR-EQUIP.	(2,060.71)
	55.402	TAX CERT.	(163,017.00)
	A1355.4	ASSESSOR-EXP. - Other	(22,375.43)
	A1410.1	TOWN CLERK-PERS.SERV.	2,961.96
	A1410.4	TOWN CLERK-EXPENSE	1,646.15
	14.402	TOWN ATTY-SPECIAL COUNCIL	(40,806.15)
	A1420.4	TOWN ATTORNEY FEES - Other	(19,802.46)
	A1440.4	TOWN ENGINEER-EXPENSE	1,019.50
	A1450.4	ELECTIONS-EXPENSE	(12,628.00)
	Total A1620.1	BUILDINGS-WAGES	(3,581.20)
	A20.201	BUILDINGS EQPT - TOWN HALL	(1,000.00)
	A20.202	BUILDING EQUIPMENT-TRAILER	3,370.00
	A20.205	BUILDING EQUIPMENT-RHO	(2,000.00)
	A20.207	BUILDING EQUIPMENT-POLICE	4,588.72
	A20.208	BUILDING EQUIPMENT-PARKS GARAGE	28,059.00
	A20.210	LETCHWORTH-OTHER-CAP. ASSETS	4,000.00
	A20.401	BUILDINGS-TOWN HALL	(9,542.26)
	A20.402	BUILDINGS-TRAILER	5,276.65
	A20.404	BUILDINGS-KIRKBRIDE	(12,903.52)
	A20.405	BUILDINGS-RHO	(14,228.19)
	A20.407	BUILDINGS-POLICE DEPT.	2,711.48
	A20.410	BUILDINGS-LETCHWORTH - Other	(24,054.56)
	A1620.4	BUILDINGS-EXPENSE - Other	(3,327.20)
	A1910.4	INSURANCE	(59,421.84)
	A1920.4	ASSOCIATION DUES	1,600.00
	A1950.4	TAXES	2,201.82
	89.403	REFUNDS-MISC.	5,030.00
	89.405	NO.ROCKLAND-MISC.	(1,500.00)
	A1989.4	MISC. - Other	3,927.22
	A2490.4	COMMUNITY COLLEGE TUITION-CONTR	(53,578.87)
	A2989.4	PD YOUTH BUREAU (PRIOR DARE)	(2,400.47)
	20.102	POLICE OVERTIME	(130,316.58)
	20.103	POLICE HOLIDAY	21,096.85

20.104 · PART-TIME POLICE	(49,183.96)
A3120.1 · POLICE-PERS.SERV. - Other	232,750.49
A3120.2 · POLICE-EQUIPMENT	(49,745.36)
20.402 · POLICE-UNIFORM ALLOWANCE	(14,668.87)
A3120.4 · POLICE-EXP. - Other	(60,785.24)
A3310.4 · TRAFFIC CONTROL	3,425.23
A3410.1 · FIRE FIGHTING-PERS.SERV.	8,430.73
A3410.2 · FIRE FIGHTING-EQUIPMENT	(1,000.00)
A3410.4 · FIRE FIGHTING-EXPENSE	(1,434.86)
A3510.1 · DOG WARDEN-PERS.SERV.	(3,003.57)
A3510.2 · DOG WARDEN-EQUIP.	(1,000.00)
A3510.4 · DOG WARDEN-EXPENSE	(1,116.57)
A3610.1 · ARB-PERS.SERV.	(2,259.11)
A3620.1 · SAFETY INSPECTOR-PERS.SERV.	71,571.18
A3620.2 · SAFETY INSPECTOR-EQUIP.	(1,854.48)
A3620.4 · SAFETY INSPECTOR-EXPENSE	(2,068.33)
A5010.1 · SUPT.OF HWYS.-PERS.SERV.	1,784.66
A5010.4 · SUPT.OF HWYS.-EXPENSE	(1,685.00)
A5132.1 · HIGHWAY GARAGE-PERS.SERV.	(6,628.12)
A5132.2 · HIGHWAY GARAGE-EQUIP.	(1,500.00)
A5132.4 · HIGHWAY GARAGE-EXPENSE	5,902.03
10.102 · PARKS OVERTIME	(1,276.68)
10.103 · PARK GUARDS	(18,941.96)
10.104 · YOUTH-LABORERS	11,735.13
A7110.1 · PARKS-PERS.SERV. - Other	(66,419.47)
A7110.2 · PARKS-EQUIP.	19,319.00
110.401 · PARKS EXPENSE-LL WATER	2,075.68
A7110.4 · PARKS-EXPENSE - Other	(45,806.43)
A7150.1 · POOL-PERS.SERV.	(31,401.41)
A7150.2 · POOL-EQUIP.	(5,000.00)
A7150.4 · POOL-EXPENSE	(2,871.36)
310.101 · DAY CAMP WAGES	(40,753.62)
310.102 · RECREATION PROGRAM-WAGES	(19,924.11)
310.103 · PLAYGROUND COUNSELORS	(18,929.43)
10.401a · DAY CAMP EXPENSE - TRIPS	(29,420.00)
310.401 · DAY CAMP EXPENSE	(37,716.77)
310.402 · RECREATION PROGRAM EXPENSE	(8,909.91)
A7310.4 · RECREATION-YOUTH PROGRAMS - Other	2,903.97
A7550.4 · CELEBRATIONS-MEM.DAY	1,147.46
A7620.2 · SR. CITIZEN-EQUIP.	(1,000.00)
620.401 · TOWN SR CITIZEN & BUS EXPENSES	(1,289.05)
A7620.4 · SR.CITIZENS TRIP-EXPENSE - Other.	(13,337.46)
A8010.1 · ZONING-PERS.SERV.	6,023.80

A8010.4 · ZONING-EXPENSE	9,875.02
A8020.1 · PLANNING-PERS.SERV.	6,474.39
A8020.4 · PLANNING-EXPENSE	70,382.96
A9010.8 · STATE RETIREMENT	38,487.38
A9015.8 · POLICE RETIREMENT	173,116.25
A40.801 · WORKERS COMP-POLICE	5,135.14
A9040.8 · WORKERS COMPENSATION - Other	(21,855.17)
A9050.8 · UNEMPLOYMENT INS.	(8,500.00)
A9089.8 · NY METRO TAX-GENERAL	(1,653.43)
A9710.4 · DEBT.SERVICE-EXPENSE	(15,000.00)
A9710.6 · DEBT SERVICES-BOND PRINCIPAL	(8,700.07)
A9901A · INTERFUND TRANSFER ALLOCATION	3,307.33

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Total	(416,405.48)
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A599- Appropriated Fund Balance	416,405.48
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Total:	
A599 Appropriated Fund Balance	416,405.48

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### Highway

Expenses	Acct. #	\$ Amount
DR		
	D1910.4 · INSURANCE - HIGHWAY	(23,062.30)
	D5110.1 · GENERAL REPAIRS-PERS. SERVICES	19,514.83
	D5110.4 · GENERAL EXPENSE - REG. - Other	193,820.18
	D5130.1 · MACHINERY-PERSONAL SERVICES	2,720.09
	D5130.2 · MACHINERY-EQUIPMENT	(3,422.87)
	.401 · HIGHWAY TOOLS	(2,777.11)
	D5130.4 · EQUIPMENT/MACH.-EXPENSE - Other	(6,465.98)
	D5142.1 · SNOW REMOVAL-PERS.SERV.	(23,397.67)
	D5142.4 · SNOW-REMOVAL-EXPENSE	(25,409.88)
	D9010.8 · RETIREMENT-HWY	12,034.18
	D9030.8 · EMPLOYEE BENEFITS-SOC.SECURITY	(3,526.24)
	D9040.8 · WORKERS COMPENSATION - HIGHWAY	(35,793.83)
	D9060.8 · EMPLOYEE BENEFITS-HEALTH & DENT	(37,467.83)
	D9710.6 · DEBT SERVICE-PRINCIPAL	8,700.05

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Total	75,465.62
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D599- Appropriated Fund Balance	(75,465.62)
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Total:

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**Sewer**

Expenses	Acct. #	\$ Amount
DR	S1950.3 · DISPOSAL CONTRACT DISTRICT 3	1,216.00
	S.401 · MISC EXPENDITURES	(2,350.00)
	S.402 · CONRAIL EXPENSE	(5,689.53)
	S.403 · SS01 EXPENSES SEWER	(1,912.65)
	S8120.4 · COLLECTION SYSTEM EXPENSES	(59,192.88)
	130.102 · SEWER OVERTIME	10,138.91
	S8130.1 · SEWER-PERSONAL SERVICES - Other	2,287.50
	S8130.2 · EQUIPMENT-TREATMENT & DISPOSAL	(204,128.00)
	S8130.4 · SEWER TREATMENT & DISPOSAL	258,479.64
	S9010.8 · RETIREMENT-SEWER	7,974.70
	S9030.8 · EMP. BENEFITS SOC. SECURITY	(1,126.79)
	S9040.8 · WORKERS COMPENSATION - SEWER	(16,305.00)
	S9060.8 · EMP. BENEFITS HLTH & DENTAL	(21,810.52)
	S9710.4 · BOND EXPENSE-SEWER	(5,000.00)
Total		(37,418.62)
	S599- Appropriated Fund Balance	37,418.62
Total:		
	S599 Appropriated Fund Balance	37,418.62

**Enterprise(Golf)**

Expense	Acct. #	\$ Amount
Dr	E7020.4 · ADMINISTRATIVE COSTS	(9,888.35)
	E7140.1 · PERSONAL SERVICES-MAINTENANCE	(26,837.95)
	E7140.2 · GOLF MAINTENANCE-EQUIPMENT	(173,140.00)
	E7140.4 · GOLF MAINTENANCE EXPENSE	13,030.33
	E7180.1 · GOLF COURSE OPERATIONS-PERS.SER	(66,816.88)
	E7180.2 · GOLF COURSE OPERATIONS-EQUIP.	(2,003.56)
	E9010.8 · STATE RETIREMENT-GOLF COURSE	5,470.49
	E9030.8 · SOCIAL SECURITY-GOLF COURSE	(5,687.96)
	E9040.8 · WORKERS COMPENSATION-ENTERPRISE	(1,881.66)
	E9050.8 · UNEMPLOYMENT INS.-ENTERPRISE	(45,000.00)
	E9060.8 · HEALTH & DENTAL-GOLF COURSE	(27,012.76)
	E9710.6 · PRINCIPAL-DEBT.SERVICE	(676,576.00)

Total:		(1,016,344.30)
Revenues		
Cr	E2089 · RECREATION INCOME-GOLF COURSE	376,134.86
Total:		376,134.86
	E599 Appropriated Fund Balance	(640,209.44)

**Ambulance**

Expenses	Acct. #	\$ Amount
Dr	M.403 · AMBULANCE-GAS	(11,238.10)
	M9901 · INTERFUND TRANSFER EXPENSE	(3,371.89)
Total:		(14,609.99)
Cr	M599 · FUND BALANCE APPROP	14,609.99

**Solid Waste**

Expenses	Acct. #	\$ Amount
Dr	SR81604 · SOLID WASTE EXPENSES	46,641.12
Total:		46,641.12
Cr	SL599 · FUND BALANCE APPROP	(46,641.12)

**Street Lighting**

Expenses	Acct. #	\$ Amount
Dr	SL51824 · EXPENSES - STREET LIGHTING	(69,337.62)
Total:		(69,337.62)
Cr	SR599 · FUND BALANCE APPROP	69,337.62



# Stony Point Police Department Youth Bureau / P.A.L.



79 Route 210, Stony Point, New York 10980  
Phone #: (845)786-2242, Fax #: (845)786-3120

Det. Andrew Kryger – Youth Officer  
Det. Sgt. Pedro Garcia

Chief Ed Finn

April 6, 2022

Stony Point Town Board  
74 East Main St  
Stony Point, NY 10980

Re: 2022 SPRING Drive-In Movie

Dear Town Board Members,

On behalf of the Board and Officers of the Stony Point Police Athletic League, we respectfully request permission to use the lawn of the Stony Point Justice Court and surrounding property for our Drive-In Movie. **Needed: Parks employees/bucket truck to install/remove movie screen at each event.** These events are scheduled for 6:00pm to 11:00pm (No Rain dates)

**Friday, April 22**

**Friday May 13**

We respectfully invite the Town Board to be our guests at these events.

Thank you for your support.

Respectfully,

*Andrew Kryger*

Andrew Kryger  
Executive Director  
Stony Point P.A.L.  
Youth Officer

AMK/am



#19

# Donation-North Rockland Youth Hockey