

<i>Date</i>	<i>Agency</i>	<i>Unit</i>
11/7/2012	Cerebral Palsy of New Jersey	1 generator
11/8/2012	Scotch Plains Bd of Elections	26,28,21,30,32,33,34,35,36,37 and 27
10/30/2012	Linden OEM	2 light towers
10/30/2012	Linden OEM	1,13,21,20,22
11/6/2012	Hillside Light tower	1 light towers
10/30/2012	Plainfield EMS	1 generator
11/3/2012	Roselle Park OEM	1 generator #31
10/29/2012	City of Rahway	1 generators
10/29/2012	City of Rahway	2 light towers
10/29/2012	City of Rahway	175 KW
11/4/2012	UC Shelter (Cranford Comm Ctr.)	1 generator
11/6/2012	Linden OEM	1 light tower

**COUNTY OF UNION**  
**OFFICE OF EMERGENCY MANAGEMENT**

300 NORTH AVENUE E.  
WESTFIELD, NEW JERSEY 07090  
OFFICE 908-654-9881 FAX 908-654-9851

**EQUIPMENT RECEIPT FORM**

This is to verify I have received the following items from the Union County Division of Emergency Management:

\_\_\_\_\_  
Generator #14  
\_\_\_\_\_  
electric cord  
\_\_\_\_\_  
1025 Hillside Ave Back of House  
\_\_\_\_\_

DATE: 11/7/2012

OLIVIA KUMME  
Accountable Person (print)

[Signature]  
Accountable Person (signature)

CPNT  
Organization

cell phone #  
Redacted per OPRA.

[Redacted]  
Phone Number

-----  
*OFFICE USE ONLY*

Issued by: CAUFF ID Number: 5213  
(Print Name)

Equipment Return Status :  No repair needed  
 Repair Needed (Description of Damage) \_\_\_\_\_

Equipment Return Date : \_\_\_\_\_

Received by: \_\_\_\_\_ ID Number : \_\_\_\_\_  
(Print Name)

**COUNTY OF UNION**  
**OFFICE OF EMERGENCY MANAGEMENT**

300 NORTH AVENUE E.  
WESTFIELD, NEW JERSEY 07090  
OFFICE 908-654-9881 FAX 908-654-9851

**EQUIPMENT RECEIPT FORM**

This is to verify I have received the following items from the Union County Division of  
Emergency Management:

Light tower  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 11-8-12

\_\_\_\_\_  
Accountable Person (print)

\_\_\_\_\_  
Accountable Person (signature)

SP Blue Star  
Organization

\_\_\_\_\_  
Phone Number

-----  
*OFFICE USE ONLY*

Issued by: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Print Name)

Equipment Return Status :  No repair needed  
 Repair Needed (Description of Damage) \_\_\_\_\_

Equipment Return Date : \_\_\_\_\_

Received by: \_\_\_\_\_ ID Number : \_\_\_\_\_  
(Print Name)

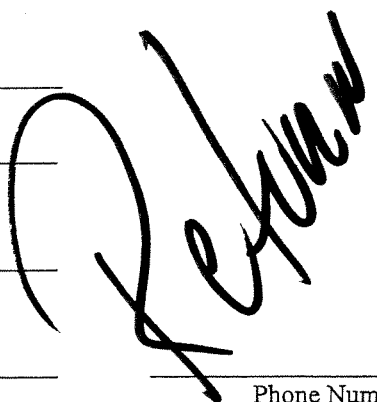
**COUNTY OF UNION**  
**OFFICE OF EMERGENCY MANAGEMENT**

300 NORTH AVENUE E.  
WESTFIELD, NEW JERSEY 07090  
OFFICE 908-654-9881 FAX 908-654-9851

**EQUIPMENT RECEIPT FORM**

This is to verify I have received the following items from the Union County Division of Emergency Management:

Light tower TO  
Blue Star BONNIE BURN RD  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 11-11-12  
\_\_\_\_\_  
Accountable Person (print)  
\_\_\_\_\_  
Accountable Person (signature)   
\_\_\_\_\_  
Organization \_\_\_\_\_ Phone Number \_\_\_\_\_

-----  
*OFFICE USE ONLY*

Issued by: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Print Name)  
Equipment Return Status :  No repair needed  
 Repair Needed (Description of Damage) \_\_\_\_\_  
\_\_\_\_\_

Equipment Return Date : \_\_\_\_\_

Received by: \_\_\_\_\_ ID Number : \_\_\_\_\_  
(Print Name)

**COUNTY OF UNION**  
**OFFICE OF EMERGENCY MANAGEMENT**

300 NORTH AVENUE E.  
WESTFIELD, NEW JERSEY 07090  
OFFICE 908-654-9881 FAX 908-654-9851

**EQUIPMENT RECEIPT FORM**

This is to verify I have received the following items from the Union County Division of  
Emergency Management:

Return Generator  
(2) 13-1-20-22

DATE: 11-12-12

Chabat  
Accountable Person (print)

[Signature]  
Accountable Person (signature)

Linden OEM  
Organization

Return

Phone Number

-----  
*OFFICE USE ONLY*

Issued by: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Print Name)

Equipment Return Status :  No repair needed  
 Repair Needed (Description of Damage) \_\_\_\_\_

Equipment Return Date : \_\_\_\_\_

Received by: \_\_\_\_\_ ID Number : \_\_\_\_\_  
(Print Name)

**COUNTY OF UNION**  
**OFFICE OF EMERGENCY MANAGEMENT**

300 NORTH AVENUE E.  
WESTFIELD, NEW JERSEY 07090  
OFFICE 908-654-9881 FAX 908-654-9851

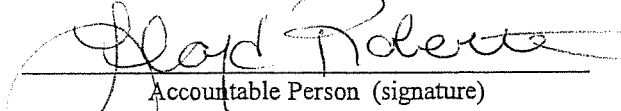
**EQUIPMENT RECEIPT FORM**

This is to verify I have received the following items from the Union County Division of Emergency Management:

23 Heater Meals 276 ~~Light Tower~~  
13 BREAD  
40 Blankets  
3 Cases Hygiene 30  
Light Tower # 5

DATE: 10-6-2012

Lloyd Roberts  
Accountable Person (print)

  
Accountable Person (signature)

LINDEN OEM  
Organization

Phone Number

-----  
OFFICE USE ONLY

Issued by: P. Herzog Ems ID Number: \_\_\_\_\_  
(Print Name)

Equipment Return Status :  No repair needed  
 Repair Needed (Description of Damage) \_\_\_\_\_

Equipment Return Date : \_\_\_\_\_

Received by: \_\_\_\_\_ ID Number : \_\_\_\_\_  
(Print Name)

**COUNTY OF UNION**  
**OFFICE OF EMERGENCY MANAGEMENT**

300 NORTH AVENUE E.  
WESTFIELD, NEW JERSEY 07090  
OFFICE 908-654-9881 FAX 908-654-9851

**EQUIPMENT RECEIPT FORM**

This is to verify I have received the following items from the Union County Division of  
Emergency Management:

1 - 175K Generator  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 10-29-12

\_\_\_\_\_  
Accountable Person (print)

\_\_\_\_\_  
Accountable Person (signature)

Rahway OEM  
Organization

\_\_\_\_\_  
Phone Number

-----  
OFFICE USE ONLY

Issued by: Mike Thompson ID Number: 5206  
(Print Name)

Equipment Return Status :  No repair needed  
 Repair Needed (Description of Damage) \_\_\_\_\_

Equipment Return Date : 10-29-12

Received by: \_\_\_\_\_ ID Number : \_\_\_\_\_  
(Print Name)

**COUNTY OF UNION**  
**OFFICE OF EMERGENCY MANAGEMENT**

300 NORTH AVENUE E.  
WESTFIELD, NEW JERSEY 07090  
OFFICE 908-654-9881 FAX 908-654-9851

**EQUIPMENT RECEIPT FORM**

This is to verify I have received the following items from the Union County Division of  
Emergency Management:

Em-3 RL411-2710  
2 - LIGHT TOWERS Em-4 RL411-2807  
1 - GENERATOR # 14 ~~1011834~~ 1011834  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 10-31-12

CAPT. SHERWOOD  
Accountable Person (print)

SA [Signature]  
Accountable Person (signature)

Dominik SFORZA #  
[Redacted]

CITY OF RAHWAY  
Organization

732-827-2200  
Phone Number

cell ph# redacted per OPRA.

-----  
OFFICE USE ONLY

Issued by: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Print Name)

Equipment Return Status :  No repair needed  
 Repair Needed (Description of Damage) \_\_\_\_\_

Equipment Return Date : \_\_\_\_\_

Received by: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Print Name)



**COUNTY OF UNION**  
**OFFICE OF EMERGENCY MANAGEMENT**

300 NORTH AVENUE E.  
WESTFIELD, NEW JERSEY 07090  
OFFICE 908-654-9881 FAX 908-654-9851

**EQUIPMENT RECEIPT FORM**

This is to verify I have received the following items from the Union County Division of  
Emergency Management:

1 - GENERATOR HONDA 5000 S/N# EA7-1200400

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 10-30-12

\_\_\_\_\_  
Accountable Person (print)

\_\_\_\_\_  
Accountable Person (signature)

PLAINFIELD EMS  
Organization

\_\_\_\_\_  
Phone Number

-----  
*OFFICE USE ONLY*

Issued by: HAMILTON ID Number: # 5309  
(Print Name)

Equipment Return Status :  No repair needed  
 Repair Needed (Description of Damage) \_\_\_\_\_

Equipment Return Date : \_\_\_\_\_

Received by: \_\_\_\_\_ ID Number : \_\_\_\_\_  
(Print Name)

**COUNTY OF UNION**  
**OFFICE OF EMERGENCY MANAGEMENT**

300 NORTH AVENUE E.  
WESTFIELD, NEW JERSEY 07090  
OFFICE 908-654-9881 FAX 908-654-9851

**EQUIPMENT RECEIPT FORM**

This is to verify I have received the following items from the Union County Division of  
Emergency Management:

1-LIGHT TOWER (EM-#2)  
SN# RL411-2908  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 11-06-12

[Signature]  
Accountable Person (print)

Castro  
Accountable Person (signature)

Hillside Twp \_\_\_\_\_  
Organization Phone Number

-----  
*OFFICE USE ONLY*

Issued by: SALERMO ID Number: 5211  
(Print Name)

Equipment Return Status :  No repair needed  
 Repair Needed (Description of Damage) \_\_\_\_\_

Equipment Return Date : \_\_\_\_\_

Received by: \_\_\_\_\_ ID Number : \_\_\_\_\_  
(Print Name)

**COUNTY OF UNION**  
**OFFICE OF EMERGENCY MANAGEMENT**

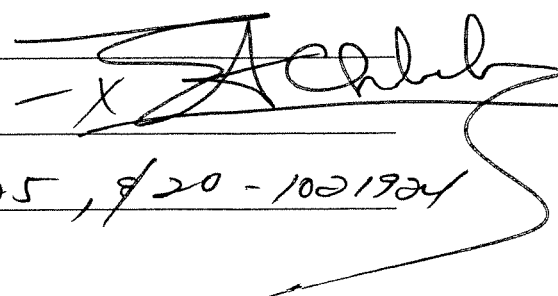
300 NORTH AVENUE E.  
WESTFIELD, NEW JERSEY 07090  
OFFICE 908-654-9881 FAX 908-654-9851

**EQUIPMENT RECEIPT FORM**

This is to verify I have received the following items from the Union County Division of Emergency Management:

GENERATOR #1 EAF-1201829

LIGHT TOWER #2

GENERATOR (13), (21), (20), (22) - X 

(13)-1015344, 21-1021925, 20-1021924  
22-1012561

DATE: 10-30-12

Sgt Don Geisheimer  
Accountable Person (print)

Sgt. Umi 1443  
Accountable Person (signature)

LINDEN PD / LINDENDEM  
Organization Phone Number

-----  
OFFICE USE ONLY

Issued by: SATERMO ID Number: 5211  
(Print Name)

Equipment Return Status :  No repair needed  
 Repair Needed (Description of Damage) \_\_\_\_\_

Equipment Return Date : \_\_\_\_\_

Received by: \_\_\_\_\_ ID Number : \_\_\_\_\_  
(Print Name)

**COUNTY OF UNION**  
**OFFICE OF EMERGENCY MANAGEMENT**

300 NORTH AVENUE E.  
WESTFIELD, NEW JERSEY 07090  
OFFICE 908-654-9881 FAX 908-654-9851

**EQUIPMENT RECEIPT FORM**

This is to verify I have received the following items from the Union County Division of Emergency Management:

~~GENERAC - 28, 27, 34, 26, 30, 29, 32, 33, 36,~~  
~~35, & 27~~

11 GENERATORS

DATE: 11-05-12

Michael MARANITZ  
Accountable Person (print)

[Signature]  
Accountable Person (signature)

UC BOARD OF ELECTIONS  
Organization

\_\_\_\_\_  
Phone Number

-----  
OFFICE USE ONLY

Issued by: SALERNO ID Number: 5211  
(Print Name)

Equipment Return Status :  No repair needed  
 Repair Needed (Description of Damage) \_\_\_\_\_

Equipment Return Date : \_\_\_\_\_

Received by: \_\_\_\_\_ ID Number : \_\_\_\_\_  
(Print Name)

**COUNTY OF UNION**  
**OFFICE OF EMERGENCY MANAGEMENT**

300 NORTH AVENUE E.  
WESTFIELD, NEW JERSEY 07090  
OFFICE 908-654-9881 FAX 908-654-9851

**EQUIPMENT RECEIPT FORM**

This is to verify I have received the following items from the Union County Division of  
Emergency Management:

1 7000 Gen pt Shelter  
For Pet Trailer

DATE: \_\_\_\_\_

M. J. ...  
Accountable Person (print)

Accountable Person (signature)

Community Shelter  
Organization

*M. J. ...  
to  
Robert ...*

\_\_\_\_\_  
Phone Number

-----  
*OFFICE USE ONLY*

Issued by: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Print Name)

Equipment Return Status :  No repair needed  
 Repair Needed (Description of Damage) \_\_\_\_\_

Equipment Return Date : \_\_\_\_\_

Received by: \_\_\_\_\_ ID Number : \_\_\_\_\_  
(Print Name)

**COUNTY OF UNION**  
**OFFICE OF EMERGENCY MANAGEMENT**

300 NORTH AVENUE E.  
WESTFIELD, NEW JERSEY 07090  
OFFICE 908-654-9881 FAX 908-654-9851

**EQUIPMENT RECEIPT FORM**

This is to verify I have received the following items from the Union County Division of  
Emergency Management:

Generator #31 S/N T560111041842  
Blankets 25  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 11/3/12

Det. Richard C. Coon  
Accountable Person (print)

[Signature]  
Accountable Person (signature)

Rosette PK Police  
Organization

908-245-2300  
Phone Number

-----  
*OFFICE USE ONLY*

Issued by: B. H. H. H. H. ID Number: 5212  
(Print Name)

Equipment Return Status :  No repair needed  
 Repair Needed (Description of Damage) \_\_\_\_\_

Equipment Return Date : \_\_\_\_\_

Received by: \_\_\_\_\_ ID Number : \_\_\_\_\_  
(Print Name)