

TOWNSHIP OF HOWELL

4567 Route 9 North
Post Office Box 580
Howell, New Jersey 07731-0580

(732) 938-4500 X2130/2131
Fax (732) 414-3234
www.twp.howell.nj.us

ACKNOWLEDGEMENT

The undersigned hereby acknowledges that the following assigned equipment has been returned & or purchased.

I have read and understand the acknowledgement above:

Date:

7/21/2025

Signature:

[Handwritten Signature]

Print Name:

FRED GASIOA

Department:

COUNCIL

Unpaired Device: _____

Sign out of iCloud/iTunes/App Store: _____

Disconnected Apple ID: _____

Erase all content: _____

Erase from Find my iPhone: _____

Purchased: _____

Trade in Value: _____

Paid: _____

Purchasing

Date:

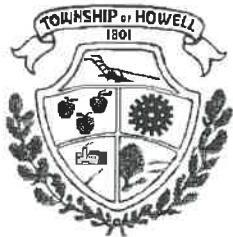
7/21/25

Signature:

[Handwritten Signature]

Print Name:

Taylor Angus Casale



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ACKNOWLEDGEMENT

The undersigned hereby acknowledges receipt of the named item(s) from the Township of Howell for use while in the employment of the Township. I agree to accept responsibility for the proper care of this item(s) while it is in my possession. I understand that this item(s) are the property of the Township of Howell and shall be returned upon request of the Township or upon termination of employment. It is understood that the use of a Township Cell Phone/Tablet/Hot Spot is primarily for Township related business. Any expense incurred by the Township, as a result of personal use, will be at the user's expense and reimbursement to the Township will be required. When leaving I agree to sit down with I.T./Purchasing to remove my information and reset the device.

I have read and understand the acknowledgement above:

Date: 12/3/24

Print Name: Fred Gasior

Department: Council

Item: Cell phone

Phone Number: [REDACTED]

Your township Email **must** be your iCloud/Apple ID/Google:

Charger: YES or NO

Case: YES or NO

Signature: [Signature]