The Law Offices of
CHRISTOPHER J. DASTI
A Professional Corporation
Counsellor at Law
900 Newark Avenue
P.O. Box 779
Forked River, New Jersey 08731
609-549-8990
cdasti@DastiLaw.com
www.DastiLaw.com

Fed Id No.: 83-1186106

File No.:

October 30, 2019

Veronica Laureigh, Township Clerk/Administrator
Township of Lacey
818 W. Lacey Road
Forked River, NJ 08731

Re: Request for Proposal for Township Attorney 2020

Dear Ms. Laureigh:

Please accept this letter and accompanying documents in support of our request to be considered for the position of Township Attorney for the Township of Lacey for 2020.

Attached herewith, please find a copy of my personal resume and representative clients, as well as all documents required by the Request for Proposals for Professional Services for 2020. If we are appointed to serve the Township, I will be the primary contact person for all issues related to the respective position.

I have devoted my legal career to representing public entities. During my career, I have been the municipal attorney for Point Pleasant Borough as well as providing legal counsel to municipalities such as Stafford Township, Barnegat Township, Ocean Township, Manchester Township, as well as countless others. I have represented public entities, and specifically governing bodies and municipalities, in all aspects of local government law. This includes, but is not limited to, being the appointed municipal attorney, handling the day to day activities of the municipality, and representing the municipality in all litigation matters, including tax appeal matters.

I have also handled many labor issues for various municipalities over the years, including but not limited to, hostile work environment allegations, police disciplinary hearings, and labor contract disputes. I have conducted internal labor investigations and issued reports/recommendations to the governing body. This included negotiating labor contracts, and grievance and contractual disputes in both disciplinary hearings and in court.

I have significant experience representing municipalities in affordable housing matters. In 2016 as borough attorney for the Borough of Point Pleasant, I handle the affordable housing litigation mandated through the Mount Laurel IV Supreme Court decision. Through the efforts of the professionals involved, we settled the litigation early, and the Borough became the first municipality in Ocean County and one of the first in the State to receive a Certification of Compliance and Judgment of Repose, thereby satisfying the Supreme Court requirements.

Since founding this firm approximately one year ago, I am proud to say we have secured numerous public appointments, including but not limited to being the Township Attorney and Affordable Housing Attorney in Barnegat Township, the Tax Appeal Attorney and Labor Counsel in Berkeley Township, Special Counsel in Howell Township, Manchester Township, Seaside Park, Point Pleasant Beach, and many others. As you can see from the list of representative clients, which is submitted herewith, I have in the past and currently represent numerous public entities.

We propose an hourly rate of $165.00 per hour for legal services plus out of pocket expenses.

Below please find a list of references that may further attest to my competence, attention to detail, and professionalism:

Martin Lisella, Township Administrator — Phone: 609-698-0080
Township of Barnegat
900 W. Bay Avenue
Barnegat, NJ 08005

John Camera, Township Administrator — Phone: 732-244-7400
Township of Berkeley
627 Pinewald-Keswick Road
P.O. Box B
Bayville, NJ 08721

Joseph Clark, Esq., Township Attorney — Phone: 732-938-4500
Howell Township
4567 Route 9 North
Howell, New Jersey 07731

Frank Pannucci, Jr., Borough Administrator — Phone: 732-892-3434
Borough of Pt. Pleasant
2233 Bridge Avenue
P.O. Box 25
Pt. Pleasant, NJ 08742

If you or any member of the Governing Body has any questions, or if I can be of additional assistance, please do not hesitate to contact me.

Very truly yours,

CHRISTOPHER J. DASTI

CJD/bc
Enclosures

RFP DOCUMENT CHECKLIST

RFP Title: 2020 PROFESSIONAL SERVICES

Required With Proposal	Submission Requirement	Item Submitted (Proposer's Initials)
X	Statement of Ownership	
X	Non-Collusion Affidavit	
X	Affirmative Action Questionnaire	
X	Copy of Proposer's New Jersey Business Registration Certificate	
X	Mandatory Language American Disabilities Act	
X	Signature Page	
X	W-9 Taxpayer Identification & Certification	
X	Description of Qualifications and Experience	
X	Fee Schedule	
X	Certificate of Insurance	

THE UNDERSIGNED PROPOSER HEREWITH SUBMITS

THE ABOVE REQUIRED DOCUMENTS.

PRINT NAME OF PROPOSER: The Law Offices of Christopher J Dasti, P.C.

SIGNED BY: _____

PRINT NAME AND TITLE: Christopher J Dasti, Partner

DATE: 10/20/17

THIS CHECKLIST SHOULD BE INITIALED AND SIGNED WHERE INDICATED AND RETURNED WITH ALL DOCUMENTS.

Christopher J. Dasti, Esq.
714 Joseph Avenue
Lanoka Harbor, New Jersey 08734
Cell: 609-221-5873

Bar Admission

New Jersey (2010)
United States District Court for the District of New Jersey (2010)
United States Court of Appeals for the Third Circuit (2014)

Education

Barry University School of Law
Juris Doctor, May 2009

Hofstra University
Bachelor of Business Administration, May 2006

Experience

The Law Offices of Christopher J. Dasti, P.C.
Founding Partner, 2018 – Present

- Local Government/Public Entity Law
- Civil Litigation
- Commercial & Residential Real Estate
- Estate Planning & Litigation
- Corporate Law & Litigation

Dasti, Murphy, McGuckin, Ulaky, Koutsouris & Connors, P.C.
Partner, August 2012 – July 2018

- Local Government/Public Entity Law
- Civil Litigation
- Commercial & Residential Real Estate
- Estate Planning & Litigation
- Corporate Law & Litigation

Carluccio, Leone, Dimon, Doyle, & Sacks, LLC
Associate, September 2010 – August 2012

- Civil Litigation
- Commercial & Residential Real Estate
- Estate Planning & Litigation
- Corporate Law & Litigation

Superior Court of NJ, Chancery Division, General Equity, Ocean County
Law Clerk to The Honorable Frank A. Buczynski, P.J.Ch.
September 2009 – August 2010

Reported Decisions

Griepenburg v. Twp. of Ocean, 220 N.J. 239 (2015)

Community Involvement

Lacey Township Economic Development Commission
Commissioner, 2012-Present

Ocean County Board of Health
Commissioner, 2016-Present

Lacey Township Republican Organization
Executive Board Member, 2014-Present

Ocean County Young Republican Organization
Executive Board Member, 2010-Present

Ocean County College Foundation
Board Member, 2019-Present

REPRESENTATIVE CLIENTS

Name	Position	Year
Barnegat Township	Township Attorney	2019-Present
Barnegat Township	COAH Counsel	2019-Present
Point Pleasant Borough	Borough Attorney	2015-2018
Berkeley Township	Special Counsel	2015-Present
Berkeley Township	Labor Counsel	2015-Present
Berkeley Township	Tax Appeal Counsel	2016-Present
Lacey Township	Special Counsel	2016-2018
Point Pleasant Beach	Tax Appeal Counsel	2013-Present
Point Pleasant Beach	Special Counsel	2013-Present
Ocean Township	Special Counsel	2018-Present
Lakehurst Borough	Alternate Prosecutor	2012-2018
Hamilton Township	Alternate Municipal Prosecutor	2012-2018
Manchester Township	Special Counsel	2014-Present
Manchester Township	Water & Sewer Dept. Counsel	2014-2018
Central Regional School District	Special Counsel	2018
Ocean County Board of Social Services	Special Counsel	2012-2018
Ocean County Municipal Joint Insurance Fund	Defense Counsel	2012-Present
Borough of Seaside Park	Special Counsel	2019-Present
Howell Township	Special Counsel	2019-Present
Barnegat Board of Education	Board Counsel	2016-2018
Berkeley Township Board of Education	Conflict Counsel	2019-Present
Stafford Township	Labor Counsel	2019-Present
Toms River Planning Board	Board Counsel	2013-2018
Toms River Zoning Bd. of Adjustment	Board Counsel	2016-2018
Berkeley Planning Board	Board Counsel	2013-2018
Lakewood Zoning Bd. of Adjustment	Board Counsel	2014-2018

Supreme Court of New Jersey

Certificate of Good Standing

This is to certify that **CHRISTOPHER J DASTI**
(No. **013802010** *) was constituted and appointed an Attorney at Law of New Jersey on* **December 20, 2010** *and, as such, has been admitted to practice before the Supreme Court and all other courts of this State as an Attorney at Law, according to its laws, rules, and customs.*

I further certify that as of this date, the above-named is an Attorney at Law in Good Standing. For the purpose of this Certificate, an attorney is in "Good Standing" if the Court's records reflect that the attorney: 1) is current with all assessments imposed as a part of the filing of the annual Attorney Registration Statement, including, but not limited to, all obligations to the New Jersey Lawyers' Fund for Client Protection; 2) is not suspended or disbarred from the practice of law; 3) has not resigned from the Bar of this State; and 4) has not been transferred to Disability Inactive status pursuant to Rule 1:20-12.

Please note that this Certificate does not constitute confirmation of an attorney's satisfaction of the administrative requirements of Rule 1:21-1(a) for eligibility to practice law in this State.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Supreme Court, at Trenton, this **3RD** *day of* **July** *, 20* **19** *.*

Heather J. Baker

Clerk of the Supreme Court

-453e-

STOCKHOLDER DISCLOSURE CERTIFICATION
This Statement Shall Be Included with Bid Submission

Name of Business _____

☑ I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

OR

☐ I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

If a corporation owns all or part of the stock of the corporation or partnership submitting the bid, then the statement shall include a list of the stockholders who own 10% or more of the stock of any class of that owning corporation. If no one owns 10% or more stock, attest to that.

Check the box that represents the type of business organization:

☐Partnership ☐Corporation ☐Sole Proprietorship
☐Limited Partnership ☐Limited Liability Corporation ☐Limited Liability Partnership
☑Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.
Stockholders:

Name: Christopher J Dasti

Home Address: 714 Joseph Avenu
Lanoka Harbor, NJ 08734

Name: _____

Home Address: _____

Name: _____

Home Address: _____

Name: _____

Home Address: _____

Name: _____

Home Address: _____

Name: _____

Home Address: _____

Name: _____

Home Address: _____

Subscribed and sworn before me this 30th **day of** October, **2019**

(Affiant)
Christopher J Dasti, Partner

(Print name & title of affiant) **(Corporate Seal)**
The Law Offices of Christopher J Dasti, P.C.

(Notary Public)
My Commission expires: 9/23/2023

Barbara Condit

BARBARA CONDIT
Commission # 2115962
Notary Public, State of New Jersey
My Commission Expires
September 23, 2023

BIDDER'S AFFIDAVIT

STATE OF: New Jersey)

COUNTY OF: Ocean)

Christopher J Dasti

Being duly sworn, deposes and says that he resides at:
714 Joseph Avenue, Lanoka Harbor NJ 08734

and that he is the Partner
(Give Title)

of Law Offices of Christopher J Dasti, P.C.

who signed the above proposal or bid, that he was duly authorized to sign and that the bid is the true offer of the bidder, that the seal attached is the seal of the bidder and that all declarations and statements contained in the bid are true to the best of his knowledge and belief.

He further deposes that he has submitted herewith a list of names and addresses of all stockholders and/or partners owning a ten (10) percent or greater interests and statements contained in the bid are true to the best of his knowledge and belief.

He further disposes that he has submitted herewith a list of names and addressed of all stockholders and/or partners owning a ten (10) percent or greater interest therein in compliance with P.L. 1977, Chapter 33, effective March 8, 1977.

(Affiant) Christopher J Dasti

Subscribed and sworn before me this 30th day of October, 20 19

Barbara Condit
NOTARY OF PUBLIC

BARBARA CONDIT
Commission # 2115962
Notary Public, State of New Jersey
My Commission Expires
September 23, 2023

NON-COLLUSION AFFIDAVIT

State of New Jersey
County of Ocean ss:

I, Christopher J Dasti residing in Lacey Township, NJ
(name of affiant) (name of municipality)
in the County of Ocean and State of New Jersey of full age,
being duly sworn according to law on my oath depose and say that:

I am Partner of the firm of The Law Offices of Christopher J Dasti, P.C.
(title or position) (name of firm)

_____ the bidder making this Proposal for the bid

entitled Township Attorney, and that I executed the said proposal with
(title of bid proposal)
full authority to do so that said bidder has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the Township of Lacey relies upon the truth of the statements contained in said Proposal
(name of contracting unit)
and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by The Law Offices of Christopher J Dasti, PC.

Subscribed and sworn to

before me this day

Signature

October 30th, 2019

Christopher J Dasti
(Type or print name of affiant under signature)

Barbara Condit
Notary public of the State of New Jersey

My Commission expires 9/23/2023

(Seal)

BARBARA CONDIT
Commission # 2115962
Notary Public, State of New Jersey
My Commission Expires
September 23, 2023

AFFIRMATIVE ACTION QUESTIONNAIRE

1. OUR COMPANY HAS A FEDERAL AFFIRMATIVE ACTION PLAN APPROVAL.

   YES _____ NO X

   A. IF YES, A PHOTOSTATIC COPY OF SAID APPROVAL SHALL BE SUBMITTED TO THE TOWNSHIP OF LACEY WITHIN SEVEN (7) WORKING DAYS OF THE NOTICE OF INTENT TO AWARD THE CONTRACT OR BEFORE THE SIGNING OF THE CONTRACT.

2. OUR COMPANY HAS A NEW JERSEY STATE CERTIFICATE OF APPROVAL.

   YES X NO _____

   A. IF YES, A COPY OF THE NEW JERSEY STATE CERTIFICATE SHALL BE SUBMITTED TO THE TOWNSHIP OF LACEY WITHIN SEVEN (7) WORKING DAYS OF THE NOTICE OF INTENT TO AWARD THE CONTRACT OR BEFORE THE SIGNING OF THE CONTRACT.

3. IF YOU ANSWERED NO TO BOTH QUESTIONS ABOVE, AN AFFIRMATIVE ACTION EMPLOYEE INFORMATION REPORT (AA-302) WILL BE MAILED TO YOU. COMPLETE THE FORM AND FORWARD IT TO, THE AFFIRMATIVE ACTION OFFICE, DEPARTMENT OF TREASURY, CN 209, TRENTON, NJ 08625. A COPY SHALL BE SUBMITTED TO THE TOWNSHIP OF LACEY WITHIN SEVEN (7) DAYS OF THE NOTICE OF INTENT TO AWARD THE CONTRACT OR THE SIGNING OF THE CONTRACT.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME: Christopher J Dasti

SIGNATURE: _____

TITLE: Partner

DATE: 10/20/16

EXHIBIT A: MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127) and N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to NJ.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to employ minority and women workers consistent with the applicable county employment goals established in accordance with NJ.A.C. 17:27-5.2, or a binding determination of the applicable county employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national ancestry, marital status, affectiontal or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of ifs testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the applicable employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval
Certificate of Employee Information Report
Employee Information Report Form AA302

The contractor and its subcontractors shall furnish such reports or other documents to the Div. of Contract Compliance & EEO as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Div. of Contract Compliance & EEO for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

SIGNATURE

DATE

AMERICANS WITH DISABILITIES ACT OF 1990

Equal Opportunity for Individuals with Disability

The contractor and the Township of Lacey, (hereafter "Township") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S121 01 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules

and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the Township pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the Township in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the Township, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the Township's grievance procedure, the contractor agrees to abide by any decision of the Township which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the Township, or if the Township incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The Township shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim, If any action or administrative proceeding is brought against the Township or any of its agents, servants, and employees, the Township shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the Township or its representatives.

It is expressly agreed and understood that any approval by the Township of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the Township pursuant to this paragraph.

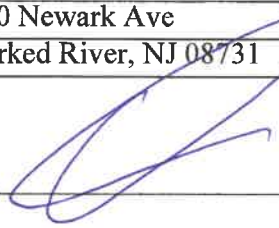
It is further agreed and understood that the Township assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the Township from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

The Law Offices of Christopher J Dasti, P.C.	
(Company Name)	(Representative's Signature)
Christopher J Dasti	
Printed Name	Date

SIGNATURE PAGE

In accordance with the Instructions and Specification, the undersigned hereby certifies that they have read and understood the same and propose to furnish and deliver the items listed at the prices offered and within the time specified for delivery. The undersigned hereby certifies that this proposal is genuine and is made without collusion with any person, firm, or corporation making a proposal for the same material, equipment, or service.

Company Address: The Law Offices of Christopher J Dasti, P.C.
900 Newark Ave
Forked River, NJ 08731

Signature: 

Title: Partner

Telephone Number: 609-549-8990

STATE OF NEW JERSEY

BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, NJ 08646-0252

TAXPAYER NAME:

THE LAW OFFICES OF CHRISTOPHER J. DASTI

TRADE NAME:

ADDRESS:

900 NEWARK AVENUE
FORKED RIVER NJ 08731

SEQUENCE NUMBER:

2251415

EFFECTIVE DATE:

07/12/18

ISSUANCE DATE:

11/29/18

Director
New Jersey Division of Revenue

FORM BRC

STATE OF N.J.

Certification 59744

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-AUG-2024 to 15-AUG-2025

THE LAW OFFICES OF CHRISTOPHER J. DASTI, P.C.
900 NEWARK AVENUE
FORKED RIVER NJ 08731

ELIZABETH MAHER MUOIO
State Treasurer

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

The Law Offices of Christopher J. Dasti, P.C.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

900 Newark Ave., P.O. Box 779

Requester's name and address (optional)

6 City, state, and ZIP code

Forked River, NJ 08731

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

8	3	–	1	1	8	6	1	0	6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** ▶ _____ **Date** ▶ 10/27/17

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/27/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Kyte Grieshaber	
Considine Sharer & Associates Inc 5 Lacey Road Forked River, NJ	PHONE (A/C, No, Ext): 609-971-8300	FAX (A/C, No): 609-971-0621
	E-MAIL ADDRESS: kgrieshaber@allstate.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: The Hartford	
INSURER B: The Hartford	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Law Offices of Christopher Dasti PC
900 Newark Avenue
Forked River, NJ 08731

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY ☐ PRO-JECT ☐ LOC OTHER:			01 SBM BZ9483 DW	07/26/2019	07/26/2020	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			01 WEC AB9FMI	08/15/2019	08/15/2020	☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 100,000
							E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Lacey Township
818 West Lacey Road
Forked River, NJ 08731

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/27/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Daniels Head Insurance Agency, Inc.
P.O. Box 160730
Austin, TX 78716-0730

CONTACT NAME: Julie A. Houck
PHONE (A/C, No, Ext): (800) 950-0551
FAX (A/C, No): (877) 839-6107
E-MAIL ADDRESS: julie@dhia.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: United States Fire Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

Law Offices of Christopher J. Dasti
900 Newark Ave
Forked River, NJ 08731

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Lawyers Professional Liability Insurance Policy			580-327802-1	7/11/2019	7/11/2020	Each Claim	$ 1,000,000
							Aggregate	$ 2,000,000
							Deductible	$ 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Lacey Township
818 W Lacey Road
Forked River, NJ 08731

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Julie Houck