Christine VonOesen

2025-303

Copied to: CFO

From: Michael Restel
Sent: Thursday, October 23, 2025 12:00 PM
To: Christine VonOesen
Subject: Fw: OPRA request - Spending

Invoices are attached 10/28/25 to CVO Ashley

OCT 23 2025

Michael L Restel CPWM
Wantage Township Administrator
973-875-7192 ext 226

From: Tony Michael <opra+request-82667-9b358f2f@requests.opramachine.com>
Sent: Wednesday, October 22, 2025 9:34 PM
To: Michael Restel <mike@wantagetwp-nj.org>
Subject: OPRA request - Spending

Dear Wantage Township,

Please accept this electronic request for public records made under OPRA and the common law right of access. I am not required to fill out an official form or use a particular software platform to submit my request per NJSA 47:1A-6(f), which states that an email from a requestor including all of the information required on the adopted form shall suffice in place of a completed form as a valid government record request.

I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

I WILL NOT use the requested government records for a commercial purpose.

I AM NOT seeking records in connection with a legal proceeding.

Records requested:

All fire alarm and fire extinguisher invoices (Service, Installation, Inspections Etc.) from 2019 to present that were for government buildings

My preferred delivery method for response(s) to this request is by E-mail as attachments. Please confirm you have received this request. If you are not the custodian of records, please forward my request to that person and provide their email address to me for future reference.

Yours faithfully,

Tony Michael

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:

opra+request-82667-9b358f2f@requests.opramachine.com

Is administrator@wantagetwp-nj.org the wrong address for OPRA requests to Wantage Township? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=wantage_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

https://opramachine.com/help/officers

View this OPRA request & responses online:

https://opramachine.com/request/spending_354

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

"OPRAmachine's mission is to give people easy and affordable access to New Jersey public records.

For more information, contact us at: (732) 707-1628 or PO Box 3180, New Brunswick, NJ 08903."

NECO Fire & Safety, Inc.
P.O. Box 806
Port Jervis, NY 12771
(845) 726-3473 FAX (845) 726-3041

Invoice

DATE	INVOICE #
5/8/2019	28431

Wantage Township
888 State Route 23
Wantage, NJ 07461

P.O. NO.	TERMS
	Net 10

QUANTITY	DESCRIPTION	AMOUNT
43	Portable Fire Extinguishers Inspected and Tagged	215.00
2	5# ABC 6 Year Maintenance and Recharge	54.00
1	Hydro Test and Recharge 5# ABC	34.00
2	New 2.5# Portable Fire Ext. Bracket	25.00
1	New 10# ABC Fire Extinguisher	92.00

Sales Tax (0.0%)	$0.00
Total	$420.00

NECO Fire & Safety, Inc.

P.O. Box 806
Port Jervis, NY 12771
(845) 726-3473 FAX (845) 726-3041

Invoice

DATE	INVOICE #
5/5/2020	29081

Wantage Township
888 State Route 23
Wantage, NJ 07461

P.O. NO.	TERMS
	Net 10

QUANTITY	DESCRIPTION	AMOUNT
38 ✓	Portable Fire Extinguishers Inspected and Tagged	190.00 ✓
3 ✓	2.5# ABC 6 Year Maintenance and Recharge	66.00 ✓
1 ✓	5# ABC 6 Year Maintenance and Recharge	27.00 ✓
3 ✓	Hydro Test and Recharge 5# ABC	102.00 ✓
3 ✓	10# ABC 6 Year Maintenance and Recharge	99.00 ✓
3	New 10# ABC Fire Extinguisher	276.00

APPROVED
5/25/20
Claude R Wagner

Sales Tax (0.0%)	$0.00
Total	$760.00

NECO Fire & Safety, Inc.
P.O. Box 806
Port Jervis, NY 12771
(845) 726-3473 FAX (845) 726-3041

Invoice

DATE	INVOICE #
5/11/2021	29746

Wantage Township
888 State Route 23
Wantage, NJ 07461

P.O. NO.	TERMS
	Net 10

QUANTITY	DESCRIPTION	AMOUNT
37	Portable Fire Extinguishers Inspected and Tagged	185.00
4	Hydro Test and Recharge 5# ABC	136.00
1	5# ABC 6 Year Maintenance and Recharge	27.00
1	5# ABC Fire Extinguisher recharged.	22.00
1	2.5# ABC Hydro Tested and Recharged	27.00
3	10# ABC 6 Year Maintenance and Recharge	99.00
1	New 5# ABC Fire Extinguisher	67.00

Sales Tax (0.0%)	$0.00
Total	$563.00

NECO Fire & Safety, Inc.
P.O. Box 806
Port Jervis, NY 12771
(845) 726-3473 FAX (845) 726-3041

Invoice

DATE	INVOICE #
5/25/2022	30454

Wantage Township
888 State Route 23
Wantage, NJ 07461

P.O. NO.	TERMS
18682	Net 10

QUANTITY	DESCRIPTION	AMOUNT
40	Portable Fire Extinguishers Inspected and Tagged	240.00
2	2.5# ABC 6 Year Maintenance and Recharge	44.00
1	Hydro Test and Recharge 5# ABC	34.00
1	5# ABC Fire Extinguisher recharged.	22.00
5	5# ABC 6 Year Maintenance and Recharge	135.00
1	New 5# ABC Fire Extinguisher	75.00

APPROVED

Sales Tax (0.0%)	$0.00
Total	$550.00

NECO Fire & Safety, Inc.
P.O. Box 806
Port Jervis, NY 12771
(845) 726-3473 FAX (845) 726-3041

Invoice

DATE	INVOICE #
5/25/2023	31122

Wantage Township
888 State Route 23
Wantage, NJ 07461

P.O. NO.	TERMS
	Net 10

QUANTITY	DESCRIPTION	AMOUNT
44	Portable Fire Extinguishers Inspected and Tagged	286.00
1	Hydro Test and Recharge 5# ABC	34.00
3	5# ABC 6 Year Maintenance and Recharge	81.00
2	10# ABC 6 Year Maintenance and Recharge	66.00
1	New 195 PSI Gauge	15.00
1	New Hose Strap	3.50

Sales Tax (0.0%)	$0.00
Total	$485.50

Neco Fire & Safety, Inc.
P.O. Box 806
Port Jervis, NY 12771
845 726-3473
necofire52@gmail.com

NECO
FIRE & SAFETY

INVOICE

BILL TO
Wantage Township
888 State Route 23
Wantage, NJ 07461

INVOICE #	DATE	TERMS
31797	05/10/2024	Net 30

ACTIVITY	QTY	DESCRIPTION	AMOUNT
Portable	39	Portable Fire Extinguishers Inspected and Tagged	253.50
6yr maint 10#	5	10# ABC 6 Year Maintenance and Recharge	165.00
Hydro 5# ABC	1	Hydro Test and Recharge 5# ABC	34.00
6yr Maint 2.5# ABC	1	2.5# ABC 6 Year Maintenance and Recharge	22.00

APPROVED

SUBTOTAL	474.50
TAX	0.00
TOTAL	474.50
BALANCE DUE	**$474.50**

Neco Fire & Safety, Inc.
P.O. Box 806
Port Jervis, NY 12771
+18457263473
necofire52@gmail.com

INVOICE

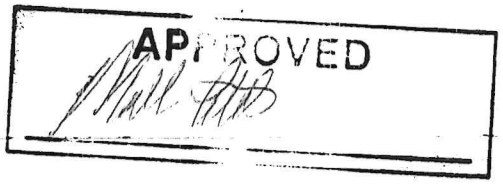
BILL TO
Wantage Township
888 State Route 23
Wantage, NJ 07461

SHIP TO
Wantage Township
888 State Route 23
Wantage, NJ 07461

INVOICE #	DATE	TERMS
32551	05/06/2025	Net 30

ACTIVITY	QTY	DESCRIPTION	AMOUNT
Portable	46	Portable Fire Extinguishers Inspected and Tagged	299.00
Hydro 5# ABC	1	Hydro Test and Recharge 5# ABC	34.00
6yr maint 5#	2	5# ABC 6 Year Maintenance and Recharge	54.00
6yr maint 10#	1	10# ABC 6 Year Maintenance and Recharge	33.00
Rech 10# ABC	2	10# ABC Fire Extinguisher Recharged	54.00
5# ABC	3	New 5# ABC Fire Extinguisher	255.00

SUBTOTAL	729.00
TAX	0.00
TOTAL	729.00
BALANCE DUE	**$729.00**



PO 19550

FOR SERVICE INQUIRES OR IF MOVING CALL:
973-579-2233
FOR BILLING INQUIRES CALL:
973-579-2233

Issue Date	Due Date
06/01/2023	06/16/2023
Customer Number	**Invoice #**
BC2674	P 13320

Please remember to test your alarm regularly.
PAYMENT DUE NET 30 DAYS.

For Service At: Wantage Municipal Building (Fire)
888 Route 23
Wantage Twp., NJ 07461

Sales Person:
License: 34BF000497
Reference: Q000172

P.O Num:

INVOICE

Qty	Part Number	Part Description	Price Each	Tax	Amount
	5/23/2023 (Jeff)				
1.00		Security Information Redacted	500.00	N	500.00
2.00			65.00	N	130.00
2.00	Annual	Annual Fire Inspection	125.00	N	250.00
1.00		Security Information Redacted	70.00	Y	70.00
	Labor Charges				

APPROVED

Charges	**950.00**
Sales Tax	
Total Due	**950.00**

RETURN BOTTOM PORTION WITH YOUR PAYMENT. CARD PAYMENTS WILL SHOW ON STATEMENTS AS "ALARM BILLING SVCS"

Abcode Security
P.O. Box 828
Newton, NJ 07860

Customer Number	Amount Due	Amount Paid
BC2674	$950.00	

Charge (check one): from now on ___ OR this bill only ___ Billing Zip _____
Card Number _____|_____|_____|_____ Exp. Date: ___/___
Email Address (for pmt receipt): _____
Signature: X

Thank you for your business!

P 13320

Remit To:

Township of Wantage
Att: Accounts Payable
888 Route 23
Wantage, NJ 07461

Abcode Security
P.O. Box 828
Newton, NJ 07860

0000BC2674000009500O

34BF00049700

SYSTEM RECORD OF INSPECTION AND TESTING

This form is to be completed by the system inspection and testing contractor at the time of a system test. It shall be permitted to modify this form as needed to provide a more complete and/or clear record. Insert N/A in all unused lines. Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/Test Start Date/Time: 5-23-23 730 Inspection/Test Completion Date/Time: 830

Supplemental Form(s) Attached: Yes (yes/no)

1. PROPERTY INFORMATION

Name of property: Security Information Redacted

Address: 865 Rt 23 Wantage

Description of property: Security Information Redacted

Name of property representative: —

Address: —

Phone: — Fax: — E-mail: —

2. TESTING AND MONITORING INFORMATION

Testing organization: Abcode Security

Address: 83 Main Street, Newton NJ 07860

Phone: (973) 579-2233 Fax: (973) 579-2233 E-mail: ajorgensen@abcodesecurity.com

Monitoring organization: Security Information Redacted

Address: Security Information Redacted

Phone: Security Information Redacted Fax: — E-mail: —

Account number: Security Information Redacted Phone line 1: Security Information Redacted Phone line 2: Security Information Redacted

Means of transmission: Security Information Redacted

Entity to which alarms are retransmitted: Security Information Redacted Phone: —

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Yes

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Security Information Redacted Model number: Security Information Redacted

4.2 Software and Firmware

Firmware revision number: Security Information Redacted

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 110 Amps: 15 Location: Security Information Redacted

Overcurrent protection type: Security Information Redacted Amps: 1 Disconnecting means location: Security Information Redacted

SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

4. DESCRIPTION OF SYSTEM OR SERVICE *(continued)*

4.3.2 Secondary Power

Type: — Location: —

Battery type (if applicable): Security Information Redacted

Calculated capacity of batteries to drive the system: —

In standby mode (hours): — In alarm mode (minutes): —

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact:	Security Information Redacted	Time:	7:30
Building management	Contact:		Time:	
Building occupants	Contact:		Time:	
Authority having jurisdiction	Contact:		Time:	
Other, if required	Contact:		Time:	

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	☑	☑	
Lamps/LEDs/LCDs	☐	☐	
Fuses	☐	☐	
Trouble signals	☐	☐	
Disconnect switches	☐	☐	
Ground-fault monitoring	☐	☐	
Supervision	☐	☐	
Local annunciator	☐	☐	
Remote annunciators	☐	☑	
Remote power panels	☐	☐	
	☐	☐	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	☑	☑	
Load voltage	☐	☐	
Discharge test	☐	☐	
Charger test	☐	☐	
Remote panel batteries	☐	☐	

6. TESTING RESULTS *(continued)*

6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification appliances.

6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components.

Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	☑	☐	7:30	
Alarm restoration	☐	☐		
Trouble signal	☐	☐		
Trouble restoration	☐	☐		
Supervisory signal	☐	☐		
Supervisory restoration	☐	☐		

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	☑	☐		
Alarm restoration	☐	☐		
Trouble signal	☐	☐		
Trouble restoration	☐	☐		
Supervisory signal	☐	☐		
Supervisory restoration	☐	☐		

SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact:	Security Information Redacted	Time:	3:30
Building management	Contact:		Time:	
Building occupants	Contact:		Time:	
Authority having jurisdiction	Contact:		Time:	
Other, if required	Contact:		Time:	

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 5-23-23 Time: 8:30

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed: _____ Printed name: Jeff Post Date: 5-23-23

Organization: Abcode Security Title: Technician Phone: 973-579-2233

Qualifications (refer to 10.5.3): _____

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

_____

_____

_____

_____

_____

_____

_____

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: _____ Date: 5-23-23

Organization: _____ Title: _____ Phone: _____

TRANSMISSION TYPE

Security Information Redacted

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (specify)

SERVICE

- ___ Weekly
- ___ Monthly
- ___ Quarterly
- ___ Semi Annual
- ✓ Annually
- ___ Other (specify)

PANEL MANUFACTURER _____ MODEL _____

CIRCUIT STYLES: _____

NO OF CIRCUITS: _____

SOFTWARE REV: _____

LAST DATE SYSTEM WAS SERVICES: 2023

LAST DATE ANY SOFTWARE OR CONFIGURATION WAS REVISED: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QUANTITY OF	CIRCUIT STYLE	
Security Information Redacted	Security Information Redacted	MANUAL STATIONS
		ION DETECTORS
		PHOTO DETECTORS
		DUCT DETECTORS
		HEAT DETECTORS
		WATERFLOW SWITCH
		SUPERVISORY SWITCH
		OTHER (SPECIFY) _____

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QUANTITY OF	CIRCUIT TYPE	
Security Information Redacted	Security Information Redacted	BELLS
		HORNS
		CHIMES
		STROBES
		SPEAKERS
		HORN/STROBES

34BF00049700

SYSTEM RECORD OF INSPECTION AND TESTING

This form is to be completed by the system inspection and testing contractor at the time of a system test. It shall be permitted to modify this form as needed to provide a more complete and/or clear record. Insert N/A in all unused lines.

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/Test Start Date/Time: 5-23-23 900 Inspection/Test Completion Date/Time: 1000

Supplemental Form(s) Attached: Yes (yes/no)

1. PROPERTY INFORMATION

Name of property: Security Information Redacted

Address: 888 RT 23 WANTAGE

Description of property: Security Information Redacted

Name of property representative: —

Address: —

Phone: — Fax: — E-mail: —

2. TESTING AND MONITORING INFORMATION

Testing organization: Abcode Security

Address: 83 Main Street, Newton NJ 07860

Phone: (973) 579-2233 Fax: (973) 579-2233 E-mail: ajorgensen@abcodesecurity.com

Monitoring organization: Security Information Redacted

Address: Security Information Redacted

Phone: Security Information Redacted Fax: — E-mail: —

Account number Security Information Redacted Phone line 1: Security Information Redacted Phone line 2: Security Information Redacted

Means of transmission: Security Information Redacted

Entity to which alarms are retransmitted: Security Information Redacted Phone: —

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Yes

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Security Information Redacted Model number: Security Information Redacted

4.2 Software and Firmware

Firmware revision number: Security Information Redacted

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 110 Amps: 15 Location: Security Information Redacted

Overcurrent protection type: Security Information Redacted Amps: 1 Disconnecting means location: Security Information Redacted

SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

4. DESCRIPTION OF SYSTEM OR SERVICE *(continued)*

4.3.2 Secondary Power

Type: _____ Location: _____

Battery type (if applicable): Security Information Redacted

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: Security Information Redacted	Time:	900
Building management	Contact:	Time:	
Building occupants	Contact:	Time:	
Authority having jurisdiction	Contact:	Time:	
Other, if required	Contact:	Time:	

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	☑	☑	
Lamps/LEDs/LCDs	☐	☐	
Fuses	☐	☐	
Trouble signals	☐	☐	
Disconnect switches	☐	☐	
Ground-fault monitoring	☐	☐	
Supervision	☐	☐	
Local annunciator	☐	☐	
Remote annunciators	☐	☐	
Remote power panels	☐	☐	
	☐	☐	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	☑	☑	
Load voltage	☐	☐	
Discharge test	☐	☐	
Charger test	☐	☐	
Remote panel batteries	☐	☐	

6. TESTING RESULTS *(continued)*

6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification appliances.

6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components.

Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	☑	☐	11:00	
Alarm restoration	☐	☐		
Trouble signal	☐	☐		
Trouble restoration	☐	☐		
Supervisory signal	☐	☐		
Supervisory restoration	☐	☐		

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	☑	☐		
Alarm restoration	☐	☐		
Trouble signal	☐	☐		
Trouble restoration	☐	☐		
Supervisory signal	☐	☐		
Supervisory restoration	☐	☐		

SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact:	Security Information Redacted	Time:	1000
Building management	Contact:		Time:	
Building occupants	Contact:		Time:	
Authority having jurisdiction	Contact:		Time:	
Other, if required	Contact:		Time:	

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 5-23-23 Time: 1000

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed: _____ Printed name: Jeff Post Date: 5-23-23

Organization: Abcode Security Title: Technician Phone: 973-579-2233

Qualifications (refer to 10.5.3): _____

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

_____

_____

_____

_____

_____

_____

_____

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: _____ Date: 5-23-23

Organization: _____ Title: _____ Phone: _____

TRANSMISSION TYPE

Security Information Redacted

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (specify)

SERVICE

- ___ Weekly
- ___ Monthly
- ___ Quarterly
- ___ Semi Annual
- ✓ Annually
- ___ Other (specify)

PANEL MANUFACTURER _____ MODEL _____

CIRCUIT STYLES: _____

NO OF CIRCUITS: _____

SOFTWARE REV: _____

LAST DATE SYSTEM WAS SERVICES: 2022

LAST DATE ANY SOFTWARE OR CONFIGURATION WAS REVISED: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QUANTITY OF	CIRCUIT STYLE	
Security Information Redacted	Security Information Redacted	MANUAL STATIONS
		ION DETECTORS
		PHOTO DETECTORS
		DUCT DETECTORS
		HEAT DETECTORS
		WATERFLOW SWITCH
		SUPERVISORY SWITCH
		OTHER (SPECIFY)

Security Information Redacted

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QUANTITY OF	CIRCUIT TYPE	
Security Information Redacted	Security Information Redacted	BELLS
		HORNS
		CHIMES
		STROBES
		SPEAKERS
		HORN/STROBES

INVOICE

Abcode Security
P.O. Box 828
Newton, NJ 07860
973-579-2233
License 34BF000497

Date 11/12/20
Page 1

Job Site:

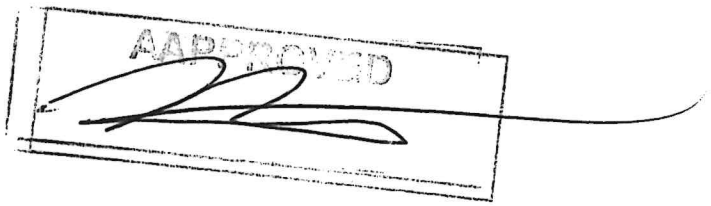
Township Of Wantage
Att: Accounts Payable
888 Route 23
Wantage, NJ 07461

Wantage Municipal Building (FIRE)
888 Route 23
Wantage Twp., NJ 07461

Account No	Invoice No	P.O Number	Sales Person	Please Pay This Amount
7040583	P 11041			100.00

Qty	Part Number	Part Description	Price Each	Tax	Amount
1.00	Annual	Annual Fire Inspection		N	
1.00	1TechPerHour	1 Technician Per Hour	100.00	N	100.00

9/21/2020 WO#006486 (Matt)
Did a clean and test of the fire system to central station.



Please remember to test your alarm regularly.

Total Charges	**100.00**
Sales Tax	**0.00**
Total Due	**100.00**

ABCODE SECURITY
P.O. Box 828
Newton, NJ 07860
973-579-2233
Fax 973-579-5888
Business License # BF000497

PROTECTION SYSTEM
Work Order / Invoice

006486

TO: Wantage Town Hall

DATE OF ORDER	WORK ORDERED BY
9/21/2020	
ORDER TAKEN BY	PHONE

☐ Time/Material ☐ Service Contract ☐ Warranty ☐ Other

JOB NAME/NO. 704-0583

JOB LOCATION

INVOICE DATE	JOB PHONE

CHECKMARKS DENOTE:
☐ WORK TO BE DONE
☐ WORK COMPLETED

	TROUBLESHOOT	INSPECT	REPAIR, CLEAN ADJUST	REPLACE	INSTALL
CON. PANEL					
REPORTING					
Digital Communicator					
Radio					
Line Security					
Direct Contact					
Cellular					
REMOTE STAT.					
Keypad W/Display					
Keypad W/LED					
Keypad					
Keyswitch					
PERIMETER DETECTION					
Magnetic Contacts					
Glass Breakage					
Shock/Vibration					
Exterior					
INTERIOR DETECTION					
PIR					
Photoelectric Beams					
Panic/Hold-up					
FIRE					
Smoke Detectors					
Pull Stations					
Heat Sensors					
AUDIBLE					
Horns					
Sirens					
Strobe Light					
CCTV					
OTHER					
Access Control					
Supervisory					

DESCRIPTION OF WORK

Did a clean and test of fire system to central station

LABOR	MILEAGE	IN	OUT	HRS	RATE	AMOUNT
Matt						
					TOTAL LABOR	

QTY.	MATERIAL	UNIT PRICE	AMOUNT

TECHNICIAN

I hereby acknowledge the satisfactory completion of the above described work, with the following exceptions:

Signature (Title) 9/21/20 Date

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL	

Abcode Security
P.O. Box 828
Newton, NJ 07860
973-579-2233
License 34BF000497

INVOICE

Date 11/12/20
Page 1

Job Site:

Wantage Municipal Building
Security Information Redacted
888 Route 23
Wantage, NJ 07461

Security Information Redacted

Account No	Invoice No	P.O Number	Sales Person	Please Pay This Amount
7040584	P 11040			100.00

Qty	Part Number	Part Description	Price Each	Tax	Amount
1.00	Annual	Annual Fire Inspection		N	
1.00	1TechPerHour	1 Technician Per Hour	100.00	N	100.00

9/21/2020 WO#006482 (Matt)
Did a clean and test of the fire system to central station.

APPROVED

Please remember to test your alarm regularly.

Total Charges	**100.00**
Sales Tax	**0.00**
Total Due	**100.00**

ABCODE SECURITY
P.O. Box 828
Newton, NJ 07860
973-579-2233
Fax 973-579-5888
Business License # BF000497

PROTECTION SYSTEM
Work Order / Invoice

006482

TO: Security Information Redacted

DATE OF ORDER	WORK ORDERED BY
9/21/2020	
ORDER TAKEN BY	PHONE

☐ Time/Material ☐ Service Contract ☐ Warranty ☐ Other

JOB NAME/NO. 704-0584

JOB LOCATION

INVOICE DATE	JOB PHONE

CHECKMARKS DENOTE:
☐ WORK TO BE DONE
☐ WORK COMPLETED

	TROUBLESHOOT	INSPECT	REPAIR, CLEAN ADJUST	REPLACE	INSTALL
CON. PANEL					
REPORTING Digital Communicator					
Radio					
Line Security					
Direct Contact					
Cellular					
REMOTE STAT. Keypad W/Display					
Keypad W/LED					
Keypad					
Keyswitch					
PERIMETER DETECTION Magnetic Contacts					
Glass Breakage					
Shock/Vibration					
Exterior					
PIR					
INTERIOR DETECTION Photoelectric Beams					
Panic/Hold-up					
FIRE Smoke Detectors					
Pull Stations					
Heat Sensors					
AUDIBLE Horns					
Sirens					
Strobe Light					
CCTV					
Access Control					
Supervisory					

DESCRIPTION OF WORK

Did a clean and test of fire system to central station

LABOR	MILEAGE	IN	OUT	HRS	RATE	AMOUNT
Matt						

TOTAL LABOR

QTY	MATERIAL	UNIT PRICE	AMOUNT

TECHNICIAN

I hereby acknowledge the satisfactory completion of the above described work, with the following exceptions:

TOTAL MATERIALS
TOTAL LABOR
TAX

Abcode Security
P.O. Box 828
Newton, NJ 07860
973-579-2233
License P00780

INVOICE

Date 6/07/19
Page 1

Job Site:

Township Of Wantage
Att: Accounts Payable
888 Route 23
Wantage, NJ 07461

Wantage Municipal Building (FIRE)
888 Route 23
Wantage Twp., NJ 07461

Account No	Invoice No	P.O Number	Sales Person	Please Pay This Amount
7040583	P 9897			184.00

Qty	Part Number	Part Description	Price Each	Tax	Amount
2.00	Security Information Redacted		38.00	N	76.00
1.00			8.00	N	8.00
1.00	1TechPerHour	1 Technician Per Hour	100.00	N	100.00

5/30/2019 WO#005345 (Jeff)

Security Information Redacted

APPROV

Please remember to test your alarm regularly.

Total Charges	**184.00**
Sales Tax	**0.00**
Total Due	**184.00**

Abcode Security
P.O. Box 828
Newton, NJ 07860
973-579-2233
License P00780

INVOICE

14271

Date 6/06/19
Page 1

Job Site:

Townhip Of Wantage
Att: Account Payable
888 Route 23
Wantage, NJ 07461

Wantage Municipal Building (BURGLAR)
888 Route 23
Wantage Township, NJ 07461

Account No	Invoice No	P.O Number	Sales Person	Please Pay This Amount
7040582	P 9895			299.00

Qty	Part Number	Part Description	Price Each	Tax	Amount
1.00	Security Information Redacted		424.00	N	424.00
1.25	1TechPerHour	1 Technician Per Hour	-100.00	N	-125.00

5/31/2019 WO#005350 (Jeff)

Security Information Redacted

APPROVED

Please remember to test your alarm regularly.

Total Charges	299.00
Sales Tax	0.00
Total Due	299.00

ABCODE SECURITY

FOR SERVICE INQUIRES OR IF MOVING CALL:
973-579-2233
FOR BILLING INQUIRES CALL:
973-579-2233

Issue Date	Due Date
07/03/2024	07/18/2024
Customer Number	**Invoice #**
BC2670	P 14942

Please remember to test your alarm regularly.
PAYMENT DUE NET 30 DAYS

Security Information Redacted License: 34BF000497

P.O Num:

INVOICE

Qty	Part Number	Part Description	Price Each	Tax	Amount
	6/12/2024 (CJ) - Did a clean and test of fire alarm system to central station.				
1.00	Labor Charges		125.00	N	125.00
1.00	DISCOUNT	50.00% Discount (Courtesy Discount)	-62.50	N	-62.50

Charges	**62.50**
Sales Tax	**0.00**
Subtotal	**62.50**
Payments	**0.00**
Total Due	**62.50**

APPROVED

34BF00049700

SYSTEM RECORD OF INSPECTION AND TESTING

This form is to be completed by the system inspection and testing contractor at the time of a system test. It shall be permitted to modify this form as needed to provide a more complete and/or clear record. Insert N/A in all unused lines. Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/Test Start Date/Time: 6/12/24 9:30 Inspection/Test Completion Date/Time: 6/12/24 10:00

Supplemental Form(s) Attached: Yes (yes/no)

1. PROPERTY INFORMATION

Name of property: Security Information Redacted

Address: 888 State Rt 23 Wantage

Description of property: Security Information Redacted

Name of property representative:

Address:

Phone: Fax: E-mail:

2. TESTING AND MONITORING INFORMATION

Testing organization: Abcode Security

Address: 83 Main Street, Newton NJ 07860

Phone: (973) 579-2233 Fax: (973) 579-2233 E-mail: a.orgensen@abcodesecurity.com

Monitoring organization: Security Information Redacted

Address: Security Information Redacted

Phone: Security Information Redacted Fax: E-mail:

Account number: Security Information Redacted Phone line 1: Security Information Redacted Phone line 2: Security Information Redacted

Means of transmission: Security Information Redacted

Entity to which alarms are retransmitted: Security Information Redacted Phone: Security Information Redacted

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Security Information Redacted

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Security Information Redacted Model number: Security Information Redacted

4.2 Software and Firmware

Firmware revision number: Security Information Redacted

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 110 V Amps: 1.5 Amp Location: Security Information Redacted

Overcurrent protection type: Security Information Redacted Amps: 1.5 Amp Disconnecting means location: Security Information Redacted

34BF00049700

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Type: Security Information Redacted Location: Security Information Redacted

Battery type (if applicable): Security Information Redacted

Calculated capacity of batteries to drive the system:

In standby mode (hours): In alarm mode (minutes):

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact:	Time:	930
Building management	Contact: Security Information Redacted	Time:	
Building occupants	Contact:	Time:	
Authority having jurisdiction	Contact:	Time:	
Other, if required	Contact:	Time:	

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	☑	☑	
Lamps/LEDs/LCDs	☐	☐	
Fuses	☐	☐	
Trouble signals	☐	☐	
Disconnect switches	☐	☐	
Ground-fault monitoring	☐	☐	
Supervision	☐	☐	
Local annunciator	☐	☐	
Remote annunciators	☐	☐	
Remote power panels	☐	☐	
	☐	☐	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	☑	☑	
Load voltage	☐	☐	
Discharge test	☐	☐	
Charger test	☐	☐	
Remote panel batteries	☐	☐	

6. TESTING RESULTS *(continued)*

6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification appliances.

6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components.

Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	☑	☐	1000	
Alarm restoration	☑	☐		
Trouble signal	☑	☐		
Trouble restoration	☑	☐		
Supervisory signal	☑	☐		
Supervisory restoration	☑	☐		

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	☐	☐		
Alarm restoration	☐	☐		
Trouble signal	☐	☐		
Trouble restoration	☐	☐		
Supervisory signal	☐	☐		
Supervisory restoration	☐	☐		

SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

6. TESTING RESULTS *(continued)*

6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification appliances.

6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components.

Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	☑	☐	9:30	
Alarm restoration	☐	☐		
Trouble signal	☐	☐		
Trouble restoration	☐	☐		
Supervisory signal	☐	☐		
Supervisory restoration	☐	☐		

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	☐	☐		
Alarm restoration	☐	☐		
Trouble signal	☐	☐		
Trouble restoration	☐	☐		
Supervisory signal	☐	☐		
Supervisory restoration	☐	☐		

TRANSMISSION TYPE

Security Information Redacted

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (specify)

SERVICE

- ___ Weekly
- ___ Monthly
- ___ Quarterly
- ___ Semi Annual
- X Annually
- ___ Other (specify)

PANEL MANUFACTURER Security Information Redacted MODEL Security Information Redacted

CIRCUIT STYLES: Security Information Redacted

NO OF CIRCUITS: Security Information Redacted

SOFTWARE REV: Security Information Redacted

LAST DATE SYSTEM WAS SERVICES: 2023

LAST DATE ANY SOFTWARE OR CONFIGURATION WAS REVISED: ---

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QUANTITY OF	CIRCUIT STYLE	
Security Information Redacted	___	MANUAL STATIONS
	___	ION DETECTORS
	Security Information Redacted	PHOTO DETECTORS
		DUCT DETECTORS
		HEAT DETECTORS
		WATERFLOW SWITCH
		SUPERVISORY SWITCH
		OTHER (SPECIFY) ___

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QUANTITY OF	CIRCUIT TYPE	
—	—	BELLS
—	Security Information Redacted	HORNS
		CHIMES
		STROBES
		SPEAKERS
		HORN/STROBES

Security Information Redacted

34BF00049700

SYSTEM RECORD OF INSPECTION AND TESTING

This form is to be completed by the system inspection and testing contractor at the time of a system test. It shall be permitted to modify this form as needed to provide a more complete and/or clear record. Insert N/A in all unused lines.

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/Test Start Date/Time: 6/12/24 8:30 Inspection/Test Completion Date/Time: 6/12/24 9:30

Supplemental Form(s) Attached: yes (yes/no)

1. PROPERTY INFORMATION

Name of property: Security Information Redacted

Address: 588 State Rt 23 Wantage

Description of property: Security Information Redacted

Name of property representative:

Address:

Phone: Fax: E-mail:

2. TESTING AND MONITORING INFORMATION

Testing organization: Abcode Security

Address: 83 Main Street, Newton NJ 07860

Phone: (973) 579-2233 Fax: (973) 579-2233 E-mail: ajo:gensen@abcodesccurity.com

Monitoring organization: Security Information Redacted

Address: Security Information Redacted

Phone: Security Information Redacted Fax: E-mail:

Account number: Security Information Redacted Phone line 1: Security Information Redacted Phone line 2: Security Information Redacted

Means of transmission: Security Information Redacted

Entity to which alarms are retransmitted: Security Information Redacted Phone: Security Information Redacted

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Security Information Redacted

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Security Information Redacted Model number: Security Information Redacted

4.2 Software and Firmware

Firmware revision number: Security Information Redacted

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 110v Amps: 15 Amp Location: Security Information Redacted

Overcurrent protection type: Amps: 15 Amp Disconnecting means location: Security Information Redacted

34BF00049700

SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

4. DESCRIPTION OF SYSTEM OR SERVICE *(continued)*

4.3.2 Secondary Power

Type: Security Information Redacted Location: Security Information Redacted

Battery type (if applicable): Security Information Redacted

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact:	Security Information Redacted	Time:	8:30
Building management	Contact:		Time:	
Building occupants	Contact:		Time:	
Authority having jurisdiction	Contact:		Time:	
Other, if required	Contact:		Time:	

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	☑	☑	
Lamps/LEDs/LCDs	☐	☐	
Fuses	☐	☐	
Trouble signals	☐	☐	
Disconnect switches	☐	☐	
Ground-fault monitoring	☐	☐	
Supervision	☐	☐	
Local annunciator	☐	☐	
Remote annunciators	☐	☐	
Remote power panels	☐	☐	
	☐	☐	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	☑	☑	
Load voltage	☐	☐	
Discharge test	☐	☐	
Charger test	☐	☐	
Remote panel batteries	☐	☐	

TRANSMISSION TYPE

Security Information Redacted

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (specify)

SERVICE

- ___ Weekly
- ___ Monthly
- ___ Quarterly
- ___ Semi Annual
- X Annually
- ___ Other (specify)

PANEL MANUFACTUREP Security Information Redacted

MODEL Security Information Redacted

CIRCUIT STYLES: Security Information Redacted

NO OF CIRCUITS: Security Information Redacted

SOFTWARE REV: Security Information Redacted

LAST DATE SYSTEM WAS SERVICES: 2023

LAST DATE ANY SOFTWARE OR CONFIGURATION WAS REVISED: ___

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QUANTITY OF

Security Information Redacted

CIRCUIT STYLE ___

Security Information Redacted

- ___ MANUAL STATIONS
- ___ ION DETECTORS
- ___ PHOTO DETECTORS
- ___ DUCT DETECTORS
- ___ HEAT DETECTORS
- ___ WATERFLOW SWITCH
- ___ SUPERVISORY SWITCH
- ___ OTHER (SPECIFY) ___

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QUANTITY OF

Security Information Redacted

CIRCUIT TYPE ___

Security Information Redacted

- ___ BELLS
- ___ HORNS
- ___ CHIMES
- ___ STROBES
- ___ SPEAKERS
- ___ HORN/STROBES

SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact:	Security Information Redacted	Time:	930
Building management	Contact:		Time:	
Building occupants	Contact:		Time:	
Authority having jurisdiction	Contact:		Time:	
Other, if required	Contact:		Time:	

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 6/12/24 Time: 930

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed: [signature] Printed name: Jeff Post Date: 6/12/24

Organization: Abcode Security Title: Technician Phone: 973-579-2233

Qualifications (refer to 10.5.3):

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: [signature] Printed name: [illegible] Date: 6/12/24

Organization: Title: Phone:

ABCODE SECURITY

FOR SERVICE INQUIRES OR IF MOVING CALL:
973-579-2233
FOR BILLING INQUIRES CALL:
973-579-2233

Please remember to test your alarm regularly.
PAYMENT DUE NET 30 DAYS.

Wantage Municipal Building (Fire)
888 Route 23
Wantage Twp., NJ 07461

License: 34BF00C497

Issue Date	Due Date
05/27/2025	06/11/2025
Customer Number	**Invoice #**
BC2674	P16203

P.O Num:

INVOICE

Qty	Part Number	Part Description	Price Each	Tax	Amoun
		5/23/2025 (CJ) - replaced faulty smoke detector with new Security Information Redacted			
1.00	Security Information Redacted		265.00	Y	265.0
1.00	Labor Charges		125.00	N	125.0

Charges	390.00
Sales Tax	0.00
Subtotal	390.00
Payments	0.00
Total Due	390.00

APPROVED

ABCODE SECURITY

FOR SERVICE INQUIRES OR IF MOVING CALL:
973-579-2233
FOR BILLING INQUIRES CALL:
973-579-2233

Issue Date	Due Date
06/16/2025	07/01/2025
Customer Number	**Invoice #**
BC2670	P16276

Please remember to test your alarm regularly.
PAYMENT DUE NET 30 DAYS.

Security Information Redacted License: 34BF000497
Wantage Twp, NJ 07461

P.O Num:

INVOICE

Qty	Part Number	Part Description	Price Each	Tax	Amount
	6/9/2025 (HJeff/CJ) - Did a clean and test of fire alarm system to central station				
1.00	Labor Charges		125.00	N	125.00
1.00	DISCOUNT	50.00% Discount (Courtesy Discount)	-62.50	N	-62.50

Charges	**62.50**
Sales Tax	**0.00**
Subtotal	**62.50**
Payments	**0.00**
Total Due	**62.50**

APPROVED