

RESOLUTION  
of the  
BOROUGH OF NEW PROVIDENCE  
Resolution No. 2013-133

Council Meeting Date: 04-01-2013

Date Adopted: 04-01-2013

TITLE: RESOLUTION REFUNDING OR APPLYING OVERPAYMENT OF TAXES  
TO CERTAIN PROPERTY OWNERS

Councilperson Galluccio submitted the following resolution, which was duly seconded by Councilperson Muñoz.

WHEREAS, the Tax Collector of the Borough of New Providence has reported certain instances whereby, for various and sundry reasons, certain property owners are entitled to refunds in the overpayment of their real estate taxes to the Borough of New Providence; and

WHEREAS, the specific reasons in each case have been reported to the Mayor and Borough Council and are set forth in the memorandum of the Tax Collector of the Borough of New Providence which is attached hereto and made a part hereof.

NOW THEREFORE BE IT RESOLVED by the Mayor and Borough Council of the Borough of New Providence, County of Union and State of New Jersey that they do hereby authorize the refund of overpayment of taxes as follows:

<u>Tax Yr/Qtr</u>	<u>Block/Lot</u>	<u>Property Location</u>	<u>Overpayment</u>	<u>Reason</u>
2013/1R	Block 130, Lot 16	31 Primrose Dr	\$1,758.94	Veteran Exemption
2013/1A	Block 130, Lot 16	31 Primrose Dr	\$ 903.19	Veteran Exemption

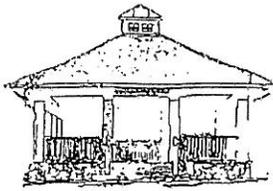
APPROVED, this 1<sup>st</sup> day of April, 2013.

RECORD OF VOTE

	AYE	NAY	ABSENT	NOT VOTING
GALLUCCIO	X			
GENNARO	X			
KAPNER	X			
MUÑOZ	X			
ROBINSON	X			
HERN			TO BREAK COUNCIL TIE VOTE	

I hereby certify that the above resolution was adopted at a meeting of the Borough Council held on the 1<sup>st</sup> day of April, 2013.

Wendi B. Barry, Borough Clerk



BOROUGH OF  
**NEW PROVIDENCE**  
 SETTLED IN 1720

**FINANCE-TAX COLLECTION**

J. Brooke Hern, Mayor

Kenneth DeRoberts, CFO

Monica Marino, Tax Collector

MEMORANDUM

Date: March 19, 2013

To: Wendi Barry

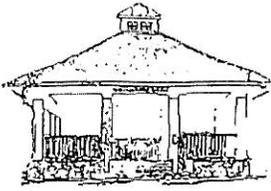
Re: Refund tax overpayments

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Please do a resolution for the April 1 council meeting to refund tax overpayments on the following property:

<u>Tax Yr/Qtr</u>	<u>Block/Lot</u>	<u>Property Location</u>	<u>Amount</u>	<u>Reason</u>
2013/1R	130/16	31 Primrose Dr	\$1,758.94	Veteran Exemption
2013/1A	130/16	31 Primrose Dr	\$903.19	Veteran Exemption

Acct# 10---324—  
 Tax Overpayment



BOROUGH OF  
NEW PROVIDENCE  
SETTLED IN 1720

ASSESSOR'S OFFICE

J. Brooke Hern, Mayor  
Patricia Spychala, Assessor  
Nancy Pasquale, Assistant

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TO: Monica Marino, Tax Collector  
FROM: Pat Spychala, Assessor  
DATE: March 12, 2013  
REF: Block 130 ▪ Lot 16 ▪ 31 Primrose Drive  
100% Disabled American Veteran ▪ John McGovern

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Effective tax year 2013, the referenced property owner qualifies as a 100% Disabled American Veteran.

The required documents for this exemption were given to you separate of this email. Should you have any questions, please feel free to contact me.

/ps

CLAIM FOR PROPERTY TAX EXEMPTION ON DWELLING HOUSE OF DISABLED VETERAN OR SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER OF DISABLED VETERAN OR SERVICEPERSON (N.J.S.A. 54:43.30 et seq.; P.L.1948, c.259 as amended; N.J.A.C. 18:28-1.1 et seq.)

IMPORTANT File this completed claim with your municipal tax assessor. (See instructions on reverse)

1. CLAIMANT NAME

JOHN M. McGOVEAN + URSULA M. BURKE

Name(s) of veteran claimant owner (& spouse, as tenants by entirety, or civil union or domestic partner) or of surviving spouse/civil union or domestic partner permanently residing in dwelling

2. DWELLING LOCATION

31 PRIMROSE DRIVE

908-665-9058

Street Address of claimant owner's principal residence

NEW PROVIDENCE

Phone #

County

130

Municipality

16

Block

Lot

Qualifier

RECEIVED

3. DISABLED VETERAN/SURVIVING SPOUSE/CIVIL UNION OR DOMESTIC PARTNER OF DISABLED VET OR SERVICEPERSON (Check A, B, or C)

- A.  Honorably discharged disabled veteran with active wartime service in United States Armed Forces.
- B.  Surviving spouse/civil union or domestic partner of honorably discharged disabled veteran with active wartime service in United States Armed Forces; and
- C.  I have not remarried/formed a new registered civil union or domestic partnership. ATTACH copy of D214.
- Surviving spouse/civil union or domestic partner of serviceperson who died on wartime active duty in the United States Armed Forces; and
- I have not remarried/formed a new registered civil union or domestic partnership. ATTACH copy Military Notification of Death

FEB 14 2013  
TAX ASSESSOR'S OFFICE  
BOROUGH OF NEW PROVIDENCE

4. ACTIVE WAR TIME SERVICE PERIOD (Check All Applicable Service Periods)

- \*\*A.  Operation Northern/Southern Watch August 27, 1992 - March 17, 2003
- \*\*B.  Operation Iraqi Freedom March 19, 2003 - Ongoing
- \*\*C.  Operation Enduring Freedom September 11, 2001 - Ongoing
- \*\*D.  "Joint Endeavor/Joint Guard" - Bosnia & Herzegovina November 20, 1995 - June 20, 1998
- \*\*E.  "Restore Hope" Mission - Somalia December 5, 1992 - March 31, 1994
- \*\*F.  Operation Desert Shield/Desert Storm Mission August 2, 1990 - February 28, 1991
- \*\*G.  Panama Peacekeeping Mission December 20, 1989 - January 31, 1990
- \*\*H.  Grenada Peacekeeping Mission October 23, 1983 - November 21, 1983
- \*\*I.  Lebanon Peacekeeping Mission September 26, 1982 - December 1, 1987
- J.  Vietnam Conflict December 31, 1960 - May 7, 1975
- \*\*K.  Lebanon Crisis of 1958 July 1, 1958 - November 1, 1958
- L.  Korean Conflict June 23, 1950 - January 31, 1955
- M.  World War II September 16, 1940 - December 31, 1946
- N.  World War I April 6, 1917 - November 11, 1918

\*\*NOTE - Peacekeeping Missions require a minimum of 14 days service in the actual combat zone except where service-incurred injury or disability occurs in the combat zone, then actual time served though less than 14 days, is sufficient for purposes of property tax exemption or deduction. The 14 day requirement for Bosnia and Herzegovina may be met by services in one or both operations for 14 days continuously or in aggregate. For Bosnia and Herzegovina combat zone also includes the airspace above those nations.

5. DISABILITY (Check A or B & complete C)

- A.  Wartime service-connected disability from paraplegia, sarcoioidsis, osteochondritis resulting in permanent loss of use of both legs, or permanent paralysis of both legs and lower parts of the body, or from hemiplegia and having permanent paralysis of one leg and one arm or either side of the body, resulting from injury to spinal cord, skeletal structure, or brain or from disease of spinal cord not resulting from any form of syphilis; or from total blindness; or from amputation of both arms or both legs, or both hands or both feet, or the combination of a hand and a foot or
- B.  Other wartime service-connected disability declared to be a total or 100% permanent disability, and not so evaluated solely because of hospitalization or surgery and recuperation, sustained through enemy action, or accident or resulting from disease contracted while in such service.
- C. Date V.A. determined 100% permanently and totally disabled 12/27/2012

6. OWNERSHIP & OCCUPANCY (Complete A, B, and C)

- A.  I (my spouse/civil union partner & I, as tenants by entirety), solely own or hold legal title to the above dwelling house
- Partial owners. I (as joint tenant or tenant in common) own \_\_\_\_\_ %
- Grantee (buyer) \_\_\_\_\_ name per deed Deed Date \_\_\_\_\_
- B.  The dwelling house is One-Family and I occupy all of it as my principal residence. OR
- C.  The dwelling house is Multi-Unit and I occupy \_\_\_\_\_ % as my principal residence

7. CITIZEN & RESIDENT (Complete A or B)

- A.  As of 1/1/2012 (insert date - month/day/year), I, the above named veteran claimant was a citizen and legal or domiciliary resident of New Jersey.
- B.  As of \_\_\_\_\_ (insert date - month/day/year), I, the above named surviving spouse/civil union or domestic partner claimant was a citizen and legal or domiciliary resident of New Jersey, and
- My deceased veteran or serviceperson spouse/civil union or domestic partner was a citizen and resident of New Jersey at death

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

Signature of claimant

Date

2/10/2013

OFFICIAL USE ONLY - Block

Lot

Approved  Disallowed

Assessor

Date

Form D V.S.S.E rev February 2013

B O R O U G H O F  
NEW PROVIDENCE  
SETTLED IN 1720

J. Brooke Hern, Mayor  
Kenneth DeRoberts, CFO  
Monica Marino, Tax Collector

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March 19, 2013

John McGovern  
31 Primrose Dr.  
New Providence, NJ 07974

Re: Veteran Exemption  
31 Primrose Dr.  
Block 130, Lot 16

Dear McGovern:

According to a memo we received from the tax assessor, you are entitled to a 100% permanently and totally disabled veteran exemption effective January 1, 2013.

Our records indicate that you paid the 1<sup>st</sup> quarter regular 2013 tax installment (\$1,758.94) and the 1<sup>st</sup> quarter added tax installment (\$903.19).

In order for the Borough to refund you the \$2,662.13, we are required by law to have you sign the enclosed purchase order. Please return it as soon as possible to the following address:

Borough of New Providence  
360 Elkwood Ave.  
New Providence, NJ 07974  
Attn: Tax Collector

Due to internal controls, we cannot remove the billing on your account until July 2013. In the event you receive a delinquent notice for future unpaid taxes, please disregard. Our tax program automatically generates delinquent notices for unpaid accounts.

If you have any questions regarding this matter, please feel free to contact me at 908-665-8031.

Sincerely,

Monica Marino

COPY

360 Elkwood Avenue ♦ New Providence ♦ NJ ♦ 07974  
908-665-1400 ♦ 908-665-9272 (Fax)  
www.newprov.org

# BOROUGH OF NEW PROVIDENCE PURCHASE ORDER

46031

360 ELKWOOD AVE

MCGOVE

NEW PROVIDENCE, NJ 07974-1838

DATE	3/18/2013
PAGE NO.	1
CHECK NO.	
TAX EXEMPT NO. 22-6002132	

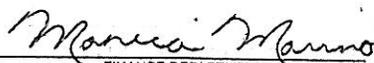
www.newprov.org

**SIGN & RETURN TO ADDRESS ABOVE**

VENDOR	SHIP TO
JOHN MC GOVERN  31 PRIMROSE DR NEW PROVIDENCE, NJ 07974	TAX COLLECTOR MUNICIPAL CENTER 360 ELKWOOD AVENUE NEW PROVIDENCE, NJ 07974 Attn: MONICA MARINO

SPECIAL INSTRUCTIONS

ITEM NO.	ITEM DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1	Refund 1st quarter 2013 regular tax payment, 100% permanently & totally disabled veteran, block 130, lot 16, 31 Primrose Dr., exempt all of 2013 10---324--	1	1,758.94	1,758.94
2	Refund 1st quarter 2013 added tax payment, 100% permanently & totally disabled veteran, block 130, lot 16, 31 Primrose Dr., exempt all of 2013 10---324--	1	903.19	903.19
NO ORDER VALID UNLESS SIGNED BELOW			<b>TOTAL</b> →	2,662.13

 PURCHASING AGENT	CERTIFICATION OF AVAILABLE FUNDS  FINANCE DEPARTMENT
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**VENDOR CERTIFICATION AND DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

**X**

\_\_\_\_\_ VENDOR SIGN HERE

\_\_\_\_\_ TITLE \_\_\_\_\_ DATE

\_\_\_\_\_ VENDOR SOCIAL SECURITY NO. OR TAX I.D. NO.

**DEPARTMENT HEAD CERTIFICATION**  
 I certify that the materials and supplies have been received or the services rendered.

\_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_ DATE

**APPROVAL FOR PAYMENT**

_____ COUNCIL MEMBER _____ DATE	_____ ADMINISTRATOR _____ DATE
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