



Board Assistant <boardassistant@templeh.org>

Park Theatre presentation for Select Board

4 messages

Peggy Ueda <p.ueda@yahoo.com>

Mon, Apr 15, 2019 at 2:40 PM

To: "boardassistant@templeh.org" <boardassistant@templeh.org>

Hello, I am writing on behalf of The Park Theatre in Jaffrey.

As you may know, we are rebuilding our historic theatre as a state-of-the-art performing arts center in downtown Jaffrey, serving the entire Monadnock region (and beyond).

Construction is underway, and we would like very much to provide an update to the Board of Selectmen and entertain questions and comments as well as suggestions for programs after we open. Could we be put on the Agenda for an upcoming meeting, possibly April or May, for about a 10 minute presentation?

Thank you very much,

Peggy Ueda, Park Theatre Board of Trustees

Personal cell 603-562-8464

Board Assistant <boardassistant@templeh.org>

Tue, Apr 16, 2019 at 8:26 AM

To: Peggy Ueda <p.ueda@yahoo.com>

Hi Peggy:

Thanks for contacting me. I will reach out to the Select Board. I'm thinking the late May meeting is doable, given the board's work load. Does May 28th work for you?

Best,

Paul

[Quoted text hidden]

--

Paul Clifton-Waite

Assistant to the Select Board

Town of Temple, NH

603.878.2536

Hours: Mon. 7-9 a.m., Tues. 8-6 p.m., Thurs. 8-6 p.m., 1st and 3rd Sat 8-11 a.m.

Peggy Ueda <p.ueda@yahoo.com>

Tue, Apr 16, 2019 at 10:56 AM

To: Board Assistant <boardassistant@templeh.org>

Thank you for such a prompt reply!
May 28 will be fine. I understand the

meeting is in the Town Hall Annex.
What time should we arrive?
Thanks again,
Peggy

[Quoted text hidden]

Board Assistant <boardassistant@templeh.org>
To: Peggy Ueda <p.ueda@yahoo.com>

Tue, Apr 16, 2019 at 10:59 AM

Peggy:

Our meetings typically start at 6:30 p.m. Why don't you check in the Friday before to verify the agenda with me to see where everything stands. I'll put the organization on the agenda.

Thanks,
Paul

[Quoted text hidden]



Board Assistant <boardassistant@templeh.org>

Credit Card Name

2 messages

Judy Paglia <templehbookkeeper@gmail.com>
To: "Therrien, Chris" <christine.therrien@citizensbank.com>
Cc: Board Assistant <boardassistant@templeh.org>

Tue, May 21, 2019 at 12:52 PM

Hey Christine,

We are wondering a couple things regarding the physical card.

Is it possible to have the name be "Town of Temple" and have approved signer? Or does there have to be an actual person's name on it?

How hard and what are the steps to having the name changed from mine to Paul's? He is the Board Assistant, and works significantly more hours than I do, so it makes more sense for his name to be on the physical card, as he is the one who uses it primarily.

Thanks for your help!

--
Judy Paglia
Town of Temple Bookkeeper
Please note, I am typically in the office Mondays and Tuesdays,
most easily reached between 11 - 2
Thank you!

Therrien, Chris <Christine.Therrien@citizensbank.com>
To: Judy Paglia <templehbookkeeper@gmail.com>
Cc: Board Assistant <boardassistant@templeh.org>

Tue, May 21, 2019 at 2:47 PM

Hello Judy,

In addition to the Town's name, we need to have an individuals name on the card. We would need to issue Paul a new card. Please let me know if you have any questions.

Have a nice day!

Best,

Chris

Christine Therrien

Senior Vice President

Government Banking Division

Citizens Bank

900 Elm Street, NE1680

Manchester, NH 03101

Telephone (603) 634-7174

Toll-free facsimile (888) 716-4840

Christine.Therrien@citizensbank.com



Board Assistant <boardassistant@templeh.org>

TDPC--12 June--in ANNEX

1 message

Honey Hastings, Mediator <hhastings@familymediationnh.com>

Tue, May 21, 2019 at 5:05 PM

To: "Board Assistant (boardassistant@templeh.org)" <boardassistant@templeh.org>

Cc: "Steve Nelson (armyretired8@msn.com)" <armyretired8@msn.com>, "Gladu, Gail" <gailann59@me.com>

21 May 2019

Paul

Attached is the inadvertently-omitted form for our 12 June rental.

a. We request that the SB grant a fee waiver for this Annex use. In support of the waiver request, I note TDPC's service to half of the town's homes. We are recognized by the IRS as a 501(c)12 (a cooperative).


b. Additionally, we request that the fee paid be treated as a refundable deposit, so long as the room is undamaged.

My apologies for bringing this up on the afternoon of a SB meeting. You surely have more essential items on your plate today.

Honey Hastings, Chair

Temple Driving Plowing Cooperative

Phone 603.654.5000

 2019_05_21_16_53_50.pdf
238K

**Temple Town Hall
RESERVATION FORM (Revised Oct. 2018)**

NAME/GROUP—Temple Driveway Plowing Cooperative (an approved Quasi-Municipal)

FACILITY/ROOM REQUESTED—Annex

FEE— **Fee waiver requested** —This is for the annual meeting of our members. We have requested the Annex because we expect 20 or less to attend.

NAME OF RENTER—Honey Hastings (This is a follow-up to oral request by Steve Nelson, TDPC Treasurer)

ADDRESS— TDPC is at PO Box 24

PHONE-654.5000 (Honey)

EMAIL— honeyhastings@earthlink.net or armyretired8@msn.com (Steve Nelson)

DATE/TIME REQUESTED—Wed. 12 June- 5:30 pm to 8 pm.

APPROXIMATE NUMBER OF PEOPLE—15-20 (Board plus mother members.)

PURPOSE FOR USE—annual meeting

KITCHEN FACILITIES REQUESTED YES ___ NO X___

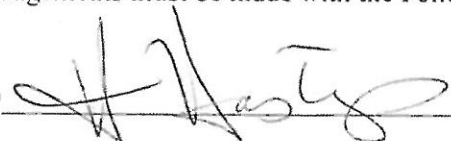
The regulations for the use of the Temple Town Hall and /or Annex are incorporated into this permit by reference.

I hereby acknowledge that I have received and read the regulations and that I agree to abide by all terms stated therein.

LIABILITY INSURANCE REQUIRED YES ___ NO ___ (For Office use only)
If yes, certificate of insurance must be presented to the Temple Select Board prior to use.

POLICE SUPERVISION REQUIRED YES ___ NO ___ (For Office use only)
If yes, arrangements must be made with the Police Chief for Special Detail Officers.

SIGNED



DATE

21 May '19

(Assigned by Municipality)

YR TOWN OP#

19 - 445 - 03 - T

For Tax Year April 1, 2019 to March 31, 2020



PLEASE TYPE OR PRINT (If filling in form on-line; use TAB Key to move through fields)

- Town/City of: Temple
- Tax Map/Block/Lot or USFS Sale Name & Unit No.: 6-25
- Intent Type: Original Supplemental 18-445-04
(Original Intent Number)
- Name of Access Road: East Rd
- 5a. Acreage of Lot: ~~44.9~~ Acreage of Cut: 41.4
- 5b. Anticipated Start Date: 40.5 SF 33 SF
- Type of ownership (check only one):
 - Owner of Land and Stumpage (Joint Tenants)
 - Owner of Land and Stumpage (Tenants in Common)
 - Previous owner retaining deeded timber rights
 - Owner/Purchaser of stumpage & timber rights on public lands (Fed., State, municipal, etc.) or Utility Easements

REPORT OF CUT / CERTIFICATE TO BE SENT TO:

OWNER OR LOGGER / FORESTER
BY MAIL OR E-MAIL

7. I/We hereby accept responsibility for reporting all timber cut within 60 days after the completion of the operation or by May 15, whichever comes first. I/We also assume responsibility for any yield tax which may be assessed. (If a corporation, an officer must sign.)

Attach a signature page for additional owners.

[Signature] 5-6-19
SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

CRAIG WILSON
PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

Susan Schickel 5-6-19
SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

Susan Schickel
PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

PO Box 108
MAILING ADDRESS

TEMPLE, A NH 03084
CITY OR TOWN STATE ZIPCODE

Craigwilson333@gmail.com
E-MAIL ADDRESS

603 801 19
HOME PHONE (Enter number without dashes) CELL PHONE (Enter number without dashes)

FOR MUNICIPAL ASSESSING OFFICIALS ONLY

The Selectmen/Municipal Assessing Officials hereby certify that:

- All owners of record have signed the Intent;
- The land is not under the Current Use Unproductive category;
- The form is complete and accurate; and

4. Any timber tax bond required has been received.
\$ _____ Date: _____

5. The tax collector will be notified within 30 days of receipt pursuant to RSA 79:10.

6. This form to be forwarded to DRA within 30 days.

8. Description of Wood or Timber To Be Cut

Species	Estimated Amount To Be Cut	
White Pine	14,000	MBF
Hemlock	30,000	MBF
Red Pine		MBF
Spruce & Fir		MBF
Hard Maple		MBF
White Birch		MBF
Yellow Birch		MBF
Oak	35,000	MBF
Ash		MBF
Soft Maple		MBF
Beech/Pallet/Tie Logs		MBF
Other (Specify)		MBF
Pulpwood		Tons
Spruce & Fir		
Hardwood & Aspen		
Pine	40	
Hemlock		
Biomass Chips		
Miscellaneous		
High Grade Spruce/Fir		Tons
Cordwood & Fuelwood	40	Cords

9. Species and Amount of Wood or Timber For Personal Use or Exempt. See exemptions on back of form.

Species	Amount:

10. By signing below, the Logger/Forester or person responsible for cutting hereby accepts responsibility for verifying the volumes of wood and timber to be reported by the owner, and certifies that they are familiar with RSA 227-J, the timber harvest laws.

[Signature] 5/6/19
SIGNATURE (in ink) OF PERSON RESPONSIBLE FOR CUT DATE

Silas E Foster
PRINT CLEARLY OR TYPE NAME OF PERSON RESPONSIBLE FOR CUT

65 Boynton Hill Rd
MAILING ADDRESS

New Ipswich NH 03071
CITY OR TOWN STATE ZIPCODE

878-2425 _____
PHONE NUMBER E-MAIL ADDRESS

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

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Board Assistant <boardassistant@templeh.org>

notice of intent to cut - wilson & Schickel (new)

5 messages

Board Assistant <boardassistant@templeh.org>

Tue, May 14, 2019 at 12:38 PM

To: Evan Roberge <evan@avitarassociates.com>

Cc: Jeanne Whitcomb <templetax@comcast.net>

Hi Evan:

Just received this new notice of intent to cut on M 6 Lot 25. It appears to have this information, per below. I will check with the tax collector on any unpaid taxes, and I will post the notice. There are some wetlands. Please let me know any restrictions.

Parcel:	00006A 000025 000000	Parcel 1 of 1					
Owner:	WILSON, CRAIG						
Location:	25 EAST RD						
	Size:	40.5 Ac.					
General Land Building Sketch Features Exemptions Permits Map							
Zone:	RA RURAL/AGRI	Market Value: \$155,800					
Neighborhood:	AVERAGE+10	Current Use Credit: \$83,590					
Land Use:	1F RES	Taxable Value: \$72,210					
Site:	AVERAGE - 100						
Driveway:	GRAVEL/DIRT - 95						
Road:	PAVED - 100						
View:	HILLS, NARROW, TOP 25, NEAR/CLOSE						
Land Use	Size	NC	Topo	Crnd	Mkt Val	CU	Notes
1F RES	1.000 AC	F	MILD	90	\$66,100	<input type="checkbox"/>	ACC/ROW
UNMNGD PINE	10.000 AC	X	ROLLING	100	\$15,800	<input checked="" type="checkbox"/>	
UNMNGD PINE	300.000 FF	F		100	\$34,700	<input checked="" type="checkbox"/>	
UNMNGD HARDWD	22.500 AC	X	ROLLING	100	\$35,600	<input checked="" type="checkbox"/>	
WETLANDS	7.000 AC	X	ROLLING	10	\$1,100	<input checked="" type="checkbox"/>	WET
VIEW				100	\$2,500	<input type="checkbox"/>	VU

Thanks,
Paul

--

Paul Clifton-Waite

Assistant to the Select Board

Town of Temple, NH

603.878.2536

Hours: Mon. 7-9 a.m., Tues. 8-6 p.m., Thurs. 8-6 p.m., 1st and 3rd Sat 8-11 a.m.

Notice of Intent to Cut - Wilson & Schickel 5-6-19 (2019).pdf
1498K

Evan Roberge <evan@avitarassociates.com>

Tue, May 14, 2019 at 5:34 PM

To: Board Assistant <boardassistant@templeh.org>

Cc: Jeanne Whitcomb <templetax@comcast.net>

Hi Paul and Jeanne,

There's a couple issues with this Intent. The acreage of cut exceeds what the town has for acreage. Also, there are 7 acres of wetlands (according to the owner/current use applicant) and the acreage of cut would indicate they are cutting on that. I would email/send a letter to the logger stating those issues and that this can not be signed until it's revised.

Evan

[Quoted text hidden]

Board Assistant <boardassistant@templeh.org>

Tue, May 14, 2019 at 5:43 PM

To: Evan Roberge <evan@avitarassociates.com>

Cc: Jeanne Whitcomb <templetax@comcast.net>

Hi Evan:

Ok. I checked the math. Are you seeing 40.5 acres (not counting the 300 feet frontage)?

5/16/2019

Town of Temple Mail - notice of intent to cut - wilson & Schickel (new)

Thanks,

paul

[Quoted text hidden]

Evan Roberge <evan@avitarassociates.com>
To: Board Assistant <boardassistant@templeh.org>
Cc: Jeanne Whitcomb <templetax@comcast.net>

Tue, May 14, 2019 at 6:04 PM

The parcel is a total of 40.5 acres, including the 7 acres of wetlands. So the 41.4 acreage of cut exceeds the acres of the lot and also indicates cutting on wetlands. The 300FF is just the potential to subdivide due to the amount of frontage and acres and is not counted towards the acreage.

Evan

[Quoted text hidden]

Elizabeth Maxcy-Humphrey <Templetax@comcast.net>
To: Board Assistant <boardassistant@templeh.org>

Wed, May 15, 2019 at 9:45 AM

Hi Paul,

There are no outstanding taxes due on this Property, Map 6A L 25, owned by Craig Wilson & Susan Schickel.

Thanks,

Elizabeth

[Quoted text hidden]

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION NOTICE OF INTENT TO CUT WOOD OR TIMBER

RECEIVED E-MAILED MAY 15 2019

YR 19 TOWN 445 OP# 02 T (Assigned by Municipality)

For Tax Year April 1, 2019 to March 31, 2020

PLEASE TYPE OR PRINT (If filling in form on-line; use TAB Key to move through fields)

8. Description of Wood or Timber To Be Cut

Table with columns: Species, Estimated Amount To Be Cut, MBF, Tons, Cords. Includes entries for White Pine, Hemlock, Red Pine, Spruce & Fir, Hard Maple, White Birch, Yellow Birch, Oak, Ash, Beech & Soft Maple, Pallet or Tie Logs, Other (Specify), Pulpwood, Spruce & Fir, Hardwood & Aspen, Pine, Hemlock, Whole Tree Chips, Miscellaneous, High Grade Spruce/Fir, Cordwood & Fuelwood.

- 1. City/Town of TOWN
2. Tax Map No./Lot or USFS sale name & unit #: M4 L4-15, M4 L4-5
3. Intent Type: Original Supplemental
4. Name of road from which accessible: BROWN ROAD
5. a. Acreage of Lot: 78 Acreage of cut: 15
b. Anticipated start date: 5-15-19
6. Type of ownership (check only one):
a. Owner of Land and Stumpage (Joint Tenants)
b. Owner of Land and Stumpage (Tenants in Common)
c. Previous owner retaining deeded timber rights
d. Owner/Purchaser of stumpage & timber rights on public lands

REPORT OF CUT FORM / CERTIFICATE TO BE SENT TO: OWNER OR BY MAIL OR LOGGER/FORESTER E-MAIL

7. I/We hereby accept responsibility for reporting all timber cut within 60 days after the completion of the operation or by May 15, whichever comes first.

Timber Tax Information is Available at www.revenue.nh.gov Questions?? Call (603) 230-5950

SIGNATURE OF OWNER(S) OR CORPORATE OFFICER: Carol C Church DATE: 4/26/19

SIGNATURE OF OWNER(S) OR CORPORATE OFFICER DATE

PRINT CORPORATE OFFICER NAME AND TITLE DATE

PRINT OWNER(S) NAME

MAILING ADDRESS: 22 CHRIS DRIVE

CITY/TOWN: UNCASVILLE STATE: CT ZIPCODE: 06382

PHONE: 860-848-7232 E-MAIL

9. Species and Amount of Wood or Timber For Personal Use or Exempt. See exemptions on back of form.

Table with columns: Species, Amount

10. By signing below, the Logger/Forester or person responsible for cutting hereby accepts responsibility for verifying the volumes of wood and timber to be reported by the owner.

SIGNATURE OF PERSON RESPONSIBLE FOR CUTTING: David Buxton DATE: 5.5.19

PRINT NAME: DAVID BUXTON

MAILING ADDRESS: 315 Sawmill Rd.

CITY/TOWN: Carleton Field STATE: N.H. ZIPCODE: 03047

PHONE: 582-8538 E-MAIL

ASSESSING OFFICIALS ONLY

The Seller and Assessing Officials hereby certify that:

- 1. All owners of record have signed the Intent:
2. The land is not under the Current Use Unproductive category;
3. The form is complete and accurate; and
4. Any timber tax bond required has been received:
5. The tax collector will be notified within 30 days or receipt pursuant to RSA 79:10;
6. This form to be forwarded to DRA within 30 days.

Signature (in ink) of Assessing Official Date



OWNER INFORMATION		SALES HISTORY		
CHURCH TRUSTEE, CAROL C	CHURCH FAMILY TRUST	Date	Book Page	Type
		05/18/1999	6104 1918	U I 81
				Price Grantor
				CHURCH, DAVID & CAROL

LISTING HISTORY	NOTES
12/04/18 ERVE	
01/03/18 INSP	MARKED FOR INSPECTION
09/16/11 ERVM	MARKED FOR INSPECTION
09/13/11 INSP	MARKED FOR INSPECTION
06/01/09 MSHC	
10/05/05 DTUM	
10/25/04 JRHN	
06/23/03 THUM	

Feature Type	Units	Length	Width	Size	Adj	Rate	Cond	Market Value	Notes
EXTRA FEATURES VALUATION									
MUNICIPAL SOFTWARE BY AVITAR									
TEMPLE ASSESSING OFFICE									

Year	Building	Features	Land
2017	\$ 17,300	\$ 0	\$ 56,458
		Parcel Total:	\$ 73,758
2018	\$ 17,300	\$ 0	\$ 56,573
		Parcel Total:	\$ 73,873
2019	\$ 17,300	\$ 0	\$ 56,813
		Parcel Total:	\$ 74,113

LAND VALUATION													
LAST REVALUATION: 2014													
Zone:	RA	RURAL/AGRI	Minimum Acreage:	3.00	Minimum Frontage:	300	Site:	FAIR	Driveway:	GRASS/NATURAL Road:	GRAVEL/DIRT		
Land Type	Units	Base Rate	NC	Adj	Site	Road	DWay	Topography	Cond	Ad Valorem	SPI R	Tax Value	Notes
IF RES	2.500 ac	77,000	D	90	95	95	95	--MILD	95	53,600	0 N	53,600	SEPTIC
UNMNGD OTHER	75.500 ac	x 2,000	X	79				--ROLLING	100	107,400	80 Y	3,213	
UNMNGD OTHER	1,800,000 ff	x 105	X	79					50	74,700	0 N	0	TOPO
	78.000 ac									235,700		56,813	

OWNER INFORMATION

CHURCH TRUSTEE, CAROL C
 CHURCH FAMILY TRUST

SALES HISTORY

Date	Book	Page	Type	Price	Grantor
05/18/1999	6104	1918	U V 81		CHURCH, DAVID & CAROL

22 CHRIS DRIVE
 UNCASVILLE, CT 06382

LISTING HISTORY

Date	Event	Description
11/06/18	ERV L	
01/03/18	INSP	MARKED FOR INSPECTION
06/01/09	MSHN	
06/23/03	THUL	
09/16/99	ABHR	
10/20/98	AB-V	

NOTES

APPROX 1/3 OF LOT IN MTN ZONING DISTRICT; 11/18; APPRS SOME
 SELECTIVE CUTTING W/LOG LANDING CLEARED;

EXTRA FEATURES VALUATION

Feature Type	Units	Length	Width	Size	Adj	Rate	Cond	Market Value	Notes

MUNICIPAL SOFTWARE BY AVITAR

TEMPLE ASSESSING OFFICE


PARCEL TOTAL TAXABLE VALUE

Year	Building	Features	Land
2017	\$ 0	\$ 0	\$ 928
		Parcel Total:	\$ 928
2018	\$ 0	\$ 0	\$ 965
		Parcel Total:	\$ 965
2019	\$ 0	\$ 0	\$ 1,043
		Parcel Total:	\$ 1,043

LAND VALUATION

LAST REVALUATION: 2014

Zone:	RA	RURAL/AGRI	Minimum Acreage:	3.00	Minimum Frontage:	300	Site:	UNDEVELOPED	Driveway:	UNDEVELOPED	Road:	GRAVEL/DIRT	
Land Type	Units	Base Rate	NC	Adj	Site	Road	DWay	Topography	Cond	Ad Valorem	SPI	R Tax Value	Notes
UNMNGD OTHER	3,000 ac	78,000	D	90	100	95	95	90 -- ROLLING	100	57,000	80	Y 128	
UNMNGD OTHER	21,500 ac	x 2,000	X	92				85 -- MODERATE	100	33,600	80	Y 915	
UNMNGD OTHER	900,000 ft	x 105	D	90					25	21,300	0	N 0	TOPO
	24,500 ac									111,900			1,043

 Foster Report of Cut (Wilson-Schickel) 2019.pdf
1181K

Elizabeth Maxcy-Humphrey <Templetax@comcast.net>
To: Board Assistant <boardassistant@templeh.org>

Thu, May 16, 2019 at 9:51 AM

Hello Paul,

As of today, there are no overdue taxes on the property owned by Mr. Wilson & Ms. Schickel.

[Quoted text hidden]

Board Assistant <boardassistant@templeh.org>
To: Elizabeth Maxcy-Humphrey <Templetax@comcast.net>

Thu, May 16, 2019 at 2:13 PM

Hi Elizabeth:
Do you mind confirming for the Church property there is no outstanding tax?
Thanks,
Paul

[Quoted text hidden]

Elizabeth Maxcy-Humphrey <Templetax@comcast.net>
To: Board Assistant <boardassistant@templeh.org>

Thu, May 16, 2019 at 2:16 PM

Hi Paul,

There are no overdue taxes on this property.

Thanks,

Elizabeth

From: Board Assistant [mailto:boardassistant@templeh.org]
Sent: Thursday, May 16, 2019 2:13 PM
To: Elizabeth Maxcy-Humphrey <Templetax@comcast.net>

[Quoted text hidden]

[Quoted text hidden]

**CERTIFICATION OF YIELD TAXES ASSESSED
INTENT FILED DURING TAX YEAR: April 1, 2018 to March 31, 2019**

TOWN / CITY OF: Temple NH
 COUNTY OF: Hillsborough
 CERTIFICATION DATE: May 28, 2019

SEND SIGNED COPY TO: DEPT. OF REVENUE ADMINISTRATION
 MUNICIPAL AND PROPERTY DIVISION
 P.O. BOX 487
 CONCORD, NH 03302-0487



 (Selectmen/assessor)

 (Selectmen/assessor)

 (Selectmen/assessor)

 (Selectmen/assessor)

 (Selectmen/assessor)

#1	#4	#5	#6	#5	#7	#8	#9	#10	
NAME OF OWNER	SPECIES	NUMBER OF BOARD FEET IN THOUSANDS	NUMBER OF TONS	NUMBER OF CORDS	STUMPAGE VALUE	TOTAL ASSESSED VAL.	TAX AT 10 %		
#1 Craig Wilson Susan Schickel PO BOX 108 Temple, NH 03084 ACCOUNT OR SERIAL #: 1 #2 BY WHICH LOT WAS DESIGNATED IN NOTICE OF INTENT MAP & LOT NUMBER 6A-25 #3 OPERATION NUMBER 18-445-04-T	WHITE PINE	0.000			\$165.00	\$0.00	\$0.00	TOTAL TAX DUE ON THIS OPERATION (TOTAL OF COL.# 9)	
	HEMLOCK	0.000			\$75.00	\$0.00	\$0.00		
	RED PINE	0.000			\$50.00	\$0.00	\$0.00		
	SPRUCE & FIR	0.000			\$130.00	\$0.00	\$0.00		
	HARD MAPLE	0.000			\$300.00	\$0.00	\$0.00		
	WHITE BIRCH	0.000			\$100.00	\$0.00	\$0.00		
	YELLOW BIRCH	0.000			\$200.00	\$0.00	\$0.00		
	OAK	7.210			\$450.00	\$3,244.50	\$324.45		
	ASH	0.000			\$200.00	\$0.00	\$0.00		
	SOFT MAPLE	0.000			\$150.00	\$0.00	\$0.00		
	BEECH/PALLET/TIE LOGS	3.710			\$65.00	\$241.15	\$24.12		
	OTHERS :	0.000			\$0.00	\$0.00	\$0.00		
	OTHERS :	0.000			\$0.00	\$0.00	\$0.00		
	SPRUCE & FIR			0.00		\$0.50	\$0.00		\$0.00
	HARDWOOD & ASPEN			0.00		\$5.00	\$0.00		\$0.00
SPRUCE & FIR			0.00		\$1.00	\$0.00	\$0.00		
HEMLOCK			0.00		\$4.00	\$0.00	\$0.00		
BIOMASS CHIPS			0.00		\$1.00	\$0.00	\$0.00		
HIGH GRADE SPRUCE			0.00		\$30.00	\$0.00	\$0.00		
CORDWOOD				20.00	\$12.00	\$240.00	\$24.00		
						\$3,725.65	\$372.57	\$372.57	

TOWN: Temple NH
 COUNTY: Hillsborough
 OWNER: Craig Wilson
 OWNER: Susan Schickel
 ADDRESS: PO BOX 108
 ADDRESS: Temple, NH 03084

INTENT FILED DURING TAX YEAR: April 1, 2018 to March 31, 2019

ACCOUNT & SERIAL #: 1
 MAP & LOT #: 6A-25
 OPERATION #: 18-445-04-T
 DATE OF BILLING: May 28, 2019

SPECIES	LOW	HIGH	CORDS LOW	CORDS HIGH	RANGE DIFFERENCE		RATING %	STUMPAGE VALUE *	# BOARD FEET IN THOUSANDS	# TONS	# CORDS
	MBF	MBF			TONS	CORDS					
WHITE PINE	\$80.00	\$165.00			\$85.00		1.00	\$ 165.00			
HEMLOCK	\$30.00	\$75.00			\$45.00		1.00	\$ 75.00			
RED PINE	\$20.00	\$50.00			\$30.00		1.00	\$ 50.00			
SPRUCE & FIR	\$90.00	\$130.00			\$40.00		1.00	\$ 130.00			
HARD MAPLE	\$160.00	\$300.00			\$140.00		1.00	\$ 300.00			
WHITE BIRCH	\$55.00	\$100.00			\$45.00		1.00	\$ 100.00			
YELLOW BIRCH	\$90.00	\$200.00			\$110.00		1.00	\$ 200.00			
OAK	\$260.00	\$450.00			\$190.00		1.00	\$ 450.00			7.210
ASH	\$95.00	\$200.00			\$105.00		1.00	\$ 200.00			
SOFT MAPLE	\$70.00	\$150.00			\$80.00		1.00	\$ 150.00			
BEECH/PALLET/TIE LOGS	\$15.00	\$65.00			\$50.00		1.00	\$ 65.00			3.710
OTHERS:	\$0.00	\$0.00			\$0.00		1.00	\$ -			
OTHERS:	\$0.00	\$0.00			\$0.00		1.00	\$ -			
TONS & CORDS	TONS LOW	TONS HIGH	CORDS LOW	CORDS HIGH	TONS DIFFERENCE	CORDS DIFFERENCE	RATING %	STUMPAGE VALUE TONS *	STUMPAGE VALUE CORDS *	# TONS	# CORDS
SPRUCE & FIR	\$0.10	\$0.50			\$0.40		1.00	\$ 0.50			
HARDWOOD & ASPEN	\$1.00	\$5.00			\$4.00		1.00	\$ 5.00			
PINE	\$0.10	\$1.00			\$0.90		1.00	\$ 1.00			
HEMLOCK	\$0.50	\$4.00			\$3.50		1.00	\$ 4.00			
BIOMASS CHIPS	\$0.00	\$1.00			\$1.00		1.00	\$ 1.00			
HIGH GRADE SPRUCE	\$20.00	\$30.00			\$10.00		1.00	\$ 30.00			
CORD WOOD/FUELWOOD			\$8.00	\$12.00	\$4.00		1.00	\$ -	\$ 12.00		20.000

* STUMPAGE VALUE = % RATING X RANGE DIFFERENCE + LOW RANGE VALUE

**ORIGINAL WARRANT
YIELD TAX LEVY
May 28, 2019
THE STATE OF NEW HAMPSHIRE**

Hillsborough

TO: Elizabeth Maxcey-Humphrey, Collector of Taxes for Town c Temple NH , in said county:

In the name of said State you are hereby directed to collect on or before thirty (30) days from date of bill from the person(s) named herewith committed to you, the Yield Tax set against their name(s), amounting in all to the sum of : **\$372.57** , with interest at eighteen (18%) percent per annum from the due date and on all sums not paid on or before that day. We further order you to pay all monies collected to the treasurer of said town, or treasurer's designee as provided in RSA 41:29, VI, at least on a weekly basis, or daily when receipts exceed \$1,500.00 or more often when directed by the Commissioner of Revenue Administration.

Given under our hands and seal at Temple NH



(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

DATE SIGNED: May 28, 2019

NAME & ADDRESS	MAP & LOT	OPERATION #	YIELD TAX DUE
Craig Wilson Susan Schickel PO BOX 108 Temple, NH 03084	6A-25	18-445-04-T	\$372.57

TAX DUE DATE: June 27, 2019 TOTAL YIELDTAX: \$372.57

TIMBER CUT FOR INTENTS FILED DURING: April 1, 2018 to March 31, 2019

TOWN OF TEMPLE

423 NH Route 45
P.O. BOX 216
Temple, NH 03084
(603) 878-3873

Craig Wilson
Susan Schickel
PO BOX 108
Temple, NH 03084

YIELD TAX ON TIMBER CUT

TAX ACCOUNT & SERIAL I.D. NUMBER: 1
TAX MAP & LOT NUMBER: 6A-25
YIELD TAX OPERATION NUMBER: 18-445-04-T
DATE OF YIELD TAX BILL: 5/28/2019
AMOUNT COMMITTED TO ME
FOR COLLECTION PER RSA 79: **\$372.57**

***** 18% APR INTEREST WILL BE CHARGED AFTER 6/27/2019 ON UNPAID TAXES *****

APPEAL: an owner may, within 90 days of notice of the tax, appeal to the assessing officials in writing for an abatement from the original assessment, but no owner shall be entitled to an abatement unless he has complied with the provisions of RSA 79:10 and 11. (RSA 79:8)

TAX OFFICE HOURS: TUESDAY 12-5, WEDNESDAY 9-2, THURSDAY 9-2
THURSDAY EVENING: 7-8:30

Sincerely,

Elizabeth Maxcey-Humphrey
Tax Collector



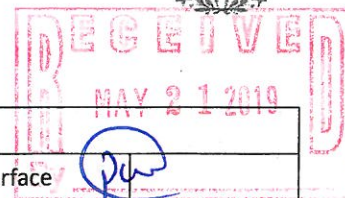
ROUTINE ROADWAY and RAILWAY MAINTENANCE ACTIVITIES NOTIFICATION

Water Division/ Wetlands Bureau/ Land Resources Management
Check the Status of your Notification: www.des.nh.gov/onestop



RSA/Rule: RSA 482-A/ Env-Wt 100-900

FILE NUMBER: 2019 - 51346



ROUTINE ROADWAY NOTIFICATION PROJECT CRITERIA Bold-faced terms are defined on the attached page.	
<p>1. Will the proposed activity require disturbance in any wetland or surface water, on the bank of any surface water body, in uplands adjacent to a municipally designated prime wetland, or in a sand dune, flat, or undisturbed tidal buffer zone?</p> <p>If you answered "Yes" to Item 1., continue to Item 2., below. If you answered "No", you do not need to file this or any other wetlands application.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Will the proposed activity impact a bog, marsh, sand dune, flat, tidal wetland, undisturbed tidal buffer zones, a wetland or species identified in the Natural Heritage Inventory, or is the proposed activity in or adjacent to designated prime wetlands or within a quarter mile of a N.H. designated river?</p> <p>If you answered "Yes" to Item 2., <u>you cannot use this form</u> and must file a <u>Wetland Permit Application</u>. No work may be conducted in the above areas until a permit is issued and posted. If you answered "No", continue to Items 3. and 4.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>3. Will the work be conducted in the dry, either at low water periods or behind temporary diversions described in BMP #11 within <u>Best Management Practices for Routine Roadway Maintenance Activities in New Hampshire (2004)</u>?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. If you are proposing to dredge roadside ditches, do the ditches have all three of the following characteristics: they are manmade, they run parallel with the roadway and they have a defined channel and banks?</p> <p>If you answered "No" to either Items 3. or 4., you cannot use this form and must file a <u>Wetland Permit Application</u>. No work may be conducted in the above areas until a permit is issued and posted. If you answered "Yes", continue to Item 5.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Will the proposed activity:</p>	
a) Include work on a crossing having multiple culverts?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b) Extend an existing culvert more than 10 feet at the inlet or outlet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c) Replace a culvert larger than 48 inches in diameter, or <ul style="list-style-type: none"> • increase the diameter more than 50%, or • increase the diameter to more than 48 inches? 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d) Relocate or skew (realign) an existing culvert such that the: <ul style="list-style-type: none"> • distance from the old location of the inlet to the new location of the inlet, added to the distance from the old location of the outlet to the new location of the outlet, total more than 50 linear feet; or • total length of seasonal streambed channel to be filled (including riprap at outlet) is more than 50 linear feet measured along the thread of the channel; or • culvert being skewed (realigned) is in a perennial stream? 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e) Is the work proposed to roadside ditches that carry a perennial stream ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f) Is the work proposed stabilizing an embankment adjacent to a perennial stream, river, lake or pond?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If you answered "Yes" to any of questions in Item 5 a-f., <u>you cannot use this form</u> and must file a <u>Wetland Permit Application</u>. No work may be conducted in the above areas until a permit is issued and posted. (see: http://des.nh.gov/organization/divisions/water/wetlands/categories/permits.htm). If you answered "No", to all of the questions in Items 5 a-f. continue to item 6.</p>	

Please mail pages 1 and 2 of this form with all attachments to the address at the bottom of this page. You may proceed with the proposed activity 5 days after NHDES' receipt of a complete notification. General Conditions specified on page 3 apply to all projects. Monitor your notification status at: <http://des.nh.gov/onestop/index.htm> and write the file number on the top of page 1.

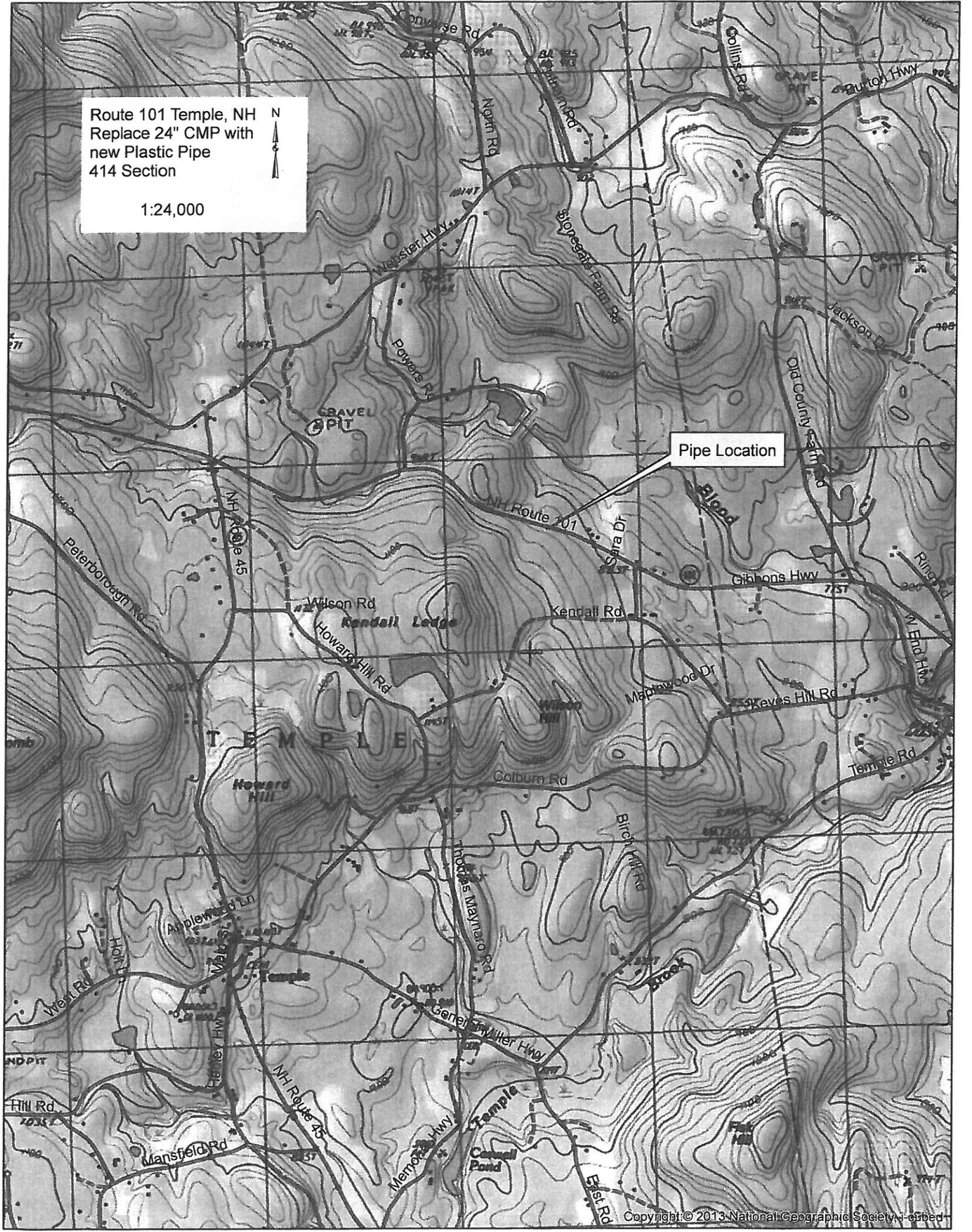
gino.infascelli@des.nh.gov or (603) 271-4194
 NHDES Wetlands Bureau, 29 Hazen Drive, PO Box 95, Concord, NH 03302-0095
www.des.nh.gov

Route 101 Temple, NH
Replace 24" CMP with
new Plastic Pipe
414 Section



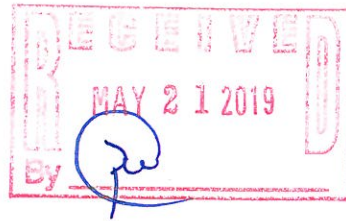
1:24,000

Pipe Location



May 17, 2019

Town of Temple
Town Administrator
PO Box 191
Temple, NH 03084



Dear Town of Temple:

Did you know you can add DeltaVision® coverage for little to no cost to your employee benefit budget?

DeltaVision®, a Northeast Delta Dental company, through its partnership with EyeMed VisionCare®, is one of the leading managed vision care programs in the marketplace today. Our vision care products give members the quality, choice, value, and service excellence they desire. We are certain that DeltaVision® is the superior solution to your vision needs.

DeltaVision® offers a network with a broad mix of independent providers, local optical retailers, and nationally recognized retailers (where approximately 60% of all vision care dollars are spent). These vision products can be added on either a voluntary or contributory basis for just pennies a day.

Consistently keeping our promises to our clients is extremely important to us, as evidenced by our **Guarantee Of Service Excellence**™ program. We always welcome your feedback about our service. If you have questions relating to DeltaVision® products, please contact your independent insurance agent, or contact me directly at 603-223-1341 or 800-537-1715. You may also email me at lpreve@nedelta.com.

Sincerely,



Senior Account Manager

Northeast Delta Dental

Delta Dental Plan of New Hampshire
One Delta Drive
PO Box 2002
Concord, NH 03302-2002
Telephone: 603-223-1000
Fax: 603-223-1199

Delta Dental Plan of Maine
1022 Portland Road
Suite Two
Saco, ME 04072-9674
Telephone: 207-282-0404
Fax: 207-282-0505

Delta Dental Plan of Vermont
12 Bacon Street
Suite B
Burlington, VT 05401-6140
Telephone: 802-658-7839
Fax: 802-865-4430



In-network options at your fingertips

In addition to America's largest network of independent providers and top optical retailers, with **DeltaVision®** you can use your vision benefits to purchase contacts and glasses online. The best part is that your benefits are applied at check-out.

At ContactsDirect.com, you can...

- Choose from a variety of different brands to meet your unique needs
- Order contact lenses and have them shipped straight to your door
- Use your vision benefits online to make shopping more convenient
- Enjoy free shipping, once your prescription is verified

At Glasses.com, you can...

- Access award-winning¹ 3D virtual try-on technology
- Choose from a large selection of frames and lenses, including some of the world's leading brands
- Apply your in-network benefit to your transaction
- Adjustments can be made at any LensCrafters location

You must have a valid prescription within the last 12 months in order to purchase prescription contact and frame lenses online.

See for yourself!

Visit Glasses.com or
ContactsDirect.com today.



¹2014 Cannes Lions Festival, Bronze Award for "Creative Use of Technology"

DeltaVision is underwritten by Red Tree Insurance Company, Inc., a Northeast Delta Dental company. Claims processing, claims service, and provider network administration for DeltaVision are provided under contract, by EyeMed Vision Care, LLC and its affiliate, First American Administrators, Inc.

DeltaVision Plan Summary

DeltaVision®

Network Benefit

Exam - comprehensive, with dilation as necessary (Comprehensive Spectacle Exam)	Member pays copay; plan pays balance
Contact Lens Fit and Follow-up: Standard Lenses	Member pays up to \$55
Contact Lens Fit and Follow-up: Premium Lenses	10% off the retail price
Frames - Any available frame at provider location.	Plan pays frame allowance amount, then 20% off balance

Standard Plastic Lenses

Single Vision	Member pays copay; plan pays balance
Bifocal	Member pays copay; plan pays balance
Trifocal	Member pays copay; plan pays balance

Lens Options

UV Coating / Tint / Standard scratch resistance	Member pays \$15 for each
Standard polycarbonate	Member pays \$40
Standard anti-reflective coating	Member pays \$45
Standard progressive (add-on to bifocal)	Member pays \$65
Other add-ons and services	20% off retail price

Contact Lenses - In lieu of spectacle lenses (contact lens allowance covers materials only)

Conventional	Plan pays contact lens allowance amount, then 15% off balance
Disposable	Plan pays contact lens allowance, member pays balance
Medically Necessary	Paid in full
Laser Vision Correction - Lasik or PRK For a location near you, and the discount authorization, please call 1-877-5LASER6.	15% off retail price or 5% off promotional price

Non-Network Reimbursement

Exam	Up to \$35
Single Vision Lens	Up to \$25
Lined Bifocal	Up to \$40
Lined Trifocal	Up to \$55
Frame*	Up to \$75
Contacts*	Up to \$120

*Varies depending upon your In-Network Allowance.



*Offered to employers with a minimum of two employees enrolled in the plan.
Two-person groups may not consist of spouses or unmarried individuals residing at the same address.*

Vision Benefits*	\$130 Plans			\$150 Plans			\$180 Plans		
Allowances:									
Frames	\$ 130			\$ 150			\$ 180		
Contacts	\$ 130			\$ 150			\$ 180		
Frequency (in months)									
Examination	12			12			12		
Lenses or Contact Lenses	12			12			12		
Frame	24			24			24		
Copayments:									
Exams	\$ 10	\$ 10	\$ 20	\$ 10	\$ 10	\$ 20	\$ 10	\$ 10	\$ 20
Lenses	\$ 10	\$ 25	\$ 20	\$ 10	\$ 25	\$ 20	\$ 10	\$ 25	\$ 20
VOLUNTARY - Employer contributes 0% - 49% of total premium									
3-Tier - Monthly Rates									
Employee Only	\$6.74	\$6.13	\$5.76	\$7.75	\$7.07	\$6.69	\$8.56	\$7.88	\$7.51
Employee + One Dependent	\$11.56	\$10.52	\$9.89	\$13.28	\$12.12	\$11.49	\$14.70	\$13.53	\$12.88
Family	\$20.70	\$18.82	\$17.69	\$23.75	\$21.70	\$20.56	\$26.30	\$24.20	\$23.05
4-Tier - Monthly Rates									
Employee Only	\$6.74	\$6.13	\$5.76	\$7.75	\$7.07	\$6.69	\$8.56	\$7.88	\$7.51
Employee + Spouse	\$13.17	\$11.97	\$11.25	\$15.11	\$13.79	\$13.08	\$16.72	\$15.39	\$14.66
Employee + Child(ren)	\$12.77	\$11.61	\$10.90	\$14.65	\$13.38	\$12.68	\$16.21	\$14.92	\$14.21
Family	\$19.95	\$18.13	\$17.05	\$22.90	\$20.90	\$19.81	\$25.31	\$23.30	\$22.19
NON-VOLUNTARY - Employer contributes 50% - 100% of total premium									
3-Tier - Monthly Rates									
Employee Only	\$4.43	\$3.96	\$3.72	\$5.64	\$5.06	\$4.81	\$6.28	\$5.67	\$5.44
Employee + One Dependent	\$7.60	\$6.79	\$6.39	\$9.67	\$8.68	\$8.25	\$10.78	\$9.73	\$9.33
Family	\$13.59	\$12.14	\$11.43	\$17.31	\$15.52	\$14.78	\$19.27	\$17.41	\$16.70
4-Tier - Monthly Rates									
Employee Only	\$4.43	\$3.96	\$3.72	\$5.64	\$5.06	\$4.81	\$6.28	\$5.67	\$5.44
Employee + Spouse	\$8.65	\$7.72	\$7.27	\$11.02	\$9.87	\$9.40	\$12.26	\$11.07	\$10.62
Employee + Child(ren)	\$8.38	\$7.49	\$7.05	\$10.68	\$9.57	\$9.12	\$11.88	\$10.73	\$10.29
Family	\$13.10	\$11.69	\$11.02	\$16.69	\$14.96	\$14.24	\$18.55	\$16.76	\$16.08


* These plans reflect the most popular plans. Contact your producer or Northeast Delta Dental marketing representative to see other plans.

RATES ARE VALID FOR INITIAL EFFECTIVE DATES JANUARY 2019 THROUGH DECEMBER 2019, AND ARE GUARANTEED FOR UP TO 36 MONTHS.

DeltaVision Plan Summary

Hardware Only Plan

DeltaVision®

		Network Benefit
Frames		
Any available frame at provider location.		Plan pays frame allowance amount, then 20% off balance
Standard Plastic Lenses		
Single Vision		Member pays copay; plan pays balance
Bifocal		Member pays copay; plan pays balance
Trifocal		Member pays copay; plan pays balance
Lens Options		
UV Coating / Tint / Standard scratch resistance		Member pays \$15 for each
Standard polycarbonate		Member pays \$40
Standard anti-reflective coating		Member pays \$45
Standard progressive (add-on to bifocal)		Member pays \$65
Other add-ons and services		20% off retail price
Contact Lenses - In lieu of spectacle lenses (contact lens allowance covers materials only)		
Conventional		Plan pays contact lens allowance amount, then 15% off balance
Disposable		Plan pays contact lens allowance, member pays balance
Medically Necessary		Paid in full
Laser Vision Correction - Lasik or PRK For a location near you, and the discount authorization, please call 1-877-5LASER6.		15% off retail price or 5% off promotional price
Non-Network Reimbursement		
Single Vision Lens	Up to \$25	
Lined Bifocal	Up to \$40	
Lined Trifocal	Up to \$55	
Frame*	Up to \$75	
Contacts*	Up to \$120	
*Varies depending upon your In-Network Allowance.		

*Offered to employers with a minimum of two employees enrolled in the plan.
Two-person groups may not consist of spouses or unmarried individuals residing at the same address.*

Hardware Only Plan

Vision Benefits*	\$130 Plans			\$150 Plans			\$180 Plans		
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Allowances:

Frames	\$ 130			\$ 150			\$ 180		
Contacts	\$ 130			\$ 150			\$ 180		

Frequency (in months)

Lenses or Contact Lenses	12			12			12		
Frame	24			24			24		

Copayments:

Lenses	\$ 10	\$ 25	\$ 20	\$ 10	\$ 25	\$ 20	\$ 10	\$ 25	\$ 20
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VOLUNTARY - Employer contributes 0% - 49% of total premium

3-Tier - Monthly Rates

Employee Only	\$4.93	\$4.30	\$4.50	\$5.90	\$5.24	\$5.45	\$6.72	\$6.05	\$6.28
Employee + One Dependent	\$8.44	\$7.37	\$7.72	\$10.12	\$8.99	\$9.36	\$11.54	\$10.37	\$10.78
Family	\$15.10	\$13.19	\$13.82	\$18.12	\$16.07	\$16.74	\$20.65	\$18.56	\$19.27

4-Tier - Monthly Rates

Employee Only	\$4.93	\$4.30	\$4.50	\$5.90	\$5.24	\$5.45	\$6.72	\$6.05	\$6.28
Employee + Spouse	\$9.61	\$8.38	\$8.78	\$11.52	\$10.22	\$10.64	\$13.13	\$11.80	\$12.26
Employee + Child(ren)	\$9.31	\$8.13	\$8.52	\$11.17	\$9.92	\$10.33	\$12.74	\$11.44	\$11.88
Family	\$14.53	\$12.70	\$13.30	\$17.45	\$15.48	\$16.12	\$19.88	\$17.87	\$18.55

NON-VOLUNTARY - Employer contributes 50% - 100% of total premium

3-Tier - Monthly Rates

Employee Only	\$3.45	\$2.98	\$3.11	\$4.66	\$4.06	\$4.27	\$5.29	\$4.68	\$4.90
Employee + One Dependent	\$5.90	\$5.11	\$5.34	\$7.99	\$6.97	\$7.32	\$9.09	\$8.04	\$8.41
Family	\$10.58	\$9.15	\$9.55	\$14.30	\$12.48	\$13.10	\$16.26	\$14.39	\$15.06

4-Tier - Monthly Rates

Employee Only	\$3.45	\$2.98	\$3.11	\$4.66	\$4.06	\$4.27	\$5.29	\$4.68	\$4.90
Employee + Spouse	\$6.72	\$5.82	\$6.07	\$9.10	\$7.93	\$8.33	\$10.34	\$9.15	\$9.57
Employee + Child(ren)	\$6.52	\$5.64	\$5.88	\$8.82	\$7.70	\$8.07	\$10.02	\$8.87	\$9.28
Family	\$10.18	\$8.81	\$9.19	\$13.76	\$12.01	\$12.61	\$15.64	\$13.85	\$14.49

* These plans reflect the most popular plans. Contact your producer or Northeast Delta Dental marketing representative to see other plans.

RATES ARE VALID FOR INITIAL EFFECTIVE DATES JANUARY 2019 THROUGH DECEMBER 2019, AND ARE GUARANTEED FOR UP TO 36 MONTHS.