MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Ellen MI M Last Name Murphy

E-mail Address ELLENMURPHY811@gmail.com

Mailing Address 7 Clinton LANE

City Scotch Plains State NJ Zip 07076

Telephone [redacted] FAX 862-345-2882

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Ellen M. Murphy Date 8/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Please send copies of all open and closed permits for 10 Cleveland Ave. Monroe N.J.
Please send via email to Ellenmurphy811@gmail.com
Thank You.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid _____

Records Provided

Emailed Response

Alicia Gonzalez 9/12/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
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Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

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Requestor Information – Please Print

First Name Deborah MI T Last Name Carter
E-mail Address d.carter@SRPHomes.com
Mailing Address 96 Wall St.
City Princeton State NJ Zip 08540
Telephone 908 303-4320 FAX
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Deborah T Carter Date 9/1/17.

Payment Information

Maximum Authorization Cost $16.00

Select Payment Method

(Cash) Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Please provide copies of ALL open/closed permits available for property located at:
61 Tyndale Ave, Monroe, NJ
Block: 178 Lot: 58
This property has had extensive renovations recently.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit N/C
Balance Due ____
Balance Paid ____

Records Provided

9/6 - Emailed Response

Alicia Gonzalez 9/6/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
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Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

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Requestor Information – Please Print

First Name Brittany MI P Last Name Tarabour

E-mail Address btarabour@burlawgroup.com

Mailing Address 623 River Road Site 2R

City Fair Haven State NJ Zip 07704

Telephone (732)741-1435 FAX

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ✓ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ~~HAVE~~ / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

All permits for air conditioner unit installation from 2010-present, for 605 C Madison Dr., Monroe, NJ.

Block: 26
Lot: 121
Q: C605C

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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Filled - Closed _____
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Ready Date _____
Total Pages _____

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Total _____
Deposit N/C
Balance Due _____
Balance Paid _____

Records Provided

Emailed Response

Alicia Gonzalez 9/6/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

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Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

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Requestor Information – Please Print

First Name Alyssa MI M Last Name Schell

E-mail Address alyssa@taylorgeoservices.com

Mailing Address 38 Bishop Hollow Road, Ste 200

City Newtown Square State PA Zip 19073

Telephone 610-325-5570 FAX N/A

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / (HAVE NOT)*** been convicted of any indictable offense under the laws of New Jersey, any other State, or the United States.

Signature [signature] Date 9/5/2017

Payment Information

Maximum Authorization Cost $ 100

Select Payment Method

Cash (Check) Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Records pertaining to: planned changes for township water use

if available:

- Municipal master plans
- Zoning plans (specifically in Block 148)
- Local water purveyor plans + planning data related to the existance of water lines + proposed future installation of water lines, wells or wellfields within twp
- Any local or county well restriction data

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

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Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
e-mail address preid@monroetwp.com
Patricia Reid, Township Clerk

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Requestor Information – Please Print

First Name Ryan MI ____ Last Name Voerg

E-mail Address rvoerg@cjmgmt.com

Mailing Address c/o Suncrest Builders LLC, 21 Kilmer Drive Suite E

City Morganville State NJ Zip 07751

Telephone (732) 536-5400 FAX (732) 536-8623

Preferred Delivery: Pick Up X US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Site plans and final subdivision maps for the subdivision of what was originally Block 15, Lot 3. The result of the subdivision was the creation of Lots 3.01-3.04 in Block 15.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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Partial - Closed ____

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Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit N/C
Balance Due ____
Balance Paid ____

Records Provided

9/6 - Emailed Response

Alicia Gonzalez 9/6/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk

Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

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Requestor Information – Please Print

First Name JAMES MI E Last Name STAHL

E-mail Address JSTAHL@BORRUS.COM

Mailing Address 2875 U.S. ROUTE ONE

City NO. BRUNSWCK State N.J. Zip 08902

Telephone 732-422-1000 FAX

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ✓

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Signature _____ Date 9/5/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

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Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

VARIANCE APPLICATION FILED BY BLACK ROCK LENTAR HOUSES, LLC AS APPLICANT ON PROPERTY KNOWN AS BLOCK 53, LOT 15.07 5556 SPOTSWOOD-ENGLISH TOWN ROAD MONROE TOWNSHIP APPLICATION NO. BA 5137-17 TO INCLUDE A. INITIAL APPLICATION PACKAGE, B. ALL SUPPLEMENTAL FILINGS BY APPLICANT, INCLUDING BUT NOT LIMITED TO PLANNING REPORTS, TRAFFIC REPORTS OWNER'S AFFIDAVIT OF JUNE 28, 2017 C. STAFF REPORTS AND ALL CORRESPONDENCE AND/OR CERTIFICATIONS FROM LEN PAPE, ESQ AND REPRESENTATIVES OF APPLICANT EXCLUDED FROM THIS REQUEST - PLANS + SURVEYS, EIS, MANUALS

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid _____

Records Provided

Emailed Response

Alicia Gonzalez 9/15/17
Custodian Signature Date

BORRUS, GOLDIN, FOLEY
VIGNUOLO, HYMAN & STAHL
A PROFESSIONAL CORPORATION
COUNSELLORS AT LAW

2875 US HIGHWAY #1
ROUTE 1 & FINNEGANS LANE
P.O. BOX 7463
NORTH BRUNSWICK, N.J. 08902
(732) 422-1000

DIRECT NUMBER:
(732) 960-2298

James E. Stahl, Esq.
jstahl@borrus.com

FAX: (732) 422-1016
E-mail: attys@borrus.com

MARTIN S. GOLDIN
(1962-2002)

September 7, 2017

Via Email: agonzalez@monroetwp.com
Ms. Alicia Gonzalez
Records Management Coordinator
Monroe Township, Middlesex County
Municipal Complex
1 Municipal Plaza
Monroe Township, NJ 08831-1900

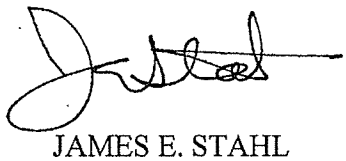
RE: Peter Kulbacki, III and Diane Kulbacki
Block 53 – Block 15.07

Dear Ms. Gonzalez:

This office is requesting, pursuant to OPRA, certain records with respect to Zoning Application BA 5137-17. As you see, I have excluded from this request plans and surveys, EIS and any manuals. If you require a deposit or have any questions, please contact my office at your convenience.

Thank you, in advance for your anticipated cooperation.

Very truly yours,



JAMES E. STAHL

JES/lp
Enclosure
cc: Peter Kulbacki and Diane Kulbacki (via Email)
P:\Docs\JES\WP51\ZONING\EAST BRUNSWICK\Kulbacki\090717 Monroe Twp.Doc

AGENCY NAME HERE

Place Logo Here

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address
Agency Telephone Number & Fax Number
Agency e-mail address
732-521-3190 Name of Agency Custodian

Place Logo Here

Important Notice

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Requestor Information – Please Print

First Name Carly MI ____ Last Name Kaminsky

E-mail Address Carly@beinksconsulting.com

Mailing Address 1250 Liberty Ave

City Hillside State NJ Zip 07205

Telephone (844) 462-7465 FAX (908) 353-8107

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Carly Kaminsky Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Please provide a list of permit applications for the installation, Removal or the decommissioning of Underground Storage tanks at: 251 Fernhead Ave. Monroe

Block # 179 Lot # 32

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Emailed Response

Lucia Gennaleny 9/12/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

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Requestor Information – Please Print

First Name John MI R Last Name Merlino Jr.

E-mail Address jmerlino@realestateplanninglaw.com

Mailing Address 394 Manor Rd.

City Staten Island State NY Zip 10314

Telephone 718-698-2200 FAX 718-698-0024

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 9-6-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Open Permits for
607-C Winchester, Block 56, lot 81, Qual C607C
Lane

Also email: Michele@realestateplanninglaw.com
wgolding@WJGesq.com Thank you.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
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Estimated Balance _____

Deposit Date _____

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Deposit _____
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Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MONROE TOWNSHIP, MIDDLESEX COUNTY

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Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

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Requestor Information – Please Print

First Name MARIO I MI A Last Name FERRARO

E-mail Address MF@MK-LAWYERS.COM

Mailing Address MEZZACCA & KWASNIK, LLC, 980 AMBOY AVE, SUITE 2

City EDISON State NJ Zip 08837

Telephone 732-549-4600 FAX 732-549-8028

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

Signature _____ Date 9/7/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (Check) Money Order

Actual Cost of paper copies not to exceed:

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Legal Size @$0.07

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ANY AND ALL LANDSCAPING PLANS FOR THE DEVELOPMENT KNOWN AS MONROE MANOR INCLUDING TALL OAKS AT MONROE MANOR CONDOMINIUM ASSOCIATION & FOREST GLEN AT MONROE MANOR HOMEOWNERS ASSOCIATION, ALSO ANY BONDS OR OTHER DOCUMENTS RELATED TO LANDSCAPING FOR THE PROPERTIES.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date _____

AGENCY USE ONLY

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Total Pages _____

Final Cost

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Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

attached planting Chart from 1994

Plans

Custodian Signature

9/25/17

Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
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Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

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Requestor Information – Please Print

First Name ALAN MI S Last Name RATTINER

E-mail Address ALANRATTINER@GMAIL.COM

Mailing Address 1C CHADWICK LANE

City MONROE TWP. State NJ Zip 08831

Telephone [redacted] FAX

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

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Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

CERTIFICATE OF OCCUPANCY (C of O)
FOR 1C CHADWICK LN., MONROE TWP NJ 08831
THIS WOULD BE THE MOST RECENT ONE, POST-FIRE OF DEC. 2014, AFTER REBUILDING AND RENOVATIONS.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid _____

Records Provided

9/11 - Const. Emailed Response

Alicia Gonzalez 9/12/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Eileen MI M Last Name Doherty

E-mail Address emdsprea@gmail.com

Mailing Address 773 A Sprea Plaza

City Monroe Twp State NJ Zip 08831

Telephone 609 655 4421 FAX

Preferred Delivery: Pick Up ✓ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Eileen Doherty Date 9/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Site plans showing boundary lines for Clearbrook Golf Course and Section 14 in Clearbrook Community

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

RECEIVED
SEP - 8 2017
TOWNSHIP OF MONROE
TOWNSHIP CLERK'S OFFICE

In Progress - Open
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Mailed Response

Alicia Gonzalez 9/12/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
e-mail address preid@monroetwp.com
Patricia Reid, Township Clerk

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Ryan MI ____ Last Name Voerg

E-mail Address rvoerg@cjmgmt.com

Mailing Address ____

City Morganville State NJ Zip 07751

Telephone (732) 536-5400 FAX (732) 536-8623

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date 9/12/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Copy of permit and final survey for fence installation on Lot 2.1 in Block 169.22. a.k.a. 168 River Road

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date ____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit N/C
Balance Due ____
Balance Paid ____

Records Provided

Emailed Response

Custodian Signature Lucia Gonzalez 9/15/17 Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk

Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Deborah MI A Last Name Wilcox

E-mail Address Deblongoappraisals@gmail.com

Mailing Address 2055 Greenwich St

City S. Plainfield State NJ Zip 07080

Telephone 973-632-9836 FAX

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ~~HAVE~~ / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Deborah Wilcox Date 9-13-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Property Record Card
49 Gryphon Dr
Block 15.6 Lot 3

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 9/14/17
Ready Date ____
Total Pages 1

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

PRC

J. Mercado 9/14/17
Custodian Signature Date

9/14/17 - Emailed Response - Alicia Gonzalez

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Maninder MI K Last Name Gandhi

E-mail Address MKAUR85@GMAIL.COM

Mailing Address 14 Carly Court

City Monroe State NJ Zip 08831

Telephone [redacted] FAX

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature M Gandhi Date 9/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Looking to get any/all permits/blueprints/info on this home that I just purchased.
↳ Pool, shed, deck, HVAC, etc. permits
↳ Home Blueprints

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Emailed Response

Alicia Gonzalez
Custodian Signature

9/15/17
Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name PAVANJOT MI K Last Name DHINDSA

E-mail Address TARGET@GMAIL.COM

Mailing Address 5 ELM RIDGE CT

City MONROE TWP State NJ Zip 08831

Telephone [redacted] FAX

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ~~HAVE~~ / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 09.14.2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

(Cash) Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

WE HAVE PURCHASED 5 ELM RIDGE CT, MONROE TWP, NJ 08831 AND WOULD LIKE TO HAVE A COPY OF THE APPROVED BUILDING HOUSE PLAN. (DETAILED HOUSE PLAN)
THANK YOU.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due N/C
Balance Paid _____

Records Provided

Emailed Response

Alicia Gonzalez
Custodian Signature

9/15/17
Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Steven MI W Last Name Ward
E-mail Address Sward@ghclaw.com
Mailing Address 125 Half Mile Road, Suite 300
City Red Bank State NJ Zip 07701
Telephone 732-219-5496 FAX 732-224-6599
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* ~~*HAVE NOT*~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

The following documents that are part of the Zoning Board application BA-514-17 for Applegarth Estates, LLC:

1. Supplemental Traffic Study dated August 29, 2017
2. Any review letters or reports produced by the Township's staff or consultants.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due N/C
Balance Paid _____

Records Provided

9/19- Emailed Response

Alicia Gonzalez 9/19/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Christopher MI R Last Name Freer

E-mail Address cfreer@gilmore-assoc.com

Mailing Address 65 E. Butler Ave. Suite 100

City New Britain State PA Zip 18901

Telephone 215-345-4330 x372 FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect X Fax _____ E-mail _____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Christopher Freer Date 9/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

935-939 Route 33 (Holland Green Farms)

As part of the due diligence process I would like to review Zoning/Hearing, Land Development, Code Enforcement and Environmental Incidences or releases at the reference property. I am mainly looking for past use of the property and if there have been any documented releases of any contaminants on the referenced property. Being that the site is used for "agricultural uses" (greenhouse) there may be pesticides used. Please do not hesitate to contact me if the information requested is not specific. I would like to come to your office and review the files at the earliest date possible.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due N/C
Balance Paid _____

Records Provided

Emailed Response

Alicia Gonzalez 9/21/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Ellen MI ____ Last Name GERSON

E-mail Address egerson@terrysfloorfashions.com

Mailing Address ____

City CARY State NC Zip 27511

Telephone 9197406231 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Ellen Gerson Date 9/15/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

everything from 1996 on.

All open & closed permits, inspections, and c/o

34 Chichester Rd
Monroe NJ.
08831

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Alicia Gonzalez

From: Patricia Reid
Sent: Sunday, September 17, 2017 9:25 PM
To: Alicia Gonzalez
Subject: FW: OPRA Request - 9.17.17 #DTA-01

From: AC Moranz
Sent: Sunday, September 17, 2017 9:28:00 PM (UTC-05:00) Eastern Time (US & Canada)
To: Patricia Reid; mgorski@monroe.k12.nj.us; Sec.hayes@monroefd1nj.com; admin@station57.org; lbarta@mtfd3.com
Cc: George Lang; nancy.tagliaferro@monroe.k12.nj.us; comm.perry@monroefd1nj.com; jmartin@station57.org; jcarbin@station57.org; gkaplan@mtfd3.com
Subject: OPRA Request - 9.17.17 #DTA-01

TO: Township of Monroe, Monroe Township Board of Education, Monroe Township Fire District #1, Monroe Township Fire District #2, Monroe Township Fire District #3

RE: OPRA Request 9.17.17

Please consider this electronic correspondence an official OPRA request to your respective agencies as permitted by *N.J.S.A. 47:1A-1 et seq.*

I am requesting that all correspondence and related documentation be provided **exclusively via email to me at the following address: acmoranz671@gmail.com**. I do not wish to pay for these documents. If you have any questions regarding this, please feel free to contact me via email or using the phone number listed below.

Please have the OPRA Records Custodian for each respective agency provide acknowledgement of receipt of this request.

REQUEST 9.17.2017 CASE #DTA-01:

Digital copies of any contract, purchase order, resolution or other documents between your Agency and Mr. Charles G. DiPierro (d/b/a Big Daddy Construction, Brothers Construction or any entity owned by Mr. Charles G. DiPierro) during the time he was on the State of New Jersey's Consolidated Debarment List (between 11/25/2011 and 1/24/2014).

The debarment list precludes the debarred individual from engaging in or bidding on any Public Works Contracts with state or local government entities in the State of New Jersey.

State of New Jersey
Department of the Treasury

Consolidated Debarment Search Results

DIPIERRO, CHARLES G. PRESIDENT 404 SPOTSWOOD GRAVEL HILL MONROE TWP, NJ 08831 NPI-	Construction Wage & Hour Violation	Debarment Labor Workplace Standards	11/25/2011	11/24/2014

Best Regards,
A.C. Moranz

.licia Gonzalez

From: Patricia Reid
Sent: Sunday, September 17, 2017 9:51 PM
To: Alicia Gonzalez
Subject: FW: OPRA Request 9.17.17 - #DTA-03

From: AC Moranz
Sent: Sunday, September 17, 2017 9:53:12 PM (UTC-05:00) Eastern Time (US & Canada)
To: Patricia Reid; Sec.hayes@monroefd1nj.com
Cc: comm.perry@monroefd1nj.com; George Lang
Subject: OPRA Request 9.17.17 - #DTA-03

TO: Township of Monroe, Monroe Township Fire District #1

RE: OPRA Request 9.17.17

Please consider this electronic correspondence an official OPRA request to your respective agencies as permitted by *N.J.S.A. 47:1A-1 et seq.*

I am requesting that all correspondence and related documentation be provided **exclusively via email to me at the following address: acmoranz671@gmail.com**. I do not wish to pay for these documents. If you have any questions regarding this, please feel free to contact me via email or using the phone number listed below.

Please have the OPRA Records Custodian for each respective agency provide acknowledgement of receipt of this request.

REQUEST 9.17.17 CASE #DTA-03

Please provide an electronic copy of all statements and receipts for (a) Monroe Township Fire District #1 Bank of America credit cards and (b) any and all Fire District #1 credit cards, from the period starting January 1, 2009 ending September 1, 2017. Please include all supporting documentation, including receipts and invoices and the individual who authorized each charge, if available.

Best Regards,
A.C. Moranz

Investigations | Forensics | Records Research
300 Main Street #599
Madison, NJ 07940
Cell: 732-375-1702
Email: acmoranz671@gmail.com

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Roseann MI _____ Last Name Schoettle

E-mail Address rschoettle@bohlereng.com

Mailing Address 35 Technology Drive

City Warren State NJ Zip 07059

Telephone 908-668-8300 FAX 908-754-4401

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Subject Site: 162 Prospect Plains Road, Monroe NJ Block: 43, Lots: 1 & 2

We are looking to receive site plan documents/ drawings associated with the site including any pre-approved Site Plan Drawings, Surveys, As-Built Maps, Sewer Mapping, and Resolution of Approval letters.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid _____

Records Provided

Emailed response

39 maps avail. @ MTUD for $136.50

Alicia Gonzalez 9/27/17

Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Dawn MI ____ Last Name Quarino

E-mail Address DawnQuarino@Gmail.com

Mailing Address 13 Fox Hunt Drive

City Monroe Twp State NJ Zip 08831

Telephone 609-213-6615 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / ~~***HAVE NOT***~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Parent Organizations in the Monroe Twp High School submitted applications for dates to sell 50/50 raffles from July 1, 2017 to Sept 18, 2017. including The Booster Club.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

RECEIVED
SEP 18 2017
TOWNSHIP OF MONROE
TOWNSHIP CLERK'S OFFICE

Custodian Signature ____ Date ____

9/26/17 - Emailed response
Alicia Gonzalez

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Anastasia MI _____ Last Name Trout

E-mail Address anastasia.trout@pemco-limited.com

Mailing Address 820 Bear tavern Rd

City West trenton State NJ Zip 08628

Telephone 720-509-3265 FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Anastasia Trout Date 9/19/2017

Payment Information

Maximum Authorization Cost $ 0.00

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Please provide records of open code violations or open permits, If no records please confirm with no records.

Please provide records of Vacant property registration, If this is not a requirment please confirm no requirement.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid _____

Records Provided

Emailed response

Alicia Gonzalez 9/26/17
Custodian Signature Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name MICHAEL MI A Last Name WARLEY

E-mail Address MWARLEY@SPSD.US

Mailing Address 619 SEAMAN DRIVE

City FLORENCE State NJ Zip 08884

Telephone 732-425-1440 FAX

Preferred Delivery: Pick Up IF NEEDED X US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / (HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/20/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to *exceed:*

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: *Special service charge* dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

PERMITS FOR 25 MCFADDEN DRIVE, MONROE, N.J, 08831.
ALL PERMITS FROM THE LAST 15 YEARS ON DECKS AND ADDITIONS, ELECTRICAL, AND PLUMBING, ROOFING, STRUCTURAL.
I'M IN THE PROCESS OF BUYING THIS HOME.

SEP 20 2017

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Emailed Response

Alicia Gonzalez 9/26/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk

Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Deborah MI A Last Name Wilcox

E-mail Address Deblongappraisals@gmail.com

Mailing Address 2055 Greenwich St

City S. Plainfield State NJ Zip 07080

Telephone 973-632-9836 FAX —

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/19/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Property Record Card
5 Bermuda Dunes
Block 64.1 Lot 9

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

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Requestor Information – Please Print

First Name MARYBETH MI ____ Last Name PHILLIPS

E-mail Address MARYBETHPHILLIPS211 @ YAHOO.COM

Mailing Address 25 McFADDEN DRIVE

City MONROE State NJ Zip 08831

Telephone [redacted] FAX ____

Preferred Delivery: Pick Up X US Mail ____ On-Site Inspect ____ Fax ____ E-mail X (IF POSSIBLE)

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/28/17

Payment Information

Maximum Authorization Cost $ PLEASE CALL.

Select Payment Method

Cash (Check) Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

ORIGINAL PLANS OF HOUSE BUILT - 25 McFADDEN DRIVE
(APPROX. 40 YRS. AGO)

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature **Date**

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Amy MI _____ Last Name Han

E-mail Address amyhan324@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone 856-383-0803 FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* (*HAVE NOT*) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Can you please provide me with a list of the latest quarter's tax delinquent homes with owner's information (i.e. name, mailing addresss, etc) and the total delinquent amount from current to previous year(s) in excel format via email.

If for any reason you are unable to provide that list, please state the reason in detail. Thanks in advance.

Instructions on how to generate the report in excel in the Edmund System:

Tax Custom Report:

Page 1: Leave all fields open - Select Print to Excel

Page 2: Select Owner Name, Owner Street 1/2, Owner City, St, Owner Zip, Property Class, Property Location

Page 3: Report Type: Delinquent Notice
-Delinquent Notice Suggestions: as of Date Include Current Interest
-Select Interest Date: put a date in, it will allow you to select include Current Interest above

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

Alicia Gonzalez

From: Patricia Reid
Sent: Wednesday, September 20, 2017 3:24 PM
To: Alicia Gonzalez
Subject: FW: OPRA Request

From: john maru
Sent: Wednesday, September 20, 2017 3:25:48 PM (UTC-05:00) Eastern Time (US & Canada)
To: Patricia Reid
Subject: OPRA Request

Hi Patti,

I would like to OPRA request the following-

1. Accepted copy of Ordinance 0-8-2017-021- "Deed of Dedication from the NJ Turnpike Authority for the Brooklands Wetland Mitigation Site".

2. Invoices related to the acquiring of this specific property, including, but no limited to Shain, Schaffer and Rafanello.

3. Total monetary amount described in Section 2 of the deed. This describes the amount the Monroe Tax Collector had to forgive. All taxes, penalties and interest on real property identified as Block 6; Lots 6, 7, 10 & 11 and block 7; Lots 1 & 2; and Block 27.02, Lot 17.01, on the Monroe tax map.

4. Current yearly amount of tax paid on the entire parcel for Block 6; Lots 6, 7, 10 & 11 and block 7; Lots 1 & 2; and Block 27.02, Lot 17.01, on the Monroe tax map.

Thank you.

John Marullo

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

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Requestor Information – Please Print

First Name DONALD MI W Last Name JONES

E-mail Address J.J.S. Co.

Mailing Address PO Box 318

City JAMESBURG State NJ Zip 08831

Telephone 732-521-0910 FAX 732 521 3872

Preferred Delivery: Pick Up X US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Donald W Jones Date 9/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Copy Mins. Last Planning Board Meeting
Copy Of Jan Whitman Report

RECEIVED
SEP 21 2017
TOWNSHIP OF MONROE
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total 75¢
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

9/26/17 - called and spoke c Albert - Donalds Brother - Advising request is ready for pick-up.

Custodian Signature Date

Alicia Gonzalez 9/26/17

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Deanna MI ____ Last Name Ricioppo

E-mail Address dricioppo@tfeproperties.com

Mailing Address 399 Monmouth street

City East Windsor State NJ Zip 08520

Telephone 609-944-4050 FAX 609-426-1313

Preferred Delivery: Pick Up ✓ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / ***(HAVE NOT)*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

We would like to set-up an appointment to view the files and project documents for the following projects:

1. Jack Morris project on Mount Mills Rd. at the corner of Spotswood englishtown rd.

2. Jack Morris project on Applegarth Road, residential over retail project

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Otto MI J Last Name Kostbar

E-mail Address OttoJKostbar@aol.com

Mailing Address 5 Stockton Avenue

City Jamesburg State NJ Zip 08831

Telephone (732) 521-0335 FAX (732) 521-1361

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / (*HAVE NOT*) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/21/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

(1) Application for person to person transfer of liquor License #1213-33-012-007 to ML JR ventures, LLC located at 299 Spotswood Englishtown Rd, Monroe.

(2) Liquor Licence Renewal Application for the year preceding transfer of liquor license.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Emailed Response

Alicia Gonzalez — Custodian Signature
10/2/17 — Date

cia Gonzalez

From: Patricia Reid
Sent: Monday, September 25, 2017 9:23 AM
To: Alicia Gonzalez
Subject: FW: Monroe township Building Permits - Public Records Request

From: kelsie@datarole.com [mailto:kelsie@datarole.com]
Sent: Monday, September 25, 2017 8:55 AM
To: Patricia Reid <PReid@monroetwp.com>
Subject: Monroe township Building Permits - Public Records Request

Dear Patricia Reid,

NJ.8831.10832

Pursuant to New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I am requesting copies of public records for your building permit report or log dating back as many years as you have on file. Ideally, this report or log would contain the physical addresses, issue dates, type/category of work, description of work, contractor, and other items for **all** building permits.

An electronic copy in Excel or CSV format is preferred, but we will accept the report in whatever format you have it and for all information fields you have available. Please feel free to contact me with any questions or concerns.

Thank you very much for your time.

Kelsie Waechter
Data Acquisitionn Specialist, DataRole
(p) 970-231-3935
(f) 513-672-2665
Kelsie@datarole.com

Should you deny any part of this request, you must state in writing the basis for the denial, including the exact statutory citation authorizing the denial as required by as required by New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., Your office has 7 days to respond and 30 days (21 business days) to satisfy this request.

PS: If you don't want to hear from me anymore, just let me know

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Lucille MI T Last Name DiPasquale

E-mail Address lucille.dipasquale44@gmail.com

Mailing Address 70 Ave K

City Monroe State NJ Zip 08831

Telephone [redacted] FAX (732) 521-5803

Preferred Delivery: Pick Up ✓ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature L. DiPasquale Date 9/26/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

DEP Wetland, Stream Encroachment Permit
"Spruce Run" Block 68

RECEIVED
SEP 26 2017
TOWNSHIP OF MONROE
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Emailed and mailed (USPS) response

Alicia Gonzalez 10/4/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

Martin R. Kafafian, Esq., on behalf of DR Horton, Inc. - New Jersey

First Name _____ MI _____ Last Name _____

E-mail Address mrk@beattielaw.com

Mailing Address 50 Chestnut Ridge Road, Suite 208

City Montvale State NJ Zip 07645

Telephone 201 799 2102 FAX 201 973 9736

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ~~HAVE~~ / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 9/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

All records - including but not limited to invoices, receipts, cancelled checks, bank statements, ledgers, emails, memoranda, and correspondence - sent, received or generated since January 1, 2016 that concern payments made to or deposited into escrow of the Monroe Township Utility Department related to the Monroe Manor Off Site Sewer.

All records - including but not limited to invoices, receipts, cancelled checks, bank statements, ledgers, emails, memoranda, and correspondence - sent, received or generated since January 1, 2016 that concern payments made by, from, or on behalf of the Monroe Township Utility Department or its escrow related to the Monroe Manor Off Site Sewer.

All records - including but not limited to invoices, receipts, cancelled checks, bank statements, ledgers, emails, memoranda, and correspondence - sent, received or generated since January 1, 2016 that concern payments made to or deposited into escrow of the Monroe Township Utility Department from Shared Properties or K-Hovnanian Arbors.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date _____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name John MI ____ Last Name Lamastra

E-mail Address jlamastra@dlclawfirm.com

Mailing Address 202A Hall's Mill Road, PO Box 1675

City Whitehouse Station State NJ Zip 08889

Telephone 908-572-3600 FAX 908-572-4045

Preferred Delivery: Pick Up ____ US Mail X On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 09/29/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

All incident reports and investigative materials pertaining to a sewage backup incident that occurred on 03/06/2017 at 1 Municipal Plaza, Monroe Township, NJ 08831.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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Filled - Closed _____
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AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Jason MI R. Last Name Egal

E-mail Address jason.egal@psiusa.com

Mailing Address 1707 South Cameron Street

City Harrisburg State PA Zip 17104

Telephone 717-230-8622 FAX 717-230-8626

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 9/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

I am conducting an environmental assessment on the properties located at 1 and 7 Costco Drive. Are there any environmental concerns with the property.

1. Inspection Records
2. Code Enforcement Violation / Inspections
3. Storage tank records
4. Spills Records

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open _____
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Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid _____

Records Provided

Emailed response

Alicia Gonzalez
Custodian Signature

10/5/17
Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

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Requestor Information – Please Print

First Name Stuart MI D. Last Name Minion, Esq.

E-mail Address sminion@minionsherman.com

Mailing Address 33 Clinton Rd. Suite 105

City West Caldwell State NJ Zip 07006

Telephone 973-882-2424 FAX 973-882-0858

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ✓ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / ~~*HAVE NOT*~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Stuart D Minion Esq Date 10/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

All permits from 9-1-10 through present date for property located at 18 Dayna Drive Bl: 48 Lot: 11.52

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

ATHAN M. HEILBRUNN
MEMBER NJ, ME, & NY BARS
KENNETH L. PAPE
PETER H. KLOUSER
JEFFREY R. CHANG
OF COUNSEL
STEVEN KROPF

HEILBRUNN PAPE

COUNSELLORS AT LAW

516 HIGHWAY 33
MILLSTONE TOWNSHIP, NJ 08535
PHONE: 732-679-8844
FAX: 732-679-6554
www.hpnjlaw.com

October 3, 2017

EMAIL: preid@monroetwp.com
Patricia Reid, RMC, CMR
Clerk
Monroe Township
1 Municipal Plaza
Monroe, NJ 08831

RE: OPRA
160-162 River Road
Block 169.22, Lots 2.04 & 2.05
Monroe Township, New Jersey

Dear Ms. Reid:

Enclosed herein please find my completed Open Public Records Act Request Form with regard to the above captioned property.

I would like to review Zoning Board, Planning Board, Construction and Engineering files associated with property located at 160-162 River Road, Block 169.22, Lots 2.04 & 2.05 in Monroe, New Jersey.

Thank you in advance for your professional courtesies and assistance.

Very truly yours,

JEFFREY R. CHANG
For the Firm

JRC: rdn
Enc.

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk

Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Jeffrey MI R. Last Name Chang

E-mail Address jchang@hpnjlaw.com

Mailing Address 516 Highway 33 W

City Millstone State NJ Zip 08535

Telephone 732-679-8844 FAX 732-679-6554

Preferred Delivery: Pick Up X US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the ~~United States.~~

Signature ____ Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

I would like to review Zoning Board, Planning Board, Construction and Engineering files associated with property at 160-162 River Road, Block 169.22, Lots 2.04 & 2.05.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Emailed Response

Alicia Gonzalez 10/10/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Veronica MI ____ Last Name Gonzalez

E-mail Address Veronica@prioritySearchServices.com

Mailing Address 788 Shrewsbury Ave

City Tinton Falls State NJ Zip 07724

Telephone 732-741-5080 FAX 732-791-1544

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Veronica Gonzalez Date 10/4/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Can you please provide 2015 + 2016 tax breakdown with pay dates on.

block - 27.3
lot - 30.563
address - 33B Edinburgh Drive
owner - Sciarra, Louis & Anna

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date ____

AGENCY USE ONLY

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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

~~10/10~~

Emailed response

Alicia Gonzalez Custodian Signature 10/10/17 Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk

Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Deanna MI ____ Last Name Ricioppo

E-mail Address dricioppo@tfeproperties.com

Mailing Address 399 Monmouth Street

City East Windsor State NJ Zip 08520

Telephone 609-944-4050 FAX 609-426-1313

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / ~~***HAVE NOT***~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature *Deanna Ricioppo* Date 10/4/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

I was recently on site to view the files for the residential over commercial portion of the Jack Morris Project known as "Celebrations at Monroe" which is located on Mount Mills Road and Spotswood Englishtown Road. While I was viewing the files, I could not find the most recently approved site plan for this project. Can you please send me the most recently approved site plan for the residential over commercial portion of the Jack Morris Project known as "Celebrations at Monroe" which is located on Mount Mills Road and Spotswood Englishtown Road via e-mail by Friday October 6, 2017?

While I was on site I was also looking at the files for the residential over commercial portion of the Jack Morris Project known as "The Edge at Monroe" which is located on Applegarth Road. It appears that the site plan that I viewed within the file may not be the most current site plan since we cannot see the footprint for the residential over commercial L shaped building. Can you please send me the most recently approved site plan for the residential over commercial portion of the Jack Morris Project known as "The Edge at Monroe" which is located on Applegarth Road via e-mail by Friday October 6, 2017?

Please contact me via e-mail or phone call if you need further clarification.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

10/6/17 - Once in to view N Plans

Custodian Signature

10/10/17
Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Anastasia MI _____ Last Name Trout

E-mail Address anastasia.trout@pemco-limited.com

Mailing Address 820 Bear Tavern Rd

City West trenton State NJ Zip 08628

Telephone 720-509-3265 FAX 303-284-8026

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Anastasia Trout Date 10/5/2017

Payment Information

Maximum Authorization Cost $ 0.00

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

This OPRA request is in regards to property address: 522- O Spencer CT
Lot: 73 C5220 Block: 56
Please provide the following information as soon as possible:

1. Copies of open permits
2. Copies of open code violations attached to the property of reference and could result in a fine/summons and/or prevent the sale of the property.
3. Has this property been registered as vacant? If yes: when was it registered, what was the registration fee and who was it registered under?
4. If property HAS NOT been registered please provide the proper registration instructions along with the registration fees.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
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AGENCY USE ONLY

Tracking Information

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Total Pages _____

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Deposit _____
Balance Due N/C
Balance Paid _____

Records Provided

Emailed Response

Alicia Gonzalez 10/12/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

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Requestor Information – Please Print

First Name Anastasia MI _____ Last Name Trout

E-mail Address anastasia.trout@pemco-limited.com

Mailing Address 820 Bear Tavern Rd

City West trenton State NJ Zip 08628

Telephone 720-509-3265 FAX 303-284-8026

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

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Signature Anastasia Trout Date 10/5/2017

Payment Information

Maximum Authorization Cost $ 0.00

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

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Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

This OPRA request is in regards to property address: 23 fairway Blvd, Monroe townshi[, NJ 08831
Lot: 20.89 Block: 67
Please provide the following information as soon as possible:

1. Copies of open permits
2. Copies of open code violations attached to the property of reference and could result in a fine/summons and/or prevent the sale of the property.
3. Has this property been registered as vacant? If yes: when was it registered, what was the registration fee and who was it registered under?
4. If property HAS NOT been registered please provide the proper registration instructions along with the registration fees.

AGENCY USE ONLY

Est. Document Cost _____
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Deposit Date _____

AGENCY USE ONLY

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Total Pages _____

Final Cost

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Deposit _____
Balance Due N/C
Balance Paid _____

Records Provided

Emailed response

Alicia Gonzalez 10/12/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
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First Name Anastasia MI _____ Last Name Trout

E-mail Address anastasia.trout@pemco-limited.com

Mailing Address 820 Bear Tavern Rd

City West Trenton State NJ Zip 08628

Telephone 720-509-3265 FAX 303-284-8026

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Anastasia Trout Date 10/5/2017

Payment Information

Maximum Authorization Cost $ 0.00

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

This OPRA request is in regards to property address: 5 Union Hill Rd, Monroe NJ 08831
Lot: 11 Block:37
Please provide the following information as soon as possible:
1.Copies of open permits
2.Copies of open code violations attached to the property of reference and could result in a fine/summons and/or prevent the sale of the property.
3.Has this property been registered as vacant? If yes: when was it registered, what was the registration fee and who was it registered under?
4.If property HAS NOT been registered please provide the proper registration instructions along with the registration fees.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due N/C
Balance Paid _____

Records Provided

Emailed Response

Alicia Gonzalez 10/12/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Jabaza MI N Last Name Spence

E-mail Address jabaza3@comcast.net

Mailing Address 2 Elliot Place

City Jamesburg State NJ Zip 08831

Telephone 732-261-4313 FAX

Preferred Delivery: Pick Up ✓ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/6/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Tort claim filed by Leighann Solomons and Lisa Robinson against The Township of Monroe.

RECEIVED
OCT - 6 2017
TOWNSHIP OF MONROE

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

picked up and paid $.80¢

Custodian Signature

10/6/17
Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
e-mail address preid@monroetwp.com
Patricia Reid, Township Clerk

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Ryan MI ____ Last Name Voerg

E-mail Address rvoerg@cjmgmt.com

Mailing Address ____

City Morganville State NJ Zip 07751

Telephone (732) 536-5400 FAX (732) 536-8623

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date 10/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Copy of final survey for Lot 2.1 (a.k.a. Lot 2.01) in Block 169.22 – 168 River Road.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Emailed response

Alicia Hensley 10/10/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Peter MI A Last Name Schkeeper, PE

E-mail Address Peter@Schkeeper.com

Mailing Address 130 Bodman Pl., Suite 6

City Red Bank State NJ Zip 07701

Telephone (732) 219-1965 FAX (732) 530-3703

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ✓ Fax ____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Peter A Schkeeper Date 10-6-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Our licensed Professional Engineer and Construction Official has been retained to perform a structural assessment of the building at357 Buckelew Ave.. Block:60 Lot:15.1

A computer history of open & closed building permits is requested. Email response would be appreciated

Our engineer has a PE lic. No.19632 and Construction Official lic. No. 6644.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Emailed response

Alicia Gonzalez 10/10/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Hander MI ____ Last Name Zaman

E-mail Address hzamanus@yahoo.com

Mailing Address 121 Helmetta Rd.

City Monroe Township State NJ Zip 08831

Telephone [redacted] FAX ____

Preferred Delivery: (Pick Up) ____ US Mail ____ On-Site Inspect ____ Fax ____ (E-mail) ____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / (***HAVE NOT***) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/06/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

History and information about 47 Helmetta Rd. Monroe Township NJ 08831.

- Septic or sewer – MID City
- Tax record
- Sale record
- Lien
- Oil or natural gas - Is there any oil tank or Is it removed?

AGENCY USE ONLY

st. Document Cost ____
st. Delivery Cost ____
st. Extras Cost ____
otal Est. Cost ____
eposit Amount ____
stimated Balance ____
eposit Date ____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit N/C
Balance Due ____
Balance Paid ____

Records Provided

Emailed response

RECEIVED
OCT - 6 2017

Custodian Signature [signature] Date 10/11/17

Alicia Gonzalez

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name BENEDICT MI _____ Last Name UGORJI

E-mail Address RADONSHIELD@YAHOO.COM

Mailing Address 757 BEATTY STREET

City TRENTON State NJ Zip 08611

Telephone 6092225743 FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/4/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

I need copies of permits approved for Radon Mitigation work done by Radon Shield LLC in the Monroe Twp, and which the signed agent for the owner is Benedict Ugorji.
The documents requested are needed for the records of the company as required by the NJDEP which is the supervising body in NJ for radon mitigation businesses.

Place Logo Here

State of New Jersey
Agency Name Here
GOVERNMENT RECORDS REQUEST FORM

Place Logo Here

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Heather MI C Last Name Aronson

Company Pickus & Landsberg

Mailing Address 802 Ryders Lane

City East Brunswick State NJ Zip 08816 Email heather.pickuslaw@gmail.com

Business Hours Telephone: Area Code 732 Number 254-5333 Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ EMAIL X

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the ~~United States~~.

Signature HCAronson Date 10/10/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees:	Pages 1-10	@$0.75
	Pages 11-20	@$0.50
	Pages 21 -	@$0.25
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Extraordinary service fees dependent upon request.	

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Please provide copies of records for the property at 3 White Tail Lane Block 3, Lot 28.7
~~Specifically, please provide any applications, permits, violations (open or closed), documents relating to oil tanks, abandoned/removed septic systems, or old surveys.~~
~~Also documents relating to HVAC, hot water heater and/or structural modification~~
We are requesting these documents from the Building/Zoning/Code Enforcement/Housing Depts.

pool approval

date range 1/1/1900-PRESENT

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress	-	Open	____
Denied	-	Closed	____
Filled	-	Closed	____
Partial	-	Closed	____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

MONROE TOWNSHIP UTILITY DEPARTMENT
OPEN PUBLIC RECORDS ACT REQUEST FORM

143 Union Valley Road
Monroe Township, NJ 08831
732-521-1700 / FAX 609-655-5981

Michael J. Barnes, Director

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name VIPUL MI ____ Last Name NARULA

E-mail Address VIPULNARULA@YAHOO.COM

Mailing Address 7 CEDAR BROOK RD.

City MONROE TWNSHP State NJ Zip 08831

Telephone [redacted] FAX ____

Preferred Delivery: Pick Up X US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature VIPUL Date 10/08/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc.) actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

PLEASE PROVIDE A COPY OF MY HOUSE CONSTRUCTION PLANS. NEED TO REFER TO THEM TO PLAN SOME HOME IMPROVEMENTS. MY ADDRESS IS 7 CEDAR BROOK ROAD MONROE, NJ 08831

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit N/C
Balance Due ____
Balance Paid ____

Records Provided

Emailed Response

Custodian Signature Date 10/12/17

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk

Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name STEPHEN MI _____ Last Name MUSTO

E-mail Address SGM5692@VT.EDU

Mailing Address 5 NASSAU PLACE

City MIDDLETOWN State NJ Zip 07748

Telephone [redacted] FAX _____

Preferred Delivery: Pick Up X US Mail _____ On-Site Inspect X Fax X E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

I WOULD LIKE TO REQUEST ANY SURVEYS, EASEMENTS, OR DOCUMENTS FOR BLOCK 77 LOT 23.11, ALSO KNOWN AS 367 RUE ROAD. IF YOU CAN, I WOULD PREFER AN EMAIL OF PDFS OR IF YOU MAY NOT I CAN COME IN TO INSPECT. THANK YOU.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due N/C
Balance Paid _____

Records Provided

Emailed Response

Alicia Gonzalez
Custodian Signature

10/25/17
Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Joel MI S. Last Name Greenberg

E-mail Address joelg1939@gmail.com

Mailing Address 11 Steeple Road.

City Monroe Twp State N.J. Zip 08831

Telephone 609-235-9316 FAX

Preferred Delivery: Pick Up X US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / ***(HAVE NOT)*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Joel S. Greenberg Date 10/16/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

I would like a copy of the Tree & bush page of the Stonebridge Adult Community. We have a problem with the (EAB) Emerald Ash Borer. I need to know on the schematic/plan how many Ash Trees were planted and there locations.

Joel Greenberg

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date ____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here:

RECEIVED
OCT 16 2017

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total $7.00
Deposit (2 site plans)
Balance Due ____
Balance Paid ____

Records Provided

10/25/17-Emailed/mailed response to requestor. lg

Custodian Signature ____ Date ____

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190

Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Alison MI _____ Last Name Kosberg

E-mail Address aek@kosberglaw.com

Mailing Address 2035 Lincoln Hwy Suite 1000

City Edison State NJ Zip 08817

Telephone 732 248 1212 FAX 732 248 1456

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Alison Kosberg Date 10/16/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Copies of the following for : 168 Valencia, Monroe Twp Block 1.3 Lot 22
Construction applications, construction permits, approvals, close outs, certificates of occupancy, letters from Municipal department(s) or zoning code enforcement, zoning permits and any other documents pertaining to the subject premises, verification on all legal status and use, zoning, and copies and records of any and all permits (open or closed) and/or violations, and how the property is currently zoned and how it has been zoned in the past (if different)

Our reference Corely

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MONROE TOWNSHIP
OFFICE OF TOWNSHIP CLERK

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 MUNICIPAL PLAZA, MONROE TOWNSHIP, NJ 08831
PHONE: 732-656-4573
FAX: 732-521-3190
EMAIL: PREID@MONROETWP.COM
Name of Agency Custodian: PATRICIA REID, TOWNSHIP CLERK

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name TAMMY MI L Last Name WILCOX

E-mail Address CONTRACTS@ICPNJ.COM

Mailing Address 961 ROUTE 10 EAST

City RANDOLPH State NJ Zip 07869

Telephone 800-992-0421 EXT 200 FAX 973-584-3410

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ___X___

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Tammy Wilcox Date 9/26/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

May I please have a copy of your **invoice(s)** (if purchased) or **Lease(s) paper work** for **all the departmental copiers, printers or wide formats** within your municipality. Kindly include all applicable maintenance agreements for said copiers, printers or wide format machines as well.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

9/26/17 - Emailed requesting clarification. fg

Alicia Gonzalez

From: Patricia Reid
Sent: Wednesday, October 4, 2017 10:40 AM
To: OPRA Request
Cc: Alicia Gonzalez
Subject: RE: Candidate Petition

Importance: High

To whom it may concern,
Good Morning, I am in receipt of your OPRA request. Unfortunately, I am confused as to what you are requesting, the deadline for this office to receive petitions for County Committeeman/woman in the 2018 Primary Election will be April 2018. Therefore, at this time this office does not have the records you are requesting.

Unless you are requesting a petition for filing.

Please clarify your request. Thank you.

Sincerely,

Patricia Reid

Patricia Reid, RMC, CMR
Monroe Township Clerk
1 Municipal Plaza
Monroe Twp., NJ 08831
(732) 656-4574 phone
(732) 521-3190 fax

From: OPRA Request [mailto:nt.public.contact@gmail.com]
Sent: Tuesday, October 3, 2017 5:29 PM
To: Patricia Reid <PReid@monroetwp.com>
Subject: Candidate Petition

Ms. Reid,

I am hereby requesting a copy of the candidate petition and any other requisite materials for the office of County Committeeman in the 2018 primary elections.

Please attach the file and send it via return email at your earliest convenience.

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Virginia MI _____ Last Name McGinnis

E-mail Address vmcginnis1@outlook.com

Mailing Address 325 C Nantuckett Lane

City Monroe Twp State N.J. Zip 08831

Telephone [redacted] FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / ~~HAVE NOT~~*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date October 17, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

1- Copies of all OPRA request submitted by James Marullo from Sept. 1, 2017 to date.
2- Copies of all OPRA request submitted by Charles Dipierro from Sept. 1, 2017 to date.
3 - Copies of all OPRA request submitted by Peter Tufano from Sept. 1, 2017 to date.
4- Copies of all OPRA request submitted by Marty Hermann from Sept. 1, 2017 to date.
5- Approximate cost to taxpayersand or time to provide the above 4 OPRA request.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

rst Name Barbara MI _____ Last Name Haynes

-mail Address barbara.haynes@pemco-limited.com

ailing Address 820 Bear Tavern Road.

ty West Trenton, State NJ Zip 08628

elephone 720-509-3249 FAX 303-284-8026

eferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail XX

you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. :28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New sey, any other state, or the United States.

gnature Barbara Haynes Date 10/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Please provide the following information as soon as possible:

1. Copies of open permits
2. Copies of open code violations attached to the property of reference and could result in a fine/summons and/or prev

208C ROSSMOOR DR

AGENCY USE ONLY

t. Document Cost _____
t. Delivery Cost _____
t. Extras Cost _____
tal Est. Cost _____
posit Amount _____
timated Balance _____

posit Date _____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid _____

Records Provided

Emailed Response

Alicia Gonzalez 10/20/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Ingrid MI M Last Name Santana

E-mail Address isantana@ginarteLaw.com

Mailing Address 400 Market St

City Newark State NJ Zip 07105

Telephone (973)854-8420 FAX (973)585-2612

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 10/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Seeking for all applications and/or violations
regarding electrical, plumbing, construction,
demolition and/or excavation at said premises
21 Brandy Place Monroetaownship NJ 08831
From 01/01/16 to 09/16/17.-

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due N/C
Balance Paid _____

Records Provided

Emailed Response

Alicia Gonzalez 10/20/17
Custodian Signature Date

MONROE TOWNSHIP UTILITY DEPARTMENT
OPEN PUBLIC RECORDS ACT REQUEST FORM

143 Union Valley Road
Monroe Township, NJ 08831
732-521-1700 / FAX 609-655-5981

Michael J. Barnes, Director

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Michael MI ____ Last Name Baker

E-mail Address J Michael baker jmbaker@optonline.net

Mailing Address ____

City Brielle State NJ Zip 08730

Telephone ____ FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date 10/19/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc.) actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

WATER REPORT 12295-0
Service Call on 6/16/17 Request Copy

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
e-mail address pried@monroetwp.com
Patricia Reid, Township Clerk

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Sayria ~~Rodriguez~~ Last Name Londy-Ebner

E-mail Address Sayria@AOL.com

Mailing Address 9 Cherry Blossom Dr

City Monroe Twp State NJ Zip 08831

Telephone [redacted] ~~FAX~~ SAYRIA@aol.com

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Copies of Eastmill Storm Water report - PB-232-94 and drainage Maps

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Emailed copies

T Reid 10/20/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 & Fax # 732-521-3190
e-mail address sdoerfler@monroetwp.com
Sharon Doerfler, Township Clerk

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Larry MI _____ Last Name Higgins

E-mail Address OPRA@NJPropertyRecords.com

Mailing Address 174 Lamington Rd, P.O. Box 180

City Oldwick State NJ Zip 08858

Telephone [redacted] FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / ***(HAVE NOT)*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Lgl Size&Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

There's not enough space here to write the records being requested. Please view the attached document.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ _____
Custodian Signature Date

Alicia Gonzalez

From: Patricia Reid
Sent: Friday, October 20, 2017 8:32 PM
To: Alicia Gonzalez
Subject: FW: OPRA Request (1212.MIDDLESEX_MONROE TWP)
Attachments: 1212.MIDDLESEX_MONROE TWP.pdf

From: Larry Higgins
Sent: Friday, October 20, 2017 8:31:28 PM (UTC-05:00) Eastern Time (US & Canada)
To: Patricia Reid
Subject: OPRA Request (1212.MIDDLESEX_MONROE TWP)

Note for clerk: Please discuss this request with your engineering department as they will be the BEST source for the requested documents and information.

The clerk or engineer can fulfil this OPRA easily by visiting our website www.StateInfoServices.com/opra

We've built this website to avoid sending large files by email, CD, USB, etc. It's a drag/drop file operation and there's no restriction on the file size. You do not need to register or login. You'll receive an email after successfully uploading **all** the requested files and information so you can close the OPRA request.

You can also submit all the requested information & documents by email if you'd like.

Requested Information:

1.a) A complete set of your municipalities **MOST CURRENT** tax maps. **Note:** If your tax maps are on your website, please provide the direct link and CONFIRM they are the most current maps available.

1.b) The date the tax maps were last modified/updated.

1.c) The approximate date to check back for newer/updated tax maps. **Note:** If there's currently no plans on updating the maps anytime soon, please mention that to us.

2.a) The **MOST CURRENT** municipality zoning map(s). **Note:** If your zoning map(s) are on your website, please provide the direct link and CONFIRM they are the most current map(s) available.

2.b) The date the zoning map(s) was last modified/updated.

2.c) The approximate date to check back for newer/updated zoning map(s). **Note:** If there's currently no plans on updating the map(s) anytime soon, please mention that to us.

3.a) What is the Engineers Company Name, Email, and Phone Number?

NOTE: Fulfil this OPRA easily by visiting our website www.StateInfoServices.com/opra

If you have any questions, please email ORPA@NJPropertyRecords.com –

PHONE CALLS WILL NOT BE ACCEPTED

Thanks,

Larry Higgins

OPRA@NJPropertyRecords.com

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Deborah MI A Last Name Wilcox

E-mail Address Deblongoappraisals@gmail.com

Mailing Address 2055 Greenwich St

City S. Plainfield State NJ Zip 07080

Telephone 973-632-9836 FAX —

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/22/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Property Record Card for
446 Schoolhouse Rd
Block 53 Lot 3

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due N/C
Balance Paid _____

Records Provided

Emailed Response

Alicia Gonzalez Custodian Signature 10/23/17 Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk

Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Yadira MI ____ Last Name Galan

E-mail Address carly@bnksconsulting.com

Mailing Address 1256 Liberty ave

City Hillside State NJ Zip 07205

Telephone 844-462-7465 FAX 908-353-3107

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Yadira Galan Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Please provide a list of permit applications for the installation, removal or the decommissioning of any underground storage tanks at:

13 Shinnecock Ct

Block # 67 Lot # 20.180

*Permit records as old as you have *

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Emailed Response

Alicia Gonzalez 10/25/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Charles MI A Last Name Tomeo

E-mail Address Tomeo48@gmail.com

Mailing Address 48 Avenue G

City Monroe State N.J. Zip 08831

Telephone [redacted] FAX

Preferred Delivery: Pick Up X US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Charles Tomeo Date 10/24/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Survey for Block: 135 Lot: 13

RECEIVED
OCT 24 2017
TOWNSHIP OF MONROE
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Emailed Response

Alicia Gonzalez 10/27/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Pam MI ____ Last Name HULSEAPPLE

E-mail Address pam.hulseapple@construction.com

Mailing Address 5 GARRISON W

City BALLSTON LK State NY Zip 12019

Telephone 518 877 8468 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Pam Hulseapple Date 10/24/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

CAN YOU PLEASE PROVIDE THE FOUNDATION PERMIT (IF ISSUED) FOR THE RESIDENTIAL PORTION OF PROPERTY LOCATED AT BLOCK 1.14, LOT 13.02

APPLICANT: MONROE 33 DEVELOPERS, LLC
PROJECT: 150 UNITS

Thank You!
Pam

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Barbara MI R Last Name Haynes

E-mail Address Barbara.haynes@pemco-limited.com

Mailing Address 820 Bear Tavern Road.

City W. Trenton State NJ Zip 08628

Telephone 720-509-3249 FAX 303-284-8026

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail xxx

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Barbara Haynes Date 10-24-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Please provide the following information as soon as possible:

1. Copies of open permits
2. Copies of open code

38A DANIEL WEBSTER AVE

AGENCY USE ONLY

Est: Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due N/C
Balance Paid _____

Records Provided

Emailed response

Alicia Gonzalez 10/31/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk

Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

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Requestor Information – Please Print

Martin R. Kafafian, Esq., on behalf of DR Horton, Inc. - New Jersey

First Name _____ MI _____ Last Name _____

E-mail Address mrk@beattielaw.com

Mailing Address 50 Chestnut Ridge Road, Suite 208

City Montvale State NJ Zip 07645

Telephone 201 799 2102 FAX 201 573 9736

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail S

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 10/24/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

1. All records - including, but not limited to invoices, receipts, cancelled checks, bank statements, ledgers, emails, memoranda, and correspondence - sent, received or generated between January 1, 2003 and January 1, 2007 that concern payments made to or deposited into escrow of the Monroe Township Utility Department related to the Monroe Manor Off Site Sewer.
2. All records - including, but not limited to invoices, receipts, cancelled checks, bank statements, ledgers, emails, memoranda, and correspondence - sent, received or generated between January 1, 2003 and January 1, 2007 that concern payments made by, from or on behalf of Monroe Township Utility Department related to the Monroe Manor Off Site Sewer.
3. All records - including, but not limited to invoices, receipts, cancelled checks, bank statements, ledgers, emails, memoranda, and correspondence - sent, received or generated between January 1, 2003 and January 1, 2007 that concern payments made to or deposited into escrow of the Monroe Township Utility Department from Shared Properties or K-Hovnanian Arbors.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid _____

Records Provided

11/15 Emailed Response

Alicia Gonzalez 11/15/17
Custodian Signature Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Amy MI ____ Last Name Lucks

E-mail Address amylucks@yahoo.com

Mailing Address 2153 NJ-35

City Sea Girt State NJ Zip 08750

Telephone 732-995-9283 FAX 732-974-3131

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Amy Lucks Digitally signed by Amy Lucks Date: 2017.10.25 12:51:08 -04'00' Date 10/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Hello-

I am requesting property record cards with the sketches on the following properties. I apologize for so many but I am an appraiser working on a divorce case and one side is disputing the square footages from the town before we have even gone to court. So I want a copy of the record cards to cover my behind.

14 Horseshoe Court- Block 6, Lot 5.08
3 Windhaven Ct- Block 16, Lot 2.4
2 Brentwood Place- Block 17, Lot 3.14
14 Del Mar Way- Block 12.3, Lot 7
8 Horseshoe Ct- Block 6, Lot 5.16
18 Preakness Drive- Block 17.1, Lot 9
7 Preservation Dr- Block 15.23, Lot 4

Thank you,
Amy Lucks
Benchmark Appraisal

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Emailed response

Alicia Gonzalez Custodian Signature 10/26/17 Date

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name ARTHUR MI — Last Name BARLOW

E-mail Address AB12/17/01 @ COMCAST. NET

Mailing Address 535 WATERSIDE BLVD

City MONROE State N.J. Zip 08831

Telephone 609-409-7873 FAX

Preferred Delivery: Pick Up X US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / ~~***HAVE NOT***~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Andy Barlow - OWNER Date 10/26/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

I HAD A DISH WASHER LEAK IN MY KITCHEN AND AS A RESULT I HAVE PROBLEMS LOCATING MY ELECTRICAL ON MY ISLAND IN THE KITCHEN LINES. I HIRED A ELECTRICIAN AND HE NEEDS TO KNOW SINCE THE ELECTRICAL PLUG HAS NO ELECTRICITY WHERE THE LINE GO SO HE CAN FIX THE ELECTRICITY TO THE ISLAND

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

OCT 26 2017

Custodian Signature ____ Date ____

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

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Requestor Information – Please Print

First Name Janet MI P Last Name Weber

E-mail Address jan.weber@cbmoves.com

Mailing Address 716 Rt. 206

City Hillsborough State NJ Zip 08844

Telephone 908-642-6801 FAX

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Janet P Weber Date 12/26/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Building + zoning permits (open + closed) for 18 Dayna Drive

AGENCY USE ONLY

it. Document Cost ____
t. Delivery Cost ____
t. Extras Cost ____
al Est. Cost ____
osit Amount ____
mated Balance ____

osit Date ____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

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Requestor Information – Please Print

First Name Robert MI E Last Name Berg

E-mail Address rberg@srsreblaw.org

Mailing Address 210 Haven Avenue

City Scotch Plains State NJ Zip 07076

Telephone 908-939-8059 FAX 908-543-1111

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax ✓ E-mail _____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 10-27-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Copies of all permits - open and/or closed for 40 Stonewyck Place

FOR OFFICE USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

Disposition Notes
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In Progress - Open _____
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit N/C
Balance Due _____
Balance Paid _____

Records Provided

Emailed Response

Alicia Gonzalez 10/31/17
Custodian Signature Date

Alicia Gonzalez

From: Virginia McGinnis <vmcginnis1@outlook.com>
Sent: Sunday, October 29, 2017 9:25 PM
To: Patricia Reid; Alicia Gonzalez
Subject: OPRA Request

Good Morning Ms. Reid,
I am submitting this OPRA request for the following records:
1- All FA-1 forms submitted to the Tax Assessor from 2010 through the current tax year for lands located at 404 Spotswood -Gravel Hill Road, lot, block and qual. 76.7.6. and any other farmland that is being tax assessed to
Charles and or Beth Dipierro, in Monroe twp., N.J..
2-All proof of horticulture and or agriculture use of land provided two years as required
3-Gross sales receipts as required for farmland tax assessment
4- Land use of the aforesaid lands being horticulture or agriculture?
5-All sales receipts of the product being produced by this farmland.
6-A list of all farm animals present on the farmland if being used for farm animals.
Thank you,
Virginia McGinnis

MONROE TOWNSHIP, MIDDLESEX COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of Township Clerk
Municipal Complex -1 Municipal Plaza
Monroe Township, New Jersey 08831-1900
Telephone # 732-656-4573 / Fax # 732-521-3190
Alicia Gonzalez, Records Management Coordinator
e-mail address: agonzalez@monroetwp.com
Patricia Reid, Township Clerk
e-mail address: preid@monroetwp.com

Important Notice

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Requestor Information – Please Print

First Name THOMAS MI ____ Last Name AISTON

E-mail Address 302saltmaker@gmail.com

Mailing Address 88 CHICHESTER RD.

City MONROE TWP State NJ Zip 08831

Telephone 609-860-2737 FAX ____

Preferred Delivery: Pick Up ~~X~~ US Mail ____ On-Site Inspect X Fax ____ E-mail ____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Thomas Aiston Date 10/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Actual Cost of paper copies not to exceed:

Fees: Letter Size @$0.05
Legal Size @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

BUILDING PLANS (STRUCTURAL) FOR GREENBRIAR @ WHITTINGHAM GOLF COURSE PRO SHOP.

RECEIVED
OCT 31 2017

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

ag - 11/2/17 - Emailed response - stating requestor needs a letter from the Board @ Greenbriar, stating is a member and reason for viewing those plans. 2 to security.
11/6/17 - Mr. Alston provided letter from Board & I.D. fwd to Const. ag

Custodian Signature ____ Date ____

9-1-17

Patricia Reid

From: dipper7@aol.com
Sent: Friday, September 1, 2017 1:07 PM
To: Patricia Reid
Subject: Opra Request 9/1/2017

Patty, I am requesting the following documents be email or faxed to 732-521-9065:

1). Copy of application (Purchase Class #1), PO, & Certifications for Alan Weinberg PO#17000793

2). Copy of Invoice #49829 & PO for Creative Print Group for $1810.00 from "Mayor Misc Expense"

3). Copy of Policy & List of Insured for Employee Group Retiree Claims Admin. (IDA Insurance Design Administrator) PO#17000818 for $1075.00

4). Copy of street lighting agreements & contracts (Monroe Twp.) with Greenbriar, Whittingham, Rossmoor, Regency & Concordia for 2016 & 2017

5) Copy of Bond agreements for PO# 17002040 $349,687.50 & PO# 17002055 $13,977.40 (2nd quarter 2017)

6). Copy of MCIA agreements with Monroe Twp. for PO# 17001936 ($134,664.62 & $5,898.01) & PO 17002190 ($567,237.50)

7). Copy of Timothy Stoessler cell phone carrier invoice/statement for reimbursement bills from check run 7/27/17 for $92.00, $64.00, & $44.00

8). Copy of all approved major subdivisions resolutions from 1/1/2010 to 9/1/2017 (including Coah)

9). Copy of all correspondences (including leases for golf range & contracts) for proposed school site on applegarth road ($2.5 million budgeted parcel) from 4/1/17 to 9/1/17 (mayors office)

9/8/2017

Patricia Reid

From: dipper7@aol.com
Sent: Thursday, September 7, 2017 4:17 PM
To: Patricia Reid
Subject: Opra Request 9/7/2017

Patty,

I am requesting the following documents be emailed or faxed to 732-521-9065:

1). CD disc for 2017 tax maps

2). Copy of 9/6/2017 Council meeting check run

3). Copy of 7/17 & 8/17 council meeting minutes including closed session minutes

4). Copy of current Township of Monroe purchase agents certificates (Abby, BA & CFO)

5). Copy of all documents for Block 25 Lots 14.1 & 16 (254 Applegarth Road) including leases & (8/21/17 to 9/7/2017 for emails only) emails from Mayor/BA to Michael Gorski

6). Copy of list of parcels for school site from Monroe Twp Board of Education (as per 9/6/2017 Council President stated at Council meeting) as of 9/7/2017

7). Copy of Deed & Global agreement with the NJ Turnpike Authority for the Brookland Wetlands Mitigation Site (O-8-2017-021)

8). Copy of resolution O-9-2017-025 & list of properties as of 9/7/2017

9). Copy of Amended Developers agreement Township & Monroe 33 Developers LLC & MTUD Resolution R-9-2017-230

9-15-17

Patricia Reid

From: dipper7@aol.com
Sent: Friday, September 15, 2017 12:21 PM
To: Patricia Reid
Subject: Opra Request 9/15/2017

Patty,

I am requesting the following documents be emailed or faxed to 732-521-9065:

1). Copy of time sheets for Alan Weinberg, Joel Shain,Marguerite Schaffer, Robert Tucker, William Gardner, Mark Rasimowicz,Shannon Cenci from 4/1/17 to 5/31/17

2). Copy of appraisal, contract to purchase & lease (Lewis Properties to David Wasenda or LLC) 254 Applegarth Road Block 25 Lots 14.1 & 16

3). Copy of Timothy Hoffman appraisals from 1/1/17 to 5/1/17 (all properties including TimHoffmanApraisal_20170410_164057.pdf as per thoff10@msn.com 4/10/17 email)

4). Copy of all direct deposits Mark Rasimowicz, Shannon Cenci, Robert Tucker, Joel Shain, Marguerite Schaffer, Alan Weinberg, Gerry Tamburro, Michael Liebowitz, & Maria Melnick from 7/1/17 to 9/15/17

5). Copy of mining permits & mining reports for 2016 & 2017

6). Copy of COA senior center & rec center generators

7). Copy of all Emails to or from Alan Weinberg/ to or from Michael Gorski & or Gerald Tague. (New school sites & 254 Applegarth Road) from 9/1/17 to 9/15/17

8). Copy of John Paff opra requests & documents provided from 4/1/17 to 9/15/17

9). Copy of Mayor & Council packets provided for 9/6/17 meeting

9-21-2017

Patricia Reid

From: dipper7@aol.com
Sent: Thursday, September 21, 2017 2:36 PM
To: Patricia Reid
Subject: Opra request 9/21/2017

Patty,

I am requesting the following documents emailed or faxed to 732-521-9065:

1). Copy of Rutgers University PO#17001768,PO#17001705 & invoice from Rutgers including certificates
2). Copy of policy & list of insured for Lincoln National Life Insurance Co. PO#17000039, Cust#1351906
3). Copy of Block 76 Lot 23.04 MTUD correspondences from 5/1/17 to 9/21/17
4). Copy of opra requests, & opra responses (including emails for extensions) from AC Moranz from 5/1/17 to 9/21/17
5). Copy of Premier Abstract & Title Agency Policies (PO#17002285 & PO#17002286) including contracts & respas
6). Copy of Policy & list of insured for Insurance Design Administrator (PO#17000818) 2017 Retiree Claims Manangement
7). Copy of contract with Township of Monroe & Insurance Brokers (medical & life)
8). Copy of list of all poll locations for November election
9). Copy of ads in all Princeton Editorials paper from 8/1/17 to 9/21/17

7-20-17

Patricia Reid

From: dipper7@aol.com
Sent: Wednesday, September 27, 2017 4:38 PM
To: Patricia Reid
Subject: Opra request 9/27/17

Patty,

I am requesting the following documents be emailed or faxed to 732-521-9065:

1). Copy of all checks or direct deposits for Maria Naumik, Joel Shain, Richard Pucci, John Riggs, Gerri Tamburro & Michael Liebowitz from 1/1/17 to 6/1/17

2). Copy of all correspondences from Township of Monroe Mayor or BA to Monroe Township Board of Education from 7/1/17 to 9/27/17 (including letter about transfer of Golf range property on Applegarth Rd)

3). Copy of 2011, 2012 & 2013 tax bills for 412 acres owned by NJ Turnpike

4). Copy of all correspondences regarding NJ Turnpike 412 acre parcel from 5/1/17 to 9/27/17

5). Copy of 2017 appraisals for open space or farmland preservation

6). Copy of all 2017 tax payments for open space & farmland preservation

7). Copy of all challengers names including democrats & republicans for 2017 election

8). Copy of Monroe News income & expenses from 1/1/17 to 4/1/17

9). Copy of closed session minutes from 6/1/17 to 9/27/17

10/10/17

Patricia Reid

From: dipper7@aol.com
Sent: Thursday, October 5, 2017 4:28 PM
To: Patricia Reid
Subject: Opra Request 10/5/2017

Follow Up Flag: Follow up
Flag Status: Flagged

Patty,

I am requesting the following documents be emailed or faxed to 732-521-9065:

1). Check run for 10/2/2017 Council meeting

2). Copy of Hodulik & Morrisson PA invoices from 7/1/2017 to 10/5/2017

3). Copy of building analysis most recent as of 10/5/2017

4). Copy of all emails,letters,faxes from Alan Weinberg to admin@hm-pa.net about "fire districts review" from 9/5/17 to 10/5/17

5). Copy list of open space & farmland as of 10/5/2017

6). Copy of all lawyers invoices from 8/1/17 to 10/5/2017 (including Wilentz Office)

7). Copy of Wayne Hamilton Health insurance & benefit policy

8). Copy of all correspondents to Michael Gorski from Alan Weinberg from 9/15/17 to 10/5/17

9). Copy of all settled lawsuits for Township of Monroe & MTUD from 6/1/17 to 10/5/17

10/17/17

Patricia Reid

From: dipper7@aol.com
Sent: Tuesday, October 17, 2017 1:57 PM
To: Patricia Reid
Subject: Opra request 10/17/17

Patti,

I am requesting the following documents be emailed or faxed to 732-521-9065:

1). Copy of all emails, letters, faxes from Alan Weinberg to admin@hm-pa.net or Hodulik & Morrison PA from 8/15/17 to 9/4/17

2). Copy of MTUD attorney invoices from 7/1/17 to 10/17/17

3). Copy of Executive Director of MTUD contract to date & copy of resolution for employment

4). Copy of Michael Rogers last 8 checks as Executive Director of MTMUA

5). Copy of R-10-2017-260 resolution & 2 year agreement

6). Copy of R-10-2017-265 resolution & Invoices from Wilentz, Goldman & Spitzer, PA (all invoices for this resolution)

7). Copy of emails, faxes referring to OPRA requests from Alan Weinberg to Wilentz, Goldman & Spitzer PA from 9/1/17 to 10/9/17

8). Copy of all correspondences for R-10-2017-271 from Mayor/BA to Governor Christie from 9/1/17 to 10/17/17

9). Copy of all correspondences for R-10-2017-272 from Mayor/BA to President Trump from 9/1/17 to 10/17/17

Alicia Gonzalez

From: Patricia Reid
Sent: Friday, October 27, 2017 4:25 PM
To: Alicia Gonzalez
Subject: FW: Opra request 10/27/17

From: dipper7@aol.com
Sent: Friday, October 27, 2017 4:24:32 PM (UTC-05:00) Eastern Time (US & Canada)
To: Patricia Reid
Subject: Opra request 10/27/17

Patty,

Please consider this electronic correspondence an official OPRA request to your respective agencies as permitted by N.J.S.A. 47:1A-1 et seq.

I am requesting the following documents be emailed or faxed to 732-521-9065:

1). Copy of all correspondences memos to employees from Township Clerk to Township employees from 3/1/17 to 6/1/17
2). Copy of all invoices & PO for AC Moranz 300 Main Street #599 Madison, N.J from 8/1/17 to 10/27/17
3). Copy of all opras & documents given to AC Moranz from 8/1/17 to 10/27/17
4). Copy of Invoices & PO for Dot design from 8/1/17 to 10/27/17
5). Copy of October Mayor & Council packet
6). Copy of Contract for Improvements for soccer fields on Prospect Plains
7). Copy of Grant for soccer fields on Prospect Plains
8). Copy of bid summary for soccer fields
9). Copy of all affordable housing disbursements for rehabilitation, deposits for home purchases & rental payments from 1/1/17 to 7/1/17