



# TOWNSHIP OF FRANKLIN OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279

e-mail: [clerk@franklintownship.com](mailto:clerk@franklintownship.com)

Barb Freijomil, Custodian of Public Records



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

## Important Notice

## Requestor Information - Please Print

First Name Bekki MI MI Last Name Sauerbier  
E-mail Address Bekki@elitepropertyresearch.com  
Mailing Address 37 Main Street  
City Sparta State NJ Zip 07871  
Telephone 941-747-0600 FAX 866-491-3226  
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 3/22/2018

## 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.

OWNER: WILMINGTON SAVINGS FUND SOCIETY  
PROPERTY ADDRESS: 924 Lincoln Ave  
PIN NUMBER: 302.3.10

302-3.10

\*Please provide all information for all open and expired permits or any permits that may need further action for the above address.

\*Please provide any open or outstanding code enforcement or nuisance violations/ liens along with any payoff amounts and ledgers for the above address.

\*Please provide all utility information including liens for this property. Please include what is serviced (Ex: Water, Sewer and garbage) and any ledgers for outstanding balances for the above address.

\*Please Provide Vacant Property registration status and 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 |       | Final Cost         |
|----------------------|-------|--------------------|
| Tracking #           | _____ | Total _____        |
| Rec'd Date           | _____ | Deposit _____      |
| Ready Date           | _____ | Balance Due _____  |
| Total Pages          | _____ | Balance Paid _____ |
| Records Provided     |       | _____              |

Custodian Signature \_\_\_\_\_

Date \_\_\_\_\_



**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: [clerk@franklintownship.com](mailto:clerk@franklintownship.com)  
Barb Freijomil, Custodian of Public Records



**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                                                                                                                                                                                                                                                                                       | Bekki                            | MI                               |                                          | Last Name                               | Sauerbier                                  |
| E-mail Address                                                                                                                                                                                                                                                                                   | Bekki@elitepropertyresearch.com  |                                  |                                          |                                         |                                            |
| Mailing Address                                                                                                                                                                                                                                                                                  | 37 Main Street                   |                                  |                                          |                                         |                                            |
| City                                                                                                                                                                                                                                                                                             | Sparta                           | State                            | NJ                                       | Zip                                     | 07871                                      |
| Telephone                                                                                                                                                                                                                                                                                        | 941-747-0600                     |                                  | FAX                                      | 866-491-3226                            |                                            |
| Preferred Delivery:                                                                                                                                                                                                                                                                              | Pick-Up <input type="checkbox"/> | US Mail <input type="checkbox"/> | On-Site Inspect <input type="checkbox"/> | Fax <input checked="" type="checkbox"/> | E-mail <input checked="" type="checkbox"/> |
| <small>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 <b>HAVE</b> / <b>HAVE NOT</b> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.</small> |                                  |                                  |                                          |                                         |                                            |
| Signature                                                                                                                                                                                                                                                                                        |                                  |                                  |                                          | Date                                    | 3/22/2018                                  |

**Payment Information**

|                            |                                                                                                                                       |             |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Maximum Authorization Cost | \$                                                                                                                                    |             |
| Select Payment Method      |                                                                                                                                       |             |
| Cash                       | Check                                                                                                                                 | Money Order |
| Fees:                      | Letter size pages - \$0.05 per page<br>Legal size pages - \$0.07 per page<br>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.

OWNER: WILMINGTON SAVINGS FUND SOCIETY  
PROPERTY ADDRESS: 924 Lincoln Ave  
PIN NUMBER: 302.3.10

Franklin Township Zoning Officer findings: There are no open or expired permits and there are no open code violations and no liens on the above address.

Well water and septic sewer are self contained on property. Rubbish removal is part of Municipal services.

\*Vacant property registration fees and status are maintained by PROCHAMPS. 2725 Center Place  
Melbourne, Fla.

Zoning Officer, William Trampe

**AGENCY USE ONLY**

**AGENCY USE ONLY**

**AGENCY USE ONLY**

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

**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 | _____ |

| Tracking Information |       | Final Cost   |       |
|----------------------|-------|--------------|-------|
| Tracking #           | _____ | Total        | _____ |
| Rec'd Date           | _____ | Deposit      | _____ |
| Ready Date           | _____ | Balance Due  | _____ |
| Total Pages          | _____ | Balance Paid | _____ |
| Records Provided     |       |              |       |

Custodian Signature

Date

3/22/18

April 19, 2018  
11:39 AM

FRANKLIN TOWNSHIP  
Detailed Lien Account Status Report

Page No: 1

Range: Block: 302 to 302 Include Lien Type: Municipal: Y Outside: Y Assign Full: N Assign < Cert: N  
Lot: 3.10 to 3.10 Include Lien Status: Open: Y Redeemed: N Foreclosed: N Canceled: N  
Qual: Sale Dates: 01/01/18 to 04/19/18 Include Fees: N  
Transaction Dates: 01/01/18 to 04/19/18 Include Costs: Y

Include Charge Type: Tax: Y Water: Y Sewer: Y Electric: Y Utility: Y  
Sp. Assmnt: Y Misc: Y Boarding Up: Y Demolition: Y

For Liens with Sale Date and/or Assign Date in the Transaction Date Range:

Municipal, Outside & 'Assign for < Cert' Prin Balances = Certificate + Adjustments - Redemption Payments Principal.

'Assignment for Full Amount' Prin Balance = Assignment Payments (prin & interest) + Adjustments (after assignment)  
- Redemption Payments Principal.

For Municipal, Outside & 'Assign for < Cert' Liens with Sale Date before the low Transaction Date Range

and for 'Assign for Full Amount' Liens with Assignment Date before the low Transaction Date Range:

Prin Balances = Previous Balance + Adjustments - Redemption Payments Principal.

| Block        | Owner Name        | Sale Date           | Status           | Status Date  | Certificate %   | Premium               |
|--------------|-------------------|---------------------|------------------|--------------|-----------------|-----------------------|
| Lot          | Street Address    | Held By             |                  |              | Amounts In Sale |                       |
| Qual         | City, St          | Zip                 | Tax Years        |              | Principal       | Interest              |
| Cert Num     | Property Location |                     |                  | Balance Type |                 | Total                 |
| Lien Hldr Id | Name              | Trans: Balance Type | Date Yr Qtr Code | Description  | Principal       | Interest Prin Balance |

No Accounts Found.

3-4

Block: 302

Lot: 3.10

Qualifier:

Owner: CHRISTIANA TRUST

Prop Loc: 924 LINCOLN AVE

Restricted Edit

Notes Exist

| General | Assessed Value | Additional | Billing  | Deductions        | Balance  | All Charges   | Add/Omit | Notes |
|---------|----------------|------------|----------|-------------------|----------|---------------|----------|-------|
| Year    | Qtr            | Type       | Billed   | Principal Balance | Interest | Total Balance |          |       |
| 2018    | 2              |            | 2,247.49 | 2,247.49          | .00      | 2,247.49      |          |       |
| 2018    | 1              |            | 2,247.50 | 2,247.50          | 55.15    | 2,302.65      |          |       |
| 2018    |                | Total      | 4,494.99 | 4,494.99          | 55.15    | 4,550.14      |          |       |
| 2017    | 4              |            | 2,258.85 | .00               | .00      | .00           |          |       |
| 2017    | 3              |            | 2,258.86 | .00               | .00      | .00           |          |       |
| 2017    | 2              |            | 2,246.12 | .00               | .00      | .00           |          |       |

Other Delinquent Balances: .00 Interest Date: 04/19/18

Other APR2 Threshold Amt: .00 Per Diem: .7071 Last Payment Date: 10/31/2017

TOTAL TAX BALANCE DUE

Principal: 4,494.99 Penalty: .00  
 Misc Charges: .00 Interest: 55.15 Total: 4,550.14

\* Indicates Adjusted Billing in a Tax Quarter.

424



# TOWNSHIP OF FRANKLIN OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: clerk@franklintownship.com

Barb Freijomil, Custodian of Public Records

Apr 2



**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 Bekki MI MI Last Name Sauerbier  
E-mail Address Bekki@elitepropertyresearch.com  
Mailing Address 37 Main Street  
City Sparta State NJ Zip 07871  
Telephone 941-747-0600 FAX 866-491-3226  
Preferred Delivery: Pick-Up ☐ US Mail ☐ On-Site ☐ 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 3/22/2018

## 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.

OWNER: WILMINGTON SAVINGS FUND SOCIETY  
PROPERTY ADDRESS: 924 Lincoln Ave  
PIN NUMBER: 302.3.10  
*There are no open permits and there are no open violations on this property. There are no open liens and no open or out standing code violations. All utilities are self contained.*  
\*Please provide all information for all open and expired permits or any permits that may need further action for the above address.

\*Please provide any open or outstanding code enforcement or nuisance violations/ liens along with any payoff amounts and ledgers for the above address.

\*Please provide all utility information including liens for this property. Please include what is serviced (Ex: Water, Sewer and garbage) and any ledgers for outstanding balances for the above address.

\*Please Provide Vacant Property registration status and fees.

*William Trange*  
*Zoning Officer*  
*3-26-18*

*302. 3-10*

## 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 |       | Final Cost   |       |
|----------------------|-------|--------------|-------|
| Tracking #           | _____ | Total        | _____ |
| Rec'd Date           | _____ | Deposit      | _____ |
| Ready Date           | _____ | Balance Due  | _____ |
| Total Pages          | _____ | Balance Paid | _____ |
| Records Provided     |       | _____        |       |

*Bill T's*  
*Copy*  
Custodian Signature \_\_\_\_\_  
Date \_\_\_\_\_



**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: clerk@franklintownship.com  
Barb Freijomil, Custodian of Public Records



**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 Ama MI MI Last Name Oparison  
E-mail Address Ama@elitepropertyresearch.com  
Mailing Address 37 Main Street  
City Sparta State NJ Zip 07871  
Telephone 941-747-0600 FAX 866-491-3226  
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 Ama Oparison Digitally signed by Ama Oparison  
Date 2018 02 22 14 43 38 -05'00' Date 02/22/2018

**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.

OWNER: US Bank for LSF9  
PROPERTY ADDRESS: 1538 Flora Rd  
PIN NUMBER: Blk 6802 Lot 3

*Done on 3-9-18*

\*Please provide all information for all open and expired permits or any permits that may need further action for the above address.

\*Please provide any open or outstanding code enforcement violations/code enforcement liens along with any payoff amounts and ledgers for the above address.

**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      |       | Final Cost   |       |
|---------------------------|-------|--------------|-------|
| Tracking #                | _____ | Total        | _____ |
| Rec'd Date                | _____ | Deposit      | _____ |
| Ready Date                | _____ | Balance Due  | _____ |
| Total Pages               | _____ | Balance Paid | _____ |
| Records Provided          |       |              |       |
| Custodian Signature _____ |       | Date _____   |       |



Due Apr. 18

**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: clerk@franklintownship.com

Barb Freijomil, Custodian of Public Records



**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 Michel MI MI Last Name Don  
E-mail Address Rataxes@Indecomm.net  
Mailing Address 1260 Energy Lane  
City St. Paul State MN Zip 55108  
Telephone 201-254-3635 FAX 866-422-3403  
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 ☐

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.

Hi,

Please let us know if there is any open code violations and any open or expired permits on below property:

Address: 476 BUTTERCUP ST MONROEVILLE NJ 08343

B: 2508 L: 10 *There are no open code violations and there are no expired permits on this property.*

*William Tranter*  
*04-16-18 zoning Officer*

**AGENCY USE ONLY**

**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 #  | Total        |
|-------------|--------------|
| Rec'd Date  | Deposit      |
| Ready Date  | Balance Due  |
| Total Pages | Balance Paid |

**Records Provided**

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

Custodian Signature \_\_\_\_\_

Date \_\_\_\_\_



# TOWNSHIP OF FRANKLIN OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: clerk@franklintownship.com

Barb Freijomil, Custodian of Public Records



## 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                                                                                                                                                                                                                                                                      | KATHY                             | MI                               |                                          | Last Name                    | TIEDTKE                                    |
| E-mail Address                                                                                                                                                                                                                                                                  | KATHY.TIEDTKE@PEMCO-LIMITED.COM   |                                  |                                          |                              |                                            |
| Mailing Address                                                                                                                                                                                                                                                                 | c/o PEMCO Ltd, 820 Bear Tavern Rd |                                  |                                          |                              |                                            |
| City                                                                                                                                                                                                                                                                            | West Trenton                      | State                            | NJ                                       | Zip                          | 08628                                      |
| Telephone                                                                                                                                                                                                                                                                       | (720) 509-3248                    |                                  | FAX                                      | 303-284-8026                 |                                            |
| Preferred Delivery:                                                                                                                                                                                                                                                             | Pick-Up <input type="checkbox"/>  | US Mail <input type="checkbox"/> | On-Site Inspect <input type="checkbox"/> | Fax <input type="checkbox"/> | E-mail <input checked="" type="checkbox"/> |
| 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 <u>HAVE</u> <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. |                                   |                                  |                                          |                              |                                            |
| Signature Alanna Toomey                                                                                                                                                                                                                                                         |                                   |                                  | Date 4/25/18                             |                              |                                            |

## Payment Information

|                            |                                                                                                                                       |             |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Maximum Authorization Cost | \$                                                                                                                                    |             |
| Select Payment Method      |                                                                                                                                       |             |
| Cash                       | Check                                                                                                                                 | Money Order |
| Fees:                      | Letter size pages - \$0.05 per page<br>Legal size pages - \$0.07 per page<br>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.

ADDRESS: 1084 MARSHALL MILL RD, FRANKLINVILLE, NJ 08322  
BLOCK#: 5702  
LOT#: 16

The information I am looking for is as follows:

- 1) Copies of open code violations and summons (if applicable) attached to the property.
- 2) If there are open invoices or past due liens pertaining to the code violations, please send copies along with the fee breakdown.
- 3) Send copies of code violation notices/letters attached to the open lien.

(See page 2)>

## 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 |       | Final Cost   |       |
|----------------------|-------|--------------|-------|
| Tracking #           | _____ | Total        | _____ |
| Rec'd Date           | _____ | Deposit      | _____ |
| Ready Date           | _____ | Balance Due  | _____ |
| Total Pages          | _____ | Balance Paid | _____ |
| Records Provided     |       |              |       |

Custodian Signature

Date



**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: [clerk@franklintownship.com](mailto:clerk@franklintownship.com)  
Barb Freijomil, Custodian of Public Records



**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 KATHY MI        Last Name TIEDTKE  
E-mail Address KATHY.TIEDTKE@PEMCO-LIMITED.COM  
Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd  
City West Trenton State NJ Zip 08628  
Telephone (720) 509-3248 FAX 303-284-8026  
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 Alanna Toomey Digitally signed by Alanna Toomey Date: 2018 04 25 10:37:02 -0600 Date 4/25/18

**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.

ADDRESS: 1084 MARSHALL MILL RD, FRANKLINVILLE, NJ 08322  
BLOCK#: 5702  
LOT#: 16

RECORD REQUEST INFORMATION: There are no open code violations, no past due or open liens, and there are no open building permits on record.

William Trampe  
*[Signature]*  
Zoning Officer

**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 |                   | Final Cost   |                   |
|----------------------|-------------------|--------------|-------------------|
| Tracking #           | <u>          </u> | Total        | <u>          </u> |
| Rec'd Date           | <u>          </u> | Deposit      | <u>          </u> |
| Ready Date           | <u>          </u> | Balance Due  | <u>          </u> |
| Total Pages          | <u>          </u> | Balance Paid | <u>          </u> |

Records Provided           

Custodian Signature           

Date           

243

April 25, 2018  
03:15 PM

FRANKLIN TOWNSHIP  
Detailed Lien Account Status Report

Page No: 1

Range: Block: 5702 to 5702 Include Lien Type: Municipal: N Outside: Y Assign Full: N Assign < Cert: N  
Lot: 16 to 16 Include Lien Status: Open: Y Redeemed: N Foreclosed: Y Canceled: N  
Qual: Sale Dates: 01/01/18 to 04/25/18 Include Fees: N  
Status Dates: 01/01/18 to 04/25/18 Include Costs: Y  
Transaction Dates: 01/01/18 to 04/25/18

Include Charge Type: Tax: Y Water: Y Sewer: Y Electric: Y Utility: Y  
Sp. Assmnt: Y Misc: Y Boarding Up: Y Demolition: Y

For Liens with Sale Date and/or Assign Date in the Transaction Date Range:

Municipal, Outside & 'Assign for < Cert' Prin Balances = Certificate + Adjustments - Redemption Payments Principal.

'Assignment for Full Amount' Prin Balance = Assignment Payments (prin & interest) + Adjustments (after assignment)  
- Redemption Payments Principal.

For Municipal, Outside & 'Assign for < Cert' Liens with Sale Date before the low Transaction Date Range  
and for 'Assign for Full Amount' Liens with Assignment Date before the low Transaction Date Range:

Prin Balances = Previous Balance + Adjustments - Redemption Payments Principal.

| Block        | Owner Name        | Sale Date           | Status           | Status Date  | Certificate %   | Premium               |
|--------------|-------------------|---------------------|------------------|--------------|-----------------|-----------------------|
| Lot          | Street Address    | Held By             |                  |              | Amounts In Sale |                       |
| Qual         | City, St          | Zip                 | Tax Years        |              | Principal       | Interest              |
| Cert Num     | Property Location |                     |                  | Balance Type |                 | Total                 |
| Lien Hldr Id | Name              | Trans: Balance Type | Date Yr Qtr Code | Description  | Principal       | Interest Prin Balance |

No Accounts Found.

383





# TOWNSHIP OF FRANKLIN OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279

e-mail: [clerk@franklintownship.com](mailto:clerk@franklintownship.com)  
Barb Freijomil, Custodian of Public Records



May 21

## 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                                                                                                                                                                                                                                                                 | Manny                            | MI                               |                                          | Last Name                    | Ruffin                          |
| E-mail Address                                                                                                                                                                                                                                                             | manish.kumar@slkgroup.com        |                                  |                                          |                              |                                 |
| Mailing Address                                                                                                                                                                                                                                                            | 2727 LBJ freeway Suite 800       |                                  |                                          |                              |                                 |
| City                                                                                                                                                                                                                                                                       | Dallas                           | State                            | TX                                       | Zip                          | 75234                           |
| Telephone                                                                                                                                                                                                                                                                  | 855-512-4803                     |                                  | FAX                                      | 888-908-3471                 |                                 |
| Preferred Delivery:                                                                                                                                                                                                                                                        | Pick-Up <input type="checkbox"/> | US Mail <input type="checkbox"/> | On-Site Inspect <input type="checkbox"/> | Fax <input type="checkbox"/> | E-mail <input type="checkbox"/> |
| 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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. |                                  |                                  |                                          |                              |                                 |
| Signature                                                                                                                                                                                                                                                                  | Manny Ruffin                     |                                  |                                          | Date                         | 05/10/2018                      |

## 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 check and advise for the below address:

- 1) Any liens or Special Assessments
- 2) Code Violations
- 3) Open / Expired Building Permits

File #: 661303

Name: BROWN, KEESHA MARIE

Parcel: Block: 5702 Lot: 38

Add: 1384 MARSHALL MILL RD FRANKLINVILLE NJ 08322

County: GLOUCESTER

None 5-14-18

## 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 #  | _____ | Total        | _____ |
| Rec'd Date  | _____ | Deposit      | _____ |
| Ready Date  | _____ | Balance Due  | _____ |
| Total Pages | _____ | Balance Paid | _____ |

Records Provided

Custodian Signature

Date



**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279

e-mail: [clerk@franklintownship.com](mailto:clerk@franklintownship.com)  
Barb Freijomil, Custodian of Public Records



**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 Bekki MI MI Last Name Sauerbier  
E-mail Address Bekki@elitepropertyresearch.com  
Mailing Address 37 Main Street  
City Sparta State NJ Zip 07871  
Telephone 941-747-0600 FAX 866-491-3226  
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 5/09/2018

**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.

OWNER: WILMINGTON SAVINGS FUND SOCIETY  
PROPERTY ADDRESS: 924 Lincoln Ave  
PIN NUMBER: 302.3.10

\*Please provide all information for all open and expired permits or any permits that may need further action for the above address. None  
\*Please provide any open or outstanding code enforcement or nuisance violations/ liens along with any payoff amounts and ledgers for the above address. None

\*Please provide all utility information including liens for this property. Please include what is serviced (Ex: Water, Sewer and garbage) and any ledgers for outstanding balances for the above address. None

\*Please Provide Vacant Property registration status and fees. Pro Champs - 1-321-421-6639  
5-14-18

**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      |       | Final Cost   |       |
|---------------------------|-------|--------------|-------|
| Tracking #                | _____ | Total        | _____ |
| Rec'd Date                | _____ | Deposit      | _____ |
| Ready Date                | _____ | Balance Due  | _____ |
| Total Pages               | _____ | Balance Paid | _____ |
| Records Provided          |       |              |       |
| Custodian Signature _____ |       | Date _____   |       |

*OPra*

MAY 9, 2018

SPECIALIZED FINANCING, LLC  
C/O STERN & EISENBERG, PC  
1040 n. KINGS HIGHWAY, SUITE 407  
CHERRY HILL, NEW JERSEY 08034

RE: FILE # NJ201800000247

BLOCK 1401 LOT 14  
2260 COLES MILL RD  
FRANKLINVILLE , NJ 08322

Dear Stern & Eisenberg, PC,

Please be advised that there are no open code violations and no open property maintenance  
Complaints to be served.

All construction permits have been completed to date.

Enclosed is a copy of construction permits completed.

Sincerely,

William Trampe

Housing Zoning Officer

1040 N. Kings Highway  
Suite 407  
Cherry Hill, New Jersey 08034  
(609) 397- 9200  
Facsimile: (856) 667-1456



Pennsylvania  
(215) 572-8111  
Facsimile: (215) 572-5025

New York  
(732) 582-6344  
Facsimile: (732) 726-8719

**Stern & Eisenberg, PC**  
www.sterneisenberg.com

May 4, 2018

Franklin Township (Gloucester)  
1571 Delsea Drive  
Franklinville, NJ 08322  
Attn: Acting Municipal Clerk

Re: Notice of Filing of Summons and Complaint in Foreclosure

|               |                                                 |      |    |
|---------------|-------------------------------------------------|------|----|
| Lender:       | Specialized Financing, LLC                      |      |    |
| Property:     | 2260 Coles Mill Road<br>Franklinville, NJ 08322 |      |    |
| Block:        | 1401                                            | Lot: | 14 |
| Our File No.: | NJ201800000247                                  |      |    |

Dear Acting Municipal Clerk,

Please be advised that on May 3, 2018 a Complaint in an action to foreclose on a mortgage was filed against the above-captioned property. Please forward all complaints of property maintenance, code violations, or any other documents that needs to be served upon the plaintiff/lender to:

Specialized Financing, LLC  
c/o Stern & Eisenberg, PC  
1040 N. Kings Highway, Suite 407  
Cherry Hill, New Jersey 08034

Please note that the mortgaged property is not an affordable unit pursuant to the "Fair Housing Act." Should you have any questions or require additional information, please feel free to contact our office.

Sincerely,

Stern & Eisenberg, PC

/s/David Lambropoulos, Esq.  
David Lambropoulos, Esq.  
Attorney for Plaintiff





**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: clerk@franklintownship.com  
Barb Freljomil, Custodian of Public Records



**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 Masino  
E-mail Address jmasino1180@gmail.com  
Mailing Address 1817 Forest Grove Rd  
City Vineland State NJ Zip 08360  
Telephone 6098056343 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 10/11/18

**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 the following information regarding:  
Block 6903, Lot 2.01, 79 S. Blue Bell Rd, Vineland, NJ 08360-9121

1. Any and all open/expired permits for this location None
2. Is this property a conforming lot? yes
3. How is the property zoned? NC
4. Is the property in a flood zone? no
5. Are there any known wetlands on the property? no
6. Is this block and lot affected by pinelands? no
7. Have there ever been any violations issued for this property and are there any ongoing? no

06-13-18 Will Thompson - Zoning Officer

**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      |       | Final Cost   |       |
|---------------------------|-------|--------------|-------|
| Tracking #                | _____ | Total        | _____ |
| Rec'd Date                | _____ | Deposit      | _____ |
| Ready Date                | _____ | Balance Due  | _____ |
| Total Pages               | _____ | Balance Paid | _____ |
| Records Provided          |       |              |       |
| Custodian Signature _____ |       | Date _____   |       |

Aug 3



# TOWNSHIP OF FRANKLIN OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: clerk@franklintownship.com

Barb Freijomil, Custodian of Public Records



## 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 Verona MI L Last Name Cohen  
E-mail Address verona.cohen@pemco-limited.com  
Mailing Address Fannie Mae c/o PEMCO Ltd, 820 Bear Tavern Rd  
City West Trenton State NJ Zip 08628  
Telephone 720-509-3267 FAX 303-284-8026  
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 Verona L Cohen

Date

7/25/2018

## 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.

2738 DUTCH MILL RD NEWFIELD NJ 08344

Block: 6502 / Lot : 7

Any currently open code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party.

If any OPEN code violations or OPEN permits are found please email to me at verona.cohen@pemco-limited.com

Thank you!

*Closed*

## 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 #       | Total        | Final Cost |
|------------------|--------------|------------|
| Rec'd Date       | Deposit      |            |
| Ready Date       | Balance Due  |            |
| Total Pages      | Balance Paid |            |
| Records Provided |              |            |

Custodian Signature

Date



**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: clerk@franklintownship.com

Barb Freijomil, Custodian of Public Records



**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 BRIANNA MI MI Last Name HARRIS  
E-mail Address BRIANNA.HARRIS@PEMCO-LIMITED.COM  
Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd  
City West Trenton State NJ Zip 08628  
Telephone 720-509-3254 FAX 303-284-8026  
Preferred Delivery: Pick-Up ☐ US Mail ☐ On-Site ☐ 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 Brianna Harris Date 7/13/18  
Digitally signed by Brianna Harris  
Date: 2018.07.13 11:03:29 -0400

**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 e-mail my response to this OPRA request.

The reference property is: 158 SUNNYHILL AVE FRANKLINVILLE, New Jersey 08322 07-20-18  
BLOCK: 403LOT: 37

- Please advise if there are any open code violations that need to be corrected and closed in your system.
- Please include any summons/fines/fees issued on the property for code violations.

*There are no open code violations and there are no fines open on this property. There is an open registration fee due on record at Pro-chomp as enclosed.*

**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 # \_\_\_\_\_ Total \_\_\_\_\_  
Rec'd Date \_\_\_\_\_ Deposit \_\_\_\_\_  
Ready Date \_\_\_\_\_ Balance Due \_\_\_\_\_  
Total Pages \_\_\_\_\_ Balance Paid \_\_\_\_\_

**Records Provided**

Custodian Signature \_\_\_\_\_

Date \_\_\_\_\_



**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: [clerk@franklintownship.com](mailto:clerk@franklintownship.com)  
Barb Freijomil, Custodian of Public Records



**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                                                                                                                                                                                                                                                                                 | BRIANNA                           | MI                               |                                          | Last Name                    | HARRIS                                     |
| E-mail Address                                                                                                                                                                                                                                                                             | BRIANNA.HARRIS@PEMCO-LIMITED.COM  |                                  |                                          |                              |                                            |
| Mailing Address                                                                                                                                                                                                                                                                            | c/o PEMCO Ltd, 820 Bear Tavern Rd |                                  |                                          |                              |                                            |
| City                                                                                                                                                                                                                                                                                       | West Trenton                      | State                            | NJ                                       | Zip                          | 08628                                      |
| Telephone                                                                                                                                                                                                                                                                                  | 720-509-3254                      | FAX                              | 303-284-8026                             |                              |                                            |
| Preferred Delivery:                                                                                                                                                                                                                                                                        | Pick-Up <input type="checkbox"/>  | US Mail <input type="checkbox"/> | On-Site Inspect <input type="checkbox"/> | Fax <input type="checkbox"/> | E-mail <input checked="" type="checkbox"/> |
| <b>If you are requesting records containing personal information, please circle one:</b> Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> <del>HAVE NOT</del> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. |                                   |                                  |                                          |                              |                                            |
| Signature                                                                                                                                                                                                                                                                                  | Brianna Harris                    |                                  | Date                                     |                              | 7/13/18                                    |

**Payment Information**

|                            |                                                                                                                                       |             |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Maximum Authorization Cost | \$                                                                                                                                    |             |
| Select Payment Method      |                                                                                                                                       |             |
| Cash                       | Check                                                                                                                                 | Money Order |
| Fees:                      | Letter size pages - \$0.05 per page<br>Legal size pages - \$0.07 per page<br>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 e-mail my response to this OPRA request.

The reference property is: 158 SUNNYHILL AVE FRANKLINVILLE, New Jersey 08322  
BLOCK: 403LOT: 37

- Please advise if there are any open code violations that need to be corrected and closed in your system.
- Please include any summons/fines/fees issued on the property for code violations.

67

**AGENCY USE ONLY**

**AGENCY USE ONLY**

**AGENCY USE ONLY**

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

|                                                                                                    |                |
|----------------------------------------------------------------------------------------------------|----------------|
| <b>Disposition Notes</b>                                                                           |                |
| 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 _____ |

|                             |       |                   |       |
|-----------------------------|-------|-------------------|-------|
| <b>Tracking Information</b> |       | <b>Final Cost</b> |       |
| Tracking #                  | _____ | Total             | _____ |
| Rec'd Date                  | _____ | Deposit           | _____ |
| Ready Date                  | _____ | Balance Due       | _____ |
| Total Pages                 | _____ | Balance Paid      | _____ |
| Records Provided            |       |                   |       |
| Custodian Signature         |       | Date              |       |



**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: clerk@franklintownship.com  
Barb Freijomil, Custodian of Public Records



**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 Verona MI L Last Name Cohen  
E-mail Address verona.cohen@pemco-limited.com  
Mailing Address Fannie Mae c/o PEMCO Ltd, 820 Bear Tavern Rd  
City West Trenton State NJ Zip 08628  
Telephone 720-509-3267 FAX 303-284-8026  
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 7/23/2018

**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.

**310 MORRIS AVE NEWFIELD NJ 08344 LOT 1 PARCEL #5601**  
Please e-mail my response to this OPRA request.

Any open permits and open code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party.

Thank you! *There are no open code violations and there are no open building permits on record.*

*W. L. Thompson*  
*Zoning Officer*  
*7-25-18*

**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 |       | Final Cost   |       |
|----------------------|-------|--------------|-------|
| Tracking #           | _____ | Total        | _____ |
| Rec'd Date           | _____ | Deposit      | _____ |
| Ready Date           | _____ | Balance Due  | _____ |
| Total Pages          | _____ | Balance Paid | _____ |
| Records Provided     |       |              |       |
| Custodian Signature  |       | Date         |       |

*#2 copy*



July 25, 2018

# TOWNSHIP OF FRANKLIN OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: clerk@franklintownship.com

Barb Freijomil, Custodian of Public Records



## 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 Joan MI      Last Name Cimino  
E-mail Address joansphoto@comcast.net  
Mailing Address 9000 E Lincoln Dr Suite 130  
City Marlton State NJ Zip 08053  
Telephone 609-617-5446 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 NOT      been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.  
Signature Joan Cimino dotloop verified 07/20/18 3:06PM EDT 9GTVD1LX-MW6Z-PGTG 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.

I am requesting all permits pulled open and closed for 1569 Hall Ave. Franklinville, NJ 08322  
Block: 02302 Lot: 00026

Also, if there are any code violations on the property and any underground storage tank removed.  
If you have any questions please call me at 609-617-5446.

Thank you  
Joan Cimino

*There are no open code violations and there are no open permits or record -  
No record of removal of underground storage tank.*

*With respect to zoning officer*

## 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 #      Total       
Rec'd Date      Deposit       
Ready Date      Balance Due       
Total Pages      Balance Paid       
Records Provided     

Custodian Signature     

Date

# OFFICE OF THE CONSTRUCTION OFFICIAL

## Search Criteria :

Block / Lot / Qual - 2302 / 25 /

July 25, 2018 10:29:44AM

| Permit Number | Permit Date | Request Date       | Inspected Date             | Subcode       | Inspector | Type1   | R1    | Type2  | R2 | Type3 | R3 |
|---------------|-------------|--------------------|----------------------------|---------------|-----------|---------|-------|--------|----|-------|----|
| CCO Number    | CCO Date    | Block / Lot / Qual | Owner Name                 |               | Address   |         | Notes |        |    |       |    |
| 19940206      | 6/8/1994    | 10/27/1994         | 10/27/1994                 | Building      | TGM       | FINAL   | P     |        |    |       |    |
| 0             |             | 2302 / 25 /        | RODGERS, CLARENCE          | (ROOF)        |           |         |       |        |    |       |    |
| 20090527      | 10/9/2009   | 12/16/2009         | 12/16/2009                 | Building      | RB        | Footing | P     |        |    |       |    |
| 0             |             | 2302 / 25 /        | WEIGHTMAN, JOHN V & CATHER | 1595 HALL AVE |           |         |       |        |    |       |    |
| 20090527      | 10/9/2009   | 12/17/2010         | 12/17/2010                 | Building      | RB        | Final   | F     |        |    |       |    |
| 0             |             | 2302 / 25 /        | WEIGHTMAN, JOHN V & CATHER | 1595 HALL AVE |           |         |       |        |    |       |    |
| 20090527      | 10/9/2009   | 12/21/2010         | 12/21/2010                 | Building      | RB        | Final   | P     |        |    |       |    |
| 0             |             | 2302 / 25 /        | WEIGHTMAN, JOHN V & CATHER | 1595 HALL AVE |           |         |       |        |    |       |    |
| 20150093      | 2/25/2015   | 5/13/2015          | 5/13/2015                  | Building      | RB        | Final   | P     |        |    |       |    |
| 0             |             | 2302 / 25 /        | WEIGHTMAN, JOHN V & CATHER | 1595 HALL AVE |           |         |       |        |    |       |    |
| 20150093      | 2/25/2015   | 4/20/2015          | 4/20/2015                  | Electrical    | JM        | Conduit | P     | Trench | P  | Final | P  |
| 0             |             | 2302 / 25 /        | WEIGHTMAN, JOHN V & CATHER | 1595 HALL AVE |           |         |       |        |    |       |    |
| 20150093      | 2/25/2015   | 4/22/2015          | 4/22/2015                  | Building      | RB        | Final   | F     |        |    |       |    |
| 0             |             | 2302 / 25 /        | WEIGHTMAN, JOHN V & CATHER | 1595 HALL AVE |           |         |       |        |    |       |    |

Key: P - Pass F - Fail C - Cancel X - Not Ready N - Not Done



**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: clerk@franklintownship.com  
Barb Freijomil, Custodian of Public Records



**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 GARRETT MI    Last Name FARMER  
E-mail Address GARRETT.FARMER@PEMCO-LIMITED.COM  
Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd  
City West Trenton State NJ Zip 08628  
Telephone (720) 509-3273 FAX 303-284-8026  
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 Garrett V. Farmer Date 9/6/2018

**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.

ADDRESS: 2207 VICTORIA AVE., NEWFIELD, NJ 08344  
BLOCK#: 6501  
LOT#: 32

There are no open code violations and summons attached to this property.

There are no open invoices or past due liens pertaining to code violations on record, to this property.

William Trampe

Housing / Zoning Officer

**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                                          |                   | Final Cost             |                   |
|---------------------------------------------------------------|-------------------|------------------------|-------------------|
| Tracking #                                                    | <u>          </u> | Total                  | <u>          </u> |
| Rec'd Date                                                    | <u>          </u> | Deposit                | <u>          </u> |
| Ready Date                                                    | <u>          </u> | Balance Due            | <u>          </u> |
| Total Pages                                                   | <u>          </u> | Balance Paid           | <u>          </u> |
| Records Provided                                              |                   |                        |                   |
| Custodian Signature <u>                                  </u> |                   | Date <u>          </u> |                   |



# FRANKLIN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive  
Franklinville NJ 08322  
856-694-1234 ext 7  
Fax: 856-694-1279



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

## Important Notice

## Requestor Information - Please Print

First Name Vanessa MI      Last Name Almonte

E-mail Address code@atbnj.com

Mailing Address PO BOX 10188 #82682

City NEWARK State NJ Zip 07101-3188

Telephone 800-484-0038 ext 309 FAX 1-800-494-1409

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 Vanessa Almonte

Date 9/7/2018

## 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.

There are no open code violations and there are no open permits or liens on this property on record.

1836 Janvier Rd, Williamstown, NJ 08094

Block: 405

Lot: 26

William Trampe

Housing / Zoning Officer

## 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 #  | Final Cost               |
|-------------|-------------|--------------------------|
| Rec'd Date  | <u>    </u> | Total <u>    </u>        |
| Ready Date  | <u>    </u> | Deposit <u>    </u>      |
| Total Pages | <u>    </u> | Balance Due <u>    </u>  |
|             |             | Balance Paid <u>    </u> |

Records Provided     

Custodian Signature     

Date



**FRANKLIN TOWNSHIP**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville NJ 08322  
856-694-1234 ext 7  
Fax: 856-694-1279



**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 Vanessa MI      Last Name Almonte  
E-mail Address code@atbnj.com  
Mailing Address PO BOX 10188 #82682  
City NEWARK State NJ Zip 07101-3188  
Telephone 800-484-0038 ext 309 FAX 1-800-494-1409  
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 Vanessa Almonte Date 9/7/2018

**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.

We are the listing Agents for the following foreclosed address & we are looking to find out if there are any open permits, code violations, or liens on this property. Kindly send the information back via email.  
Thank you!

1836 Janvier Rd, Williamstown, NJ 08094  
Block: 405  
Lot: 26

**AGENCY USE ONLY**

**AGENCY USE ONLY**

**AGENCY USE ONLY**

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

**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     

| Tracking Information |             | Final Cost   |             |
|----------------------|-------------|--------------|-------------|
| Tracking #           | <u>    </u> | Total        | <u>    </u> |
| Rec'd Date           | <u>    </u> | Deposit      | <u>    </u> |
| Ready Date           | <u>    </u> | Balance Due  | <u>    </u> |
| Total Pages          | <u>    </u> | Balance Paid | <u>    </u> |

Records Provided

Custodian Signature     

Date



**1571 Delsea Drive**

**856-694-1234 ext 7**

**Fax: 856-694-1279**



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

## Payment Information

First Name Vanessa MI 01 Last Name Almonte

E-mail Address **code@atbnj.com**

Mailing Address PO BOX 10188 #82682

City **NEWARK** State **NJ** Zip **07101-3188**

Telephone **800-484-0038 ext 309** FAX **1-800-494-1409**

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 Vanessa Almonte Date 9/7/2018

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.

We are the listing Agents for the following foreclosed address & we are looking to find out if there are any open permits, code violations, or liens on this property. Kindly send the information back via email.  
Thank you!

1836 Janvier Rd, Williamstown, NJ 08094

Block: 405

Lot: 26

**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 # | Total |
|------------|-------|
|------------|-------|

|                   |                |  |
|-------------------|----------------|--|
| <u>Rec'd Date</u> | <u>Deposit</u> |  |
|-------------------|----------------|--|

|            |       |             |       |
|------------|-------|-------------|-------|
| Ready Date | _____ | Balance Due | _____ |
|------------|-------|-------------|-------|

Total Pages                      Balance Paid                     

### Records Provided

**Custodian Signature**

Date \_\_\_\_\_



**FRANKLIN TOWNSHIP**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville NJ 08322  
856-694-1234 ext 7  
Fax: 856-694-1279



**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 Akhil MI        Last Name Sebastian  
E-mail Address akhil.sebastian@slkgroup.com  
Mailing Address 2727 LBJ Freeway, Suite 420  
City Dallas State TX Zip 75234  
Telephone 855-512-4803 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 Sebastian Date 09/17/2018

**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.

There are no open code violations and there are no open permits or liens on this property on record.

1836 Janvier Rd, Williamstown, NJ 08094

Block: 405

Lot: 26

William Trampe  
Housing / Zoning Officer

**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 |               | Final Cost                 |
|----------------------|---------------|----------------------------|
| Tracking #           | <u>      </u> | Total <u>      </u>        |
| Rec'd Date           | <u>      </u> | Deposit <u>      </u>      |
| Ready Date           | <u>      </u> | Balance Due <u>      </u>  |
| Total Pages          | <u>      </u> | Balance Paid <u>      </u> |

Records Provided       

Custodian Signature       

Date



# FRANKLIN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive  
Franklinville NJ 08322  
856-694-1234 ext 7  
Fax: 856-694-1279



## 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 Akhil MI        Last Name Sebastian  
E-mail Address akhil.sebastian@slkgroup.com  
Mailing Address 2727 LBJ Freeway, Suite 420  
City Dallas State TX Zip 75234  
Telephone 855-512-4803 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 Sebastian Date 09/17/2018

## 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.

Hi,

Please check and advise for the below address:

1. Liens & Special assessments
2. Open Code Violations
3. Open/Expired Building Permits

Property:

File # : 688699

Parcel : Block:405 Lot:26

Add : 1836 JANVIER ROAD, Williamstown, NJ - 08094

## 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 |               | Final Cost   |               |
|----------------------|---------------|--------------|---------------|
| Tracking #           | <u>      </u> | Total        | <u>      </u> |
| Rec'd Date           | <u>      </u> | Deposit      | <u>      </u> |
| Ready Date           | <u>      </u> | Balance Due  | <u>      </u> |
| Total Pages          | <u>      </u> | Balance Paid | <u>      </u> |
| Records Provided     |               |              |               |

Custodian Signature       

Date



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

**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.

| Tracking Information    |                    | Final Cost |
|-------------------------|--------------------|------------|
| Tracking # _____        | Total _____        |            |
| Rec'd Date _____        | Deposit _____      |            |
| Ready Date _____        | Balance Due _____  |            |
| Total Pages _____       | Balance Paid _____ |            |
| <b>Records Provided</b> |                    |            |

Custodian Signature \_\_\_\_\_
Date \_\_\_\_\_



**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: [clerk@franklintownship.com](mailto:clerk@franklintownship.com)  
Barb Freijomil, Custodian of Public Records



**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                                                                                                                                                                                                                                                                          | KATHY                             | MI                               |                                          | Last Name                    | TIEDTKE                                    |
| E-mail Address                                                                                                                                                                                                                                                                      | KATHY.TIEDTKE@PEMCO-LIMITED.COM   |                                  |                                          |                              |                                            |
| Mailing Address                                                                                                                                                                                                                                                                     | c/o PEMCO Ltd, 820 Bear Tavern Rd |                                  |                                          |                              |                                            |
| City                                                                                                                                                                                                                                                                                | West Trenton                      | State                            | NJ                                       | Zip                          | 08628                                      |
| Telephone                                                                                                                                                                                                                                                                           | (720) 509-3248                    |                                  | FAX                                      | 303-284-8026                 |                                            |
| Preferred Delivery:                                                                                                                                                                                                                                                                 | Pick-Up <input type="checkbox"/>  | US Mail <input type="checkbox"/> | On-Site Inspect <input type="checkbox"/> | Fax <input type="checkbox"/> | E-mail <input checked="" type="checkbox"/> |
| 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 <u>HAVE</u> <del>HAVE NOT</del> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. |                                   |                                  |                                          |                              |                                            |
| Signature                                                                                                                                                                                                                                                                           | Garrett V. Farmer                 |                                  |                                          | Date                         | 09/17/2018                                 |

**Payment Information**

|                            |                                                                                                                                       |             |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Maximum Authorization Cost | \$                                                                                                                                    |             |
| Select Payment Method      |                                                                                                                                       |             |
| Cash                       | Check                                                                                                                                 | Money Order |
| Fees:                      | Letter size pages - \$0.05 per page<br>Legal size pages - \$0.07 per page<br>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.

ADDRESS: 1693 WEST BLVD, MALAGA, NJ 08328  
BLOCK#: 5401  
LOT#: 59

The information I am looking for is as follows:

- 1) Copies of open code violations and summons (if applicable) attached to the property.
- 2) If there are open invoices or past due liens pertaining to the code violations, please send copies along with the fee breakdown.
- 3) Send copies of code violation notices/letters attached to the open lien.

**AGENCY USE ONLY**

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

**AGENCY USE ONLY**

|                                                                                                                                |                |
|--------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Disposition Notes</b><br>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**

|                             |       |                    |
|-----------------------------|-------|--------------------|
| <b>Tracking Information</b> |       | <b>Final Cost</b>  |
| Tracking #                  | _____ | Total _____        |
| Rec'd Date                  | _____ | Deposit _____      |
| Ready Date                  | _____ | Balance Due _____  |
| Total Pages                 | _____ | Balance Paid _____ |
| <b>Records Provided</b>     |       |                    |
| Custodian Signature _____   |       | Date _____         |



**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: clerk@franklintownship.com  
Barb Freijomil, Custodian of Public Records



**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 KATHY MI MI Last Name TIEDTKE  
E-mail Address KATHY.TIEDTKE@PEMCO-LIMITED.COM  
Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd  
City West Trenton State NJ Zip 08628  
Telephone (720) 509-3248 FAX 303-284-8026  
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 Garrett V. Farmer Date 09/17/2018

**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.

ADDRESS: 1693 WEST BLVD, MALAGA, NJ 08328  
BLOCK#: 5401  
LOT#: 59

There are no open code violations and there are no open or past due invoices or liens on record on this property,

William Trampe

Housing / Zoning Officer

**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 |       | Final Cost   |       |
|----------------------|-------|--------------|-------|
| Tracking #           | _____ | Total        | _____ |
| Rec'd Date           | _____ | Deposit      | _____ |
| Ready Date           | _____ | Balance Due  | _____ |
| Total Pages          | _____ | Balance Paid | _____ |
| Records Provided     |       |              |       |
| Custodian Signature  |       | Date         |       |



**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: clerk@franklintownship.com  
Barb Freljomil, Custodian of Public Records



**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 MI Last Name Haynes  
E-mail Address \_\_\_\_\_  
Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd  
City West Trenton State NJ Zip 08628  
Telephone 720 509 3249 FAX 303-284-8026  
Preferred Delivery: Pick-Up ☐ US Mail ☐ On-Site ☐ 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 11-26-18

**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 e-mail my response to this OPRA request.

I need a copy of any 1. open permits and 2. open code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party.

838 DUTCH MILL RD, NJ  
Block 5602 / Lot 13

There are no open code violations and there are no open  
Building permits attached to this property.

Thank you!

William Trampe  
Housing / Zoning Officer

**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      |       | Final Cost   |       |
|---------------------------|-------|--------------|-------|
| Tracking #                | _____ | Total        | _____ |
| Rec'd Date                | _____ | Deposit      | _____ |
| Ready Date                | _____ | Balance Due  | _____ |
| Total Pages               | _____ | Balance Paid | _____ |
| Records Provided          |       |              |       |
| Custodian Signature _____ |       | Date _____   |       |



**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1211 EX. 7  
FAX: 856-694-1211

e-mail: [clerk@franklintownship.com](mailto:clerk@franklintownship.com)  
Barb Freijomil, Custodian of Public Records



Dec 7

**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                                                                                                                                                                                                                                                          | Aimee                             | MI                               | K                                        | Last Name                    | Pacheco                                    |
| E-mail Address                                                                                                                                                                                                                                                      | aimee.pacheco@pemco-limited.com   |                                  |                                          |                              |                                            |
| Mailing Address                                                                                                                                                                                                                                                     | c/o PEMCO Ltd, 820 Bear Tavern Rd |                                  |                                          |                              |                                            |
| City                                                                                                                                                                                                                                                                | West Trenton                      | State                            | NJ                                       | Zip                          | 08628                                      |
| Telephone                                                                                                                                                                                                                                                           | 720-509-3245                      |                                  | FAX                                      | 303-284-8026                 |                                            |
| Preferred Delivery:                                                                                                                                                                                                                                                 | Pick-Up <input type="checkbox"/>  | US Mail <input type="checkbox"/> | On-Site Inspect <input type="checkbox"/> | Fax <input type="checkbox"/> | E-mail <input checked="" type="checkbox"/> |
| 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 <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. |                                   |                                  |                                          |                              |                                            |
| Signature                                                                                                                                                                                                                                                           | <i>Aimee Pacheco</i>              |                                  |                                          | Date                         | 11/29/17                                   |

**Payment Information**

|                            |                                                                                                                                       |             |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Maximum Authorization Cost | \$                                                                                                                                    |             |
| Select Payment Method      |                                                                                                                                       |             |
| Cash                       | Check                                                                                                                                 | Money Order |
| Fees:                      | Letter size pages - \$0.05 per page<br>Legal size pages - \$0.07 per page<br>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 e-mail my response to this OPRA request.

Block 3706 Lot 9

I need a copy of any 1. open permits and 2. open code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party.

83 Tern Dr, Franklinville, NJ *There are no open Permits on building and there are no open code violations attached to this Property.*  
Block 3706 / Lot 9

Thank you!

*Enclosed is detail account status reports of Building, Tel and Hen inquiry.*

**COMPLETED**

*Bill Trampas zoning officer*  
11-30-17

**AGENCY USE ONLY**

**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**

**Final Cost**

|             |       |              |       |
|-------------|-------|--------------|-------|
| Tracking #  | _____ | Total        | _____ |
| Rec'd Date  | _____ | Deposit      | _____ |
| Ready Date  | _____ | Balance Due  | _____ |
| Total Pages | _____ | Balance Paid | _____ |

Records Provided

Custodian Signature

Date

William Kalmes

**WHILE YOU WERE AWAY**

FOR Nancy DATE 11/27/17 TIME 12:21 A.M.  
P.M.  
M Mr Kalmes  
OF 153 Lakeside ave PHONED  
PHONE ☐ FAX 856 466 2519 RETURNED  
☐ MOBILE AREA CODE NUMBER EXTENSION YOUR CALL  
MESSAGE you never returned call PLEASE CALL  
to address #83 Tern + Lakeside WILL CALL  
+ Jacobs w/ Sesspool you said CAME TO  
SEE YOU  
you would call the WANTS TO  
SEE YOU  
SIGNED [Signature] **TOPS FORM 4002**

**WHILE YOU WERE AWAY**

FOR Board of Health DATE 11/27/17 TIME 12:21 A.M.  
P.M.  
M nothing has been done PHONED  
OF nothing has been done RETURNED  
PHONE ☐ FAX nothing has been done YOUR CALL  
☐ MOBILE AREA CODE NUMBER EXTENSION PLEASE CALL  
MESSAGE Hedra had WILL CALL  
4 Sales fall through AGAIN  
34 people went through CAME TO  
L. house & not 1 offer SEE YOU  
SIGNED [Signature] **TOPS FORM 4002**

**WHILE YOU WERE AWAY**

FOR URGENT DATE 11/27/17 TIME 12:21 A.M.  
P.M.  
M URGENT PHONED  
OF w/ explanation call RETURNED  
PHONE ☐ FAX URGENT YOUR CALL  
☐ MOBILE AREA CODE NUMBER EXTENSION PLEASE CALL  
MESSAGE I shot + call or WILL CALL  
an attorney will take AGAIN  
over for him CAME TO  
SEE YOU  
SIGNED [Signature] **TOPS FORM 4002**



11/27/17

Bill Tox V  
ZONING  
←

11-27-17 Inspection done on site.  
Heavy odor of Cess pool in area.

Site address: 83 Tern Dr., Iron Plinville, NJ

<http://gloucester.msnj.us/photos/0805/3706/0805-3706-9--1.jpg>

11/27/2017

will re-inspect on Thursday  
4-30-17 - (BT)





# FRANKLIN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive  
Franklinville NJ 08823  
856-694-1234 ext 7  
Fax: 856-694-1279

*Due 11-9-18*



## 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 Tony MI        Last Name Robbins  
E-mail Address taxteam@drnds.com  
Mailing Address 3240 East State St  
City Hamilton State NJ Zip 08619  
Telephone 949-777-5999 FAX 330-319-8600  
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 Tony R Date 10/29/2018

### 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.

There are no open code violations on this property.

This property is not scheduled for demolition.

This property is registered with Pro-Champ . Registration fee is paid up to date.

Address: 3086 Main Rd

Franklinville, NJ 08822

Block: 5901 / Lot: 14

William Trampe

Housing / Zoning Officer

### 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              |               | Final Cost         |               |
|-----------------------------------|---------------|--------------------|---------------|
| Tracking #                        | <u>      </u> | Total              | <u>      </u> |
| Rec'd Date                        | <u>      </u> | Deposit            | <u>      </u> |
| Ready Date                        | <u>      </u> | Balance Due        | <u>      </u> |
| Total Pages                       | <u>      </u> | Balance Paid       | <u>      </u> |
| Records Provided                  |               |                    |               |
| Custodian Signature <u>      </u> |               | Date <u>      </u> |               |



# FRANKLIN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive

Franklinville NJ 08322

856-694-1234 ext 7

Fax: 856-694-1279

Due 11-9-18

**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 Tony MI        Last Name RobbinsE-mail Address taxteam@drnds.comMailing Address 3240 East State StCity Hamilton State NJ Zip 08619Telephone 949-777-5999 FAX 330-319-8600Preferred 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 TonyR Date 10/29/2018**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 following information

1. Any open code violation
2. Any open Permit
3. Is this property scheduled for any Demolition.
4. Is there any open lien.
5. Vacant Property Registration - Yes/No

ADDRESS : 3086 MAIN RD, FRANKLINVILLE, NJ 08322

NAME : MACDONALD JAMES

Note: Do not process the request if there is any fee or charges. Please let us know if you are not processing.

Thanks &amp; Regards

Tony Robbins

Contact: 949-777-5999

fax : 330-319-8600

Email: taxteam@drnds.com

**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         
Filed - Closed         
Partial - Closed       

**AGENCY USE ONLY****Tracking Information****Final Cost**

Tracking #        Total         
Rec'd Date        Deposit         
Ready Date        Balance Due         
Total Pages        Balance Paid       

Records Provided       Custodian Signature       Date



*Sent out on 10-15-18*

**FRANKLIN TOWNSHIP**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

571 Delsea Drive  
 Franklinville NJ 08322  
 856-694-1234 ext 7  
 Fax: 856-694-1279

*DW*  
*Oct 23 2018*

**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 \_\_\_\_\_ Last Name Hein

E-mail Address Rataxes@indecomm.net

Mailing Address 1206 Energy Lane

City ST Paul State MN Zip 55108

Telephone 732-313-2734 FAX 866-422-3403

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 Date 10/12/2018

**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 dependant 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.

10-15-2018

There are no open code violations and there are no open or expired

Building permits on this property to date.

4594 Tuckahoe rd. Franklinville NJ 08322

Block: 405 Lot:18

William Trampe

Housing / Zoning Officer

**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 \_\_\_\_\_  
 Filed \_\_\_\_\_ Closed \_\_\_\_\_  
 Partial \_\_\_\_\_ Closed \_\_\_\_\_

**AGENCY USE ONLY****Tracking Information**

Tracking # \_\_\_\_\_ Total \_\_\_\_\_  
 Rec'd Date \_\_\_\_\_ Deposit \_\_\_\_\_  
 Ready Date \_\_\_\_\_ Balance Due \_\_\_\_\_  
 Total Pages \_\_\_\_\_ Balance Paid \_\_\_\_\_

Records Provided

Custodian Signature

Date





**TOWNSHIP OF FRANKLIN**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Delsea Drive  
Franklinville, NJ 08322  
Telephone: 856-694-1234 EX. 7  
FAX: 856-694-1279  
e-mail: clerk@franklintownship.com  
Barb Freijomil, Custodian of Public Records



**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 Janet MI L Last Name Givin *Fab*  
E-mail Address \_\_\_\_\_  
Mailing Address 108 New Road  
City Malaga State NJ Zip 08308  
Telephone (856) 305-Adled FAX \_\_\_\_\_  
Preferred Delivery: Pick-Up ☒ US Mail ☐ On-Site ☐ 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 Givin Date 11/9/18

**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.

Any and all information pertaining to issuance of community Development Department Township of Franklin letter to Janet Fabrizio and Paul Givin dated October 24, 2018 including but not limited to correspondence, email, written documents, conversations with Township of Franklin including department of Public works for

Block 4732 Lot 1 108 New Road  
Block 4732 Lot 2 Defiance Road  
Block 4732 Lot 3 106 Defiance Road

**AGENCY USE ONLY**

**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 #  | Total        |
|-------------|--------------|
| Rec'd Date  | Deposit      |
| Ready Date  | Balance Due  |
| Total Pages | Balance Paid |

Records Provided

Custodian Signature

Date

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

Sent on  
1-2-19

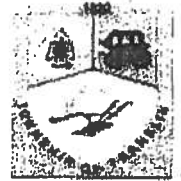
WUE  
DEC 28



**FRANKLIN TOWNSHIP  
OPEN PUBLIC RECORDS ACT REQUEST FORM**

1571 Dalsea Drive  
Franklinville NJ 08322  
856-694-1234 ext 7  
Fax: 856-694-1279

Jay  
Bill  
COST



**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 Erika MI    Last Name Gandy  
E-mail Address Erika@skellyrealestate.com  
Mailing Address 811 Landis Ave.  
City Bridgeton State NJ Zip 08302  
Telephone 856-455-8820 FAX 856-455-8044  
Preferred Delivery: Pick Up    US Mail    On-Site Inspect    Fax    E-mail ✓  
If you are requesting record 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 12/17/18

**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.

788 E. Oak Ave Malaga, NJ 08328  
Would like to obtain information on any outstanding municipal liens or code violations for the above property.  
\* There are no open code violations and there are no municipal liens for the property listed 788 E OAK AVE Malaga, NJ 08328  
There is a open registration fee of 5,000.00 on this property by "PRO-Champs"-Property Registration. Phone - 1321-421-6639 x1243

**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          |           | Final Cost     |           |
|-------------------------------|-----------|----------------|-----------|
| Tracking #                    | <u>  </u> | Total          | <u>  </u> |
| Rec'd Date                    | <u>  </u> | Deposit        | <u>  </u> |
| Ready Date                    | <u>  </u> | Balance Due    | <u>  </u> |
| Total Pages                   | <u>  </u> | Balance Paid   | <u>  </u> |
| Records Provided              |           |                |           |
| Custodian Signature <u>  </u> |           | Date <u>  </u> |           |

William [Signature] Zoning Officer



# FRANKLIN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive  
Franklinville NJ 08322  
856-694-1234 ext 7  
Fax: 856-694-1279



WUE  
DEC 28

JAY  
BILL  
CONLY

## 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 Erika MI  Last Name Gandy  
E-mail Address Erika@skellyrealestate.com  
Mailing Address 811 Landis Ave.  
City Bridgeton State NJ Zip 08302  
Telephone 856-455-8820 FAX 856-455-8044  
Preferred Delivery: Pick Up  US Mail  On-Site Inspect  Fax  E-mail ☒  
If you are requesting record 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 12/17/18

## 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.

788 E. OAK Ave Malaga, NJ 08328  
Would like to obtain information on any outstanding municipal liens or code violations for the above property.  
\* There are no open code violations and there are no municipal liens for the property listed 788 E OAK Ave Malaga, NJ 08328  
There is a open registration fee of 5,000.00 on this property by "PRO-Champs"-Property Registration. Phone. 1321-421-6639 x1243

## 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 #  Total   
Rec'd Date  Deposit   
Ready Date  Balance Due   
Total Pages  Balance Paid   
Records Provided   
Custodian Signature  Date

William T. Zoning Officer



*COAST  
Planning*

**FRANKLIN TOWNSHIP**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**  
1571 Delsea Drive  
Franklinville NJ 08322  
856-694-1234 ext 7  
Fax: 856-694-1279



**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 Janie MI      Last Name Carlton  
E-mail Address janiec@zagzoning.com  
Mailing Address 6209 NW 8th St  
City OKC State OK Zip 73127  
Telephone 866-222-0219 FAX 866-370-3635  
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 12/27/18

**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.

**OPRA REQUEST FOR: 147, 125, 141 Delsea Dr. Franklinville, NJ 08328 / Block#4734 - Lots 4,5,6,7,8,9.**

**There are no open CODE violations, there are no open BUILDING code violations and there are no open FIRE code violations on file.**

**There are no conditional or special use permits found to be on file.**

**No Certificate of Occupancy Transfer on file for Block # 4734 / Lots #s 4,6,7,8,9.**

**Records listed on file for COT, Block # 4734 / Lot #5 are attached for review.**

**William Trampe**

**Housing / Zoning Officer**

**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       
Filed - Closed       
Partial - Closed     

**AGENCY USE ONLY**

| Tracking Information            |             | Final Cost       |             |
|---------------------------------|-------------|------------------|-------------|
| Tracking #                      | <u>    </u> | Total            | <u>    </u> |
| Rec'd Date                      | <u>    </u> | Deposit          | <u>    </u> |
| Ready Date                      | <u>    </u> | Balance Due      | <u>    </u> |
| Total Pages                     | <u>    </u> | Balance Paid     | <u>    </u> |
| Records Provided <u>    </u>    |             |                  |             |
| Custodian Signature <u>    </u> |             | Date <u>    </u> |             |

## Transmission Report

Franklinville TWP

| <b>FRANKLIN TOWNSHIP</b><br><b>OPEN PUBLIC RECORDS ACT REQUEST FORM</b><br>1571 Delsea Drive<br>Franklinville NJ 08322<br>856-694-1234 ext 7<br>Fax: 856-694-1279                                                                                                                                                                    |                      |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------|
| <b>Important Notice</b><br>The last page of this form contains important information related to your rights concerning government records. Please read it carefully.                                                                                                                                                                 |                      |                            |
| <b>Requestor Information - Please Print</b>                                                                                                                                                                                                                                                                                          |                      | <b>Payment Information</b> |
| First Name <u>Janie</u>                                                                                                                                                                                                                                                                                                              | MI _____             | Last Name <u>Carlton</u>   |
| E-mail Address <u>janie.C@zagzoning.com</u>                                                                                                                                                                                                                                                                                          |                      |                            |
| Mailing Address <u>6209 NW 8th St</u>                                                                                                                                                                                                                                                                                                |                      |                            |
| City <u>OKC</u>                                                                                                                                                                                                                                                                                                                      | State <u>OK</u>      | Zip <u>73127</u>           |
| Telephone <u>866-722-0219</u>                                                                                                                                                                                                                                                                                                        |                      |                            |
| Fax <u>866-370-3635</u>                                                                                                                                                                                                                                                                                                              |                      |                            |
| Preferred Delivery: <input type="checkbox"/> Pick Up <input type="checkbox"/> US Mail <input type="checkbox"/> On-Site Inspection <input checked="" type="checkbox"/> Fax <input checked="" type="checkbox"/> E-mail _____                                                                                                           |                      |                            |
| If you are requesting records containing personal information, please circle one: Under penalty of <u>NJSA 2C25-3, 1</u> <u>circle</u> that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.                                            |                      |                            |
| Signature <u>[Signature]</u>                                                                                                                                                                                                                                                                                                         | Date <u>12/27/18</u> |                            |
| <b>Record Request Information:</b> 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. |                      |                            |
| <b>OPRA REQUEST FOR: 147, 125, 141 Delsea Dr. Franklinville, NJ 08328 / Block #4734 - Lots 4, 5, 6, 7, 8, 9.</b>                                                                                                                                                                                                                     |                      |                            |
| <b>There are no open CODE violations, there are no open BUILDING code violations and there are no open FIRE code violations on file.</b>                                                                                                                                                                                             |                      |                            |
| <b>There are no conditional or special use permits found to be on file.</b>                                                                                                                                                                                                                                                          |                      |                            |
| <b>No Certificate of Occupancy Transfer on file for Block # 4734 / Lots #s 4, 6, 7, 8, 9.</b>                                                                                                                                                                                                                                        |                      |                            |
| <b>Records listed on file for COT, Block # 4734 / Lot #5 are attached for review.</b>                                                                                                                                                                                                                                                |                      |                            |
| <b>William Trampe</b>                                                                                                                                                                                                                                                                                                                |                      |                            |
| <b>Housing / Zoning Officer</b>                                                                                                                                                                                                                                                                                                      |                      |                            |

| AGENCY USE ONLY          | AGENCY USE ONLY                                                                                                                              | AGENCY USE ONLY           |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Est. Document Cost _____ | <b>Disposition Notes</b><br>Custodian if any part of request cannot be delivered in seven business days, detail reasons here.                | Tracking Information      |
| Est. Delivery Cost _____ |                                                                                                                                              | Total _____               |
| Est. Express Cost _____  |                                                                                                                                              | Rec'd Date _____          |
| Total Est. Cost _____    |                                                                                                                                              | Ready Date _____          |
| Deposit Amount _____     |                                                                                                                                              | Total Pages _____         |
| Estimated Balance _____  |                                                                                                                                              | Balance Paid _____        |
|                          |                                                                                                                                              | Records Provided _____    |
| Deposit Date _____       | In Progress    -    Open _____<br>Denied         -    Closed _____<br>#Ref'd          -    Closed _____<br>Partial         -    Closed _____ | Custodian Signature _____ |
|                          |                                                                                                                                              | Date _____                |

**Total Pages Confirmed : 4**

TS: Terminated by system  
G3: Group 3  
EC: Error Correct



*Const Planning*

# FRANKLIN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive  
Franklinville NJ 08322  
856-694-1234 ext 7  
Fax: 856-694-1279

*Due 1/10/10*



## 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 Janie MI        Last Name Carlton  
E-mail Address janiec@zagzoning.com  
Mailing Address 6209 NW 8th St  
City OKC State OK Zip 73127  
Telephone 866-222-0219 FAX 866-370-3635  
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 12/27/18

## 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 have Copies of:*

*BT*

Open zoning code violations on file  
Open Building code violations on file  
Open fire Code violations on file

*LR*

*LR*

Copies of Certificates of Occupancy on file  
copies of Conditional / Special Use permits on file

147, 125, 141 Delsea Drive Block: 4734 Lots: 4, 5, 6, 7, 8, 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              |               | Final Cost         |               |
|-----------------------------------|---------------|--------------------|---------------|
| Tracking #                        | <u>      </u> | Total              | <u>      </u> |
| Rcd'd Date                        | <u>      </u> | Deposit            | <u>      </u> |
| Ready Date                        | <u>      </u> | Balance Due        | <u>      </u> |
| Total Pages                       | <u>      </u> | Balance Paid       | <u>      </u> |
| Records Provided                  |               |                    |               |
| Custodian Signature <u>      </u> |               | Date <u>      </u> |               |

*12/31/18 No COT's were found for B4734 Lots 4, 6, 7, 8, 9. Please see attached 3 records for B4734 L5 All forwarded to Clerk's office No Conditional / Special use Permits were found.*

Township of Franklin  
ATTN: CLERK

Requestor Information - Please Print

Due  
DEC 19

|                                                                                                                                                                                                                                                                            |                                     |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| First Name <u>Christine</u>                                                                                                                                                                                                                                                | MI _____                            | Last Name <u>Brandes</u> |
| E-mail Address <u>ProTitle USA</u>                                                                                                                                                                                                                                         | <u>Christine.prottile@gmail.com</u> |                          |
| Mailing Address <u>95 James Way, Unit 120</u>                                                                                                                                                                                                                              |                                     |                          |
| City <u>Southampton</u>                                                                                                                                                                                                                                                    | State <u>PA</u>                     | Zip <u>18966</u>         |
| Telephone <u>267-977-6397</u> Cell _____                                                                                                                                                                                                                                   | FAX <u>888-476-4355</u>             |                          |
| Preferred Delivery: <input type="checkbox"/> Pick Up <input type="checkbox"/> US Mail <input type="checkbox"/> On-Site <input type="checkbox"/> Inspect <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input checked="" type="checkbox"/>                   |                                     |                          |
| 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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. |                                     |                          |
| Signature <u>Christine M. Brandes</u>                                                                                                                                                                                                                                      | Date <u>12/7/2018</u>               |                          |

### 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.

There are no open code violations and there are no open building permits. This property is not scheduled for demolition.  
There is no money owed and there is no tax liens against this property.

Property Address: 669 SWEDESBORO RD, Block 2601, Lot 18

William Trampe

Housing / Zoning Officer

#### AGENCY USE ONLY

#### AGENCY USE ONLY

#### AGENCY USE ONLY

|                                 |                                                                                                                                                                                                                                            |                             |                    |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------|
| <b>Est. Document Cost</b> _____ | <b>Disposition Notes</b><br>Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.<br><br>In Progress - Open _____<br>Denied - Closed _____<br>Filled - Closed _____<br>Partial - Closed _____ | <b>Tracking Information</b> | <b>Final Cost</b>  |
| <b>Est. Delivery Cost</b> _____ |                                                                                                                                                                                                                                            | Tracking # _____            | Total _____        |
| <b>Est. Extras Cost</b> _____   |                                                                                                                                                                                                                                            | Rec'd Date _____            | Deposit _____      |
| <b>Total Est. Cost</b> _____    |                                                                                                                                                                                                                                            | Ready Date _____            | Balance Due _____  |
| <b>Deposit Amount</b> _____     |                                                                                                                                                                                                                                            | Total Pages _____           | Balance Paid _____ |
| <b>Estimated Balance</b> _____  |                                                                                                                                                                                                                                            | <b>Records Provided</b>     |                    |
| <b>Deposit Date</b> _____       |                                                                                                                                                                                                                                            |                             |                    |
|                                 |                                                                                                                                                                                                                                            | Custodian Signature _____   | Date _____         |

### DEPOSITS

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of \$5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

### YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):

(To be completed by the Custodian of Records - check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. Response is due to requestor as soon as possible, but no later than seven business days.)

### N.J.S.A. 47:1A-1.1

- ☐ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☐ Legislative records
- ☐ Law enforcement records:
- ☐ Medical examiner photos
- ☐ Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)

Township of Franklin  
ATTN: CLERK  
Requestor Information – Please Print

Due  
DEC 19

|                                                                                                                                                                                                                                                                            |                                     |                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------|
| First Name <u>Christine</u>                                                                                                                                                                                                                                                | MI _____                            | Last Name <u>Brandes</u>                                        |
| E-mail Address <u>ProTitle USA</u>                                                                                                                                                                                                                                         | <u>Christine.protitle@gmail.com</u> |                                                                 |
| Mailing Address <u>95 James Way, Unit 120</u>                                                                                                                                                                                                                              |                                     |                                                                 |
| City <u>Southampton</u>                                                                                                                                                                                                                                                    | State <u>PA</u>                     | Zip <u>18966</u>                                                |
| Telephone <u>267-977-6397</u> Cell                                                                                                                                                                                                                                         | FAX <u>888-476-4355</u>             |                                                                 |
| Preferred Delivery: <u>Pick Up</u>                                                                                                                                                                                                                                         | <u>US Mail</u>                      | <u>On-Site</u> <u>Inspect</u> <u>Fax</u> <u>E-mail</u> <u>X</u> |
| 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 <b>HAVE / HAVE NOT</b> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. |                                     |                                                                 |
| Signature <u>Christine M. Brandes</u>                                                                                                                                                                                                                                      |                                     | Date <u>12/7/2018</u>                                           |

Payment Information

|                               |                                                                                                                                       |             |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Maximum Authorization Cost \$ |                                                                                                                                       |             |
| Select Payment Method         |                                                                                                                                       |             |
| Cash                          | Check                                                                                                                                 | Money Order |
| Fees:                         | Letter size pages - \$0.05 per page<br>Legal size pages - \$0.07 per page<br>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.

Are there any code violations, building permits, or demolition scheduled? Are there fines or money owed, how much and when was/is the due date? Are there any current tax liens?

Property Address: 669 SWEDESBORO RD, Block 2601, Lot 18

AGENCY USE ONLY

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

AGENCY USE ONLY

|                                                                                                                                |                |
|--------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Disposition Notes</b><br>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      |       | Final Cost         |
|---------------------------|-------|--------------------|
| Tracking #                | _____ | Total _____        |
| Rec'd Date                | _____ | Deposit _____      |
| Ready Date                | _____ | Balance Due _____  |
| Total Pages               | _____ | Balance Paid _____ |
| Records Provided          |       |                    |
| Custodian Signature _____ |       | Date _____         |

DEPOSITS

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of \$5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

**YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):**

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. Response is due to requestor as soon as possible, but no later than seven business days.)

N.J.S.A. 47:1A-1.1

- ☐ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☐ Legislative records
- ☐ Law enforcement records:
  - ☐ Medical examiner photos
  - ☐ Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)



# FRANKLIN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive  
Franklinville NJ 08322  
856-694-1234 ext 7  
Fax: 856-694-1279



## 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 Royston MI            Last Name D'souza

E-mail Address documents@slkga.com

Mailing Address 2727 LBJ Freeway, Suite 420

City Dallas State TX Zip 75324

Telephone 855-512-4803 FAX 888-908-3471

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 Royston Date 12/12/2018

## Payment Information

Maximum Authorization Cost \$

### Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.06 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.

12-17-2018

FILE: 713608

There are no open code violations and there are no open or expired

Building permits attached to this property. No liens and no special assessments listed on record.

Mazzarelli, Anthony C. & Dalores R. 308 Oak Ave, Malaga NJ 08328 / Block : 4503 ; Lot : 6  
Gloucester County

William Trampe  
Housing / Zoning Officer

### 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                  |                   | Final Cost             |                   |
|---------------------------------------|-------------------|------------------------|-------------------|
| Tracking #                            | <u>          </u> | Total                  | <u>          </u> |
| Rec'd Date                            | <u>          </u> | Deposit                | <u>          </u> |
| Ready Date                            | <u>          </u> | Balance Due            | <u>          </u> |
| Total Pages                           | <u>          </u> | Balance Paid           | <u>          </u> |
| Records Provided <u>          </u>    |                   |                        |                   |
| Custodian Signature <u>          </u> |                   | Date <u>          </u> |                   |



# FRANKLIN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive

Franklinville NJ 08322

856-694-1234 ext 7

Fax: 856-694-1279

**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 Royston MI        Last Name D'souza  
 E-mail Address documents@slkga.com  
 Mailing Address 2727 LBJ Freeway, Suite 420  
 City Dallas State TX Zip 75324  
 Telephone 855-512-4803 FAX 888-908-3471  
 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 Royston Date 12/12/2018

**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.

Hi,

Please check and advise for the below address:

1. Open Code Violations
2. Open/Expired Building Permits
3. Liens /Special Assessments
4. Water/sewer (payoff 01/15/2018)

File #: 713608

Name: MALAGA MAZZARELLI, ANTHONY C &amp; DOLORES R

Parcel: Block: 4503; Lot: 6;

Add: 308, OAK AVENUE, Malaga NJ-08328

County: Gloucester

**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 #            Total             
 Rec'd Date            Deposit             
 Ready Date            Balance Due             
 Total Pages            Balance Paid           

Records Provided

Custodian Signature           Date

Township of Franklin  
ATTN: CLERK  
Requestor Information – Please Print

First Name Christine MI \_\_\_\_\_ Last Name Brandes

E-mail Address ProTitle USA Christine.protitle@gmail.com

Mailing Address 95 James Way, Unit 120

City Southampton State PA Zip 18966

Telephone 267-977-6397 Cell \_\_\_\_\_ FAX 888-476-4355

Preferred Delivery: Pick \_\_\_\_\_ On-Site \_\_\_\_\_  
Up \_\_\_\_\_ US Mail \_\_\_\_\_ 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 Christine M. Brandes Date 12/7/2018

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.

There are no open code violations and there are no open building permits. This property is not scheduled for demolition. There is no money owed and there is no tax liens against this property.

Property Address: 3086 MAIN RD, Block 5901, Lot 14 - Thank you for your assistance!

William Trampe

Housing / Zoning Officer

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Est. Document Cost _____</p> <p>Est. Delivery Cost _____</p> <p>Est. Extras Cost _____</p> <p>Total Est. Cost _____</p> <p>Deposit Amount _____</p> <p>Estimated Balance _____</p> <p>Deposit Date _____</p> | <p><b>Disposition Notes</b></p> <p>Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.</p> <p>In Progress - Open _____</p> <p>Denied - Closed _____</p> <p>Filled - Closed _____</p> <p>Partial - Closed _____</p> | <p><b>Tracking Information</b></p> <p>Tracking # _____ Total _____</p> <p>Rec'd Date _____ Deposit _____</p> <p>Ready Date _____ Balance Due _____</p> <p>Total Pages _____ Balance Paid _____</p> <p>Records Provided _____</p> <p>Custodian Signature _____ Date _____</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**DEPOSITS**

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of \$5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

**YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):**

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. Response is due to requestor as soon as possible, but no later than seven business days.)

**N.J.S.A. 47:1A-1.1**

- ☐ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☐ Legislative records
- ☐ Law enforcement records:
  - ☐ Medical examiner photos
  - ☐ Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)

Township of Franklin  
ATTN: CLERK  
Requestor Information – Please Print

XXX  
DEC 19

First Name Christine MI \_\_\_\_\_ Last Name Brandes

E-mail Address ProTitle USA Christine.protitle@gmail.com

Mailing Address 95 James Way, Unit 120

City Southampton State PA Zip 18966

Telephone 267-977-6397 Cell \_\_\_\_\_ FAX 888-476-4355

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 Christine M. Brandes Date 12/7/2018

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.

Are there any code violations, building permits, or demolition scheduled? Are there much and when was/is the due date? Are there any current tax liens?

Property Address: 3086 MAIN RD, Block 5901, Lot 14 - Thank you for your assistance!

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      |  | Final Cost         |  |
|---------------------------|--|--------------------|--|
| Tracking # _____          |  | Total _____        |  |
| Rec'd Date _____          |  | Deposit _____      |  |
| Ready Date _____          |  | Balance Due _____  |  |
| Total Pages _____         |  | Balance Paid _____ |  |
| Records Provided          |  |                    |  |
| Custodian Signature _____ |  | Date _____         |  |

DEPOSITS

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of \$5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

**YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):**

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. Response is due to requestor as soon as possible, but no later than seven business days.)

N.J.S.A. 47:1A-1.1

- ☐ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☐ Legislative records
- ☐ Law enforcement records:
  - ☐ Medical examiner photos
  - ☐ Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)