20-184

Donna Belton

From: noreply@civicplus.com
Sent: Friday, February 07, 2020 9:01 AM
To: clerkforms
Subject: Online Form Submittal: OPRA Request

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

OPRA Request

Requestor Information - Please Print

First Name	Marc
Middle Initial	*Field not completed.*
Last Name	Parisi
E-mail Address	marcparisi@yahoo.com
Address1	2 Castle Court
City	Howell
State	NJ
Zip	07731
Telephone	7324893507
Fax	*Field not completed.*
Preferred Delivery	Email
If you are requesting records containing personal information, please select one: Under penalty of N.J.S.A. 2C:28-3, I certify that I	Have Not
Signature	Marc Parisi
Date and Time	2/7/2020 9:00 AM
Payment Information	

CLERK'S OFFICE
2020 FEB -7 A 9:02
TOWNSHIP OF HOWELL
RECEIVED

Maximum Authorization Cost	$10.00
Select Payment Method	Cash

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 a copy of Howell Township charter. The Township is governed under the Council-Manager Plan of the Optional Municipal Charter Law in accordance with the Faulkner Act. I request a copy of the adopted charter and any subsequent amendments adopted by the governing body or voters.
.	*Field not completed.*
Please set forth your interest in the subject matter contained in the requested material:	I am a resident of Howell Township.