

Donna Belton

21-1084

From: noreply@civicplus.com
Sent: Thursday, September 02, 2021 10:19 AM
To: clerkforms
Subject: Online Form Submittal: OPRA Request

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OPRA Request

Requestor Information - Please Print

First Name	Marc
Middle Initial	<i>Field not completed.</i>
Last Name	Parisi
E-mail Address	marcparisi@yahoo.com
Address1	2 Castle Court
City	Howell
State	NJ
Zip	07731
Telephone	7324893507
Fax	<i>Field not completed.</i>
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	9/2/2021
Payment Information	

CLERK'S OFFICE
2021 SEP - 2 A 37
RECEIVED
TOWNSHIP OF HOWELL

Maximum Authorization Cost \$50.00

Select Payment Method *Field not completed.*

Record Request Information

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

Copies of OPRA requests with name and address of person(s) or entity making request, and copies of OPRA records/documents released in response to request.

For the following OPRA requests:

20-1408 (9/21/2020)
20-1443 (9/28/2020)
20-1627 (11/2/2020)

Yes, I am also requesting the documents under common law.

Please set forth your interest in the subject matter contained in the requested material:

Personal interest

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