ATLANTIC COUNTY UTILITIES AUTHORITY
REQUEST FOR GOVERNMENT RECORDS FORM

REQUESTOR INFORMATION PLEASE PRINT

NAME/COMPANY: Carl Muth / MSW Consultants

MAILING ADDRESS: _____
Street (P0 Box, Suite #,) *City* State *Zip*

PHONE: (321) 285-2155 EMAIL: cmuth@mswconsultants.com

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Requesting ACUA solid waste / recycling collections contracts between the ACUA and the following municipalities, Absecon, Atlantic City, Brigantine, Buena Borough, Buena Vista Township, Corbin City, Egg Harbor City, Egg Harbor Township, Estell Manor, Folsom, Galloway Township, Hamilton Township, Hammonton, Linwood, Longport, Margate, Mullica Township, Northfield, Pleasantville, Port Republic, Somers Point, Ventnor, Weymouth Township

Preferred Delivery: _____Pick up ____US Mail ____On Site Inspection __X__ Email ____Fax
Maximum Authorized Cost $ $25 per document

COSTS — Paper copies of government records can be purchased for the fee established by the applicable statue.
Unless otherwise provided, the fee for standard printed material is $.05 letter size page or smaller, and $.07 per legal size page or larger. Postage is extra. For requests that meet the requirements of N.J.S.A. 47: 1a-5.C., a special service fee may apply.

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

Signature: _____ Date: 8/1/17

SUBMIT THIS FORM TO:

Mailing Address: Brian G. Lefke, Custodian of Records, P.O. Box 996, Pleasantville, NJ 08232
OR
Physical Location: Brian G. Lefke, Custodian of Records, 6700 Delilah Road, Egg Harbor Township, NJ 08234
OR
By Fax: Brian G. Lefke, Custodian of Records, 609-272-6941

THE REVERSE SIDE OF THIS FORM CONTAINS IMPORTANT INFORMATION ABOUT YOUR RIGHTS TO REQUEST GOVERNMENT RECORDS. PLEASE READ IT CAREFULLY

CUSTODIAN RESPONSE INFORMATION (For County Use Only)

ID#___ of ___

DATE RECEIVED: _____ DATE OF RESPONSE: _____

RECORDS AVAILABLE NO. OF PAGES AVAILABLE ON

FEE $_____ POSTAGE $_____ DEPOSIT $_____ AMOUNT DUE $_____ RECEIVED ON _____
Date

Access to a record or records has been denied.
If access is denied, a list of those records with reasons accompanies this response.

_____ _____
Signature of Custodian *Date*

ATLANTIC COUNTY UTILITIES AUTHORITY
REQUEST FOR GOVERNMENT RECORDS FORM

REQUESTOR INFORMATION PLEASE PRINT

NAME/COMPANY: Lafayette Utility Construction Co, Inc

MAILING ADDRESS: 9 Atlantic Ave, Egg Harbor Township, NJ 08234
Street (PO Box, Suite #,) City State Zip

PHONE: 609-377-6790 EMAIL: davejrlutil@comcast.net

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

1. Copies of all RFPs and/or Proposals for the ACUA request for repair of 7 roadway Depressions at Wellington Ave, Ventnor, NJ
2. Copies of any and all Contractor's Proposals for the above referenced quote as requested by Tom Ganard, ACUA

Preferred Delivery: ____Pick up ____US Mail ____On Site Inspection __X__Email ____Fax
Maximum Authorized Cost $ 100

COSTS — Paper copies of government records can be purchased for the fee established by the applicable statue.
Unless otherwise provided, the fee for standard printed material is $.05 letter size page or smaller, and $.07 per legal size page or larger. Postage is extra. For requests that meet the requirements of N.J.S.A. 47: 1a-5.C., a special service fee may apply.

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: August 8, 2017

SUBMIT THIS FORM TO:

Mailing Address: Brian G. Lefke, Custodian of Records, P.O. Box 996, Pleasantville, NJ 08232
OR
Physical Location: Brian G. Lefke, Custodian of Records, 6700 Delilah Road, Egg Harbor Township, NJ 08234
OR
By Fax: Brian G. Lefke, Custodian of Records, 609-272-6941

THE REVERSE SIDE OF THIS FORM CONTAINS IMPORTANT INFORMATION ABOUT YOUR RIGHTS TO REQUEST GOVERNMENT RECORDS. PLEASE READ IT CAREFULLY

CUSTODIAN RESPONSE INFORMATION (For County Use Only)

ID#___ of ___

DATE RECEIVED: _____ DATE OF RESPONSE: _____

RECORDS AVAILABLE NO. OF PAGES AVAILABLE ON

FEE $_____ POSTAGE $_____ DEPOSIT $_____ AMOUNT DUE $_____ RECEIVED ON _____
Date

Access to a record or records has been denied.
If access is denied, a list of those records with reasons accompanies this response.

_____ _____
Signature of Custodian *Date*

ATLANTIC COUNTY UTILITIES AUTHORITY
REQUEST FOR GOVERNMENT RECORDS FORM

REQUESTOR INFORMATION PLEASE PRINT

NAME/COMPANY: Cintas Corp. Natalie Cooper

MAILING ADDRESS: 95 Milton Drive Aston PA 19014
Street (PO Box, Suite #) City State Zip

PHONE: 6103642325 EMAIL: coopern@cintas.com

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

1. Safety Shoes and Boot purchases.
2. Fire Resistant, hi vis apparel purchases.
3. TShirt and Polo purchases

Preferred Delivery: __Pick up __US Mail __On Site Inspection X Email __Fax

Maximum Authorized Cost $ _____

COSTS – Paper copies of government records can be purchased for the fee established by the applicable statue.
Unless otherwise provided, the fee for standard printed material is $.05 per letter size page or smaller, and $.07 per legal size page or larger. Postage is extra. For requests that meet the requirements of N.J.S.A. 47:1a-5.C., a special service fee may apply.

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

Signature: _____ Date: 8/24/17

SUBMIT THIS FORM TO: Brian G. Lefke, Custodian of Records
6700 Delilah Road Egg Harbor Township, NJ 08232
Fax: 609-569-7342

THE REVERSE SIDE OF THIS FORM CONTAINS IMPORTANT INFORMATIONABOUT YOUR RIGHTS TO REQUEST GOVERNMENT RECORDS. PLEASE READ IT CAREFULLY.

CUSTODIAN RESPONSE INFORMATION (For County Use Only)

ID# __of__

DATE RECEIVED: _____ DATE OF RESPONSE: _____

RECORDS AVAILABLE NO. OF PAGES AVAILABLE ON

FEE$_____ POSTAGE$_____ DEPOSIT$_____ AMOUNT DUE$___ RECEIVED ON _____
Date

Access to a record or records has been denied.
If access is denied, a list of those records with reasons accompanies this response.

_____ _____
Signature of Custodian *Date*

ATLANTIC COUNTY UTILITIES AUTHORITY
REQUEST FOR GOVERNMENT RECORDS FORM

REQUESTOR INFORMATION PLEASE PRINT

NAME/COMPANY: Law Office of Wendy F. Tucker, Esquire

MAILING ADDRESS: P.O. Box 542, Yardley, PA 19067
Street (PO Box, Suite #,) *City* State *Zip*

PHONE: 267-312-5802 EMAIL: tucker@wtuckerlaw.legal

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)
See Attached authorization.

Preferred Delivery:_____Pick up_____US Mail _____On Site Inspection __X_Email _____Fax
Maximum Authorized Cost $ 20.00

COSTS — Paper copies of government records can be purchased for the fee established by the applicable statue.
Unless otherwise provided, the fee for standard printed material is $.05 letter size page or smaller, and $.07 per legal size page or larger. Postage is extra. For requests that meet the requirements of N.J.S.A. 47: 1a-5.C., a special service fee may apply.

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: Wendy F. Tucker Date: 10-30-17

SUBMIT THIS FORM TO:

Mailing Address: Brian G. Lefke, Custodian of Records, P.O. Box 996, Pleasantville, NJ 08232
OR
Physical Location: Brian G. Lefke, Custodian of Records, 6700 Delilah Road, Egg Harbor Township, NJ 08234
OR
By Fax: Brian G. Lefke, Custodian of Records, 609-272-6941

THE REVERSE SIDE OF THIS FORM CONTAINS IMPORTANT INFORMATION ABOUT YOUR RIGHTS TO REQUEST GOVERNMENT RECORDS. PLEASE READ IT CAREFULLY

CUSTODIAN RESPONSE INFORMATION (For County Use Only)

DATE RECEIVED:_____ DATE OF RESPONSE: _____ ID#___of ____

RECORDS AVAILABLE NO. OF PAGES AVAILABLE ON

FEE $_____POSTAGE $_____ DEPOSIT $_____AMOUNT DUE $_____RECEIVED ON _____
Date

Access to a record or records has been denied.
If access is denied, a list of those records with reasons accompanies this response.

_____ _____
Signature of Custodian *Date*

WENDY F. TUCKER, ESQUIRE
Attorney At Law

October 30, 2017

(via e-mail only: jkessler@acua.com)
Atlantic County Utilities Authority
P.O. Box 996
Pleasantville, NJ 08232-0966
Attention: Ms. Janette Kessler

Re: Request for information regarding former employee, Mark Christmon
in the matter of: *Christmon v. Monarch Environmental Recycling, Inc.*
Superior Court of New Jersey, Docket No.: ATL-L-002309-16

Dear Ms. Kessler:

I am counsel for defendant Monarch Environmental Recycling, Inc., in the above-referenced matter and am seeking information regarding your former employee, Mark Christmon. Please provide the information and documentation requested on the attached authorization form. You may contact me with any questions.

Thank you for your assistance and attention to this matter.

Regards,

Wendy F. Tucker
Wendy F. Tucker, Esquire

WFT:cat
Attachment

P.O. Box 542
Yardley, PA 19067

Ph: 267.312.5802

tucker@wtuckerlaw.legal

AUTHORIZATION FOR DISCLOSURE OF EMPLOYMENT RECORDS AND INFORMATION

Employer Name/Address: Atlantic County Utilities Authority
P.O. Box 996
Pleasantville, NJ 08232-0966

Employee Name/ Address: Mark Christmon
138 Tyrens Drive
Mays Landing, NJ 08330
Previous
114 Offshore Road
Egg Harbor Township, NJ 08234

Date of Birth: 9/11/1977 Social Security Number: xxx-xx-3337

The undersigned, Mark Christmon, authorizes the above-named employer, to disclose information and/or documentation concerning my employment to the following:

Wendy F. Tucker, Esquire
P.O. Box 542
Yardley, PA 19067
Ph: 267.312.5802
Email: tucker@wtuckerlaw.legal

1. They type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

Dates of Employment: 1/6/2017 – 3/8/2017
Job title(s) and description of job duties: DRIVER
DRIVE WASTE AT SOLID WASTE
LANDFILL FOR DISPOSAL
Average number of hours worked per day/week: 33.3
Average number of overtime worked per day/week: 3.4
Salary, Wages or Earnings/Hourly rate: $13.1676
Average weekly pay: 567.9

2. My employment file.

3. Provide a wage statement for the period August 2013 to present.

Date:

Mark Christmon

ATLANTIC COUNTY UTILITIES AUTHORITY
REQUEST FOR GOVERNMENT RECORDS FORM

REQUESTOR INFORMATION PLEASE PRINT

NAME/COMPANY: ED PAZMINO - CUSTOM BANDAG

MAILING ADDRESS: 401 E LINDEN AVE LINDEN NJ 07036
Street (PO Box, Suite #,) *City* State Zip

PHONE: 856 832 0035 EMAIL: SWEDESBORO@CUSTOMBAND16.COM

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

2016 "NEW AND RECCAPPED TIRES"

Preferred Delivery: _____Pick up ____US Mail ____On Site Inspection ✓ Email ____Fax
Maximum Authorized Cost $ _____

COSTS — Paper copies of government records can be purchased for the fee established by the applicable statue.
Unless otherwise provided, the fee for standard printed material is $.05 letter size page or smaller, and $.07 per legal size page or larger. Postage is extra. For requests that meet the requirements of N.J.S.A. 47: 1a-5.C., a special service fee may apply.

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: ED 1794 Date: 11/01/17

SUBMIT THIS FORM TO:

Mailing Address: Brian G. Lefke, Custodian of Records, P.O. Box 996, Pleasantville, NJ 08232
OR
Physical Location: Brian G. Lefke, Custodian of Records, 6700 Delilah Road, Egg Harbor Township, NJ 08234
OR
By Fax: Brian G. Lefke, Custodian of Records, 609-272-6941

THE REVERSE SIDE OF THIS FORM CONTAINS IMPORTANT INFORMATION ABOUT YOUR RIGHTS TO REQUEST GOVERNMENT RECORDS. PLEASE READ IT CAREFULLY

CUSTODIAN RESPONSE INFORMATION (For County Use Only)

ID#___ of ___

DATE RECEIVED: _____ DATE OF RESPONSE: _____

RECORDS AVAILABLE NO. OF PAGES AVAILABLE ON

FEE $_____ POSTAGE $_____ DEPOSIT $_____ AMOUNT DUE $_____ RECEIVED ON _____
Date

Access to a record or records has been denied.
If access is denied, a list of those records with reasons accompanies this response.

_____ _____
Signature of Custodian *Date*

ATLANTIC COUNTY UTILITIES AUTHORITY
REQUEST FOR GOVERNMENT RECORDS FORM

REQUESTOR INFORMATION PLEASE PRINT

NAME/COMPANY: Melanie / main Pool and Chemical Co.

MAILING ADDRESS: 110 Commerce Rd Dupont Pa 18641
Street (PO Box, Suite #,) *City* *State* *Zip*

PHONE: 570-655-7211 EMAIL: mainPool@mainPoolchemical.com

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)
Please send a copy of the previous year bid Results for the the supply of Sodium Hypochlorite - Bid number 2017-WW-17

Preferred Delivery: _____Pick up ____US Mail ____On Site Inspection ___✓__ Email ____Fax
Maximum Authorized Cost $ _____

COSTS — Paper copies of government records can be purchased for the fee established by the applicable statue.
Unless otherwise provided, the fee for standard printed material is $.05 letter size page or smaller, and $.07 per legal size page or larger. Postage is extra. For requests that meet the requirements of N.J.S.A. 47: 1a-5.C., a special service fee may apply.

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: Melanie Orlicki Date: 11-14-17

SUBMIT THIS FORM TO:

Mailing Address: Brian G. Lefke, Custodian of Records, P.O. Box 996, Pleasantville, NJ 08232
OR
Physical Location: Brian G. Lefke, Custodian of Records, 6700 Delilah Road, Egg Harbor Township, NJ 08234
OR
By Fax: Brian G. Lefke, Custodian of Records, 609-272-6941

THE REVERSE SIDE OF THIS FORM CONTAINS IMPORTANT INFORMATION ABOUT YOUR RIGHTS TO REQUEST GOVERNMENT RECORDS. PLEASE READ IT CAREFULLY

CUSTODIAN RESPONSE INFORMATION (For County Use Only)

DATE RECEIVED: _____ DATE OF RESPONSE: _____ ID#___ of ___

RECORDS AVAILABLE NO. OF PAGES AVAILABLE ON

FEE $_____ POSTAGE $_____ DEPOSIT $_____ AMOUNT DUE $_____ RECEIVED ON _____
Date

Access to a record or records has been denied.
If access is denied, a list of those records with reasons accompanies this response.

_____ _____
Signature of Custodian *Date*