

Joanne Siedlecki

From: ASK NJ Media Co. <opra+request-263-6b2db1ce@requests.opramachine.com>
Sent: Monday, November 20, 2017 4:59 PM
To: OPRA requests at Corbin City
Subject: Open Public Records Act request - OPRA Requests

Dear Corbin City,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message.
Records requested:

I'm requesting copies of all OPRA requests from August 1, 2017 to November 20, 2017.

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-263-6b2db1ce@requests.opramachine.com

Is corbincity@gmail.com the wrong address for Open Public Records Act requests to Corbin City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=corbin_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
<https://opramachine.com/help/officers>

If you find this service useful as an OPRA officer, please ask your web manager to link to us from your organisation's OPRA page.

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

Corbin City 0106



Important Notice

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

Requestor Information – Please Print

First Name Veronica MI Last Name Hartman
 E-mail Address tax@actiontitleresearch.com
 Mailing Address PO Box 1734
 City Rutherford State NJ Zip 07070
 Telephone 201-781-1833 FAX 201-596-0435
 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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Veronica Hartman Date 11/19/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (**0106txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com

Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
 Municipal Research Specialist
 Accurate Abstracts
 An Action Title Research Company

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ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM



Corbin City 0106



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Requestor Information – Please Print

First Name Veronica MI Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone 201-781-1833 FAX 201-596-0435

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 Veronica Hartman Date 11/10/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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 Signature Veronica Hartman Date 11/5/2017

Payment Information

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Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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 Legal size pages - \$0.07 per page
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Thank you,

Veronica Hartman
 Municipal Research Specialist
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 An Action Title Research Company

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GOVERNMENT RECORD REQUEST FORM**City of Corbin City**

As a member of the public, you have the following rights when requesting government documents:

- * To obtain a government record within seven (7) days of the request date, unless longer time is required for the Municipal Clerk to complete the request, pursuant to N.J.S. 47:1A-1 et seq.
- * If you are denied access to or copies of a government record requested, you may challenge that decision by filing a complaint in the New Jersey Superior Court or Government Records Council.

INSTRUCTIONS: To request a government document, complete this form and submit it to:

Corbin City Municipal Clerk
316 Route 50
Corbin City, N.J. 08270
(609) 628-2673
(609) 628-3017 (fax)

An advance deposit may be required for copies if costs are greater than \$5.00. **You have the right to approve of copying costs in advance.**

Requester Name: Larry Higgins

(Municipality not responsible if contact information not provided, unless you appear in person.)

Requester Address/Phone Number: 174 Lamington Rd, P.O. Box 180

Oldwick

NJ-08858

(Street Address)

908-255-9919

(City)

(State - Zip Code)

(Phone/Fax during regular business hours)

Briefly describe government record(s) requested and provide directions as to form in which you would like to receive the government record(s):

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

TO BE COMPLETED BY MUNICIPAL CLERK & APPROVED BY YOU IN ADVANCE OF COPYING:

Number of pages requested: _____ Cost of copying: \$ _____ Advance deposit required: \$ _____
(If requested anonymously)

Approve copying costs by initialing here _____

[Signature]

SIGN AND PRINT NAME

DATE

FOR MUNICIPAL CLERK ONLY - DO NOT WRITE BELOW THIS LINE

Record(s) Request: ☒ APPROVED ☐ DENIED

Record(s) requested: _____

Date record(s) will be made available: _____

Total pages of government record(s) requested: _____

Cost to requester: *(Checks payable to "City of Corbin City")* _____

Deposit paid in advance by requester: *(Attach copy of check or money order)* _____

If request denied, state reason: _____

[Signature]
Municipal Clerk

Date

11-2-17

Completed

emailed - Tax maps 10/23/17

" Zoning map 11/2/17

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM



Corbin City 0106



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 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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Veronica Hartman Date 10/29/2017

Payment Information

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Select Payment Method

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 Signature Veronica Hartman Date 10/15/2017

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 Signature Veronica Hartman Date 10/8/2017

Payment Information

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 Signature Veronica Hartman Date 10/3/2017

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Corbin City 0106



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 City Rutherford State NJ Zip 07070
 Telephone 201-781-1833 FAX 201-596-0435
 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 Veronica Hartman Date 9/25/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
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Veronica Hartman
 Municipal Research Specialist
 Accurate Abstracts
 An Action Title Research Company

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Joanne Siedlecki

From: michelle@datarole.com
Sent: Tuesday, September 19, 2017 10:43 AM
To: corbincity@gmail.com
Subject: Corbin City Building Permits - Public Records Request

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Joanne Siedlecki,

NJ.8270.10726

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

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

Thank you very much for your time,

Michelle Farris
Data Specialist - Datarole
513-276-2088
Michelle@datarole.com

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



ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM



Corbin City 0106



Important Notice

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Requestor Information – Please Print

First Name Veronica MI Last Name HartmanE-mail Address tax@actiontitleresearch.comMailing Address PO Box 1734City Rutherford State NJ Zip 07070Telephone 201-781-1833 FAX 201-596-0435Preferred Delivery: Pick Up On-Site
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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Veronica Hartman Date 9/17/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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Thank you,

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First Name	Veronica	MI		Last Name	Hartman
E-mail Address	tax@actiontitleresearch.com				
Mailing Address	PO Box 1734				
City	Rutherford	State	NJ	Zip	07070
Telephone	201-781-1833		FAX	201-596-0435	
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	Veronica Hartman			Date	9/12/2017

Payment Information

Maximum Authorization Cost	\$
Select Payment Method	
Cash	☐
Check	☐
Money Order	☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) – actual cost of material
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GOVERNMENT RECORD REQUEST FORM

City of Corbin City

As a member of the public, you have the following rights when requesting government documents:

- * To obtain a government record within seven (7) days of the request date, unless longer time is required for the Municipal Clerk to complete the request, pursuant to N.J.S. 47:1A-1 et seq.
- * If you are denied access to or copies of a government record requested, you may challenge that decision by filing a complaint in the New Jersey Superior Court or Government Records Council.

INSTRUCTIONS: To request a government document, complete this form and submit it to:

Corbin City Municipal Clerk
316 Route 50
Corbin City, N.J. 08270
(609) 628-2673
(609) 628-3017 (fax)

An advance deposit may be required for copies if costs are greater than \$5.00. **You have the right to approve of copying costs in advance.**

Requester Name: Karl E. Ulbrich

(Municipality not responsible if contact information not provided unless you appear in person.)

Requester Address/Phone Number: PO Box 428

(Street Address)

Northfield

NJ 08225

Phone -609-224-4864 FAX- 866-234-7766

(City)

(State - Zip Code)

(Phone/Fax during regular business hours)

Briefly describe government record(s) requested and provide directions as to form in which you would like to receive the government record(s):

Please see the attached description.

TO BE COMPLETED BY MUNICIPAL CLERK & APPROVED BY YOU IN ADVANCE OF COPYING:

Number of pages requested: 9 Cost of copying: \$ Advance deposit required: \$
(If requested anonymously)

Approve copying costs by initialing here _____

SIGN AND PRINT NAME

DATE

FOR MUNICIPAL CLERK ONLY - DO NOT WRITE BELOW THIS LINE

Record(s) Request: ☒ APPROVED ☐ DENIED

Record(s) requested: as attached

Date record(s) will be made available: 9-13-17

Total pages of government record(s) requested: 9

Cost to requester: (Checks payable to "City of Corbin City")

Deposit paid in advance by requester: (Attach copy of check or money order)

If request denied, state reason: _____

Jeanne Sealecki
Municipal Clerk

Date

9-13-17

RECEIVED
9-7-17

cc: Wayne
Richard R

**Request for Government Records Pursuant to the State of
New Jersey's Open Public Records Act (N.J.S.A. 47:1A-1 et Seq.)**

(Attachment to the access to Open Public Records Act Request Form submitted by Karl E. Ulbrich, dated 9/6/17)

- ✓ 1. Copies of any reports, written reviews or responses to applications, or other documents prepared by Wayne Caregnato in his capacity as the Zoning/Code Enforcement Officer from 04/13/2017 to 05/11/2017.
- ✓ 2. Copies of any email messages sent from any city email account either assigned to (or used by) Wayne Caregnato from 04/13/2017 to 05/11/2017 listing the date and time the message was sent.

I hereby certify that I have not been convicted of any indictable offense under the laws of this state, any other state or the United States.



Karl E. Ulbrich
Ulbrich-Scull Investigations, LLC
PO Box 428
Northfield, NJ 08225
609-224-4864
Karl@Ulbrich-Scull.com

406/3

GOVERNMENT RECORD REQUEST FORM

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Corbin City Municipal Clerk
316 Route 50
Corbin City, N.J. 08270
(609) 628-2673
(609) 628-3017 (fax)

An advance deposit may be required for copies if costs are greater than \$5.00. You have the right to approve of copying costs in advance.

Requester Name: Curren Environmental

(Municipality not responsible if contact information not provided, unless you appear in person.)

Requester Address/Phone Number: 10 Penn AvenueCherry Hill
(City)NJ 08002
(State - Zip Code)856-858-9509 (p) 856-662-7005 (f)
(Street Address)
(Phone/Fax during regular business hours)

Briefly describe government record(s) requested and provide directions as to form in which you would like to receive the government record(s): Files pertaining to 121 Actna Dr.
specifically UST permits, Contract, payment to contractor,
clean fill certification, Scrap metal receipt, liquid or
solid manifests

TO BE COMPLETED BY MUNICIPAL CLERK & APPROVED BY YOU IN ADVANCE OF COPYING:

Number of pages requested: _____ Cost of copying: \$ _____ Advance deposit required: \$ _____
(If requested anonymously)

Approve copying costs by initialing here _____

Gina Testa
SIGN AND PRINT NAME9/8/17
DATE

FOR MUNICIPAL CLERK ONLY - DO NOT WRITE BELOW THIS LINERecord(s) Request: ☐ APPROVED ☐ DENIED

Record(s) requested: _____

Date record(s) will be made available: _____

Total pages of government record(s) requested: _____

Cost to requester: (Checks payable to "City of Corbin City") _____

Deposit paid in advance by requester: (Attach copy of check or money order) _____

If request denied, state reason: _____

Municipal Clerk _____

Date _____

RECEIVED
 9-8-17

406/3

GOVERNMENT RECORD REQUEST FORM

City of Corbin City

As a member of the public, you have the following rights when requesting government documents:

- * To obtain a government record within seven (7) days of the request date, unless longer time is required for the Municipal Clerk to complete the request, pursuant to N.J.S. 47:1A-1 et seq.
- * If you are denied access to or copies of a government record requested, you may challenge that decision by filing a complaint in the New Jersey Superior Court or Government Records Council.

INSTRUCTIONS: To request a government document, complete this form and submit it to:

Corbin City Municipal Clerk
316 Route 50
Corbin City, N.J. 08270
(609) 628-2673
(609) 628-3017 (fax)

An advance deposit may be required for copies if costs are greater than \$5.00. **You have the right to approve of copying costs in advance.**Requester Name: Curren Environmental

(Municipality not responsible if contact information not provided, unless you appear in person.)

Requester Address/Phone Number: 10 Penn Avenue

Cherry Hill NJ 08002 856-858-9509 (p) 856-662-7005 (f)
(City) (State - Zip Code) (Phone/Fax during regular business hours)

Briefly describe government record(s) requested and provide directions as to form in which you would like to receive the government record(s): Files pertaining to 121 Actna Dr.
specifically UST Permits, Contract, payment to contractor,
clean fill certification, Scrap metal receipt, liquidator
Solid manifests

TO BE COMPLETED BY MUNICIPAL CLERK & APPROVED BY YOU IN ADVANCE OF COPYING:

Number of pages requested: _____ Cost of copying: \$ _____ Advance deposit required: \$ _____
(If requested anonymously)

Approve copying costs by initialing here _____

Gina Testa
SIGN AND PRINT NAME

9/8/17
DATE

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Record(s) requested: _____

Date record(s) will be made available: _____

Total pages of government record(s) requested: _____

Cost to requester: (Checks payable to "City of Corbin City") _____

Deposit paid in advance by requester: (Attach copy of check or money order) _____

If request denied, state reason: _____

Municipal Clerk _____

Date _____

RECEIVED
9-8-17

spoke to Gina w/ advise
if need is needed. →

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM



Corbin City 0106



Important Notice

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

Requestor Information – Please Print

First Name	Veronica	MI		Last Name	Hartman
E-mail Address	tax@actiontitleresearch.com				
Mailing Address	PO Box 1734				
City	Rutherford	State	NJ	Zip	07070
Telephone	201-781-1833		FAX	201-596-0435	
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 <u>N.J.S.A. 2C:28-3</u>, 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	Veronica Hartman			Date	9/4/2017

Payment Information

Maximum Authorization Cost \$	
Select Payment Method	
Cash	Check Money Order
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) – actual cost of material Delivery: Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (0106txsr.zip) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com

Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

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ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM



Corbin City 0106



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E-mail Address	tax@actiontitleresearch.com				
Mailing Address	PO Box 1734				
City	Rutherford	State	NJ	Zip	07070
Telephone	201-781-1833		FAX	201-596-0435	
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	Veronica Hartman			Date	8/28/2017

Payment Information

Maximum Authorization Cost \$	
Select Payment Method	
Cash	Check Money Order
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) – actual cost of material
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ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM



Corbin City 0106



Important Notice

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

Requestor Information – Please Print

First Name Veronica MI Last Name HartmanE-mail Address tax@actiontitleresearch.comMailing Address PO Box 1734City Rutherford State NJ Zip 07070Telephone 201-781-1833 FAX 201-596-0435Preferred 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 Veronica Hartman Date 8/20/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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Thank you,

Veronica Hartman
 Municipal Research Specialist
 Accurate Abstracts
 An Action Title Research Company

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OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Amy MI _____ Last Name Han
 E-mail Address amyhan324@gmail.com
 Mailing Address 272 La Cascata
 City Clementon State NJ Zip 08021
 Telephone 856-383-0803 FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
 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 8/15/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
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Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

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

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

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

In Edmund Billing/Collection Tax Collections Accounts Tax Custom Reports. On Page 3 Select year and date range you want. Check boxes Utility balance as of date (will be date you put in end of range) and Year/Prd Range balance for Taxes. Page 1 on bottom left corner is check box for excel. On page 2 select all the boxes requested by the requester. (name, property address, mailing address, class, etc.)

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

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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

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

Print Management Solutions
P O Box 350
Trexlerstown, PA 18087

Open Record Officer
CORBIN CITY CITY
316 Route 50
Corbin City, NJ 08270

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

Under the provisions of the NJ Open Records Law. We are requesting access to the following information: We are asking for information about your mail machine, or postage equipment from Manufacturers Neopost, Hasler, MailFinance, Francotyp Postalia (FP Mailing), or Pitney Bowes

A copy of the MOST RECENT, CURRENT lease agreements or Most Recent Purchase Order for your current mailing equipment which shows lease commencement date and term of contract for mail machine from vendors Neopost, Hasler, Pitney Bowes, FP Mailing

Or

If the equipment was purchased, we are requesting a copy of your MOST RECENT meter rental bill, equipment rental bill, and maintenance / service contract bill or bill from last service call.

We will entertain suggestions you feel will make my request more responsive and thereby ensure that you can meet our request. If possible we would like to have the data sent to us at the address below.

Please email your request to me at adorward@printandmailing.net or mail to my attention at:

Print Management Solutions
Attn: Amy Dorward
P O Box 350
Trexlerstown, PA 18087

If all or any part of this request is denied, please cite the specific exemption(s) that you think justifies your refusal to release the information, and inform me of the appeal procedures available to me under the law.

We would appreciate you handling this request as quickly as possible, and look forward to hearing from you.

Respectfully,

Amy Dorward
P O Box 350
Trexlerstown, PA 18087

RECEIVED
8-2-17

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM



Corbin City 0106



Important Notice

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

Requestor Information – Please Print

First Name Veronica MI Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone 201-781-1833 FAX 201-596-0435

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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Veronica Hartman Date 8/14/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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Thank you,

Veronica Hartman
 Municipal Research Specialist
 Accurate Abstracts
 An Action Title Research Company

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ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM



Corbin City 0106



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 E-mail Address tax@actiontitleresearch.com
 Mailing Address PO Box 1734
 City Rutherford State NJ Zip 07070
 Telephone 201-781-1833 FAX 201-596-0435
 Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X
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 Signature Veronica Hartman Date 7/30/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
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OPEN PUBLIC RECORDS ACT REQUEST FORM



Corbin City 0106



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Requestor Information – Please Print

First Name Veronica MI Last Name Hartman
 E-mail Address tax@actiontitleresearch.com
 Mailing Address PO Box 1734
 City Rutherford State NJ Zip 07070
 Telephone 201-781-1833 FAX 201-596-0435
 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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Veronica Hartman Date 8/6/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
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ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

Corbin City 0106



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Requestor Information – Please Print

First Name	<u>Veronica</u>	MI		Last Name	<u>Hartman</u>
E-mail Address	<u>tax@actiontitleresearch.com</u>				
Mailing Address	<u>PO Box 1734</u>				
City	<u>Rutherford</u>	State	<u>NJ</u>	Zip	<u>07070</u>
Telephone	<u>201-781-1833</u>	FAX	<u>201-596-0435</u>		
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 <u>N.J.S.A. 2C:28-3</u>, 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	<u>Veronica Hartman</u>			Date	<u>7/30/2017</u>

Payment Information

Maximum Authorization Cost \$

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Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
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