TOWNSHIP OF MANCHESTER
GOVERNMENT RECORDS REQUEST FORM

1 Colonial Dr., Manchester, NJ 08759
(732) 657-8121, ext. 3200 Fax: (732) 657-2071
Sabina T. Sklibo, R.M.C., Township Clerk
Custodian of Records

Important Notice

The reverse side 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 M. Last Name Draper, Esq.

Company Carluccio, Leone, Dimon, Doyle & Sacks, L.L.C.

Mailing Address 9 Robbins Street

City Toms River State NJ Zip 08753 Email pdraper@clldc.com

Business Hours Telephone: Area Code 732 Number 797-1600 Extension 247

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____ X-email

Signature [signature] Date 10/10/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash Check Money Order

Fees: 8.5 x 11 inches 5 cents
8.5 x 14 inches 7 cents
and additional fees for other mediums

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Please see attached sheet.

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

Peter M. Draper, Esq.
Carluccio, Leone, Dimon, Doyle & Sacks, LLC
9 Robbins Street
Toms River, NJ 08753
(732)797-1600
pdraper@cldds.com

1. Copies of the current application form and/or contract of employment with attachments to said contract, if any, for full time bus drivers employed by the Manchester Township Board of Education for the **current school year (2017-2018);**

2. Copies of the application form and/or contract of employment with the attachments to said contract, if any, for full time bus drivers employed by the Manchester Township Board of Education for the **2016-2017 school year;**

3. Copies of the application form and/or contract of employment with the attachments to said contract, if any, for full time bus drivers employed by the Manchester Township Board of Education for the **2015-2016 school year;**

4. Copies of the application form and/or contract of employment with the attachments to said contract, if any, for full time bus drivers employed by the Manchester Township Board of Education for the **2014-2015 school year;**

5. Copies of the current job postings or open positions available for the hiring of full time bus drivers for the **current school year (2017-2018);**

6. Copies of descriptions of the pay scale/salary/hourly rate of pay and benefits packages for full time bus drivers for the **current school year (2017-2018), and the school years of 2014-2015, 2015-2016, and 2016-2017.**

7. A copy of any and all employment contracts, rate of pay, and benefits for current employee, [redacted] **(please remove all personal identifying information such as address, date of birth, social security number, etc.)**

8. A copy of any and all disciplinary records regarding [redacted] and any and all documents regarding her termination, if applicable.

Copies of any responsive documents may be emailed to my office at pdraper@cldds.com.

RyM

MANCHESTER TOWNSHIP SCHOOL DISTRICT

OPEN PUBLIC RECORDS ACT REQUEST FORM

121 Route 539, PO Box 4100, Whiting, NJ 08759
Telephone Number: 732-350-5900 & Fax Number: 732-350-0436
clorentzen@manchestertwp.org
Craig A. Lorentzen, CPA

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 Michael MI I Last Name Inzelbuch

E-mail Address Michael@Inzelbuchlaw.com

Mailing Address 1340 West County Line Rd.

City Lakewood State NJ Zip 08701

Telephone 732-905-0325 FAX 732 886 0806

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 9/15/17

Payment Information

Maximum Authorization Cost $ No 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.

1) Any + all payments made to "Allied Behavioral Concepts" (aka New Horizons in Autism) located at 906 Rt 33, Freehold NJ for a special ed. student

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Emailed,

MANCHESTER TOWNSHIP SCHOOL DISTRICT

OPEN PUBLIC RECORDS ACT REQUEST FORM

121 Route 539, PO Box 4100, Whiting, NJ 08759
Telephone Number: 732-350-5900 & Fax Number: 732-350-0436
clorentzen@manchestertwp.org
Craig A. Lorentzen, CPA

Important Notice

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Requestor Information – Please Print

First Name Jeffrey MI R Last Name Domenick

E-mail Address doms814@gmail.com

Mailing Address 6 Bittersweet Drive

City Jackson State NJ Zip 08527

Telephone 732-322-3270 FAX

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 _____ Date 8/24/2017

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.

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May I please request a copy of the most recent proposal submitted by the firm of Wiss & Company for annual auditing services?

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