

12-2017

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

Open Record Officer
ESTELL MANOR CITY
148 Cumberland Avenue
Estell Manor, NJ 08319

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
Trexlertown, 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
Trexlertown, PA 18087

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 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 [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.

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.

Can you please provide me with a list of the latest quarter's tax delinquent homes with owner's information (i.e. name, mailing addresses, 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.)

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 # 13-2017
Rec'd Date 8/15
Ready Date 8/16
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature [Signature]

Date 8/17/17

CITY OF ESTELL MANOR
OPEN PUBLIC RECORDS ACT REQUEST FORM
148 Cumberland Avenue, Estell Manor, NJ 08319
(609)476-2692
(609)476-4588
Attn: City Clerk

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 Karl MI E Last Name Ulbrich
E-mail Address Karl@Ulbrich-Scull.com
Mailing Address PO Box 428
City Northfield State NJ Zip 08225
Telephone 609-224-4864 FAX 866-234-7766
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail XXX
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 09/06/2017

Payment Information

Maximum Authorization Cost \$ 100.00

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.

Please see the attached description.

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 # 1-1-2-2-2
Rec'd Date 9/12/17
Ready Date 9/14/17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

emailed 200 mg records

[Signature] 9/14/17
Custodian Signature Date

CITY OF ESTELL MANOR
OPEN PUBLIC RECORDS ACT REQUEST FORM
 148 Cumberland Avenue, Estell Manor, NJ 08319
 (609)476-2692
 (609)476-4588
 Attn: City Clerk

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 Larry MI Last Name Higgins
 E-mail Address OPRA@NJPropertyRecords.com
 Mailing Address 174 Lamington Rd, P.O. Box 180
 City Oldwick State NJ Zip 08858
 Telephone 908-255-9919 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 [Signature] Date

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.

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

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		Final Cost	
Tracking #	<u>15-2017</u>	Total	<u> </u>
Rec'd Date	<u>10/16/17</u>	Deposit	<u> </u>
Ready Date	<u>10/18/17</u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided

emailed copies of current maps

[Signature] 10/18/17
 Custodian Signature Date

CITY OF ESTELL MANOR
OPEN PUBLIC RECORDS ACT REQUEST FORM
148 Cumberland Avenue, Estell Manor, NJ 08319
(609)476-2692
(609)476-4588
Attn: City Clerk

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 <u>ALBERT</u>	MI _____	Last Name <u>BARBETT</u>
E-mail Address <u>ALBON6@VERIZON.NET</u>		
Mailing Address <u>197 CUMBERLAND AVE</u>		
City <u>ESTELL MANOR</u>	State <u>NJ</u>	Zip <u>08319</u>
Telephone <u>609-476-2659</u>		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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.		
Signature <u>Albert Barbett</u>		Date <u>10-17-17</u>

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.

LIST OF RESIDENCES IN ESTELL MANOR
OTHER THAN 08319

08317 DOROTHY
08330 MARK LANDING
08270 WOODBINE

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	Final Cost
Tracking # <u>16-2017</u>	Total _____
Rec'd Date <u>10/17</u>	Deposit _____
Ready Date <u>10/19</u>	Balance Due _____
Total Pages _____	Balance Paid _____

Records Provided

list provided

Custodian Signature

Date

10/19/17