



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC**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 Joseph MI C Last Name Grassi

E-mail Address [REDACTED]

Mailing Address 2700 Pacific Avenue

City Wildwood State NJ Zip 08260

Telephone [REDACTED] FAX [REDACTED]

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 8-1-17

Payment Information

Maximum Authorization Cost \$ 25.00

Select Payment MethodCash ☐ 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 dependant 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. Copy of any arrest warrant sought to be executed by any member of the Bordentown Police Department at 5256 Route 130, Bordentown, NJ on May 24, 2017.
2. Copy of any notice provided to local police agencies regarding the attempted execution of an arrest warrant at 5256 Route 130, Bordentown, NJ on May 24, 2017.
3. Copy of any CAD Transcript relating to the attempted execution of an arrest warrant at 5256 Route 130, Bordentown, NJ on May 24, 2017.
4. Reports of every officer present at the attempted execution of an arrest warrant at 5256 Route 130, Bordentown, NJ on May 24, 2017.
5. Copy of any audio or video recordings related to the attempted execution of an arrest warrant at 5256 Route 130, Bordentown, NJ on May 24, 2017.
6. All notices directed to the Pine Motel regarding the attempted execution of an arrest warrant at 5256 Route 130, Bordentown, NJ on May 24, 2017.
7. Any document purporting to provide probable cause for the presence of the person named in any arrest warrant sought to be executed at 5256 Route 130, Bordentown, NJ on May 24, 2017.
8. Bordentown Police Department policy, directives, procedures or standing orders regarding the execution of arrest warrants at private residences.
9. Bordentown Police Department policy, directives, procedures or standing orders regarding warrantless searches of private residences.
10. Bordentown Police Department policy, directives, procedures or standing orders regarding the prior notice of execution of warrants to local departments.
11. Use of force reports for the last 5 years for each officer present at 5256 Route 130, Bordentown, NJ on May 24, 2017.
12. Any other written or digital record generated in response to law enforcement entry into 5256 Route 130, Bordentown, NJ on May 24, 2017.
13. Any and all records regarding any search or arrest warrants executed at the wrong address by the Bordentown Police Department in the last five years.

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.

Complete

In Progress ☐ Open _____

Denied ☐ Closed _____

Filed ☐ Closed _____

Partial ☐ Closed _____

AGENCY USE ONLY**Tracking Information****Final Cost**

Tracking # _____ Total _____

Rec'd Date _____ Deposit _____

Ready Date _____ Balance Due _____

Total Pages _____ Balance Paid _____

Records Provided8/1/17 - Responded - Denied
not in B. Town Township

Custodian Signature _____

Date _____

Print Management Solutions
P O Box 350
Trexlerstown, PA 18087

Open Record Officer
BORDENTOWN TWP
1 Municipal Drive
Bordentown, NJ 08505



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.

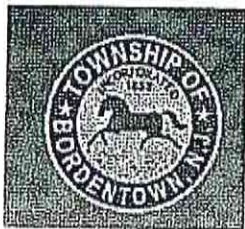
We would appreciate you handling this request as quickly as possible, and look forward to hearing from you.

Respectfully,

Amy Dorward
P O Box 350
Trexlerstown, PA 18087

Daniel
Complete

Responded 8/2/17



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntp.org
Colleen M. Eckert, CMC



Important Notice

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Requestor Information - Please Print

First Name SHAUNA MI L Last Name WALLACE / C.I.S.
 E-mail Address [REDACTED]
 Mailing Address 170 KINNELON ROAD
 City KINNELON State NJ Zip 07405
 Telephone [REDACTED] FAX [REDACTED]
 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 A. Wallace Date 8/3/17

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.

PLEASE FORWARD A COPY OF YOUR PLANNING BOARD AGENDA FOR AUGUST 2017.

THANK YOU,
SHAUNA

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.

Complete

In Progress ☐ Open _____
 Denied ☐ Closed _____
 Filled ☐ Closed _____
 Partial ☐ Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____

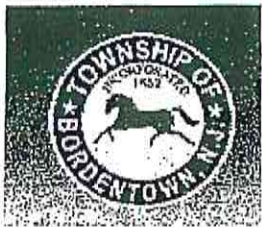
Records Provided

8/3/17 - Responded... on our website

Custodian Signature _____

Date _____

(8/15)



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntwp.org
Colleen M. Eckert, CMG**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 BRIAN MI M Last Name SCHOEN
 E-mail Address [REDACTED]
 Mailing Address 303 WARD AVE
 City BORDENTOWN State NJ Zip 08505-2303
 Telephone [REDACTED] FAX (same)
 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 Brian M. Schoen Date 8/4/17

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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A. COPY OF THE BLUEPRINT/SCHEMATIC/SURVEY OF MY ADDRESS, 303 WARD AVE, TO INCLUDE; DWELLING, DETACHED GARAGE, YARD & POOL. ~~[REDACTED]~~

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
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Complete

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information **Final Cost**
 Tracking # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____

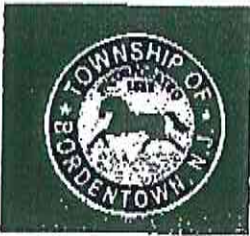
Records Provided

C: BRIAN J 8/4/17
[REDACTED]
See attached

Custodian Signature

Date

(8/14)



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-378-4026

c.eckert@bordentowntwp.org
Colleen M. Eckert, CMC**Important Notice**

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Requestor Information – Please Print

First Name Stephanie MI M Last Name Hill

E-mail Address [REDACTED]

Mailing Address 19 Hemlock Ct

City Hamilton State NJ Zip 08619

Telephone [REDACTED] FAX [REDACTED]

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 8-3-17

Payment Information

Maximum Authorization Cost \$ 50

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.

I am purchasing the property at 7 Groveville Road, Bordentown, NJ 08620 and would like to request a record of all permits obtained for work and/or improvements made to same, specifically: finished basement, addition (conversion of porch to mud room/entry hall), addition of deck, basement bathroom installation, and all improvements to electrical and plumbing. As time is of the essence for this request, the most time-efficient method of delivery is preferred. I can pick up in person or receive via email or fax. Please do not hesitate to contact me should you need additional information pertaining to this request. Thank you in advance for your prompt assistance in this matter.

AGENCY USE ONLY**AGENCY USE ONLY****AGENCY USE ONLY**

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

Complete

In Progress ☐ Open ☐

Denied ☐ Closed ☐

Filled ☐ Closed ☐

Partial ☐ Closed ☐

Tracking Information**Final Cost**

Tracking # _____ Total _____

Rec'd Date _____ Deposit _____

Ready Date _____ Balance Due _____

Total Pages _____ Balance Paid _____

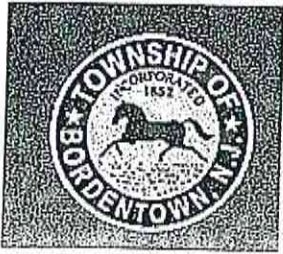
Records Provided

8/3/17

responded 8/14/17

Custodian Signature _____

Date _____



BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC



Important Notice

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Requestor Information – Please Print

First Name Jennifer MI _____ Last Name Jopke
E-mail Address _____
Mailing Address 2275 Route 33, Ste 308
City Hamilton Sq State NJ Zip 08690
Telephone _____ 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 Jennifer Jopke Date _____

Payment Information

Maximum Authorization Cost \$ 10
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.

Permits for any work done at 7 Groveville Road - including deck, basement finishing, electrical, ~~etc~~ plumbing.

AGENCY USE ONLY

st. Document Cost _____
st. Delivery Cost _____
st. Extras Cost _____
otal Est. Cost _____
eposit Amount _____
stimated Balance _____
eposit Date _____

AGENCY USE ONLY

Disposition Notes
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Complete

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking #	Total
Rec'd Date	Deposit
Ready Date	Balance Due
Total Pages	Balance Paid

Records Provided

C: Terry 8/3/17
responded 8/14/17

Custodian Signature _____

Date _____

Bordentown Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 609-298-2800 Fax:

PUBLIC RECORDS



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 Jeffrey MI Last Name Devlin
E-mail Address [REDACTED]
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X 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 [Signature] Date 8/7/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax [REDACTED]

Start Date 7/30/2017

End Date 8/5/2017

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
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Complete

In Progress Open
Denied Closed
Filled Closed
Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided

CC: Shelly 8.7.17
emailed response 8/15/17

Custodian Signature

Date



BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-879-4028

c.eckert@bordentownnj.org
Colleen M. Eckert, EMC



Important Notice

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Requestor Information – Please Print

First Name jacquelyn MI _____ Last Name wilfinger
E-mail Address [REDACTED]
Mailing Address 25 vista road
City hamilton State nj Zip 08690
Telephone [REDACTED] 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 jacquelyn wilfinger Date 8/14/17

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.

requesting all open and closed permits for construction, electrical and plumbing for the transfer of sale
property address: 311 Prince St, Bordentown, NJ 08505
block: 706
lot: 30

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 #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

Completed 8.15.17

Custodian Signature _____

Date _____

(8/24)

Important Notice

Requestor Information – Please Print

Payment Information

Select Payment Method

Extras: Special service charge
dependent upon request.

Signature [Signature] Date 8/15/17

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 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.

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

Disposition Notes

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Complete

In Progress	Open	
Denied	Closed	
Filled	Closed	
Partial	Closed	

AGENCY USE ONLY

Tracking Information

Final Cost

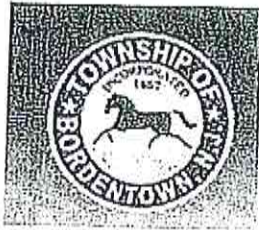
Tracking # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____

Records Provided

C: Jeff 8/15/17
 8/15/17 - Called response
 & rec'd from Jeff.

Custodian Signature

Date _____



**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

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c.eckert@bordentownnj.org
Colleen M. Eckert, GMC



(8/23)

Important Notice
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Requestor Information – Please Print

First Name Timothy MI M. Last Name Prime
E-mail Address [REDACTED]
Mailing Address 14000 Horizon Way, Suite 325
City Mount Laurel State New Jersey Zip 08054
Telephone [REDACTED] FAX [REDACTED]
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 August 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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Copies of the approved site plan, all Township review letters, resolutions of approval, and all reports filed by the Applicant, including the traffic report. The property is the former Valero service station and is currently under construction to construct a new 7-11 convenience store with fueling station, at the intersection of Route 130 & Farnsworth Road in Bordentown Township. If the information can be transmitted electronically, please email it to us at olivia@primelaw.com or if not available electronically, please advise when information is available and we will pick it up. Time is of the essence because the information is necessary for the Planning Board Meeting.

AGENCY USE ONLY

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

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Complete

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filed ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

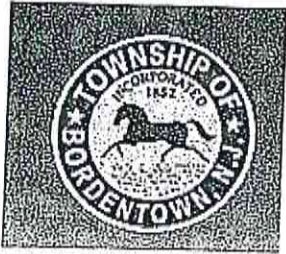
Tracking Information

Tracking #	Total
Rec'd Date	Deposit
Ready Date	Balance Due
Total Pages	Balance Paid

Records Provided

C: B. Johnson 8/15/17
8/15/17 emailed to come in & view
8/16/17 - Tim Prime came in & took & scanned & mailed
Custodian Signature _____ Date _____

Ⓢ Resolutions & Traffic Statement



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntwp.org
Colleen M. Eckert, CMC

RECEIVED
AUG 09 2017



Important Notice

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Requestor Information - Please Print

First Name MAURICE MI R. Last Name GUADAGNO

E-mail Address [REDACTED]

Mailing Address 43 HONEYFLOWER DR.

City TRENTON State NJ Zip 08620

Telephone [REDACTED] FAX [REDACTED]

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 Maurice R. Guadagno Date 8/9/2017

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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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. SITE PLAN - 43 HONEYFLOWER DR. IN PARTICULAR, TRYING TO DETERMINE HOW THE DRAINAGE WAS CONSTRUCTED AT THE REAR OF PROPERTY & COMMON PROPERTY (VILLAGE GRANDE/CROSSWICKS CREEK) BY DEVELOPER (D.R. HORTON) IN 2003-04. ALSO, IF ANY DRAINAGE PIPE WAS INSTALLED BEHIND PROPERTIES AT 45 & 47 HONEYFLOWER DR.
2. IN APPROX. 2012-2013, THE BOND HELD BY BORDENTOWN TWP. FOR D.R. HORTON FOR CONSTRUCTION OF VILLAGE GRANDE/CROSSWICKS CREEK WAS RELEASED. WHAT RESPONSIBILITY DID DR HORTON HAVE THAT WERE TRANSFERRED TO THE HOMEOWNERS ASSOCIATION VIA CASH SETTLEMENT?

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.

8/17/17 - MR GUADAGNO did an on-site inspection with Brian Johnson. Brian gave some copies.

Complete

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

CC: Brian J. 8-9-17
8/15/17 - Emailed to come in and view files (set appt.)
8/15/17 - Gfnd Appt 8/17/17 @ 11:00 AM

Custodian Signature

Date



BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 One Municipal Drive, Bordentown, NJ 08505
 609-298-2800, Ext. 8 / FAX: 609-379-4026

e.ckert@bordentownnj.gov
 Colleen M. Eckert, CMC



(8/10) 8/17

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 Mark MI J. Last Name Farren
 E-mail Address [REDACTED]
 Mailing Address PO Box 122
 City Hainesport State NJ Zip 08036
 Telephone [REDACTED] FAX [REDACTED]
 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 8-1-17

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.

- Current registration records for all canines at 36 Waterford Court
- Any police or animal control calls for service involving canines at 36 Waterford Court since 2010
- Any police contacts, follow ups, reports, investigation reports, and supplemental reports related to an incident involving canine "Chase" on Waterford Court on October 31, 2016
- Any animal control contacts, follow ups, reports, investigation reports, and supplemental reports related to an incident involving canine "Chase" on Waterford Court on October 31, 2016
- All reports and case notes generated by Animal Control on October 31, 2016
- All reports and case notes generated by Animal Control on November 10, 2016 and November 11, 2016

Any questions, please feel free to call or email. Thank you!

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.

Complete

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

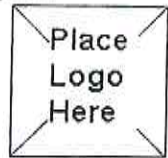
Tracking Information		Final Cost
Tracking # _____	Total _____	
Rec'd Date _____	Deposit _____	
Ready Date _____	Balance Due _____	
Total Pages _____	Balance Paid _____	

Records Provided

C: Shelley (she will handle coordination with Animal Control.)

Responded 8/17/17

Custodian Signature _____ Date _____



AGENCY NAME HERE

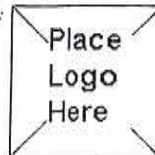
OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address

Name of Agency Custodian



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 Jim MI _____ Last Name O'Donnell

E-mail Address _____

Mailing Address 10 Monument RoadCity Bala Cynwyd State PA Zip 19004

Telephone _____ 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 James O'DonnellDate 08/09/2017

Payment Information

Maximum Authorization Cost \$ 1

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 attached 3 pages

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.

Complete

In Progress _____ Open _____
Denied _____ Closed _____
Filled _____ Closed _____
Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

CC: Shelly
Emailed response 8/18/17

Custodian Signature _____

Date _____



TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

August 7, 2017

Dear Records Officer,

This is a joint request from Trace Media Inc. and NBC10 to your Police Department for certain information pertaining to stolen and seized firearms, information that we understand to be public under public records laws.

We request the following:

Part 1) The below listed information for each firearm reported stolen to your agency from January 1, 2012, to August 1, 2017:

- Serial Number
- Year
- Date
- Incident No
- Report Type
- Property Type – Description
- Property Gun Description
- Property Description
- Property Model
- Property Gun Caliber
- Property Count
- Any other columns available

Part 2) The below listed information for each firearm seized by your agency from January 1, 2012, to August 1, 2017:

- Serial Number
- Occur From Date
- Property Description
- Property Brand
- Property Model
- Property Gun Description
- Property Gun Caliber
- Incode Description
- Incode
- Any other columns available
- Crime Category Code

Part 3) Any and all available data dictionaries and/or code sheets so that we can ascertain the meaning of column headings, codes, abbreviations, and other information contained in the CDW BI.



TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

As members of the news media, Trace Media and NBC10 will be making information obtained from this request available to the general public and are not requesting the records for commercial purposes.

The serial number is the most important piece of descriptive information for a firearm.

Serial numbers are assigned to specific firearms, not specific individuals, so any argument that releasing a serial number could identify, let alone endanger, a witness is without merit. Furthermore, because serial numbers serve as the identification markings for firearms, not people, any argument that gun owners have a right to privacy regarding the serial numbers of their weapons is equally flawed.

Firearm serial numbers by themselves cannot be used to identify an individual or a witness. The U.S. federal government does not have a comprehensive firearm registry, and in even in states where registries do exist, the information contained therein is not open to the general public. Moreover, while serial numbers are designed to aid in the identification of specific firearms, their distinctiveness is not absolute. Under federal regulations, serial numbers may be duplicated by different manufacturers. For example, if Manufacturer A produces a handgun with serial number 12345, Manufacturer B can also produce a handgun with serial number 12345 and still be in compliance with the law.

The release of serial numbers would also not hinder a law enforcement investigation. To argue such would be akin to saying that serial numbers somehow open a window into a police investigative file, which they do not. Besides, serial numbers often appear in publicly accessible court documents, albeit without the centralization key for newsgathering and analysis.

This request is part of a national project exploring the use of stolen guns in crime, an issue of paramount import to the citizens of your community and the brave police officers who protect and serve them.

So far, more than 200 public law enforcement agencies around the country have released serial number information to us in response to public records requests for this project.

We hope that your agency takes our arguments into consideration when reviewing our records request.

We ask that the requested records be provided in a .xlsx, .xls, .csv, .txt, or another spreadsheet-compatible format. We also ask that you email the records to [REDACTED]



TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

When releasing the records, please be mindful that .xlsx and .xls file extensions may delete leading zeros from serial numbers – turning, for example, a serial number that is actually 012345 into 12345. This could skew our analysis. To ensure that this does not happen, please take care to download and import the serial number column in a "Text" number format.

If there are fees associated with this request, we would appreciate if you informed us of the estimated charges in advance.

If you have any questions or concerns, please do not hesitate to contact

Jim O'Donnell
Senior Investigative Producer
NBC10





**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC



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 Aaron MI S. Last Name Brotman

E-mail Address [REDACTED]

Mailing Address Sills Cummis & Gross P.C., 600 College Road East

City Princeton State NJ Zip 08540

Telephone [REDACTED]

FAX [REDACTED]

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 8/15/2017

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.

Planning or zoning board applications for the Wawa facility at 1076 Route 206, Bordentown, NJ 08505 since 1980.

B. 134,01
L 1

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.

Complete

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Final Cost

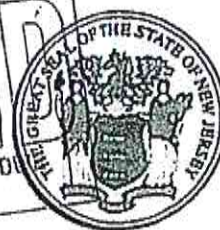
Tracking # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

[Signature]

Records Provided

Responded 8/18/17
(Search Completed previously on OPRA Request rec'd)
Custodian Signature _____ Date _____

6/7/17-C.



Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<i>responded on 8/18/17</i>			
Custodian Signature		Date	

(8/23)

Fax:

FORM
RECEIVED
AUG 14 2017
TOWNSHIP OF BORDENTOWN
CLERK'S OFFICE

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

First Name Jeffrey MI Last Name Devlin
E-mail Address [REDACTED]
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X 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 [Signature] Date 8/14/2017

Date _____



TOWNSHIP OF BURLINGTON OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08034

Office Phone - 609-239-5816 Office Fax - 609-386-8837

Anthony J. Carnivale, Jr., RMC, Township Clerk

Email: acarnivale@twp.burlington.nj.us

**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 PrintFirst Name Kimberley MI _____ Last Name Stuart

E-mail Address _____

Mailing Address Mattleman, Weinroth & Miller, P.C. 401 Route 70 EastCity Cherry Hill State NJ Zip 08034Telephone _____ 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 _____

Date August 8, 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

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.

Kindly provide any and all records pertaining to Trista Colleen Silvestro (now Trista Colleen Jones), whose current address is 1000 Lawnton Avenue, West Deptford, N.J. 08096. D/O/B: 1/7/77.

It is believed that Ms. Jones (nee Silvestro) was charged with a possession of CDS charge on or about 1995. She participated and successfully completed the conditional discharge program.

She seeks these records for purposes of expungement. She has retained me for that purpose.

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.

Complete

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY**Tracking Information**

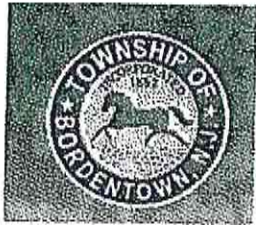
Tracking #	Total	Final Cost
Rec'd Date	Deposit	
Ready Date	Balance Due	
Total Pages	Balance Paid	

Records Provided

C: Shelley responded 8/25/17

Custodian Signature _____

Date _____



BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 One Municipal Drive, Bordentown, NJ 08505
 609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
 Colleen M. Eckert, CMC

**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 Amanda MI M Last Name Cooper
 E-mail Address [REDACTED]
 Mailing Address 105 Evesboro-Medford Road, Suite C
 City Marlton State NJ Zip 08053
 Telephone [REDACTED] FAX [REDACTED]
 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 8/25/2017

Payment InformationMaximum Authorization Cost \$ 10**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, Geographic Services Inc., are performing an Environmental Site Assessment on the Property at 203 Hedding Road, Block 137.0 Lot 4.02 in Bordentown. We are looking for the following documentation, if available.

- underground storage tanks at the property (permits for installation, removal, etc.).
- Certificates of occupancy dating back to first development of the property (1940 or earliest available).
- Asbestos or lead based paint abatement documentation.
- Documentation related to releases/spills of hazardous materials at the property.
- Documentation related to septic systems or supply wells at the property

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.

Complete

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY**Tracking Information**

Tracking #	Total	Final Cost
Rec'd Date	Deposit	
Ready Date	Balance Due	
Total Pages	Balance Paid	

Records Provided

*C: Terry on 8/25/17
 Replied on 8/29/17*

Custodian Signature

Date

Bordentown Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 609-298-2800 Fax:

PUBLIC RECORDS



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 Jeffrey MI Last Name Devlin
E-mail Address [REDACTED]
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X 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 [Signature] Date 8/21/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to [REDACTED]

Start Date 8/13/2017

End Date 8/19/2017

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.

Complete

In Progress Open
Denied Closed
Filled Closed
Partial Closed

AGENCY USE ONLY

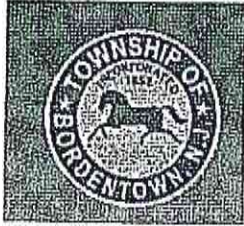
Tracking Information		Final Cost
Tracking # <u> </u>	Total <u> </u>	
Rec'd Date <u> </u>	Deposit <u> </u>	
Ready Date <u> </u>	Balance Due <u> </u>	
Total Pages <u> </u>	Balance Paid <u> </u>	

Records Provided

*C: Shelley / Marlene
Responded 8/29/17*

Custodian Signature

Date



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, GMC

(9/6)

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 PrintFirst Name Luisa MI MI Last Name RancapanE-mail Address [REDACTED]Mailing Address 170 Kinnelon RoadCity Kinnelon State NJ Zip 07405Telephone [REDACTED]FAX [REDACTED]Preferred Delivery: 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 Luisa RancapanDate 8/24/17**Payment Information**

Maximum Authorization Cost \$

Select Payment MethodCash ☐ 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.

I am requesting for a copy of the planning minutes on 8/10/2017 for PB-2017-0038

237 Route 130 Convenience, LLC
 Block: 121 Lot: 5

Please see attached Planning Board Agenda

AGENCY USE ONLY**AGENCY USE ONLY****AGENCY USE ONLY**Est. Document Cost Env. 1.25Est. Delivery Cost Postage 2.67Est. Extras Cost CD 2.00Total Est. Cost 4.92Deposit Amount _____Estimated Balance _____Deposit Date _____**Disposition Notes**

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

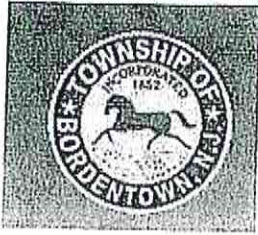
CompleteIn Progress - Open _____Denied - Closed _____Filed - Closed _____Partial - Closed _____**Tracking Information****Final Cost**

Tracking #	Total
Rec'd Date	Deposit
Ready Date	Balance Due
Total Pages	Balance Paid

Records Provided

8/25/17 - Emailed, "do you want C.D.?"
 8/29/17 - Sent 2nd request.
 8/29/17 - Applicant withdrew request. see attached email.

Custodian Signature _____Date _____



BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 One Municipal Drive, Bordentown, NJ 08505
 609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
 Colleen M. Eckert, OMC



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 Emica MI N Last Name Perazza-Pawel
 E-mail Address [REDACTED]
 Mailing Address 11 White Horse Pike
 City Haddon Heights State NJ Zip 08035
 Telephone [REDACTED] FAX [REDACTED]
 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 9/21/17

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.

a list w/ details such as Complaint / summons #s of any citizen complaints filed by Diane L. Mueller in the City/Town of Bordentown.

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.

Complete

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

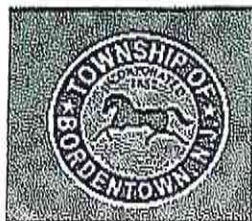
Tracking Information

Tracking # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____

Records Provided
9/21/17 - Emailed, not specific

Custodian Signature _____

Date _____



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC



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 Cannon MI F Last Name MONTFERRAT
E-mail Address [REDACTED]
Mailing Address 100 Matawan Road
City Matawan State NJ Zip 07747
Telephone [REDACTED] FAX [REDACTED]
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 9/21/17

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.

Subject: Block 137.02, Lot 1, Q FARM & Block 137.02, Lot 11.03, Q FARM (Address 2473 Old York Road and RT 295)

Timeframe: 2011 - present

Documentation / Resolution / Approvals: Planning, zoning, or land use approvals on the property including variances, site plan approvals, conditional uses of billboards, and/or subdivision approvals.

I'd appreciate any information you could provide! Thank you

AGENCY USE ONLY

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

AGENCY USE ONLY

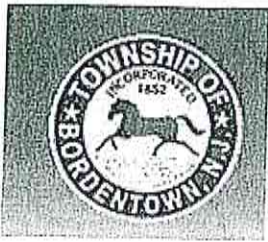
Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

Complete

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
C: Brian J 9/21/17 - Emailed response no records			
Custodian Signature _____		Date _____	



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC



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 Anastasia MI Last Name Trout
 E-mail Address [REDACTED]
 Mailing Address 4600 S Ulster st ste 530
 City Denver State CO Zip 80237
 Telephone [REDACTED] 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 Anastasia Trout Date 9/11/2017

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.

My name is Anastasia Trout I am with Pemco-Limited working on behalf of Fannie Mae and I am in charge of maintaining the following property: 341 W Burlington st

- Are there any current open code violations or open permits? If so,
-Date of violation and fine amount?
- Has this property been through Vacant property registration? If so,
- Date of registration?
-Name of person/ company who registered the property?
-Amount paid
- Date of registration/ next due date

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

Complete

In Progress Open
 Denied Closed
 Filled Closed
 Partial Closed

Tracking Information
 Tracking # Total
 Rec'd Date Deposit
 Ready Date Balance Due
 Total Pages Balance Paid

Records Provided

Emailed response, this is Bordentown City.

Custodian Signature

Date

(10/4)

ACCURATE
ABSTRACTS

ACCURATE ABSTRACTS
OPEN PUBLIC RECORDS ACT REQUEST FORM

0304-BordentownTwp - Burlington Co

RECEIVED
SEP 25 2017
TOWNSHIP OF BORDENTOWN
CLERK'S OFFICE

ACCURATE
ABSTRACTS

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 [REDACTED]
Mailing Address PO Box 1734
City Rutherford State NJ Zip 07070
Telephone [REDACTED] 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 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
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" (0304txsr.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: [REDACTED]
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

Complete

C: Jeff E 9/25/17
@ 9/25/17 - Jeff emailed the response.

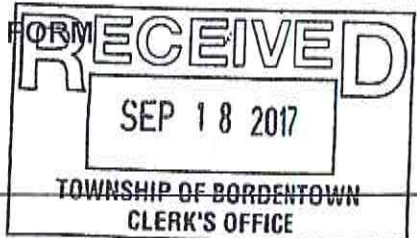
Bordentown Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-298-2800

Fax:

PUBLIC RECORDS



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 Jeffrey MI Last Name Devlin
E-mail Address [REDACTED]
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X 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 [Signature] Date 9/18/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax [REDACTED]

Start Date 9/10/2017

End Date 9/16/2017

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.

Complete

In Progress Open
Denied Closed
Filled Closed
Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
<u>CC: Dally 9.18.17</u>			
<u>Emailed response 9/26/17</u>			
Custodian Signature <u> </u>		Date <u> </u>	

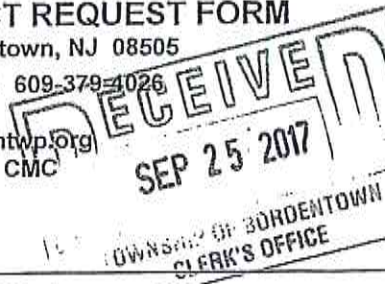


**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-379-1026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC



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 Marvin MI D Last Name DeLeon
Mailing Address [REDACTED]
Billing Address 105 N. Hamilton Ave
City Hamilton State NJ Zip 08619
Telephone [REDACTED] FAX N/A
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☒ E-mail
You are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17-28-3, 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 09-25-17

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.

Arrest Record from when I had a warrant for unpaid ticket. I was detained and made partial bail the same day. This occurred a couple of years ago.

Drivers License # D2367 52664 10872

Address at the time 257 South Logan Ave Trenton NJ 08629

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.

Complete

In Progress - ☐ Open ☐
Denied - ☐ Closed ☐
Filled - ☐ Closed ☐
Partial - ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

C: Shelley 9/25/17
Emailed response 9/26/17

Custodian Signature _____

Date _____

One Municipal Drive, Bordentown, NJ 08506
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnjwp.org
Colleen M. Eckert, CMC



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

First Name Janel MI Last Name Torres

E-mail Address

Mailing Address 800-A Bradford Court

City Bordentown State NJ Zip 08505

Telephone

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 09/18/17

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

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 provide a copy of the police report regarding a dispute near building 2, on Saturday, 09/16/17. Call was made by Tina Ciccia. Thank you.

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

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

Complete

In Progress	•	Open
Denied	-	Closed
Filled	-	Closed
Partial	-	Closed

Tracking Information

Tracking #

Rec'd Date

Ready Date

Total Pages

Final Cost

Total

Depoell

Balance Due

Balance Paid

Records Provided

Records Provided

CC: Shelly 9-18-17

Emailed 2 pgs response 9/27/17

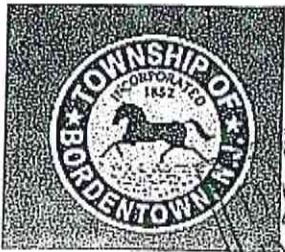
Custodian Signature

Date _____

BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

checkert@bordentowntp.org
Colleen M. Eckert, CMC



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

Payment Information

First Name JORGE MI L Last Name SEPTIEN

E-mail Address [REDACTED]

Mailing Address 12 CHARLENE COURT

City ROBBINSVILLE State NJ Zip 08691

Telephone [REDACTED] FAX [REDACTED]

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 9.8.17

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.

I AM IN THE PROCESS OF PURCHASING A HOME AT 92 GROVEVILLE ROAD WHICH WAS RECENTLY RENOVATED BY THE SELLER. I AM LOOKING FOR ALL PERMITS AND APPROVALS FOR THIS PROPERTY. IN ADDITION, THE SELLER HAS INFORMED ME THAT THE PROPERTY HAD AN ~~OIL TANK~~ OIL TANK THAT WAS REMOVED. I WANT TO CONFIRM THAT IT WAS REMOVED PROPERLY AND THAT THERE ARE NO OUTSTANDING ISSUES CONCERNING ITS REMOVAL AND/OR POSSIBLE CONTAMINATION.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

Complete

In Progress	-	Open	_____
Denied	-	Closed	_____
Filled	-	Closed	_____
Partial	-	Closed	_____

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

Records Provided

C: Terry 9/8/17
9/20/17 - Terry not in. Extended to 9/22/17.
9/21/17 - Emailed response

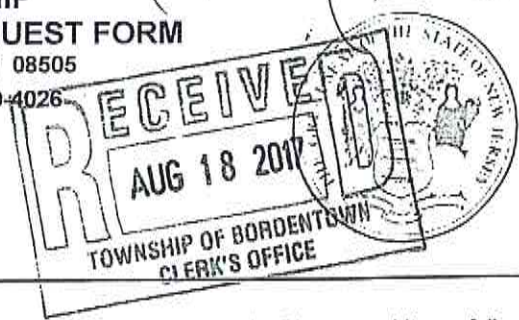
Custodian Signature _____

Date _____

**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

Colleen M. Eckert, CMC



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 Mark MI J. Last Name Farren
E-mail Address [REDACTED]
Mailing Address PO Box 122
City Hainesport State NJ Zip 08036
Telephone [REDACTED] FAX [REDACTED]
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 8-18-2017

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.

- Any police or animal control contacts, followups, reports, investigation reports, and supplemental reports related to a dog bite on October 10, 2016 (reported on October 11, 2016) involving Alina Bijowski
- Any summons issued to John Parsons related to dog bite involving Alina Bijowski
- Notice of Bite and Confinement and Department of Health Records for the dog bite involving Alina Bijowski, to include any reports of inspection of the canine at the end of the quarantine
- Any reports related to and any citizen complaints against James Parsons, Colleen Wade, Chris Wade III, or Thomas Sincak
- Any police or animal control contacts, followups, reports, investigation reports, and supplemental reports related to BTPD Incident 2017-3998 (dispatch records say "ACO Req")

Thank you!

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.

Complete

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Tracking # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____

Records Provided

*c: Shelley 8/18/17
8/29/17 - extended to 9/1/17
Responded 8/31/17*

Custodian Signature _____

Date _____

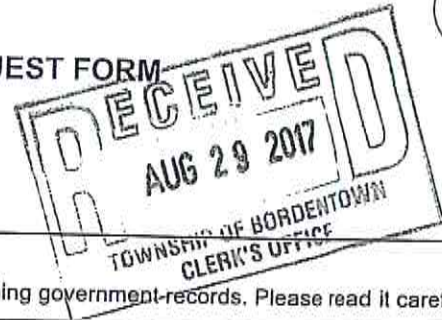
(9/8)

Bordentown Township
OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-298-2800

Fax:

PUBLIC RECORDS



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 Jeffrey MI _____ Last Name Devlin

E-mail Address _____

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____

FAX _____

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

Date

8/28/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash _____ Check _____ Money Order _____

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) _____

Start Date 8/20/2017

End Date 8/26/2017

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.

Complete

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

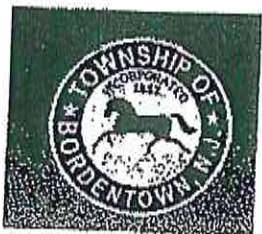
Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided
To: *Shelly / Mark* 8/29/17
Responded 9/5/17

Custodian Signature _____

Date _____

(8/9)



BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
One Municipal Drive, Bordentown, N.J. 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntp.org
Colleen M. Eckert, CMC

RECEIVED
JUL 31 2017
TOWNSHIP OF BORDENTOWN
CLERK'S OFFICE



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 DAVID MI _____ Last Name wheeler
E-mail Address _____
Mailing Address 728 OLD YORK RD
City CHATELAIN FIELD State NJ Zip 08515
Telephone _____ FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site _____
Inspect _____ Fax _____ E-mail DAVID
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 7/31/17

Payment Information

Maximum Authorization Cost \$ 20.00
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.

TWP MEETING - July 13th. Matrix Approval.

Copy of Planning Board minutes, per 7/13/17 attached.

AGENCY USE ONLY

Est. Document Cost \$2.00
Est. Delivery Cost [Signature]
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.
Complete
In Progress _____ Open _____
Denied _____ Closed _____
Filled _____ Closed _____
Partial _____ Closed _____

AGENCY USE ONLY

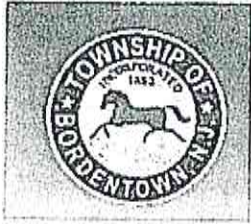
Tracking Information

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

Records Provided
6 @ responded 7/31/17.
7/31/17 - Emailed, "ready for pick up."
8/4/17 - Emailed, "2nd request"
Custodian Signature _____ Date _____

9/5/17 - issued CD. Paid \$2.00

8/29/17 - have, picked up. ready for pickup. 5:00 PM on 8/29/17

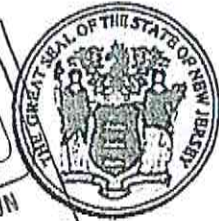


**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-379-4026

c.ackert@bordentowntp.org
Colleen M. Eckert, CMC



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 Brian MI A Last Name Smith
E-mail Address [REDACTED]
Mailing Address 170 Kinnelon Road
City Kinnelon State NJ Zip 07405
Telephone [REDACTED] FAX [REDACTED]
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 Brian Smith Date 9/5/17

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.

A copy of entire those pages of the application submitted by TMDEC Limited Liability Company located at 261 U.S. Highway 130 Block 128.01, Lot 36 that includes the name, address, and telephone number for the owner, applicant, engineer, architect and attorney. Please also include the page of the application that describes what is

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.

Complete

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

Tracking Information

Tracking # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

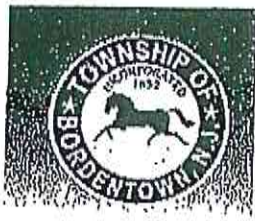
Responded 9/7/17 cd

Custodian Signature _____

Date _____

being proposed along with the proposed square footage of new construction

001/001



**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntwp.org
Colleen M. Eckert, CMC



Important Notice

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Requestor Information – Please Print

First Name Janet MI Last Name Torres
E-mail Address [REDACTED]
Mailing Address 800-A Bradford Court
City Bordentown State NJ Zip 08505
Telephone [REDACTED] FAX [REDACTED]
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 08/29/17

Payment Information

Maximum Authorization Cost	\$
----------------------------	----

Select Payment Method

Cash	Check	Money Order
------	-------	-------------

Fees: Letter size pages - \$0.05 per page

Legal elze pages - \$0.07
per page

Delivery: Other materials (CD, DVD, etc) - actual cost of material
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 provide copies of records regarding an incident that occurred on 08/28/2017 on the Bradford Pointe Apartment premises involving a fight.

AGENCY USE ONLY

Est. Document Cost	
Est. Delivery Cost	
Est. Extra 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.

Complete

In Progress	-	Open	_____
Denied	-	Closed	_____
Filled	-	Closed	_____
Partial	-	Closed	_____

AGENCY USE ONLY

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

Records Provided

C: Shelley / Marlene 8/28

Reopened 9/7/17

Custodian Signature

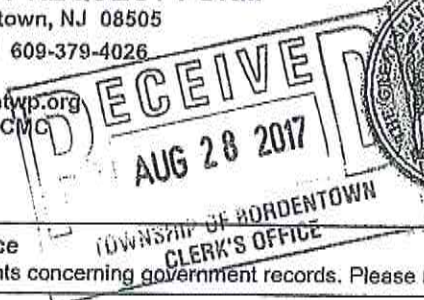
Date _____



**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC



Important Notice

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Requestor Information - Please Print

First Name	<u>Akeyla</u>	MI	<u>A</u>	Last Name	<u>Choate</u>
E-mail Address	<u>[REDACTED]</u>				
Mailing Address	<u>PO Box 310</u>				
City	<u>Oxford</u>	State	<u>IA</u>	Zip	<u>52322</u>
Telephone	<u>[REDACTED]</u>		FAX	<u>[REDACTED]</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 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>[Signature]</u>			Date	<u>8/24/17</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.

Police report # 2017-5384
date of report 8/6/17

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
<u>Complete</u>	
In Progress	- Open _____
Denied	- Closed _____
Filled	- Closed _____
Partial	- Closed _____

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Request Submitted to P.D. 9/7/17 - Shelley provided ORCA request & attachment 9/7/17 - Responded -		Records Provided	
Custodian Signature _____		Date _____	

(8/21)



**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntwp.org
Colleen M. Eckert, CMG



Important Notice

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Requestor Information - Please Print

First Name Stephen MI M. Last Name Eisdorfer
E-mail Address [REDACTED]
Mailing Address 21 Roszel Road
City Princeton State NJ Zip 08542
Telephone [REDACTED]
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 Stephen Eisdorfer Date 8-9-2017

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 record; preferred method of delivery will only be accommodated if the custodian has the technology to be jeopardized by such method of delivery.

See attached list of documents.

Copy Fee for documents in response to OPRA Request

AGENCY USE ONLY

Est. Document Cost 30 x 42" 10 @ \$4.50
Est. Delivery Cost = 45.00
Est. Extras Cost 8 1/2 x 11" 210 @ .05
Total Est. Cost \$10.50
Deposit Amount \$55.50
Estimated Balance \$55.50
Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
\$45.00 + 10.50 = 55.50
Complete
In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

Tracking #

Rec'd Date _____
Ready Date _____
Total Pages _____

Suzanne Smith

Records Provided

8/11/17 - CME emailed Brian J.
8/22/17 - Cmailed 3 dates for inspection
8/25/17 + 8/28/17 - Inspected docs
8/29/17 - Advised \$ due \$55.50
Custodian Signature _____ Date _____

9/8/17 - Picked up docs & site plans by Suzanne Smith

8/30/17 - Check # 24668 rec'd. PAID IN FULL



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OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntwtp.org
Colleen M. Eckert, CMC



Important Notice

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Requestor Information – Please Print

First Name Alan MI R Last Name Hirschfeld
E-mail Address [REDACTED]
Mailing Address 219 Laureen Rd.
City Schwenksville State PA Zip 19473
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: ☒ 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 Alan Hirschfeld Date 9/13/17

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.

Dike Bankers Environmental Solutions, LLC is conducting a Phase I Environmental Site Assessment for the Yardville Valero at 42 Route 130 South, Yardville NJ. Please research your environmental files for any records on USTs, LUSTs, tank removals, RCRA, environmental violations, permits, asbestos and/or remedial work.

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.

Denied

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

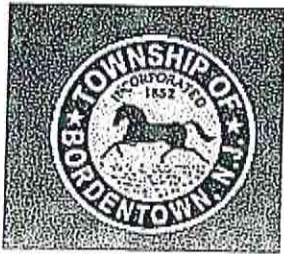
Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

Enailed response 9/13/17

Custodian Signature _____

Date _____



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC



Important Notice

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Requestor Information - Please Print

First Name MARK MI J Last Name FARRIN
E-mail Address [REDACTED]
Mailing Address PO BOX 122
City HAINESPORT State NJ Zip 08036
Telephone [REDACTED] FAX [REDACTED]
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 9-12-17

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.

- DISPATCH RECORDS FOR 2016-7671
- AEO LOG FOR 11-3-17
- ANY POLICE INCIDENT REPORT FOR 2016-7671

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
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Complete

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Tracking # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

1: Shelley 9/12/17
responded 9/14/17

Custodian Signature _____

Date _____



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntp.org
Colleen M. Eckert, CMC

RECEIVED
SEP 14 2017
TOWNSHIP OF BORDENTOWN
CLERK'S OFFICE



(9/25)

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 Patrick MI A Last Name Neely
E-mail Address [REDACTED]
Mailing Address 2 Dead End Drive
City Maple Shade State NJ Zip 08052
Telephone [REDACTED] FAX [REDACTED]
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 PATRICK A Neely Date 9/14/2017

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
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.

Patrick A. Neely, LLC is a cooperating asset manager with the sale of New Jersey in the vacant and abandoned property restoration initiative. In compliance with mandate I am writing to request:

- (1) the vacant and abandoned & mortgage foreclosure registration list in .xml or .csv format (excel).
- (2) the general contractors who pulled permits at: 2 Elm Ave within the last 360 days.

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.

Complete

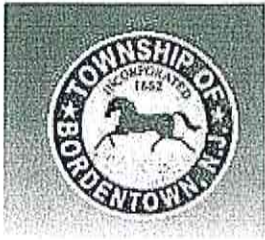
In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

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

Records Provided
C: Brian J. *REC'D 9-14-17*
Terry *REC'D 9/15/17*
9/15/17 - *Charles Neely*
Custodian Signature _____ Date _____

(9/18/17)

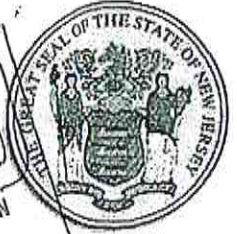


**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, OMC



Important Notice

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Requestor Information - Please Print

First Name THOMAS MI M Last Name GRBELJA
E-mail Address [REDACTED]
Mailing Address 201 W. PASSAIC STREET #301
City ROCKELLE PARK State NJ Zip 07662
Telephone [REDACTED] FAX [REDACTED]
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 [Signature] Date 9.30.2017

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
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 PROVIDE ALL AVAILABLE RECORDS RE: DEBRA SKIPPER
(AKA: DEBBIE SKIPPER) RESIDING AT 2 MYRTLE AVE
BORDENTOWN. OPRA REQUEST

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.
Complete
In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided <u>9/7/17 - Responded, "be specific."</u>			
Custodian Signature _____		Date _____	

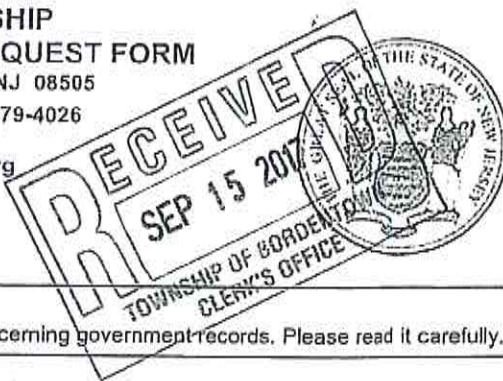


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One Municipal Drive, Bordentown, NJ 08505

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c.eckert@bordentowntp.org
Colleen M. Eckert, CMC



Important Notice

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Requestor Information – Please Print

First Name THOMAS MI M Last Name GRZELJA
E-mail Address [REDACTED]
Mailing Address 151 Birch Rd
City FRANKLIN LAKE State NY Zip 07417
Telephone [REDACTED] FAX [REDACTED]
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 9/15/17

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.

DEBRA SKIPPER - DOB - 7/2/1956
2 Myrtle Ave Bordentown

OPRA Request
PLEASE PROVIDE ALL PUBLIC RECORDS AVAILABLE
FOR DEBRA SKIPPER & ANY ALIASES

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
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Complete
In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

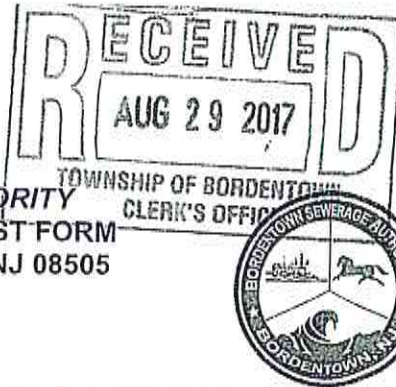
AGENCY USE ONLY

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

Records Provided
Responded on 9/15/17
be specific
Custodian Signature _____ Date _____



BORDENTOWN SEWERAGE AUTHORITY
OPEN PUBLIC RECORDS ACT REQUEST FORM
 954 Farnsworth Avenue Bordentown NJ 08505
 P-609-291-9105 F-609-291-9079
 ekwelly@bordentownsa.org
 Elizabeth J. Kwelly, Custodian



(9/8)

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 Kathryn MI Last Name Bosman
 E-mail Address [REDACTED]
 Mailing Address 4 Endwell Court
 City Willingboro State NJ Zip 08046
 Telephone [REDACTED] 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 Kathryn Bosman Date 08/28/2017

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: Letter size pages - \$0.75 per page
 Legal size pages - \$0.75 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.

3x 354 / File
 Drawer 38

13 = 8 1/2 x 11 = .65
 2 = 8 1/2 x 14 = .14
.79

not.
 3x 8 / Section 8-C
 3x 16 / 8-C
 x 43 / 8-C

- and -
 9 sheets 30 x 42" = 40.50
 @ \$4.50 ea
41.29 pd 9/12/17
 CK#5213

AGENCY USE ONLY

AGENCY USE ONLY

9/12/17 - Kathryn came w request copies & 9 sheets of site plan. Brian + C: Terry 8/29/17
 PD \$41.29

9/13/17 - telephoned Kathryn to pick up copies.
 complete

Per Brian for 8/29/17, he does not want to answer questionnaires, cd
 9/8/17 - Emailed for her to come + view files
 also told her that a rail dates

7 Distribution
 B137.02
 LG

Bordentown Township
OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-298-2800

Fax:

PUBLIC RECORDS



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	Jeffrey	MI		Last Name	Devlin
E-mail Address	[REDACTED]				
Mailing Address	2022 WASHINGTON BLVD				
City	ROBBINSVILLE	State	NJ	Zip	08691
Telephone	[REDACTED]		FAX	[REDACTED]	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	X
				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 [Signature] Date 9/11/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to [REDACTED]

Start Date 9/3/2017

End Date 9/9/2017

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.

Complete

In Progress	-	Open	_____
Denied	-	Closed	_____
Filled	-	Closed	_____
Partial	-	Closed	_____

AGENCY USE ONLY

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

Records Provided

*0: 5 copies mailed 9/11/17
9/20/17 - Emailed response*

Custodian Signature _____

Date _____

Bordentown Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 609-298-2800 Fax:

PUBLIC RECORDS



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 Jeffrey MI Last Name Devlin
E-mail Address [REDACTED]
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X 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 [Signature] Date 9/4/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method
Cash Check Money Order

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax [REDACTED]

Start Date 8/27/2017

End Date 9/2/2017

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.

Complete

In Progress Open
Denied Closed
Filled Closed
Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided

C: Shelley / Marlene 9/11/17
9/20/17 - Emailed response

Custodian Signature Date



**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC



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 Brittany MI A Last Name Smith
E-mail Address [REDACTED]
Mailing Address 170 Kinnelon Road
City Kinnelon State NJ Zip 07405
Telephone [REDACTED] FAX [REDACTED]
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 Brittany Smith Date 9/20/17

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.

a copy of only those pages of the Planning Board application that includes the name, address, and telephone # for the owner, applicant, engineer, architect, and attorney. for the following application
Team Campus Phase II, LLC
Block 58, Lot 36 - Rt 130 & Crescent Drive.

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.

Complete

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

9/20/17 - Emailed response

Custodian Signature _____

Date _____



One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntwp.org
Colleen M. Eckert, CMC



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

Payment Information

Extras: Special service charge dependent upon request.

NAME : SMOOT GEORGE W

AGENCY USE ONLY

Deposit Date Date of deposit: 2010-01-20 10:00:00

Complete

In Progress	•	Open	_____
Denied	•	Closed	_____
Filled	-	Closed	_____
Partial	-	Closed	_____

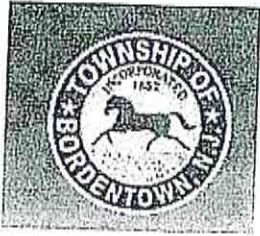
Balanco Pald

C: Terry

Emailed response 9/28/11
stating wrong address +
request is closed.



Date _____



BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntwp.org
Colleen M. Eckert, CMC

RECEIVED
SEP 28 2017
TOWNSHIP OF BORDENTOWN
CLERK'S OFFICE



(10/10)

specific req't rec'd on 10/10

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 Enca MI N Last Name Perazzo-Pawel
E-mail Address [REDACTED]
Mailing Address 111 White Horse Pike
City Haddon Heights State NJ Zip 08035
Telephone [REDACTED] FAX [REDACTED]
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 9/21/17

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.

A list w/ details such as Complaint / Summons #s of any citizen complaints filed by Diane L. Mueller in the City / Town of Bordentown.

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.

Complete

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Tracking #	Total
Rec'd Date	Deposit
Ready Date	Balance Due
Total Pages	Balance Paid

Records Provided
To Shelly 9/25/17
Responded 9/28/17

Custodian Signature _____

Date _____

Bordentown Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 609-298-2800 Fax:

PUBLIC RECORDS



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 Jeffrey MI Last Name Devlin
E-mail Address [REDACTED]
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X 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 [Signature] Date 9/25/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to [REDACTED]

Start Date 9/17/2017

End Date 9/23/2017

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.

Complete

In Progress Open
Denied Closed
Filled Closed
Partial Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

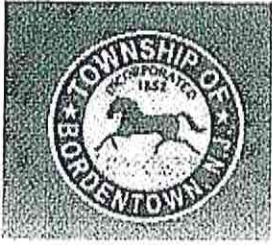
Total
Deposit
Balance Due
Balance Paid

Records Provided

a: shelly / marlene 9/25/17
Emailed response 10/3/17

Custodian Signature

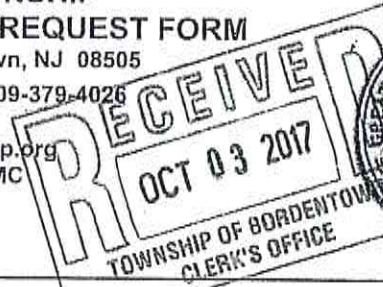
Date



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntp.org
Colleen M. Eckert, CMC



(10/13)

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 Robert MI MI Last Name Farmel
E-mail Address [REDACTED]
Mailing Address 9 S Colonial Drive
City Bordentown NJ State NJ Zip 08505
Telephone [REDACTED] FAX [REDACTED]
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 10-3-17

Payment Information

Maximum Authorization Cost \$ 10.00

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.

- municipal Liens
- open and/or closed permits
- Tax status
- Sewer status - N/A
- Water status - N/A
- Violations + Penalties

Property Location:

9 S Colonial Drive
Bordentown, NJ 08505

Block: 00092.06

Lot: 00027.05

AGENCY USE ONLY

AGENCY USE ONLY

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

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

Complete

In Progress - ☐ Open ☐
Denied - ☐ Closed ☐
Filled - ☐ Closed ☐
Partial - ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
C: Jeff E. - rec'd 10/3/17			
Eileen C. - rec'd 10/4/17			
Terry			
Responded 10/4/17			
Custodian Signature _____		Date _____	

(10/13)



BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026
c.eckert@bordentowntp.org
Colleen M. Eckert, CMC

RECEIVED
OCT 03 2017
TOWNSHIP OF BORDENTOWN
CLERK'S OFFICE



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 Nathan MI B Last Name Davis
E-mail Address [REDACTED]
Mailing Address P.O. Box 247
City Josephine State TX Zip 75164
Telephone [REDACTED] FAX [REDACTED]
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 08/23/2017

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.

Requesting a copy of an auto accident report for insurance purposes. Looking for case #2017-4595.
The date of loss is 07/06/2017 Officer Ryan Forster came out to the scene.

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.

Complete

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filed ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>C. Shelley 10/3/17</u> <u>Responded 10/4/17</u>			
Custodian Signature _____		Date _____	

OPEN PUBLIC RECORDS ACT REQUEST FORM

0304-BordentownTwp - Burlington Co



ACCURATE ABSTRACTS

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 MI Last Name Hartman

E-mail Address [REDACTED]

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone [REDACTED] FAX [REDACTED]

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 10/4/2017

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" (0304txsr.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. [REDACTED]

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

Complete

C: Jeff E.
10/4/17 - Jeff responded
per attached email



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC



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 Carl MI A Last Name Rizzo
E-mail Address [REDACTED]
Mailing Address Court Plaza North - 25 Main Street
City Hackensack State NJ Zip 07601
Telephone [REDACTED] FAX [REDACTED]
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 Carl A. Rizzo Date 9/29/17

Payment Information

Maximum Authorization Cost \$ 50.00

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.

Re: Wawa Food Market and Gasoline Filling Station (the "Applicant")

RJM Route 130 LLC (the "Owner")

237 Route 130, Block 121, Lot 5, Bordentown Township, NJ (the "Property")

Please provide this office with any and all documents that were submitted by the applicant and/or any parties opposing the application(s) that relate to issues of traffic, including but not limited to, any documents that identify actual traffic counts derived from operations at other Wawa convenience store/gas station locations. Should you have any questions, please contact me. Thank you.

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.

Complete

In Progress - Open _____
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

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

Records Provided
9/29/17 - Requested date range.
10/6/17 - no response. File.

Custodian Signature _____ Date _____

#14927407

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

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.

First Name _____ Veronica _____ MI _____ Last Name _____ Hartman _____
E-mail Address _____
Mailing Address _____ PO Box 1734 _____
City _____ Rutherford _____ State _____ NJ _____ Zip _____ 07070 _____
Telephone _____ FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____ X _____

you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2:28-3, 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 10/10/2017

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" (0304txsr.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 mail address: [REDACTED]

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,

Monica Hartman
Principal Research Specialist
Curate Abstracts
Action Title Research Company

C: Jeff 10.10.17
Completed 10.10.17

OPEN PUBLIC RECORDS ACT REQUEST FORM

ACCURATE
ABSTRACTS
An Action Title Research Company

0304-BordentownTwp - Burlington Co

ACCURATE
ABSTRACTS
An Action Title Research Company

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 MI Last Name HartmanE-mail Address [REDACTED]

PO Box 1734

Mailing Address [REDACTED]City Rutherford State NJ Zip 07070Telephone [REDACTED] FAX [REDACTED]Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail XIf 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 HartmanDate 10/12/2017

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

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" (0304txsr.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: [REDACTED]

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

Complete

c: Jeff E (by CME)
 jeff responded 10/10/17

Bordentown Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-298-2800

Fax:

PUBLIC RECORDS



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 Jeffrey MI Last Name Devlin

E-mail Address [REDACTED]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [REDACTED] FAX [REDACTED]

Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X 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 [Signature] Date 10/2/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 9/24/2017

End Date 9/30/2017

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.

Complete

In Progress Open

Denied Closed

Filled Closed

Partial Closed

AGENCY USE ONLY

Tracking Information

Final Cost

Tracking # Total

Rec'd Date Deposit

Ready Date Balance Due

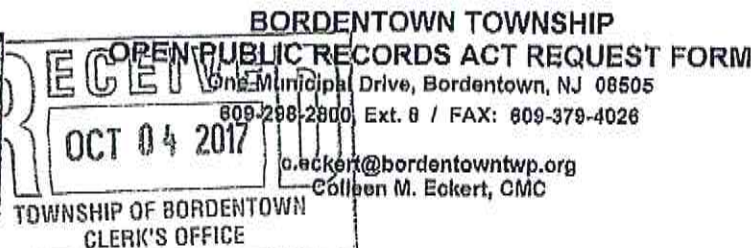
Total Pages Balance Paid

mailed + Records Provided
C: Shelley 10/3/17
Emailed response 10/12/17

Custodian Signature

Date

(10/14)



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

Payment Information

First Name Janet MI Last Name Torres
E-mail Address [REDACTED]
Mailing Address 800-A Bradford Court
City Bordentown State NJ Zip 08505
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: Pick Up 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 [REDACTED] Date 10/04/17

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.

Please provide a copy of report number 2017-6884, regarding a fight at Bradford Pointe Apartments. Thank you.

AGENCY USE ONLY

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

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

Complete

In Progress	-	Open	_____
Denied	-	Closed	_____
Filled	-	Closed	_____
Partial	-	Closed	_____

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

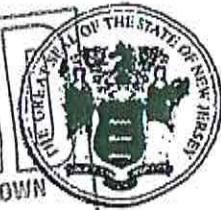
Records Provided

C. Shelley 10/4

Mailed response 10/12/17

Custodian Signature

Date

$$0.1 \left(\frac{10}{11} \right)$$


Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	

Records Provided

1: Shelley 9/29/17

Responded 10/12/17

2nd Response sent on 10/13/17.

Custodian Signature _____ Date _____

(10/24)

DE

c.eckert@bordentowntwp.org

Colleen M. Eckert, CMJ



RECEIVED
OCT 13 2017
TOWNSHIP OF BORDENTOWN
CLERK'S OFFICE

RECEIVED
OCT 13 2017
JORD TOWN

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

Payment Information

FAX

Signature Henry Cahill Date 10-13-2017

Extras: Special service charge
dependent upon request.

NAME : SMOOT GEORGE W

AGENCY USE ONLY

Date _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

0304-BordentownTwp - Burlington Co



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 MI Last Name HartmanE-mail Address [REDACTED]Mailing Address PO Box 1734City Rutherford State NJ Zip 07070Telephone [REDACTED] FAX [REDACTED]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 10/16/2017

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" (0304txsr.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: [REDACTED]

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

Complete

@: Jeff E. 10/16/17
 Jeff emailed response on 10/16/17.

Bordentown Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-298-2800

Fax:

PUBLIC RECORDS



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 Christina MI Last Name Mota

E-mail Address [REDACTED]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [REDACTED] FAX [REDACTED]

Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X 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 Christina Mota Date 10/9/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax [REDACTED]

Start Date 10/1/2017

End Date 10/7/2017

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.

Complete

In Progress Open

Denied Closed

Filled Closed

Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
<i>C:Shelley 10-10-17</i>			
<i>Replied 10/17/17</i>			
Custodian Signature <u> </u>		Date <u> </u>	

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 BENEDICT MI _____ Last Name UGORJI
E-mail Address [REDACTED]
Mailing Address 757 BEATTY STREET
City TRENTON State NJ Zip 08611
Telephone [REDACTED] 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 P. H. Gorman Date 10/4/2017

Payment Information

Maximum Authorization Cost	\$	Any amount needed
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.	

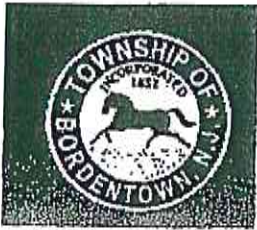
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

I need copies of permits approved for Radon Mitigation work done by Radon Shield LLC in the Bordentown Twp and which the signed agent for the owner is Benedict Ugorji from January 2015 to date (October 2017).
The documents requested are needed for the records of the company as required by the NJDEP which is the supervising body in NJ for radon mitigation businesses.

Complete

C: Terry 10-5-17
10/18/17 - Emailed Response

TERRY - Colleen asked if you can look up these records by company/owner name.



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC**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 Richard MI J Last Name Marcolus
 E-mail Address [REDACTED]
 Mailing Address 274 Church Street
 City Belford State NJ Zip 07718
 Telephone [REDACTED] FAX [REDACTED]
 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 _____

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.

Ordinance that limits the duration of Hotel Room Rentals & what are the fines.

FOR USER ONLY

Position Notes
 part of request cannot be
 seven business days,
 reasons here.

Open _____
 Closed _____
 Filled _____
 Partial _____

AGENCY USE ONLY

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

Record is Provided
C: Brian 10/18/17.
CRD. 2005-15 from Colleen
Section 1000 from Brian J
(Fees)
 Custodian Signature _____ Date _____

Complete

responded 10/17/17



**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC

RECEIVED
OCT 19 2017
TOWNSHIP OF BORDENTOWN
CLERK'S OFFICE



(10/30)

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 Carl MI A Last Name Rizzo

E-mail Address [REDACTED]

Mailing Address Court Plaza North - 25 Main Street

City Hackensack State NJ Zip 07601

Telephone [REDACTED] FAX [REDACTED]

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 _____

Payment Information

Maximum Authorization Cost \$ 50.00

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.

Re: Wawa Food Market and Gasoline Filling Station (the "Applicant")

RJM Route 130 LLC (the "Owner")

237 Route 130, Block 121, Lot 5, Bordentown Township, NJ (the "Property")

Please provide this office with copies of applications, correspondence and reports submitted by the applicant and/or any parties opposing the application(s), during the period from 2013 through 2015, that relate to issues of traffic, including but not limited to, any documents that identify actual traffic counts derived from operations at other Wawa convenience store/gas station locations. Should you have any questions, please contact me. Thank you.

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.

Complete

In Progress ☐ Open _____
Denied ☐ Closed _____
Filled ☐ Closed _____
Partial ☐ Closed _____

AGENCY USE ONLY

Tracking Information

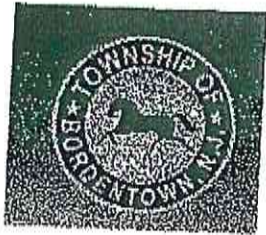
Tracking #	Total
Rec'd Date	Deposit
Ready Date	Balance Due
Total Pages	Balance Paid

Records Provided

C: Brian J 10/19/17
mailed 2 documents
on 10/20/17

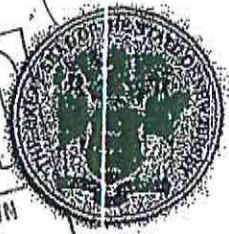
Custodian Signature _____

Date _____



BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, OMC



10/30

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 Latoria MI S. Last Name Carroll
E-mail Address [REDACTED]
Mailing Address 6643 Blantyre Blvd
City Stone Mountain State GA Zip 30087
Telephone [REDACTED] FAX [REDACTED]
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 or any other state, or the United States.
Signature [Signature] Date 10/19/2017

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.

I Latoria S. Carroll would like to request a copy of my arrest record from 1997 which I was arrested with 3 others on a procession charge. My current job needs the report to clear my file. It is to be sent to Bright from the Start Georgia Department of Early Care and Learning. Attn: Monica Hall phn: [REDACTED] Fax: [REDACTED]
Ask P!!!

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.

Complete

In Progress ☐ Open _____
Denied ☐ Closed _____
Filled ☐ Closed _____
Partial ☐ Closed _____

AGENCY USE ONLY

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

Records Provided
C: Shelley 10/20/17
(4 coversheet)
Faxed 2 pgs on 10/20/17.
Resent on 10/31/17
Custodian Signature _____ Date _____



BORDENTOWN TOWNSHIP **OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505
 609-288-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntwp.org
 Colleen M. Eckert, CMC



(10/18)

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 DANNY MI R Last Name Sanchez
 E-mail Address 196 A Cedar Lane
 Mailing Address Highland Park State NJ Zip 08904
 City Highland Park State NJ Zip 08904
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: Pick Up [REDACTED] US Mail [REDACTED] On-Site [REDACTED] Inspect [REDACTED] Fax X E-mail [REDACTED]
 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 Danny R Sanchez Date 10-2-17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash [REDACTED] Check [REDACTED] Money Order [REDACTED]
 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.

car accident Side Swiped
 Fax # is [REDACTED]

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extra 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.

Complete

In Progress [REDACTED] Open [REDACTED]
 Denied [REDACTED] Closed [REDACTED]
 Filled [REDACTED] Closed [REDACTED]
 Partial [REDACTED] Closed [REDACTED]

AGENCY USE ONLY

Tracking Information

Tracking # _____ Initial _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____

C: Shelley → left telephone message!
10/12 - FAX'd "be specific, per Shelley"

Custodian Signature _____

2017

need date + location
10/23/17 - No response, File only.



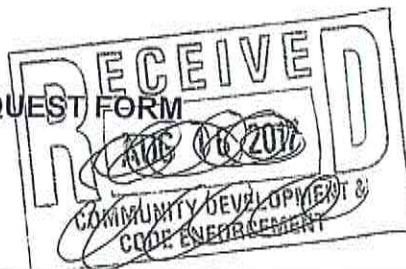
Bordentown Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-298-2800

Fax:

PUBLIC RECORDS



(10/25)

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 Christina MI Last Name Mota

E-mail Address [REDACTED]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [REDACTED] FAX [REDACTED]

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 Christina Mota Date 10/16/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to [REDACTED]

Start Date 10/8/2017

End Date 10/14/2017

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.

Complete

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided

C: Shelly Malone 10/16/17
Responded 10/24/17

Custodian Signature

Date

(10/31)



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC



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 [REDACTED]
Mailing Address 174 Lamington Rd. P.O. Box 180
City Oldwick State NJ Zip 08858
Telephone [REDACTED] 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.

Complete

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided

01 Bureau 10/20/17

BKJ RESPONDED on 10/24/17. See attached email.

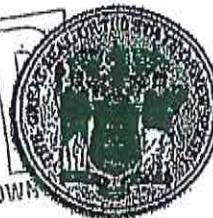
Custodian Signature

Date



One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 3 / FAX: 609-379-4026

c.eckert@bordentowntwp.org
Colleen M. Eckert, CMC



TOWNSHIP OF BORDENTOWN
CLERK'S OFFICE

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

Payment Information

First Name Marcia MI _____ Last Name Pierce
E-mail Address _____
Mailing Address PO Box 926, William Penn Annex
City Phila State PA Zip 19105
Telephone _____ FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspection _____ 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 Marcia Pierce Date 10-27-17

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 dependant 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.

Fire Report

814117

1090 Rt 206

Bordentown Driver Training

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.

Complete

In Progress	-	Open	_____
Denied	-	Closed	_____
Filled	-	Closed	_____
Partial	-	Closed	_____

AGENCY USE ONLY	
Tracking Information	Final Cost
Tracking # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____
Records Provided	
10/27/17 - spoke to Mar told her contact Fure directly.	
Custodian Signature _____	Date _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

ACCURATE
ABSTRACTS

0304-BordentownTwp – Burlington Co

ACCURATE
ABSTRACTS

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 [REDACTED]Mailing Address PO Box 1734City Rutherford State NJ Zip 07070Telephone [REDACTED] 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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Veronica Hartman Date 10/30/2017

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
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.

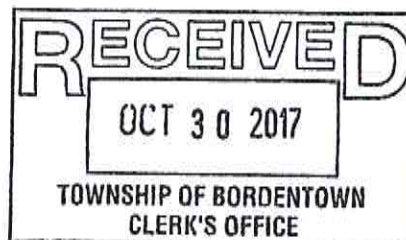
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

We request a copy of the "Tax Search Export" (0304txsr.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: [REDACTED]

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



Ca Jeff 10-30-17
Completed 10-30-17

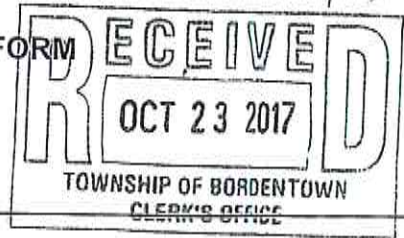
Bordentown Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-298-2800

Fax:

PUBLIC RECORDS



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 Christina MI Last Name Mota
 E-mail Address [REDACTED]
 Mailing Address 2022 WASHINGTON BLVD
 City ROBBINSVILLE State NJ Zip 08691
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X 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 Christina Mota Date 10/23/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to [REDACTED]

Start Date 10/15/2017End Date 10/21/2017

AGENCY USE ONLY

AGENCY USE ONLY

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

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

Complete

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Final Cost

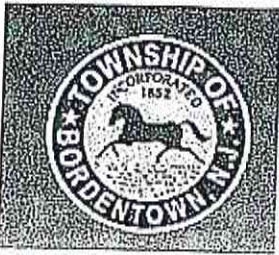
Tracking # <u> </u>	Total <u> </u>
Rec'd Date <u> </u>	Deposit <u> </u>
Ready Date <u> </u>	Balance Due <u> </u>
Total Pages <u> </u>	Balance Paid <u> </u>

Records Provided

C: Shelley / manlone 11/1

Emailed response 10/31/2017.

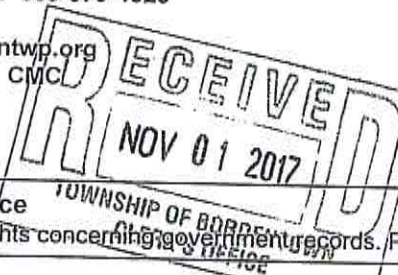
Custodian Signature Date



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntp.org
Colleen M. Eckert, CMC



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 Shawn MI K Last Name Neiderman
E-mail Address [REDACTED]
Mailing Address 309 Rt 130 S
City Bordentown State NJ Zip 08505
Telephone [REDACTED] FAX [REDACTED]
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 11/1/17

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.

I Am Requesting Records of ANY Know Zoning Approvals + Variances For the property Address 178 Crosswicks RD - Block 116 Lot. 4 Also please Include any construction permit Records that may Be on file. ANY Additional Information on file would Be Appreciated Thanks.
FOR PERIOD OF OCT 30, 2017 BACK AT LEAST 20 YRS TIL NOV 1, 1997

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.

Complete

In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

By: BRIAN Terry 11/1
Responded 11/2/17

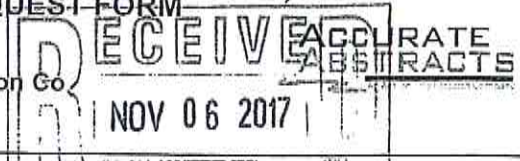
Custodian Signature _____

Date _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

ACCURATE
ABSTRACTS

0304-BordentownTwp - Burlington Co



Important Notice

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

TOWNSHIP OF BORDENTOWN
CLERK'S OFFICE

Requestor Information - Please Print

First Name Veronica MI Last Name Hartman

E-mail Address [REDACTED]
PO Box 1734

Mailing Address

City Rutherford State NJ Zip 07070

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

Signature Veronica Hartman Date 11/5/2017

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" (0304txsr.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: [REDACTED]

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

C: Jeff 11/6

11/6 Jeff responded,
Email attached.

complete.

(11-8-17)
Bordentown Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-298-2800

Fax:

PUBLIC RECORDS



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 Christina MI Last Name Mota
E-mail Address [REDACTED]
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X 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 Christina Mota Date 10/30/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax [REDACTED]

Start Date 10/22/2017

End Date 10/28/2017

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.

Complete

In Progress Open
Denied Closed
Filled Closed
Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided

Cc: Shelly 10-30-17
Emailed 11-7-17

Custodian Signature

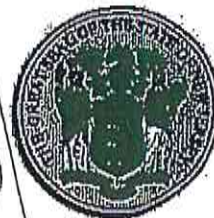
Date



BORDENTOWN TOWNSHIP **OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505
 609-298-2800, Ext. 8 / FAX: 609-379-4028

c.eckert@bordentownnj.org
 Colleen M. Eckert, CMC



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 Bruce MI _____ Last Name Lukovsky
 E-mail Address _____
 Mailing Address 50 US Highway 9, Suite 202
 City Morgantown State NJ Zip 07751
 Telephone _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax X 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 10/30/17

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.

OPRA MVA Reports From 10/23/17 To 10/29/17

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.

Complete

In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

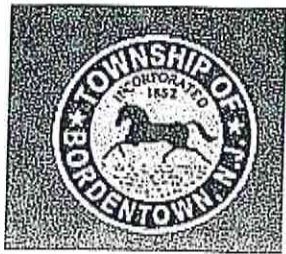
Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Records Provided

Emailed (MVA response)
ON 11-7-17

Custodian Signature _____

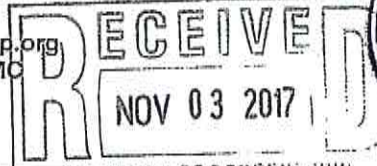
Date _____



**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntwp.org
Colleen M. Eckert, CMC



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 Celeste MI M. Last Name Sandoval
E-mail Address [REDACTED]
Mailing Address 935 Park Av.
City Trenton State NJ Zip 08629
Telephone [REDACTED] FAX [REDACTED]
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 11-03-17

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.

U.S. citizenship purpose. [REDACTED]

I will need original for ~~certified~~ copies of the Police report (and ~~Court disposition~~) for arrest charges on 11-20-2010.

2010-37716

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

complete

In Progress	-	Open	_____
Denied	-	Closed	_____
Filled	-	Closed	_____
Partial	-	Closed	_____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>C: Shelly 11-3-17</u>			
<u>Responded 11-9-17</u>			
Custodian Signature		Date	

OPEN PUBLIC RECORDS ACT REQUEST FORM

0304-BordentownTwp - Burlington Co

ACCURATE
ABSTRACTS

ACCURATE
ABSTRACTS

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 [REDACTED]
Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone [REDACTED] 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 NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Veronica Hartman Date 11/13/2017

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" (0304txsr.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: [REDACTED]

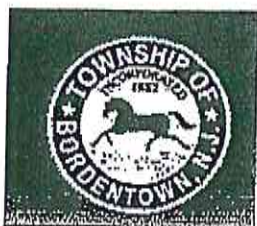
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance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

Thank you,

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

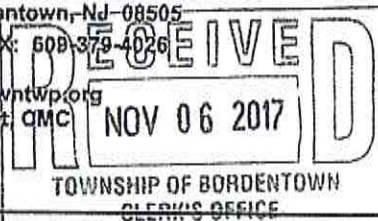
Complete

- ci Jeff 11/13/17
- Jeff emailed response 11/13/17



One Municipal Drive, Bordentown, NJ-08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntwp.org
Colleen M. Eckert, OMC



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 Jan MI _____ Last Name Heller
E-mail Address _____
Mailing Address Phila. Inquirer, 53 Hamilton Field Rd.
City Cherry Hill State NJ Zip 08002
Telephone _____
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 11-2-17

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.

Please provide police incident report from Sept. 1, 2016 at Ramada Hotel when an 18-yr-old man was arrested for resisting + other charges.

Also, any settlements reached after lawsuits were filed against the police dept. over the past 5 yrs.

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	
Portfolio	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____

Final Cost

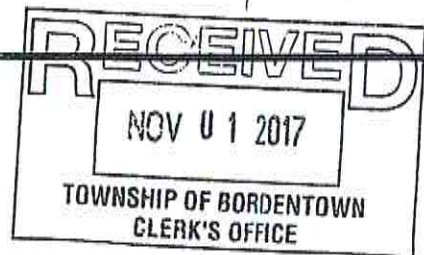
Records Provided

Custodian Signature

Date _____

Coleen Eckert

From: Ford, Andrew [REDACTED]
Sent: Wednesday, November 01, 2017 2:13 PM
To: [REDACTED]
Subject: OPRA request



The following request for records is made pursuant to N.J.S.A. 47:1A-1 et. seq. "OPRA" and the common law on behalf of the USA Today Network and the Asbury Park Press, a daily newspaper of general circulation. Please confirm receipt of this request. Please include "OPRA" and the name of your agency in the subject line of all email correspondence.

1. Separation agreement between and Frank Nucera Jr. immortalizing the terms of his separation from employment with the town.
2. Incident reports, computer assisted dispatch reports, use of force reports, 911 call recordings and supplemental reports filed in connection to a police response to the Ramada Hotel on Sept. 1, 2016.
3. Lawsuit complaints and settlements naming Frank Nucera Jr.
4. Electronic data from emails sent or received by Frank Nucera Jr. during the final six months of his employment, including sender, recipient, date, and subject. Please see Paff v. Galloway Township.
5. Letter or email correspondence from Frank Nucera Jr. announcing his departure from employment with the town.
6. Letter or email correspondence sent to Frank Nucera Jr. announcing he would separate from employment with the town.
7. Citizen complaints filed against Frank Nucera Jr. since 2010.
8. Internal affairs investigations naming Frank Nucera Jr. since 2010.

We ask that you release records as each becomes available for public disclosure. Please do not temporarily withhold one record that has been approved for public disclosure because you require additional time to review others.

We ask that these records be provided electronically and sent by e-mail (aford3@gannett.com) or through a cloud-based file storage system such as DropBox. An upload link can be provided.

We respectfully request that any fees be waived since the records will be used for newsgathering purposes and ultimately released to the public in some form to shed light on the operations of government. If the agency expects to require payment for copies, record location or other elements of the request, please provide a fee estimate before proceeding so that I may weigh the cost and consider my options.

If you claims any portion of the above public records are exempt from disclosure under the law, please provide a Vaughn index identifying which records exist, which portion or portions you claim are exempt and the legal provisions you contend apply, and release the remainder of such records, redacting only the portion or portions you claims are exempt.

Thanks for your time and consideration. If you have any questions, please feel free email or call.

Sincerely,

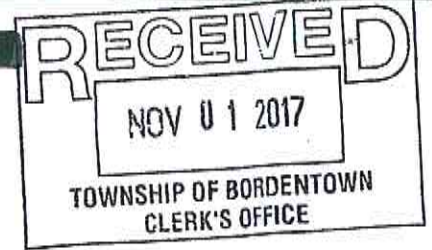
Andrew Ford

Reporter
[REDACTED]

Coleen Eckert

(11/13)

From: Anthony Bellano [REDACTED]
Sent: Wednesday, November 01, 2017 3:19 PM
To: [REDACTED]
Subject: OPRA Request



Good afternoon,

Please accept as my request for documents under the Open Public Records Act (OPRA) a copy of all paperwork and documents related to the retirement of former Township Administrator and Police Chief Frank M. Nucera Jr. If this request needs to be amended in any way, please let me know, and please respond to this email to let me know you have received it. Thank you.

--
Anthony Bellano
South Jersey Editor

[REDACTED]
» Need an ad on Patch? Talk to Richard Sands, our head of sales



Date _____

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

In Progress	-	Open	_____
Denied	-	Closed	_____
Filled	-	Closed	_____
Partial	-	Closed	_____

11/15

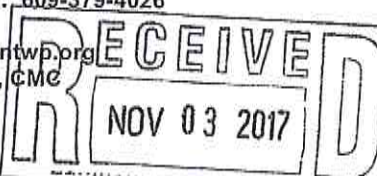


BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC



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 Jean MI M. Last Name Bromley
E-mail Address [REDACTED]
Mailing Address 6 Inverness Drive
City Medford State NJ Zip 08055
Telephone [REDACTED] FAX [REDACTED]
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 Jean M. Bromley Date November 2, 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.

I am requesting the following information/documents pertaining to 19 Route 130, Bordentown. Block 00018/Lot 00008 01:

- All surveys and site plans.
- Current tax information.
- Any/all environmental studies that have been performed.
- All info. pertaining to utilities (water, sewer, electric, gas)

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.
Complete
In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

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

Records Provided
Brian J. [Signature] 11-3-17
Jeff [Signature] 11-14-17
Responded 11-14-17
Custodian Signature _____ Date _____

11/22



BORDENTOWN TOWNSHIP **OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08605
 609-298-2800, Ext. 8 / FAX: 609-378-4026

e.eckert@bordentowntp.org
 Colleen M. Eckert, CMC



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 Christopher MI S Last Name Myles
 E-mail Address [REDACTED]
 Mailing Address 101 Groves Mill Road, Suite 200
 City Lawrenceville State NJ Zip 08648
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site ☐ 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 11/10/2017

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.

1. All documents related to any and all permit applications to erect a fence on the property located at 8 Cemetery Lane (Block 118, Lot 7.01), including but not limited to: (a) application, (b) proposed sketch or survey of the property showing the proposed fence, (c) any correspondence, (d) the permit if issued or the record of denial.
2. All documents related to any and all permit applications to erect a fence on the property located at 13 Butts Avenue (Block 118, Lot 8), including but not limited to: (a) application, (b) proposed sketch or survey of the property showing the proposed fence, (c) any correspondence, (d) the permit if issued or the record of denial.
3. All documents related to any and all permit applications to erect a fence on the property located at 15 Butts Avenue (Block 118, Lot 7.02), including but not limited to: (a) application, (b) proposed sketch or survey of the property showing the proposed fence, (c) any correspondence, (d) the permit if issued or the record of denial.

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.

Complete

To Progress: ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information
 Tracking #: _____
 Rec'd Date: _____
 Ready Date: _____
 Total Pages: _____
Records Provided
 Total: _____
 Deposit: _____
 Balance Due: _____
 Balance Paid: _____
 Custodian Signature: cc Terry
 Date: BRIAN J. - Recd 11-13-17
Responded 11-14-17



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08606

609-298-2800, Ext. 8 / FAX: 609-379-4026

e.ackert@bordentowntwp.org
Colleen M. Eckert, CMC

RECEIVED

OCT 27 2017



TOWNSHIP OF BORDENTOWN

CLERK'S OFFICE

Important Notice

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

Requester Information - Please Print

First Name DANNY MI R Last Name Sanchez
 E-mail Address 196 A Cedar Lane
 Mailing Address Highland Park State NJ Zip 08904
 City Highland Park State NJ Zip 08904
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail [REDACTED]
 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 Danny R Sanchez Date 10-2-17

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.
 Extra: 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.

car accident Side Swiped
 Fax # is [REDACTED]

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request original to 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 _____
 Total Cost _____
 Deposit _____
 Balance Due _____
 Amount Paid _____
 Records Provided _____
 This OPRA Request sent directly to Shelley. This request was originally received on 10/6/17 and responded to on 10/12/17, "more information required." On 10/30/17, left message and resent fax, "more information required." Date _____

11-14-17. No response. FILE ONLY!

(11/22)



**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-1026

c.eckert@bordentowntp.org
Colleen M. Eckert, CMC



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 ROXANNE MI _____ Last Name GENNARI
E-mail Address _____
Mailing Address 50 PRINCETON HIGHTSTOWN RD.
City PRINCETON JUNCTION State NJ Zip 08550
Telephone _____ 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 Roxanne Gennari Date 11/13/17

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.

PROPERTY ADDRESS - 24 CAYUGA Rd, BORDENTOWN TWP, 08505

A PRIVATE INSPECTION WAS COMPLETED ON THIS HOME. NEW HVAC, HOT WATER HEATER, DO NOT HAVE PERMITS LOCATED ON THE UNITS OR THE ELECTRICAL PANEL. ALSO NOTED WAS THAT THE ELECTRICAL JUNCTION BOX HAS NOT BEEN INSTALLED PROPERLY. ALSO NOTED THAT KITCHEN SINK HAS FALLEN THROUGH DAMAGED PLUMBING UNDER THE SINK. DISASTER WAS NOT SECURED WITH A METAL BRACKET. IT IS ALSO OUR UNDERSTANDING THAT PERMIT WAS TAKEN OUT TO FINISH THE BASEMENT BUT NOT CLOSED OUT. THE BASEMENT IS RUNNER OUT ONLY.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

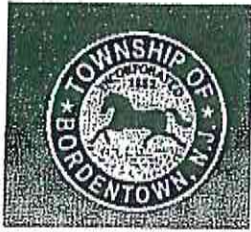
Complete

In Progress _____ Open _____
Denied _____ Closed _____
Filled _____ Closed _____
Partial _____ Closed _____

Tracking Information
Tracking # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided
C. Terry 11-14-17
Responded 11-14-17

Custodian Signature _____ Date _____



BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 One Municipal Drive, Bordentown, NJ 08505
 609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
 Colleen M. Eckert, CMC



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 George MI T Last Name Dougherty
 E-mail Address [REDACTED]
 Mailing Address 4020 Quakerbridge Road
 City Mercerville State NJ Zip 08619
 Telephone [REDACTED] FAX [REDACTED]
 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 George T. Dougherty Date 11/8/17

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.

Please provide copies of any and all Applications for resale/rental change of occupancy for property located at 243 Ward Avenue, Bordentown Township, N.J. along with all reports of inspection.

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.

Complete

In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information

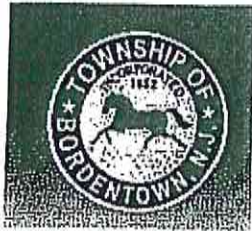
Tracking # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____

Records Provided

C: Terry 11-8-17
B- Responded 11-9-17

Custodian Signature _____

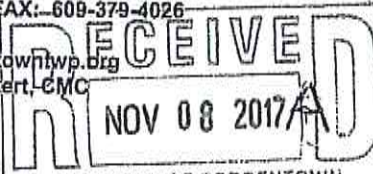
Date _____



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC**Important Notice**

CLERK'S OFFICE

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

Requestor Information - Please PrintFirst Name George MI T Last Name DoughertyE-mail Address [REDACTED]Mailing Address 4020 Quakerbridge RoadCity Mercerville State NJ Zip 08619Telephone [REDACTED] FAX [REDACTED]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 George T. Dougherty Date 11/8/17**Payment Information**

Maximum Authorization Cost \$

Select Payment MethodCash ☐ 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 provide the date the ordinance was enacted for the attached document.

Where in the Township Code can this requirement be located.

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 #	_____	Total _____
Rec'd Date	_____	Deposit _____
Ready Date	_____	Balance Due _____
Total Pages	_____	Balance Paid _____

Records Provided

C: COLLEEN

Responded 11-14-17

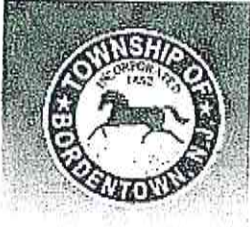
Custodian Signature

Date



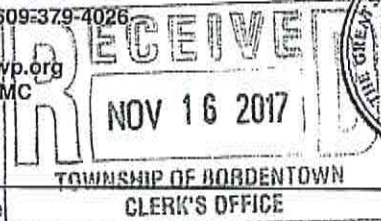
Custodian Signature

Rec'd. 11/14/17
ma



BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntwp.org
Colleen M. Eckert, CMC



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 David MI A Last Name Aguilar
E-mail Address [REDACTED] d.yuli
Mailing Address 300 TRAFALGAR ST
City LOUISVILLE State KY Zip 40218
Telephone [REDACTED] 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. 17:2C: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 11/14/16

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.

Need records check on myself 11/29/78 DOB
W 2011-433

2011-5906

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.

Complete

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 _____

Requester's Print Name

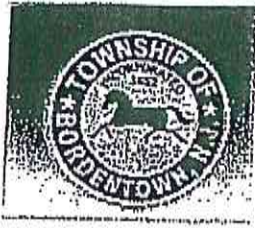
- Rec'd. from Shelly 11/16
- Responded 11/16/17
• Not a good email address.
I mailed to requestor.

Custodian Signature _____

Date _____

11-16-17

(11/29)



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntwp.org
Colleen M. Eckert, CMC



RECEIVED
NOV 16 2017
CLERK'S OFFICE

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 Melanie MI L Last Name Burney
E-mail Address [REDACTED]
Mailing Address 53 Haddonfield Rd. Suite 300
City Cherry Hill State NJ Zip 08002
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: ☐ 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 Melanie L Burney Date 11/16/17

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.

A copy of any reports filed By the Ramada Inn, Lt. Shawn Mount and Sgt. Salvatore Guido involving the incident that occurred at the Ramada on or about Sept. 1, 2016 - Sept. 7, 2016 in connection with the arrest of Timothy Stroye at the Ramada Hotel.

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 _____



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.ackert@bordentowntp.org
Colleen M. Eckert, GMC

RECEIVED
NOV 16 2017



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 Melanie MI L. Last Name Burney
 E-mail Address [REDACTED]
 Mailing Address 33 Haddonfield Rd, Suite 300
 City Cherry Hill State NJ Zip 08002
 Telephone [REDACTED] FAX [REDACTED]
 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 Melanie L. Burney Date 11/16/17

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.

A copy of any incident or police report or complaint filed
 By Ptl. Kotora involving the arrest of Timothy Struve
 on or about Sept. 1, 2016 - Sept. 7, 2016 at the
 Ramada Hotel.

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 # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____
 Records Provided _____

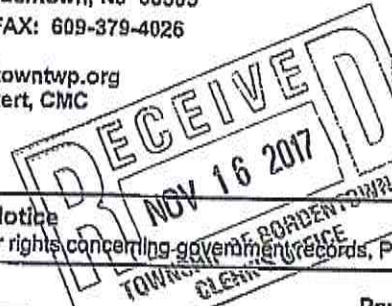
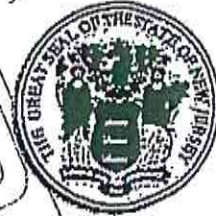
Custodian Signature _____

Date _____



BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 One Municipal Drive, Bordentown, NJ 08505
 609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntp.org
 Colleen M. Eckert, CMC



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 Melanie MI L. Last Name Burney
 E-mail Address [REDACTED]
 Mailing Address 53 Haddonfield Rd, Suite 300
 City Cherry Hill State NJ Zip 08002
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: Up ☐ US Mail ☐ On-Site ☐ 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 Melanie L. Burney Date 11/16/17

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.

A copy of the 9-1-1 tape ^{and/or transcript} involving an incident at the Ramada Hotel that occurred on or about Sept. 1, 2016 - Sept. 7, 2016 when an 18 YR old, Timothy Stroye was arrested for resisting and other charges.

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 ☐

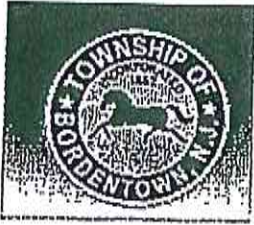
AGENCY USE ONLY

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

Custodian Signature _____

Date _____

(11/30)



BORDENTOWN TOWNSHIP **OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08605
 609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntp.org
 Colleen M. Eckert CMC

NOV 17 2017

TOWNSHIP OF BORDENTOWN
 CLERK'S OFFICE



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 Melanie MI L. Last Name Burney
 E-mail Address [REDACTED]
 Mailing Address 53 Haddonfield Rd. Suite 300
 City Cherry Hill State NJ Zip 08002
 Telephone [REDACTED] FAX [REDACTED]
 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 Melanie L. Burney Date 11/16/2017

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.

A copy of any video that exists from the arrest of ✓
 Timothy Struve on or about 8/30/2017 - Sept. 7, 2017
 captured by police at the Ramada and/or patrol
 car or by officers involved in the arrest.

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 ☐

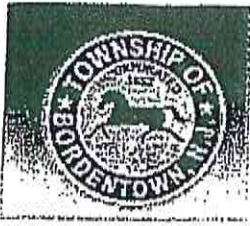
AGENCY USE ONLY

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

(11/30)

;1234

1/ 2



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC

RECEIVED

NOV 17 2017



TOWNSHIP OF BORDENTOWN
CLERK'S OFFICE

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 Melanie MI L. Last Name Burney
E-mail Address [REDACTED]
Mailing Address 53 Haddonfield Rd. Suite 300
City Cherry Hill State NJ Zip 08002
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: 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 Melanie L. Burney Date 11/16/2017

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.

A copy of any use of force reports filed against the Bordentown Police Dept. and/or individual members of the Department in years 2011-2017.

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



Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	

Records Provided

Responded with
Note attachments.
11-16-17

Custodian Signature

Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-298-2800

Fax:

PUBLIC RECORDS



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 Christina MI Last Name MotaE-mail Address [REDACTED]Mailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone [REDACTED] FAX [REDACTED]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 Christina Mota Date 11/6/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax [REDACTED]

Start Date 10/29/2017End Date 11/4/2017

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.

Complete

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Tracking # <u> </u>	Total <u> </u>
Rec'd Date <u> </u>	Deposit <u> </u>
Ready Date <u> </u>	Balance Due <u> </u>
Total Pages <u> </u>	Balance Paid <u> </u>

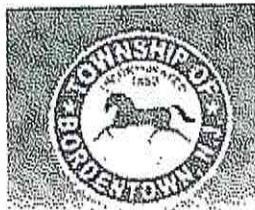
Records Provided

cc: Shelly / Marlene
Responded 11/16/17

Custodian Signature

Date

(11/23)



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505

609-298-2800, Ext. 8 / FAX: 609-379-4026

 eckert@bordentownnj.org
 Colleen M. Eckert, CMG
**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 John Stewart MI - Last Name -

E-mail Address [REDACTED]

Mailing Address 2316 Rt. 33 Suite 107

City Robbinsville State NJ Zip 08691

Telephone [REDACTED] FAX [REDACTED]

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 11/9/17

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.

All permits & township approvals for 1 Tidewater Ct. Bordentown, NJ 08610
 open, or closed
 Septic approval
 Electric approvals
 any history of underground tank, cesspole, 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.

Complete

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

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

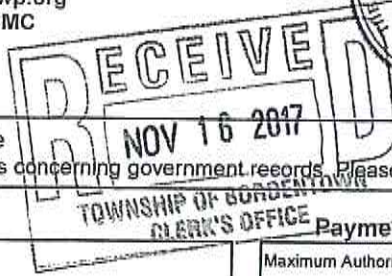
c. Terry
 Responded 11-16-17.



**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentowntwp.org
Colleen M. Eckert, CMC



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 Aaron MI S Last Name Brotman

E-mail Address [REDACTED]

Mailing Address Sills Cummis & Gross P.C., 600 College Road East

City Princeton State NJ Zip 08540

Telephone [REDACTED] FAX [REDACTED]

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 11/16/2017

Payment Information

Maximum Authorization Cost \$ 0.00

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.

Resolution of memorialization approved by the Planning Board on November 9, 2017 for applicant 237 Route 130 Convenience, LLC.

Please provide a copy as approved, whether signed or unsigned.

P-2017-17

Thank you,
Aaron Brotman

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.

Withdrawn
Complete

In Progress - ☐ Open _____
Denied - ☐ Closed _____
Filled - ☐ Closed _____
Partial - ☐ Closed _____

AGENCY USE ONLY

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

Records Provided

Withdrawn
11/16/17

Custodian Signature _____

Date _____

Coleen Eckert

From: Kevin Shea [REDACTED]
Sent: Thursday, November 02, 2017 6:16 PM
To: [REDACTED]
Subject: OPRA request

I request under the New Jersey Open Public Records Act, OPRA, the following:

- All police reports from the Sept. 1, 2016 incident at the Ramada hotel involving the arrest of an 18-year-old male
- All body cam footage of the same arrest/incident
- Any supplemental reporting by any officer present at the incident

If partial and/or redacted documents and information can be provided, do not reject this request as a whole, as I will accept those.

Thank You,

Kevin Shea | Managing Producer/ Supervising Reporter
NJ Advance Media
413 RiverView Plaza | Trenton, NJ 08611
[REDACTED]

CONFIDENTIALITY NOTICE: This e-mail may contain information that is privileged, confidential or otherwise protected from disclosure. If you are not the intended recipient of this e-mail, please notify the sender immediately by return e-mail, purge it and do not disseminate or copy it.

NO ADVANCE MEDIA REPORTING FOR

The Times nj.com

Coleen Eckert

From: Kevin Shea [REDACTED]
Sent: Thursday, November 02, 2017 6:21 PM
To: [REDACTED]
Subject: OPRA request 2

I request under the New Jersey Open Public Records Act, OPRA, the following:

- all of your police department's Use of Force Reports filed by Frank Nucera Jr. (the former chief) from January 1, 2012 to present date."

Kevin Shea | Managing Producer/ Supervising Reporter
NJ Advance Media
413 RiverView Plaza | Trenton, NJ 08611
[REDACTED]

CONFIDENTIALITY NOTICE: This e-mail may contain information that is privileged, confidential or otherwise protected from disclosure. If you are not the intended recipient of this e-mail, please notify the sender immediately by return e-mail, purge it and do not disseminate or copy it.

NJ ADVANCE MEDIA REPORTING FOR

The Times **nj**.com

(11/13)

BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505

609-298-2800 Ext. 8 / FAX: 609-379-4028

c.eckert@bordentownnj.org
Colleen M. Eckert, OMC

NOV 01 2017

NOV 07 2017

TOWNSHIP OF BORDENTOWN
CLERK'S OFFICETOWNSHIP OF BORDENTOWN
CLERK'S OFFICE

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

Requestor Information - Please PrintFirst Name NICK MI _____ Last Name AKER

E-mail Address _____

Mailing Address 450 RARITAN CENTER PARKWAYCity EDISON State NJ Zip 08837

Telephone _____

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 _____

Date 11/1/2017**Payment Information**

Maximum Authorization Cost \$ _____

Select Payment MethodCash ☐ 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.

ANY AND ALL AUDIO/VISUAL RECORD SURROUNDING THE EVENTS OF SEPTEMBER 1, 2016 INVOLVING FORMER CHIEF FRANK NUCERA. INCLUDED IN THE REQUEST: DASH OR BODY CAM FOOTAGE, AUDIO RECORDING FROM SAME, VIDEO AND AUDIO FROM THE BORDENTOWN RAMADA.

AGENCY USE ONLY**AGENCY USE ONLY****AGENCY USE ONLY**

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

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 _____

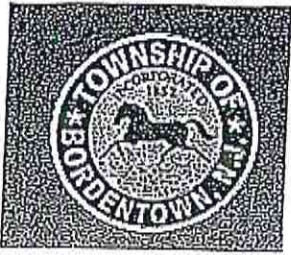
Tracking Information**Final Cost**

Tracking # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____

Records Provided

Custodian Signature _____

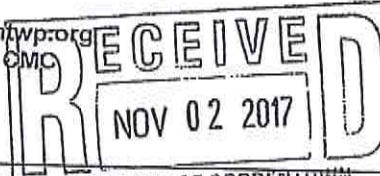
Date _____



**BORDENTOWN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM**

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, OMC



(11-14)

Important Notice TOWNSHIP OF BORDENTOWN
CLERK'S OFFICE
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 STANLEY MI A Last Name GENDEK

E-mail Address [REDACTED]

Mailing Address 20 BONNIE LA

City BORDENTOWN State NJ Zip 08505

Telephone [REDACTED] FAX [REDACTED]

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. 17:28-3, 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 Stanley Gendek Date 11-2-17

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.

Please see attached
Page.

Thank you very much.

AGENCY USE ONLY

Document Cost _____
Delivery Cost _____
Extras Cost _____
Est. Cost _____
Visit Amount _____
Related Balance _____
Sit 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 ☐

AGENCY USE ONLY

Tracking Information

Tracking #	Total
Rec'd Date	Deposit
Ready Date	Balance Due
Total Pages	Balance Paid

Records Provided

Called 11-20-17 to
Pick up

Bordentown Township
Open Public Records Act Request Form

Information pertaining to 20 Bonnie Lane regarding all records in the last 5 years. Specifically any and all permits and work orders by township regarding line painting on the street in front of property. All emails, text messages, correspondence, memoranda and hand written notes pertaining to property to or from any township employee or representative, including any to or from any individual on behalf of any resident of 18 Bonnie Lane, Bordentown, NJ.

Also all future proposals regarding the painting of the line and any changing of the line from 15 feet to 25 feet. All emails, text messages, correspondence and memoranda and hand written notes pertaining to the public roadway in front of the property.

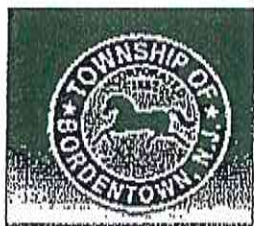
All community development proposals, any and all safety recommendations from fire department, ambulance service, police department and maintenance department, and engineers pertaining to the location. All emails, text messages, correspondence, memoranda and hand written notes pertaining to this matter.

All correspondence, plans, specifications, permit applications and any other documents submitted to Bordentown Township pertaining to the construction and/or maintenance of the driveway for 18 Bonnie Lane, Bordentown, NJ; any and all documents including approvals issued by the township authorizing the placement of said driveway in its current location and condition.

This page is attached to the Open Public Records Request Form.
Date we are hand delivering this to Bordentown Twp., Municipal Building is:
11/02/2017.

We are requesting this page along with the Records Act Request form be date stamped at the Bordentown Municipal Building.
Please write back to us when the information we requested is ready and we will pick up all paperwork at the Bordentown Municipal Building.

Stanley & Jean Gendek
20 Bonnie Lane-Bordentown, N.J. 08505



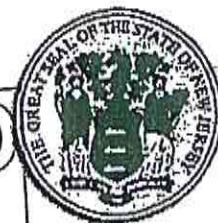
BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Colleen M. Eckert, CMC

RECEIVED

NOV 06 2017



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 Melanie MI _____ Last Name Burney
E-mail Address _____
Mailing Address 55 Haddonfield Rd, Suite 300
City Cherry Hill State NJ Zip 08002
Telephone _____ 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 Melanie A. Burney Date 11/6/2017

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
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.

Per my conversation with the Twp. Attorney, I am re-submitting this request to clarify. I am seeking copies of any settlements in civil lawsuits reached involving Chief Frank Nucera in his capacity as chief and/or Twp. administrator that name him and/or the dept. or township or names him individually between the years 2012-2017 (inclusive). Thank you!

AGENCY USE ONLY

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

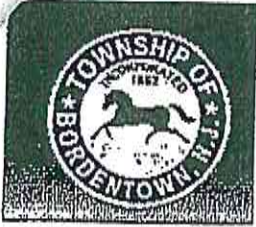
AGENCY USE ONLY

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



BORDENTOWN TOWNSHIP OPEN PUBLIC RECORDS ACT REQUEST FORM

One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckert@bordentownnj.org
Collaen M. Eckert, CMC



Important Notice **CLERK'S OFFICE**

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 Melanie MI Last Name Burney
E-mail Address [REDACTED]
Mailing Address 53 Haddamfield Rd, Suite 300
City Cherry Hill State NJ Zip 08096
Telephone [REDACTED] FAX [REDACTED]
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 Melanie L. Burney Date 11/6/2017

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
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.

A copy of any internal affairs complaints filed in 2016 against any members of the Bordentown Twp. Police Dept. and/or the Dept.

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 _____



CLERK'S OFFICE

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost _____		Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.		Tracking Information	
Est. Delivery Cost _____		Complete		Final Cost	
Est. Extras Cost _____				Tracking # _____	Total _____
Total Est. Cost _____				Rec'd Date _____	Deposit _____
Deposit Amount _____				Ready Date _____	Balance Due _____
Estimated Balance _____				Total Pages _____	Balance Paid _____
Deposit Date _____		In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____		Records Provided	
				C: Terry BRIAN J. > Eileen — Responded 11/20/17	
				Custodian Signature _____ Date _____	

(11/22)

FORM RECEIVED
NOV 13 2017
TOWNSHIP OF BORDENTOWN
CLERK'S OFFICE

Fax:

Important Notice

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

Payment Information

Maximum Authorization Cost	\$
----------------------------	----

Select Payment Method

Cash	Check	Money Order
------	-------	-------------

Telephone [REDACTED] FAX [REDACTED]

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 Christina Mota Date 11/13/2017

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to [REDACTED]

Start Date 11/5/2017

End Date 11/11/2017

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

Complete

In Progress	-	Open	_____
Denied	-	Closed	_____
Filled	-	Closed	_____
Partial	-	Closed	_____

In Progress	-	Open	_____
Denied	-	Closed	_____
Filled	-	Closed	_____
Partial	-	Closed	_____

In Progress	-	Open	_____
Denied	-	Closed	_____
Filled	-	Closed	_____
Partial	-	Closed	_____

In Progress	-	Open	_____
Denied	-	Closed	_____
Filled	-	Closed	_____
Partial	-	Closed	_____

In Progress	-	Open	_____
Denied	-	Closed	_____
Filled	-	Closed	_____
Partial	-	Closed	_____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	

Records Provided
C: Shelly/Marlene 11/13/17
Responded 11/21/17

Date _____



One Municipal Drive, Bordentown, NJ 08505
609-298-2800, Ext. 8 / FAX: 609-379-4026

c.eckart@bordentowntwp.org
Colleen M. Eckart, CMC



RECEIVED
NOV 13 2017
TOWNSHIP OF BOADE
CLERK'S OFFICE

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

Payment Information

First Name Ben MI [REDACTED] Last Name Wynowsky
E-mail Address [REDACTED]
Mailing Address 50 US Highway 9, Suite 200
City Morristown State NJ Zip 07751
Telephone [REDACTED] FAX [REDACTED]
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 11/13/17

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.

OPRA MVA Reports From 11/6/17 To 11/13/17

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.	
complete	
In Progress	Open
Denied	Closed
Filled	Closed
Partial	Closed

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

Records Provided

Responded 11/21/17 w/ 10 attachments

Custodian Signature

Date

Bordentown Township
OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-298-2800

Fax:

PUBLIC RECORDS

RECEIVED

NOV 20 2017

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 Christina MI Last Name Mota

E-mail Address [REDACTED]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [REDACTED] FAX [REDACTED]

Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X 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 Christina Mota Date 11/20/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax [REDACTED]

Start Date 11/12/2017

End Date 11/18/2017

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.

Complete

In Progress Open
Denied Closed
Filled Closed
Partial Closed

AGENCY USE ONLY

Tracking Information

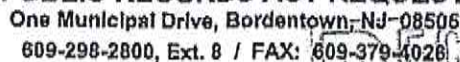
Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided

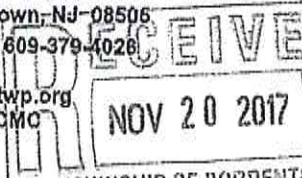
C: Shelley / Marlene
11/20/17
Responded @ 11/28/17

Custodian Signature

Date



c.eckert@bordentowntwp.org
Colleen M. Eckert, CMC



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 Ben MI _____ Last Name Wynowski
E-mail Address [REDACTED]
Mailing Address 50 US Highway 9, Suite 200
City Morgantown State NJ Zip 07757
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: Pick Up _____ 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 11/20/17.

Payment Information

Maximum Authorization Cost	\$
----------------------------	----

Select Payment Method

Cash	Check	Money Order
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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.

OPRA MVA Reports From 11/13/17 To 11/19/17

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.

Complete

In Progress	•	Open	_____
Denied	•	Closed	_____
Filled	-	Closed	_____
Partial	•	Closed	_____

AGENCY USE ONLY

Tracking Information

Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Final Cost

Records Provided

Records Provided
Responded 11/28/17, sent
with attachments, rec'd 1/20/17

Custodian Signature

Date _____