TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

RECEIVED
AUG 21 2017
BURLINGTON TOWNSHIP
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 Jeffrey MI P Last Name Nelson

E-mail Address jhb2005@comcast.net

Mailing Address 1504 Jonathan Ln

City Marlton State NJ Zip 08053

Telephone 609-980-8158 FAX —

Preferred Delivery: Pick Up [X] US Mail [ ] On-Site Inspect [X] 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 8/21/17

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

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.

Address
1) 3 Terri Ln. Burlington NJ 08016
2) 5 Terri Ln. Burlington NJ 08016

For Each Address: 1) Certificate of Occupancy (all on file)
2) Variances (any on file)
3) Conditional use permits (any on file)
4) Special Use permits (any on file)
5) Site Plans (all on file)
6) Building violations (open only) 7) Zoning Violations (open only)

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

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

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Requestor Information – Please Print

First Name JAMES MI R Last Name TAYLOR

E-mail Address bo@burlprop.com

Mailing Address 1314 Oxmead Rd

City Burlington State NJ Zip 08016

Telephone 609-304-0268 FAX

Preferred Delivery: Pick Up [X] 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 Taylor Date 8/10/17

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

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.

Irrigation Plan for Sunshine Carwash located at 1717 Rt 130 N Burlington NJ 08016

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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AGENCY USE ONLY

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Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ _____
Custodian Signature Date

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

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Requestor Information – Please Print

First Name Melanie MI ____ Last Name Rogacki

E-mail Address mrogacki@partneresi.com

Mailing Address 611 Industrial Way West

City Eatontown State NJ Zip 07724

Telephone 732-440-1068 FAX 732-380-1701

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 O. Rogacki Date August 21, 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.

Environmental records pertaining to underground storage tanks, aboveground storage tanks, hazardous materials usage/storage, potable wells, septic systems, notices of violations, building permits, and Certificates of Occupancy for Phase I ESA for

3 and 5 Terri Lane
Burlington, NJ 08016
Block 120.03, Lots 1 and 2

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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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

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

Important Notice

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Requestor Information – Please Print

First Name SCOTT MI ____ Last Name MERTZ

E-mail Address SCOTT.MERTZ@NAIMERTZ.COM

Mailing Address 21 ROLAND AVE

City MT LAUREL State NJ Zip 08054

Telephone 609-413-5647 FAX 856-234-4957

Preferred Delivery: Pick Up [X] 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 Scott Mertz By [illegible] Date 8/23/17

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

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 BUILDING PLANS FOR 320 DULTY'S LANE.

WOULD LIKE TO PAY FOR (3) COPIES.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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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 ____

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6857
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

Important Notice

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Requestor Information – Please Print

First Name Thomas MI D Last Name Licker III

E-mail Address thomaslicker@outlook.com

Mailing Address 18 Lardner Road

City Burlington Township State NJ Zip 08016

Telephone 732-770-3860 FAX

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☑

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

Signature [signature] Date 8/22/17

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

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 Complaints and Police Reports regarding 16 Lardner Road Burlington NJ 08016 2016-2017

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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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

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Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

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Requestor Information – Please Print

First Name Col Michael MI E Last Name Lowe, USMC (Ret)
E-mail Address mikeylowe@aol.com
Mailing Address 2212 Diamond Creek Drive
City Colorado Springs State CO Zip 80921
Telephone 719-963-8762 FAX N/A
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 Michael E. Lowe Date 28 Aug 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
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.

Birth record(s) For Frederick Outcalt Lowe, my great grandfather who was born in Burlington County, NJ. Approximate date of birth late 1840 to early 1841.

Sincerely,
MES Lowe COL, USMC (Ret)

AGENCY USE ONLY

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

AGENCY USE ONLY

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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 _____

Place Logo Here

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address
Agency Telephone Number & Fax Number
Agency e-mail address
Name of Agency Custodian

Place Logo Here

Important Notice

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Requestor Information – Please Print

First Name Jim MI _____ Last Name O'Donnell

E-mail Address James.O'Donnell@nbcuni.com

Mailing Address 10 Monument Road

City Bala Cynwyd State PA Zip 19004

Telephone 215-913-0273 FAX 610-668-5649

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'Donnell Date 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
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In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 17-201
Rec'd Date 8/9/17
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

THE TRACE

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.

THE TRACE

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 Jim.ODonnell@NBCUNI.com

THE TRACE

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
215-913-0273

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6827
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

Important Notice

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Requestor Information – Please Print

First Name Patricia MI ____ Last Name Baird

E-mail Address tompatb2@verizon.net

Mailing Address 806 Neck Road

City Burlington State NJ Zip 08016

Telephone 609 386 0292 FAX ____

Preferred Delivery: Pick Up ☑ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐

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Signature Patricia L Baird 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

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) Resolution for DCT minor subdivision approval, August 10, 2017

(2) Resolution for DCT major site plan approval, August 10, 2017

AGENCY USE ONLY

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Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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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 ____

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

Important Notice

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Requestor Information – Please Print

First Name Nick MI ____ Last Name Sowa

E-mail Address nick.sowa@pemco-limited.com

Mailing Address 4600 S Ulster Street #530

City Denver State CO Zip 80237

Telephone 720-509-3271 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 Nick Sowa Date 08/22/17

Payment Information

Maximum Authorization Cost $ 0

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.

Please send any documentation regarding OPEN code violations or LIENS on the properties listed below -
Please assist with verification on the same properties listed below has been registered with your Municipality as Vacant -

8 Whitford Drive
Burlington, NJ 08016
Lot 17 Block 129.17

8 Springhill Lane
Burlington, NJ 08016
Lot 5 Block 130.01

48 Rittenhouse Drive
Willingboro, NJ 08046
Lot 52 Block 905

AGENCY USE ONLY

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Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

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AGENCY USE ONLY

Tracking Information

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Ready Date ____
Total Pages ____

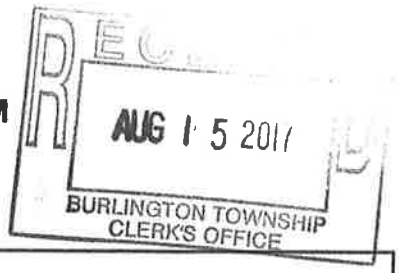
Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature **Date**

OPEN PUBLIC RECORDS ACT REQUEST FORM



Important Notice

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

Requestor Information – Please Print

First Name Amy MI ____ Last Name Han

E-mail Address amyhan321@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone 856-383-0803 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

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

Signature [signature] Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

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

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

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**

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
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 Print

First Name Steven MI R Last Name Wisniewski

E-mail Address StevenWisniewski9@gmail.com

Mailing Address 2180 Veterans Hwy Apt 516

City Levittown State PA Zip 19056

Telephone 267-819-8643 FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ✓

If you are requesting a copy of a public record pursuant to N.J.S.A. 2C:28-3, I hereby declare under penalty of N.J.S.A. under the laws of New Jersey that the foregoing statements made by me are true and correct.

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

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 method of such will only be accommodated if the custodian has the technological means and the integrity of the records will not

16-3688

Est. Document Cost	**Disposition Notes** Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	**Tracking Information**	**Final Cost**
Est. Delivery Cost		Tracking #	Total
Est. Extras Cost		Rec'd Date	Deposit
Total Est. Cost		Ready Date	Balance Due
Deposit Amount		Total Pages	Balance Paid
Estimated Balance		**Records Provided**	
		005	

Deposit Date	In Progress	Open
	Denied	Closed
	Filled	Closed
	Partial	Closed

8/1/17
Date

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

Important Notice

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Requestor Information – Please Print

First Name Michael MI ____ Last Name Eagan

E-mail Address Mikeeagan1@AOL.com

Mailing Address 829 Radio Rd

City Little Egg Harbor State NJ Zip 08087

Telephone 609-675-0979 FAX 609-294-1285

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 8/16/17

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

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.

Regarding 21 Tattersall Drive, Burlington NJ
Block - 12803
Lot - 11
Please provide copies of all permits taken out on this property from 1/1/2004 through 12/31/2005.

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 _____

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

Important Notice

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Requestor Information – Please Print

HALL PARTNERS #1, LP

First Name HARVEY MI Last Name SALKOW

E-mail Address HSALKOW@AOL.COM

Mailing Address 10330 E NOLINA TRAIL

City SCOTTSDALE State AZ Zip 85262

Telephone 480-628-3020 FAX

Preferred Delivery: Pick Up [X] 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] MANAGER Date 8/17/17

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

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.

COPY BUILDING PLANS:

320 DUTY'S LANE (BLOCK 152 LOT 1.04)

3 COPIES PLEASE

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

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

Important Notice

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Requestor Information – Please Print

First Name Jeanine MI ____ Last Name Davidson-Walker

E-mail Address jdavidson-walker@comcast.net

Mailing Address 61 George Russell Way

City Clifton State NJ Zip 07013

Telephone 302-893-3706 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 Jeanine Davidson-Walker 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

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 would like a copy of the police report #201710486. 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.

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

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

Important Notice

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Requestor Information – Please Print

First Name Maria MI E Last Name Gonzalez

E-mail Address restucc3@aol.com

Mailing Address 18 Pompano Ave.

City Key Largo State Fl. Zip 33037

Telephone 305-747-9059 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 Maria E. Gonzalez Date 8/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ○ Check ○ Money Order ◉

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

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.

have been by INS to obtain and provide completed certified copies of arrest report,charges,indicment,criminal
nformation,pre trial intervention,judment and sentence for my arrest on 11/18/1985 for cocaine posseion with the
ase number NJ2421-201 Nol114-86
NS is also requesting certified police clearance fron all the fallowing names from my pass and present last names
laria Elena Deniz,Maria Elena Restuccia and Maria Elena Gonzalez.
hank so very much for your cooperation on this matter.
laria E Gonzalez

AGENCY USE ONLY

t. Document Cost
. Delivery Cost
. Extras Cost
al Est. Cost
osit Amount
nated Balance
osit 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

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

Important Notice

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Requestor Information – Please Print

First Name jacquelyn MI _____ Last Name wilfinger

E-mail Address jacquelyn.wilfinger@redfin.com

Mailing Address 25 vista road

City hamilton State nj Zip 08690

Telephone 609-471-1214 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 8/15/17

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

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 113 Arrowhead Dr, Burlington, NJ 08016
block 014212
lot 00010

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

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

Important Notice

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Requestor Information – Please Print

First Name Martha MI L. Last Name Boyer

E-mail Address mboyer@imanirealtors.com

Mailing Address 300 Campbell Dr. Suite I.

City Willingboro State NJ Zip 08046

Telephone 609-877-9000 FAX 609-877-9009

Preferred Delivery: Pick Up [X] 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 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (•) Check ( ) Money Order ( )

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

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 need of a list of ALL permits that were done for the property at 10 Indian Lane in Burlington, NJ.

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

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

Important Notice

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Requestor Information – Please Print

First Name EDENIA MI M Last Name ADUPE

E-mail Address emontezoma@gmail.com / Mycare716@yahoo.com

Mailing Address 9124 S. Baltimore Ave. Apt. 2

City Chicago State IL Zip 60617

Telephone 312-774-5022 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 Edenia Adupe 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

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 filed a physical complaint for my husband named Burl Minnis last year 2016. I requested a copy but unfortunately, due to circumstances. I was not able to pick-up the copy. until I moved to ILL-Illinois ~~to~~ na for my safety. I would like to request a copy. thank you. Respectfully, Edenia Adupe

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 # 17-209
Rec'd Date 8/9/17
Ready Date 8/10/17
Total Pages 28

Final Cost

Total ____
Deposit 0
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
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 Print

First Name Kimberley MI _____ Last Name Stuart

E-mail Address stuart@mwm-law.com

Mailing Address Mattleman, Weinroth & Miller, P.C. 401 Route 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-429-5507 FAX 856-429-9036

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.

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

AGENCY USE ONLY

Tracking Information

Tracking # 17-203
Rec'd Date 8/10/17
Ready Date 8/10/17
Total Pages 8

Final Cost

Total _____
Deposit _____
Balance Due 0
Balance Paid _____

Records Provided

Custodian Signature _____ Date 8-9-17

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
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 Print

First Name Marcia MI ____ Last Name Maynard

E-mail Address mmaynard@bccap.org

Mailing Address 718 Route 130 South

City Burlington State NJ Zip 08016

Telephone (609) 239-4013 FAX (609) 835-9607

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 8/4/17

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

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

Extras: Special service charge dependent upon request.

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

Please see the attached request for the Public Housing Crime Report. This report is requested to be completed by the Dept. of Community Affairs.

Thank You.

[signature]

AGENCY USE ONLY

Est. Document Cost	7
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 # 17-202
Rec'd Date 8/7/17
Ready Date 8/10/17
Total Pages 0

Final Cost

Total
Deposit
Balance Due 6
Balance Paid

Records Provided

Duly Noted

[signature]
Custodian Signature

8/9/17
Date

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
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 Print

First Name Henry MI G Last Name Bienkowski

E-mail Address hank.bienkowski@atcassociates.com

Mailing Address ATC Group Services LLC, 920 Germantown Pike, Suite 200

City Plymouth Meeting State PA Zip 19462

Telephone (610) 313-3100 ext 621 FAX (610) 313-3151

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 H Bienkowski 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

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.

As part of a Phase I Environmental Site Assessment, ATC is requesting information on the property (Block 104.23, Lot 8) located at 814 Sunset Road, Burlington, NJ. This property is an operating gas station referenced as Sunset Amoco. Specifically ATC is requesting those records beginning at 1900 through the present that relate to prior usage, existing / expired permits including building permits, documented violations, underground and abaoveground storage tanks, hazardous material usage /storage / release, hazardous waste generation or releases, groundwater / soil contamination, groundwater or monitor wells, and environmental and health matters.

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

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6837
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 Print

First Name MAREK MI ____ Last Name SZCZEPANSKI

E-mail Address MISIULEK@YAHOO.COM

Mailing Address 125 OCEAN PARKWAY APT# 6D

City BROOKLYN State NY Zip 11218

Telephone 917-364-3282 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 M. Szczepanski Date 08/03/17

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

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.

Around January 20th 2006 in Burlington, NJ. there was a dispute over trailer usage between me as an owner operator – truck driver and my employer McCollisters Transportation. The charges were withdrawn. That was my only brush with the LAW, but it stayed on my record as I was arrested for the offence of Theft. I would like to have a copy of that arrest report so I can prove that I didn't steal anything and I am not a thief. Sincerely Marek Szczepanski

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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Records Provided

Custodian Signature ____ Date ____

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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 Print

First Name Melissa MI ____ Last Name Taylor

E-mail Address mtaylor@ordrmail.com

Mailing Address 70 Whittingham Terrace

City Millburn State NJ Zip 07041

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 Melissa Taylor 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

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.

Good morning, I am writing to submit an OPRA Request for a copy of all building and trade permit records issued in Burlington Township. I am looking for electronic records specifically, not printed copies. I would also request that these documents be delivered electronically via e-mail.

I can accept any electronic records in formats such as .TXT, .PDF, .XLS, etc. If there is a generic report that has permit status, contractor, address, type of permit, valuation, issue date and descriptions that would also be acceptable.

I would appreciate an e-mail to let me know that this request has been received, and please feel free to e-mail me with any questions. Thank you for your time.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
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Custodian Signature **Date**