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 Cory MI L Last Name Jones

E-mail Address revcoryjones@yahoo.com

Mailing Address P.O. Box 1351

City Burlington State NJ Zip 08016

Telephone 609-447-1326 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 11/17/2017

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.

On Saturday November 11th I came by the police station to report a physical altercation. My ex-wife choked me. I was told that the incident would be recorded. I would like a copy of that record. 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

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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Important Notice

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Requestor Information – Please Print

First Name Leyanis MI M Last Name Gonzalez

E-mail Address Leyanis67@yahoo.com

Mailing Address 39 Stretton cir.

City Willingboro State NJ Zip 08046

Telephone (609) 346-1144 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 Leyanis Gonzalez 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

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.

Incident/Case # 2017-14752

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
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NOV 17 2017
BURLINGTON TOWNSHIP
CLERK'S OFFICE

Important Notice

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Requestor Information – Please Print

First Name Joseph MI P Last Name Novelli

E-mail Address Joseph.Novelli@NJ-PE-LSRP.com

Mailing Address 30 Gladstone Street

City Forked River State NJ Zip 08731

Telephone (862) 397-9387 FAX (609) 242-4222

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 Joseph Novelli Date 11/17/2017

Payment Information

Maximum Authorization Cost $ 25.00

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

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.

Nova Consulting Group, Inc. is conducting a Phase I Environmental Site Assessment and Property Condition Assessment of 15campus Campus Drive. Block 102, Lot 1.09. Nova is requesting property files from the building, planning, zoning and fire marshal, specifically for the date of construction, prior land use, copies of general building permits (not electrical, plumbing etc.), copies of building certificates of occupancy, zoning designation, any current or historic above or underground petroleum bulk storage tanks, spills, releases, or environmentally related fire department emergency responses. In addition, any open building code or fire code violations.

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 Donald MI C Last Name Cramer

E-mail Address dcramer-env@hotmail.com

Mailing Address 11 Silver Avenue

City Glassboro State NJ Zip 08028

Telephone 703-282-1601 FAX 703-991-6238

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 11/15/2017

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 am requesting copies of any information on file with the Fire Department, the Department of Licenses & Inspections, and the Engineering Department specifically related to underground and aboveground storage tanks, hazardous materials use and storage, and spill/release incidents at Lynch Exhibits, 7 Campus Drive (Block 99.01, Lot 6). Thank you very much for your time and consideration.

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 # _____
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: 609-386-6437
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: [illegible]

Important Notice

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Requestor Information – Please Print

First Name: Emilie MI: Last Name: Lutcza

E-mail Address: emilie.lutcza@construction.com

Mailing Address: 98 Wendt Ln

City: Wayne State: NJ Zip: 07470

Telephone: 973-694-3905 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: [signature] 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

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 requesting foundation permits for the following locations, (if granted):

499 Commerce Drive, Block 120.01, Lot 5.28

200 Connecticut Drive, Block 120.01, Lot 5.24

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

TOWNSHIP OF BURLINGTON
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Email: acarnivale@twp.burlington.nj.us

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NOV 15 2017
BURLINGTON TOWNSHIP CLERK'S OFFICE

Important Notice

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Requestor Information – Please Print

First Name KATHRYN MI ____ Last Name BOSMAN

E-mail Address kathrynb6567@gmail.com

Mailing Address 4 ENDWELL COURT

City WILLINGBORO State NJ Zip 08046

Telephone 609-424-6567 FAX ____

Preferred Delivery: Pick Up [V] 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 Kathryn Bosman Date 11/15/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (X) 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.

15 CAMPUS DRIVE
BURLINGTON, NJ 08016

DOCUMENTS REQUESTING:

- CERTIFICATES OF OCCUPANCY
- VARIANCES
- SPECIAL USE AND CONDITIONAL USE PERMITS
- ANY OPEN BUILDING, ZONING, AND FIRE CODE VIOLATIONS
- PLANNED UNITE DEV.
- ZONING VERIFICATION LETTER
- SITE PLANS

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 # ____
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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NOV 16 2017
BURLINGTON

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 Christian MI ____ Last Name Rodriguez

E-mail Address Chris31690@aol.com

Mailing Address 2 Hornblower Ave

City Belleville State NJ Zip 07109

Telephone 201-889-7338 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 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

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

2011 - 13

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 # 17-288
Rec'd Date 11/17/17
Ready Date 11/17/17
Total Pages 0

Final Cost

Total ____
Deposit ____
Balance Due 0
Balance Paid ____

Records Provided

Vague no record.

Custodian Signature

Date 11-17

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

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Requestor Information – Please Print

First Name Roxanne MI ____ Last Name William

E-mail Address

Mailing Address 35 Theo Court

City Burlington Twp State NJ Zip 08016

Telephone 609-968-0393 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 Roxanne William Date 11/15/17

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.

Incident/Case# 2017-14516 per officer Long #77
I would like a copy of this policy report
Report was regarding a stolen open heart necklace from 35 Theo Court, Burlington Twp, NJ 08016

AGENCY USE ONLY

Document Cost ____
Delivery Cost ____
Extras Cost ____
Est. Cost ____
Deposit Amount ____
Calculated 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 # 17-287
Rec'd Date 11/16/17
Ready Date 11/17/17
Total Pages 1

Final Cost

Total ____
Deposit ____
Balance Due 0
Balance Paid ____

Records Provided

Criminal Investigation Records

Custodian Signature 11-17-17 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

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NOV 14 2017
BURLINGTON TWP 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 Nancy Allen MI ____ Last Name ____

E-mail Address nanlpn5@aol.com

Mailing Address 211 Brittany Ct.

City Burlington State NJ Zip 08016

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 Nancy Allen 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 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.

Looking for police report 10/29/17
William Hines — Scott Willis
need for insurance claim
609-273-8925

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 # 17-282
Rec'd Date 11/16/17
Ready Date 11/17/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due 0
Balance Paid ____

Records Provided

Criminal Investigative Report Part Burden BCPO

Custodian Signature ____ Date 11-17-17

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

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Office Phone - 609-239-5816 Office Fax - 609-386-6837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

NOV 16 2017

BURLINGTON TOWNSHIP CLERK'S OFFICE

Important Notice

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Requestor Information – Please Print

First Name John MI H Last Name Troxel

E-mail Address johntroxel@wakefern.com

Mailing Address 1817 Mt Holly Road

City Burlington State NJ Zip 08016

Telephone 609-410-2511 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 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

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 INCIDENT REPORT FROM 11-13-17 REGARDING INCIDENT AT SHOPRITE.
CASE # 2017-15107

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
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 17-289
Rec'd Date 11/17/17
Ready Date 11/15/17
Total Pages (3)

Final Cost

Total
Deposit
Balance Due X
Balance Paid

Records Provided

[signature] Custodian Signature

11-17-17 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 Ryan MI ____ Last Name N

E-mail Address habbahow191@gmail.com

Mailing Address n/a

City n/a State ____ Zip ____

Telephone n/a 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 Ryan Date 11-14-2017

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.

Name of affordable housing attorney for Twp.
Please provide hourly rates for 2016 + 2017

name of affordable housing attorney hired by the township during 2016 and 2017 and hourly rates.

Please provide response by email to habbahow191@gmail.com

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 # ____
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

RECEIVED
NOV - 2 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 SHAFI MI ____ Last Name KHAN

E-mail Address SHAFI.U.KHAN@GMAIL.COM

Mailing Address 23 LACLEDE DRIVE

City BURLINGTON State N.J Zip 08016

Telephone 609 506 2428 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] Date 11.02.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (X) 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.

Police Case #'s

1. 2017 — 12158
2. 2017 — 14314
3. 2017 — 12187

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 ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-284
Rec'd Date 11/15/17
Ready Date 11/16/17
Total Pages 6

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

12158 - Case report

Records Provided

[signature] Custodian Signature 11-16-17 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 Robert MI L Last Name Hedgepeth

E-mail Address rhedgepeth.73@gmail.com

Mailing Address 203 Garden St.

City Mount Holly State NJ. Zip 08060

Telephone (609) 521-6117 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 Robert Lynn Hedgepeth Jr. Date 11/14/17

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

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.

The records I am requesting are for my on going court cases. It is scheduled to be adjourned on Nov. 30, 2017 and is the only incident in which I have been accused of theft.

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
Filed	-	Closed
Partial	-	Closed

AGENCY USE ONLY

Tracking Information

Tracking # 17-285
Rec'd Date 11/16/17
Ready Date 11/16/17
Total Pages 1

Final Cost

Total
Deposit
Balance Due 0
Balance Paid

Records Provided

Criminal Investigatory Records not to be Released

Custodian Signature

11-16-17
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

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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 Helaney. MI C Last Name Santana.

E-mail Address mgs6041@psu.edu

Mailing Address 27 Cypress Road

City Burlington State New Jersey Zip 08016

Telephone 609-752-2296 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 Melany Santana Date 11/14/17

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

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.

During this case there was an incident pertaining to Domestic Violence and it was around the year 2012 or 2013. A case number has not been issued and a report is needed urgently. The case involved a Step father (Jaimarine Singh) and step daughter (Helaney Santana). There were no charges or arrests But simply a warning was issued. Blood was present on 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.

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

AGENCY USE ONLY

Tracking Information

Tracking # 17-283
Rec'd Date 11/15/17
Ready Date 11/16/17
Total Pages 0

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

No Record.

Custodian Signature 11-16-17 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: Edward MI: P. Last Name: Capozzi

E-mail Address: enovoa@bracheichler.com Brach Eichler

Mailing Address: 101 Eisenhower Parkway Suite 201

City: Roseland State: NJ Zip: 07068

Telephone: 973-364-8300 FAX: 973-618-5943

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

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 be advised that this office represent Jaime Cortes, for damages resulting from a motor vehicle accident that occurred on 7/30/17. Kindly provide any and all surveillance and/or traffic video located at or near Rt 130 at intersection with Jacksonville Road. Please refer to case number 2017-8326 for reference.

Additionally, please provide the dash/body camera(s) with audio of said incident.

Thank you for your prompt attention in this 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.

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

AGENCY USE ONLY

Tracking Information
Tracking #: 17-291
Recd Date: 11/16/17
Ready Date: 11/16/17
Total Pages: 8

Final Cost
Total
Deposit
Balance Due 0
Balance Paid

Records Provided

Not Twp.

[signature] 11-16-17
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 - 609-386-0147
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

NOV 13 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 William MI ____ Last Name BARKSDALE

E-mail Address BARKSDALE101@hotmail.com

Mailing Address PO Box 1421

City Burlington State NJ Zip 08016

Telephone 609-532-4929 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 William E Barksdale Date 13 NOV 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 complaint approx June 5-15, 2014 regarding my tires being slashed and people knocking on our door and receiving threatening phone calls. I need a copy of that report.

William Barksdale

Need by Wednesday 11/15/2017 for court. Please email if possible.

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 ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-280
Rec'd Date 11/15/17
Ready Date 11/16/17
Total Pages 2

Final Cost

Total ____
Deposit 8
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature

11-16-17
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

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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 Jay MI . Last Name Dennis

E-mail Address wordy27@gmail.com

Mailing Address 343 Cannes Court

City Burlington State NJ Zip 08016

Telephone 973-207-1877 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 Jay Dennis 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

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 of
Case # 2017-9267
needed

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 ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-277
Rec'd Date 11/13/17
Ready Date 11/22/17
Total Pages 2

Final Cost

Total ____
Deposit ____
Balance Due 0
Balance Paid ____

Records Provided

Custodian Signature

11-14-17
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-
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

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Important Notice

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Requestor Information – Please Print

First Name Elaine MI M Last Name ZaleskI

E-mail Address elainezaleski@gmail.com

Mailing Address 32 Lafayette Ave.

City Voorhees State NJ Zip 08043

Telephone (609) 313-9237 FAX None

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 Elaine M. Zaleski 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

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.

Case # 17-14391 on 10/31/17. Taken by Ptl. John A. Arent #107. Was for a dog bite.

GR

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 # 17-229
Rec'd Date 11/13/17
Ready Date 11/17/17
Total Pages 1

Final Cost

Total _____
Deposit _____
Balance Due 6
Balance Paid _____

Records Provided

Custodian Signature

11-14-17
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 JOAN MI _____ Last Name HOEFLICH

E-mail Address _____

Mailing Address 28 MICHIGAN AVE

City TRENTON State N.J Zip 08638

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 Joan Hoeflich Date 11/6/17

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 requesting a copy of Incident Report #3338. I am Executrix of Theresa Marie Conway's Will. I am enclosing a copy of form from Burlington Surrogate. 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

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ _____
Custodian Signature **Date**

Kelly
Jackson-Gwira
Sales Associate
Faithful • Achiever • Dedicated

Weichert REALTORS

ISHIP OF BURLINGTON
RECORDS ACT REQUEST FORM

Road, Burlington, New Jersey 08016
09-239-5816 Office Fax - 609-386-6837
Carnivale, Jr., RMC, Township Clerk
carnivale@twp.burlington.nj.us

Important Notice

n related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Kelly MI L Last Name Jackson-Gwira

E-mail Address KJacksongwira@weichert.com

Mailing Address 2313 Burlington-Mt. Holly Rd

City Burlington State NJ Zip 08016

Telephone (609) 284-2686 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 Kelly J Jackson-Gwira 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

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 a real estate agent and I am requesting a permits report for 80 Steeplechase Blvd. in Burlington. My clients are attempting to purchase the home and need all pertinent information regarding permits on this property. Please present information as soon as possible due to pending sale.

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 Shannon MI M Last Name Judd

E-mail Address shannon.judd@pemco-limited.com

Mailing Address 820 Bear Tavern Road

City West Trenton State NJ Zip 08628

Telephone 770-609-6861 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 shannon judd Digitally signed by shannon judd DN: cn=shannon judd, o, ou, email=shannon.judd@pemco-limited.com, c=US Date: 2017.11.09 17:26:17 -05'00' Date 11/09/2017

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.

Please provide records relating to

19 Peachtree Lane
Block 101.17
Lot 10

1. Please provide copies of any open code violations or open permits on the property
2. Please provide information on the current status of vacant property registration. Is it registered? If so when and by whom? If not please provide the initial registration amounts.

Thank you
Shannon

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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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 YODIMILA MI J Last Name LANGAN

E-mail Address yodimila.langan@foxroach.com

Mailing Address 1225 Briggs Rd. Suite 148

City Mount Laurel State NJ Zip 08054

Telephone 856-222-6337 cell 922-689-0611 FAX 856-222-0288 0382

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 Yodimila J Langan Date Nov. 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

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 will request a record on any building permits applied in the property at 1404 Oxmead Rd., Burlington, NJ 08016

Any copy of survey or other related documents that pertains to the said above 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.

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 Dawn MI V Last Name Bricker

E-mail Address dawnbricker@comcast.net

Mailing Address Century 21 Advantage Gold / 527 Cinnaminson Ave

City Palmyra State NJ Zip 08065

Telephone 609-937-1553 FAX 888-501-1086

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 11/6/2017

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

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 outstanding housing code violations and / or outstanding municipal liens existing on the property at

9 Wesley Lane Burlington Twp 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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Partial - Closed _____

AGENCY USE ONLY

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Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

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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 Michael MI A Last Name Brandt

E-mail Address mbrandtenviro@gmail.com

Mailing Address 6059 Hulmeville Road

City Bensalem State PA19020 Zip _____

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 11/14/17

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

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.

Nova Consulting Group, Inc. is conducting a Phase I Environmental Site Assessment of 15 Campus Drive, Block 102 Lt 1.09 Nova is requesting property files from the building, planning, zoning and fire marshal, specifically for the date of construction, prior land use, copies of general building permits (not electrical, plumbing etc.), copies of building certificates of occupancy, zoning designation, any current or historic above or underground petroleum bulk storage tanks, spills, releases, or environmentally related fire department emergency responses. In addition, any open building code or fire code violations.

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 # _____
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 Jeffrey MI H. Last Name Trayner Jr.
E-mail Address JTrayner15@GMAIL.COM
Mailing Address 227 Shinnecock Dr.
City Mansfield State NJ Zip 07726
Telephone 609-744-2665 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 Jeff Trayner Date 11/11/17

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.

Would like copy for records to paired in Superior Court in regards to custody interference on civil court order for enforcement..

CASE # - 2017-14943

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 # 17-276
Rec'd Date 11/13/17
Ready Date 11/13/17
Total Pages 2

Final Cost
Total
Deposit
Balance Due 0
Balance Paid

Records Provided

Custodian Signature 11-13-17 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 Monica MI T Last Name Labosky

E-mail Address monica@draco-i.com

Mailing Address 878 Sunset View Blvd.,

City Tallmadge State Oh Zip 44278

Telephone (855) 383-3454 ext. 203 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 Monica Labosky Date November 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

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.

Attn: Joseph Augustyn, Planner and Michael Wright, Building Inspector

RE: 2501 Mount Holly Road, Burlington Township (Sears Retail Store)

I am writing to request a zoning verification letter stating the current zoning for the above referenced property. Please also include if applicable...

Open Zoning Violations and/or Code enforcement Cases of record for the above property.

Site Specific Approved Development Conditions (example, Site Specifiec Ordinances, Variances or Special Use/Conditional Use Permits)

Copies of Existing Certificates of Occupancy

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 # _____
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 LORIN MI J. Last Name ARNOLD

E-mail Address L.J.ARNOLD@comcast.net

Mailing Address 5 Tulip Tree Drive

City Burlington State NJ Zip 08016

Telephone 609-865-4758 FAX 609-543-1191

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 Lorin J Arnold Date November 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

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.

CASE 2017-14603

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
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 2017 - 275
Rec'd Date 11/6/17
Ready Date 11/9/17
Total Pages 2

Final Cost

Total
Deposit Ø
Balance Due
Balance Paid Ø

Records Provided

Custodian Signature

11/9/17
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 - 609-386-6[illegible]
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 Pam MI ____ Last Name Hulseapple

E-mail Address pam.hulseapple@construction.com

Mailing Address 5 Garrison Ln

City Ballston Lake State NY Zip 12019

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 11-9-17

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

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,

Can you please provide foundation permits for the following projects (if granted)?

Warehouse/Distribution Ctr for Exeter properties;

200 Connecticut Drive (Block 120.01, Lot 5.24)

499 Commerce Drive (Block 120.01, Lot 5.28)

If not permits have been issued, can the building inspector perhaps suggest when I should check back?
Thank you for your assistance.

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

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-4931
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 Pam MI ____ Last Name Hulseapple

E-mail Address pam.hulseapple@construction.com

Mailing Address 5 Garrison Lane

City Ballston Lake State NY Zip 12019

Telephone 518-877-8468 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 Pam Hulseapple Date 11-6-17

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 Afternoon,

I am trying to determine if work has started on Warehouse/Distribution Facility located at 499 Commerce Drive, Block 120.01 Lot 5.28

Applicant; Exeter Property Group.

If work has started, can you please provide a copy of the foundation permit?
If work hasn't begun, can the building inspector suggest a good time for me to check back for the permit?

Thank you very much,

Pam

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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Records Provided

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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 ALEXANDRIA MI _____ Last Name ESTRELLA

E-mail Address ALEXANDRIA@SKYLINELIEN.COM

Mailing Address 8785 SW 165 AVE, STE 301

City MIAMI State FLORIDA Zip 33193

Telephone 305-553-4627 FAX 305-553-4626

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 *Alexandria Estrella* Date 11/01/2017

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.

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

PLEASE PROVIDE COPIES OF ANY OPEN/EXPIRED PERMITS AND/OR ACTIVE CODE VIOLATIONS FOR THE FOLLOWING PROPERTY:

401 SUNSET ROAD (BLOCK 109.31, LOT 1.01)

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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Total Pages _____

Final Cost

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Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ _____
Custodian Signature **Date**