TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-5816 Office Fax - 609-386-6821
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 Mark MI T Last Name Freed

E-mail Address mfreed@blcompanies.com

Mailing Address 1100 First Avenue

City King of Prussia State PA Zip 19406

Telephone 610-994-4606 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 Mark Freed Digitally signed by Mark Freed DN: C=US, E=mfreed@blcompanies.com, CN=Mark Freed Date: 2017.10.30 08:36:36-04'00' Date 10-30-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ◉ Check ○ Money Order ○

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

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

Extras: Special service charge dependent upon request.

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

Property: 4482 Route 130, Burlington Twp (Block 101, Lot 4.02)
Purpose: Phase I Environmental Site Assessment

Please provide all environmental records associated with the property including well records, septic system records, above ground or underground storage tank records, known spills or releases, correspondence with the State regarding the property, environmental permits, environmental violations, and any information on hazardous material use.

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 - 609-386-6637
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 Harold MI O Last Name Woeller

E-mail Address HOWIE38@comcast.net

Mailing Address 112 Garnet Dr.

City Burlington State N.J. Zip 08016

Telephone _____ 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 Harold Woeller Date 10-31-17

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.

On the night of Monday Oct 16 at Apox 9:00 pm I called the police to my apartment at Rosewood @ Cumberland (112 Garnet Dr.) due to a leak in my bathroom ceiling comming from 111 Garnet Drive (abovesme). The unit is empty and being worked on. With ~~no~~ the new owner not posted there was no one to else to call. The police officer call the fire dept. to gain entry so we could shut off the water, I need any report I can give to my landloard for damages to my ceiling.

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 # 2017-273
Rec'd Date 11/1/17
Ready Date 11/3/17
Total Pages 2

Final Cost

Total _____
Deposit ~~$~~
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature

11-3-17
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 Angel MI D. Last Name Townsend
E-mail Address angelt_08046@yahoo.com
Mailing Address 9 Fox Farm Road
City Burlington State NJ Zip 08016
Telephone 609-367-5710 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 Angel Townsend / Date 10/31/17

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'm looking for records for two ordinances violations on 6/3/2003 and 8/7/2012.

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 # 2017-274
Rec'd Date 11/3/17
Ready Date 11/3/17
Total Pages

Final Cost
Total
Deposit
Balance Due 0
Balance Paid

Records Provided

Custodian Signature 11-3-17 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 J Last Name Morris

E-mail Address mmorris@langan.com

Mailing Address 300 Kimball Drive

City Parsippany State NJ Zip 07054

Telephone 9735604582 FAX 9734901

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

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

Signature [signature] Date 10/31/2017

Payment Information

Maximum Authorization Cost $ 25

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 performing a Phase I Environmental Site Assessment for the property located at 320 Dulty's Lane (Block 152, Lot 1.04). I am requesting Building, Tax, Health, Zoning and Fire records associated with the history of the site as well as environmental conditions, including but not limited to above/below ground storage tanks; hazardous wastes/substances/materials; spills/releases/discharges; 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 - 609-386-0837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

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Requestor Information – Please Print

First Name Adam MI D Last Name Hochron

E-mail Address adam.hochron@townsquaremedia.com

Mailing Address 109 Walters Ave.

City Ewing State NJ Zip 08638

Telephone 609-359-5326 FAX 609-359-5301

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 10/30/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ◉ Check ○ Money Order ○

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

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 all incident reports and arrest records of Christopher L. Abrams, on the night of September 4, 2015.

I am also requesting dash-cam videos relating to the arrest of Christopher L. Abrams on the night of September 4, 2015.

I also make this request under the common law.

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 # 17-272
Rec'd Date 11/1/17
Ready Date 11/1/17
Total Pages 2

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

NR

Records Provided
No Records

Custodian Signature

11-1-17
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 Melanece Walker M Last Name Walker

E-mail Address melanece@yahoo.com

Mailing Address 20 Evergreen Lane

City Burlington State NJ Zip 08016

Telephone 609-605-9841 FAX

Preferred Delivery: Pick Up [X] 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 Melanece Walker Date 10/30/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (•) Check ( ) Money Order ( )

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

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.

2017-14307

I am Requesting a copy of this incident

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 # 2017-220
Rec'd Date 10/30/17
Ready Date 11/1/17
Total Pages 2

Final Cost

Total
Deposit
Balance Due 0
Balance Paid 0

Records Provided

Custodian Signature

11-1-17
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

FAX 239-4895

Important Notice

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Requestor Information – Please Print

First Name Sheryl MI A. Last Name Mattson

E-mail Address Smattson@mattsonbuilder.com

Mailing Address P.O. Box 20

City Mt. Holly State NJ Zip 08060

Telephone 609 805-8807 FAX 609 267-9490

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 Sheryl Mattson Date 10-30-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ◉ Check ○ Money Order ○

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

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 police informed my neighbor to move his property off my empty lot. I would like a copy of Document # 2017-13279. 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
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In Progress - Open
Denied - Closed
Filled - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 17-271
Rec'd Date 10/31/17
Ready Date 11/1/17
Total Pages 1

Final Cost

Total
Deposit
Balance Due 0
Balance Paid

Records Provided

Custodian Signature 11-1-17 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 Kaleigh MI ____ Last Name Ewing

E-mail Address kewing@pennoni.com

Mailing Address 515 Grove Street, Suite 1B

City Haddon Heights State NJ Zip 08035

Telephone 8566562929 FAX 8565479174

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 Kaleigh Ewing Date 10/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ○ Check ◉ Money Order ○

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

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.

Pennoni is conducting a Phase I Environmental Assessment for the following properties associated with Lourdes Medical Center in Burlington Township, NJ:

213A Sunset Road
Block 25, Lot 1.01

1113 Hospital Drive
Block 103, Lots 1, 2.1, and 2.08

As such, we would like to request all applicable Remedial, Permitting and Enforcement records. Specifically, we are in search of Site Remediation Program (SRP) files relating to PI# 019432. We are also interested in any information regarding illegal waste discharges, aboveground or underground storage tanks, environmental contamination, or violations of environmental laws at the referenced site, primarily Site Remediation Program Files. Thank you for your assistance in this matter.

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 - 609-239-6816 Office Fax - 609-386-6837
Anthony J. Carnivale, Jr., RMC, Township Clerk
Email: acarnivale@twp.burlington.nj.us

RECEIVED
OCT 18 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 Kevin MI ____ Last Name Worrell

E-mail Address jemma.worrell@yahoo.com

Mailing Address 100 Brentwood Drive

City Mt. Laurel State NJ Zip 08054

Telephone 609-458-0975 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 10/18/17

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.

Any and all police reports, police citations, police summons, and/or instances involving or related to Carrie Worrell (Woodhull) - Date of Birth: 08/05/1975; Address: 701 Garnet Drive, Burlington, NJ from January 1, 2017 to present.

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 # 17-260
Rec'd Date 10/20/17
Ready Date 10/20/17
Total Pages 28

Final Cost

Total ____
Deposit ____
Balance Due 0
Balance Paid ____

Records Provided

Confidentiality issues

[signature] Custodian Signature 10-20-17 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 - 609-386-6887
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 Steven MI M Last Name Petrillo

E-mail Address kyoung@petrilloandgoldberg.com

Mailing Address 6951 N. Park Drive

City Pennsauken State NJ Zip 08109

Telephone 856-486-4343 FAX 856-486-7979

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

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Signature [signature] Date 10/16/17

Payment Information

Maximum Authorization Cost $
Please Send Invoice
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 attached letter with specific 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
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In Progress - Open
Denied - Closed
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-256
Rec'd Date 10/17/17
Ready Date 10/31/17
Total Pages 2

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided
Witness personal info Redacted
DOB address & phone

Custodian Signature 10-18-17 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 Michal MI M Last Name Trexler

E-mail Address mtrexler@liquorlicensepanj.com

Mailing Address 770 Rt. 220

City Muncy Valley State PA Zip 17757

Telephone (570) 482-2222 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 Michael M Trexler Date 10/03/17

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.

I am requesting a complete list of all liquor licenses located in Burlington Township, Burlington County, NJ.

This list needs to include license number, status, business name, t/a name (if applicable), business address, mailing address (if applicable), owner name and address and any other owner information that may be available such as address, telephone number and/or email address.

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

Important Notice

...form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name William MI C Last Name Owens

E-mail Address owens@lcmail.org & spapa@lcmail.org

Mailing Address 2035 Columbus Rd

City Burlington, State NJ Zip 08016

Telephone 609-499-2131 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 26 Oct. 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 send a copy of the police report for case # 2017-13321.
This pertains to a property loss report for 402 Fountain Ave, Burlington, NJ 08016, reported on Oct 10, 2017.
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 _____

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 Pauline MI M Last Name Young

E-mail Address pauline.young@esqnj.com

Mailing Address 37 Vreeland Avenue

City Totowa State NJ Zip 07512

Telephone 973-890-0004 FAX 973-256-3641

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 Pauline Young Date 10-26-17

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.

A list or other document(s) identifying the names, titles, and length of service of Burlington Township municipal court personnel (employees) from January 1, 2010 through December 31, 2015.

Payroll records for all Burlington Township municipal court personnel (employees) from January 1, 2010 through December 31, 2015. "Payroll records" may include, as applicable: a list of annual salaries and/or wages, or ordinances, budgets, and/or contracts which were in effect for municipal court employees during these time frames setting forth compensation. This request is specifically seeking the actual compensation (not just anticipated compensation or hourly rates) paid to municipal court employees (including overtime compensation as applicable). This request however, does not require production of duplicative information. Therefore, if the requested information is available in a single document or few documents, this request does not require production of every document which may contain duplicative information.

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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Tracking # _____
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Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

TOWNSHIP OF BURLINGTON
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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

Important Notice

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Requestor Information – Please Print

First Name James MI ____ Last Name Mulligan

E-mail Address jmulligan@partneresi.com

Mailing Address 611 Industrial Way West

City Eatontown State NJ Zip 07724

Telephone 732-440-1066 FAX 201-263-4497

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 Mulligan Date 10/18/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ○ Check ◉ Money Order ○

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

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

Extras: Special service charge dependent upon request.

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

Subject Address: 7 Campus Drive, Burlington, NJ (Block 99.01, Lot 6)

PLEASE FORWARD TO BOTH BUILDING AND FIRE DEPARTMENTS

We are requesting both current/historical building permits and records regarding underground storage tanks (USTs), aboveground storage tanks (ASTs), monitoring wells, spills, storage of hazardous materials, etc. (environmental issues) associated with the above-referenced site.

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 ____
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AGENCY USE ONLY

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Rec'd Date ____
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Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

RECEIVED
OCT 13 2017

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 PA- REO MI ____ Last Name Inc.

E-mail Address Karen@pa-reo.com

Mailing Address 759 Bristol Pike

City Bensalem State PA Zip 19020

Telephone 215-633-0102 FAX 215-633-8433

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

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Signature [signature] Date 10/13/17

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.

RE: 10 Ross Rd

This is a bank owned property and we are managing the property for the bank.

Please advise if there are any code or municipal violations on this property and please forward anything open so we can have this resolved for you.

Thank you

We are a licensed entity in NJ. PA-REO INC

AGENCY USE ONLY

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Disposition Notes
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Filled	- Closed	____
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Tracking Information

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

Final Cost

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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 Lisa MI _____ Last Name Heiser

E-mail Address Lisah@oclenderservices.com

Mailing Address 1000 Commerce Drive, Ste 520

City Pittsburgh State PA Zip 15275

Telephone 877-788-2923 x 6048 FAX 877-565-2925

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 Lisa Heiser Date 10/20/2017

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 the following information or who we can contact for the information for the following address/ Block and Lot:

212 Sunset Road, Burlington, NJ 08016 Block 114.01 Lot 11.08

Open code violations (Weed cutting, debris, etc.) please provide a copy.

Open permits – (Ex. Construction Code – permits, inspections and approvals and Construction UCC) - please provide a copy.

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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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 Brittany MI A Last Name Smith
E-mail Address brittanys@cisleads.com
Mailing Address 170 Kinnelan Road
City Kinnelan State NJ Zip 07405
Telephone 973-492-0509 FAX 800-962-0544
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒

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

Signature Brittany A Smith Date 10/9/17

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.

A copy of Building Permit application filed for 902 Jacksonville Road, Block 135, Lot 101, 1.02 that includes the name, address and telephone number for the general contractor.

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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Custodian Signature _____ Date _____

TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016
Office Phone - 609-239-6816 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 Yadira MI ____ Last Name Galan

E-mail Address carly@brinksconsulting.com

Mailing Address 1256 Liberty Ave

City Hillside State NJ Zip 07205

Telephone 844-462-7465 FAX 908-353-3107

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 / I HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 10/20/2017

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

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Extras: Special service charge dependent upon request.

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

please provide a list of permit applications for the installation, removal or the decommissiong of any underground storage tanks at
1904 rancoucas rd burlington
block 29 lot 19

please provide permits as old as you have

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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Final Cost

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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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OCT 19 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 MICHAEL MI ____ Last Name CANTWELL II
E-mail Address MICHAEL.K.CANTWELL@SHERWIN.COM
Mailing Address SHERWIN WILLIAMS CO. 2007 MOUNT HOLLY RD.
City BURLINGTON State NJ Zip 08016
Telephone 609-437-8302 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 _____ Date 10-19-2017

Payment Information

Maximum Authorization Cost $ N/A.
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.
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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.

~~PERMITS~~ LIST OF PERMITS PULLED BY CONTRACTORS WITHIN THE LAST 6 MONTHS.

OR LIST OF CONTRACTORS WHO HAVE DONE WORK IN THE TOWNSHIP IN 2017

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
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Custodian Signature ____ Date ____