



TOWNSHIP OF BURLINGTON OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016

Office Phone - 609-239-5816 Office Fax - 609-388-6837

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 ADAM MI _____ Last Name SMITHE-mail Address taxteam@drnds.comMailing Address 3240 East State StreetCity Hamilton State NJ Zip 08619Telephone 949-777-5999 FAX 330-319-8600Preferred 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 AS SMITH Date 09/22/2017

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.

Hello

Please provide building information on code violation and permit on the following address listed below : If there is any open cases or permit.

ADDRESS : 14 Almond Rd, BURLINGTON, NJ, 08016

NAME : FELICIANO EVEREST

Thanks & Regards

ADAM SMITH

Contact: 949-777-5999

fax : 330-319-8600

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Records Provided

Custodian Signature _____

Date _____



TOWNSHIP OF BURLINGTON OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016

Office Phone - 609-239-5816 Office Fax - 609-386-6337

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 Barbara MI Last Name Haynes

E-mail Address Barbara.Haynes@pemco-limited.com

Mailing Address 820 Bear Tavern Road.

City West Trenton, State NJ Zip 08628

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 9-13-17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☒ Check ☐ Money Order ☐

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

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Looking for any notice of OPEN permits/code violations currently pending on the referenced property address to date:

address: 7 BROOK DR

has this property been previously been registered with the program? If so who registered it/when and what the next fee is due for this.

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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Filled - Closed
Partial - Closed

AGENCY USE ONLY

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Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			

Custodian Signature

Date



TOWNSHIP OF BURLINGTON **OPEN PUBLIC RECORDS ACT REQUEST FORM**

861 Old York Road, Burlington, New Jersey 08016

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

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

Email: acarnivale@twp.burlington.nj.us

BURLINGTON TOWNSHIP
CLERK'S OFFICE



Important Notice

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Requestor Information - Please Print

First Name Jeffrey MI P Last Name Nelson

E-mail Address jhb2005@comcast.net

Mailing Address 1504 Jonathan Ln

City Marlton State NJ Zip 08053

Telephone 609-980-8158 FAX —

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

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Signature [Signature] Date 9/28/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☒ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
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- 7 Campus Dr. Burlington NJ 08016
- Certificates of Occupancy (any on file)
 - Variances (any on file)
 - Conditional Use Permits (any on file)
 - Special Use Permits (any on file)
 - Zoning Verification Letter
 - Site Plans (any on file)
 - Building Violations (open only)
 - Zoning Violations (open only)
 - Fire Code Violations (open only)

AGENCY USE ONLY

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 Total Pages _____ Balance Paid _____

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Custodian Signature

Date

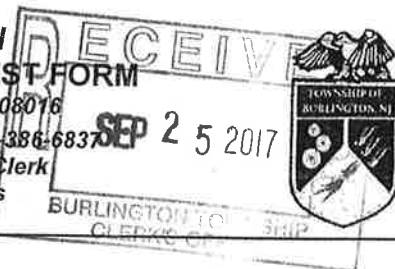
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Anthony J. Carnivale, Jr., RMC, Township Clerk

Email: acarnivale@twp.burlington.nj.us



Important Notice

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Requestor Information – Please Print

First Name Patricia MI L Last Name Baird
 E-mail Address tompab2@verizon.net
 Mailing Address 806 Neck Rd
 City Burlington State NJ Zip 08016
 Telephone 609 386 0292 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 Patricia L Baird Date 9/25/2017

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☒ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
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Copy of recording of council meeting held on
September 12, 2017

AGENCY USE ONLY

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Office Phone - 609-239-5816 Office Fax - 609-386-6837
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Email: acarnivale@twp.burlington.nj.us



Faxed 9/29/17

Important Notice

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Requestor Information - Please Print

First Name Pam MI Last Name Bigelow
E-mail Address pbigelow@nobleweb.com
Mailing Address 1817 Olde Homestead Lane Suite 101
City Lancaster State PA Zip 17601
Telephone 717-859-3311 x124 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 Bigelow Date 9/29/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☒ Check ☐ Money Order ☐
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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.

Requesting any open construction permits for 58 Threadleaf Terrace Burlington, NJ 08016.

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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Filled - Closed
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AGENCY USE ONLY

Tracking Information

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Ready Date Balance Due
Total Pages 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



ATTN:
LISA

Important Notice

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Requestor Information - Please Print

First Name Martin MI J Last Name Scarano

E-mail Address mjscarano@msn.com

Mailing Address 16 Hankins Farm Rd

City Allentown State NJ Zip 08501

Telephone 609-529-6013

FAX _____

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

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Signature Martin J. Scarano Date September 28, 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.

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I would like you to email a record of the number of times the Burlington Police Department has been called to the residence of 35 Society Ct., Burlington, NJ from September 29th, 2013 - September 29th, 2017. If there any questions or comments, please feel free to contact me. 609-529-6013.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

Tracking # 17-237
 Rec'd Date 9/28/17
 Ready Date _____
 Total Pages 17

Records Provided

Final Cost

Total _____
 Deposit _____
 Balance Due 0
 Balance Paid _____

Custodian Signature _____

Date _____



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

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Important Notice

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Requestor Information - Please Print

First Name Patricia MI L Last Name Baird
 E-mail Address tompatb2@verizon.net
 Mailing Address 806 Neck Rd
 City Burlington State NJ Zip 08016
 Telephone 609 386 0292 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 Patricia L Baird Date 9/25/2017

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☒ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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- ① Copy of recording of planning board meeting on July 13, 2017
- ② Copy of recording of planning board meeting on August 10, 2017.

AGENCY USE ONLY

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

AGENCY USE ONLY

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AGENCY USE ONLY

Tracking Information

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

Records Provided

Custodian Signature _____

Date _____



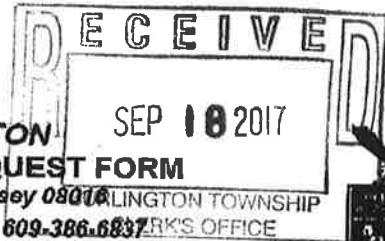
TOWNSHIP OF BURLINGTON OPEN PUBLIC RECORDS ACT REQUEST FORM

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Email: acarnivale@twp.burlington.nj.us



Important Notice

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Requestor Information - Please Print

First Name Salisha MI Last Name AliE-mail Address sali@propertysolutionsinc.comMailing Address Property Solutions Inc 31A Northfield AvenueCity Edison State NJ Zip 08837Telephone 732-417-0999 FAX 732-417-0888Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X

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

Signature Salisha Ali Date 9/15/2017

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 cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

•Copies of any records of outstanding or open building or fire code violations at the property. •Copies of any building permits or any open building permits at the property. •Copies of Certificates of Occupancy for the property. •The current zoning designation of the subject property and when it received this designation. •The zoning designation of the subject property prior to receiving the current designation. •Copies of any outstanding or open fire code violations at the property. •Copies of any records indicating the installation and/or removal of an above ground or underground storage tank at the property. •Copies of any records indicating that the fire department has responded to the property for the purpose of cleaning up a release of hazardous materials.

For a Property Condition Assessment of the following property:

Self Storage

10 Cadillac Road

Burlington Township, Burlington County, New Jersey 08016

Property Solutions Inc Project #: 20171029

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 Estimated Balance
 Deposit Date

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Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			

Custodian Signature Date

Cindy Eckman-Crist

From: Anthony Carnivale
Sent: Tuesday, September 26, 2017 2:36 PM
To: Cindy Eckman-Crist
Subject: FW: Burlington, NJ - OPRA Request



From: CU Records [<mailto:CURecords@mail.com>]
Sent: Tuesday, September 26, 2017 1:42 PM
To: Anthony Carnivale
Subject: Burlington, NJ - OPRA Request

Records Custodian:

I am making this request under New Jersey's Open Public Records Act.

I request a copy of:

1. August 2017's meeting minutes; e.g., Regular, Special, Executive.
2. August 2017's purchase orders, invoices, and attachments submitted by the municipal attorney.
3. August 2017's detailed check register.

Please e-mail me copies of the above.

Thank you.

CURecords@mail.com



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



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Requestor Information – Please Print

First Name Shola MI Last Name Agbaje

E-mail Address laurelinvest@verizon.net

Mailing Address P O BOX 1204

City Mount Laurel State NJ Zip 08054

Telephone 856 313 0470 FAX (888) 370 2817

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

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Signature Shola Agbaje Date 9/8/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☒ Check ☐ Money Order ☐

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

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

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Please provide me with a list of vacant /abandoned houses in the township. If you have any questions please contact me on 856 313 0470.

Thank you,

Shola Agbaje

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Balance Paid _____

Records Provided

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Date _____



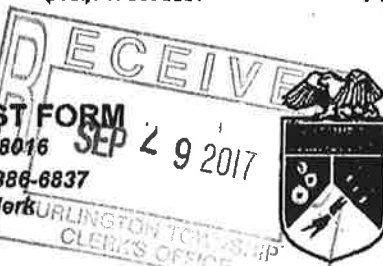
TOWNSHIP OF BURLINGTON OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016

Office Phone - 809-239-5818 Office Fax - 809-386-6837

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 Pam MI Last Name BigelowE-mail Address pbigelow@nobleweb.comMailing Address 1817 Olde Homestead Lane Suite 101City Lancaster State PA Zip 17601Telephone 717-859-3311 x124 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 Bigelow Date 9/29/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

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Requesting any open construction permits for 58 Threadleaf Terrace Burlington, NJ 08016.

Thank you.

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Requestor Information - Please Print

First Name Kent MI R Last Name Pipes

E-mail Address kentpipes@aol.com

Mailing Address 1841 Burlington-Mt. Holly Road

City Westampton State NJ Zip 08060-1069

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 [Signature] Date 9/28/17

Payment Information

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Other materials (CD, DVD, etc) - actual

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

Extras: Special service charge dependent upon request.

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

I would like a copy of the Township's Affordable Housing Trust Fund Spending Plan

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 # _____
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 Rich MI Last Name Bapst

E-mail Address rbapst@dcrenv.com

Mailing Address 2421 Yellowstone Road

City Cinnaminson State NJ Zip 08077

Telephone 610-608-4363 FAX 2154732951

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 Sept 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.

I would like to review available property records/permits from the L&I, zoning and fire dept. in association with a phase i environmental site assessment. Alternatively, [Signature] not allow inspections of records, i am looking for records of Permits, reports, and information for Underground or Aboveground Storage Tanks (UST/AST), pump islands, dispensers, U/G petro. piping, oil / water separator or clarifier installation or removal any current or previous building at the property • Permits for flammable materials storage • Permits of asbestos removal • Permits for the installation or decommissioning of drinking water wells & septic systems • Demolition/renovation permits for the current building of any other prior building on this property, copies any COOs for the property, permits for any in-ground features, etc. For the following property:

Warehouse

6 Cooper Street

Block 145.01, Lots 16, 28 and 28.01

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Records Provided

Custodian Signature

Date



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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 Patrick MI A Last Name Neely

E-mail Address realestatenjpa@gmail.com

Mailing Address 2 dead end drive

City maple shade State nj Zip 08052

Telephone 609-410-2441

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

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

Signature PATRICK A Neely Date 9/14/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☒ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

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

- (1) the vacant and abandoned & mortgage foreclosure registration list in .xml or .csv format (excel).
- (2) the general contractors who pulled permits at: 10 Indian Ln within the last 360 days.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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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



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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



Important Notice

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Requestor Information – Please Print

First Name Jordan MI _____ Last Name Sparacio

E-mail Address jordan.sparacio@pemco-limited.com

Mailing Address 4600 s ulster st

City denver State CO Zip 80237

Telephone 720-509-3254

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 Jordan Sparacio

Digitally signed by Jordan Sparacio
Date: 2017.09.13 13:38:59 -06'00'

Date 9/13/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☒ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

I need to know if there are any open code violations on the properties at

44 SYCAMORE DR BURLINGTON

809 LINDSLEY CT BURLINGTON

47 GOLDSPIRE LANE BURLINGTON

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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Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

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

Records Provided

Custodian Signature _____

Date _____



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 Margaret MI A Last Name Shepherd

E-mail Address 50mkennedy@gmail.com

Mailing Address 2634 N. Centre Street, Unit B4

City Pennsauken State NJ Zip 08109

Telephone (856) 630-7372 FAX (856) 665-9429

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 September 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.

Property: Block #145.19 & Lot #00004

6 Lambeth Road, Burlington, NJ 08016

Requesting: Any Open Permits and Violations

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Deposit Date _____

Disposition Notes

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

Tracking Information

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

Records Provided

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 FELICIANO MI Last Name EVEREST

E-mail Address taxteam@drnds.com

Mailing Address 3240 EAST STATE STREET EXT

City HAMILTON State NJ Zip 08619

Telephone 949-777-5999 FAX 330-319-8600

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

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

Signature Daniel Klein Date 09/07/2017

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.

Hello,

Please provide information on code violation and permit on the following addresses listed below.

If there are any open cases, open permit and is this property scheduled for demolition.

ADDRESS: 14 ALMOND RD, BURLINGTON, NJ 08016

OWNER: FELICIANO EVEREST

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Custodian Signature

Date



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



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

First Name Jared MI MI Last Name Christian

E-mail Address jchristian@whitestoneassoc.com

Mailing Address 1600 Manor Drive

City **Chalfont** State **PA** Zip **18914**

Telephone 215-712-2700 FAX 215-712-2701

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 Paul Antonio Date 9/8/2017

Maximum Authorization Cost	\$ 25.00
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Select Payment Method

Cash ☐ Check ☒ Money Order ☐

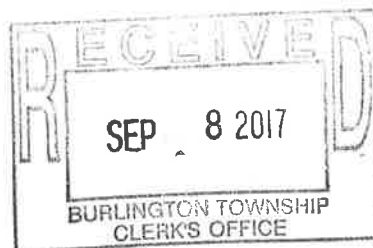
Fees: Letter size pages - \$0.05
per page
Legal size pages - \$0.07
per page
Other materials (CD, DVD,
etc) – actual

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.

IFCO Systems Site, 320 Dultys Lane (Block 152, Lot 1.04), Burlington, NJ 08016; Owner: Hall Partners, HIPLP c/o Duff & Phelps; Whitestone Associates, Inc. is conducting a Phase I Environmental Site Assessment at the above-referenced location. Whitestone requests the opportunity to access, review, and copy any available files addressing or pertinent to environmental investigations, underground storage tanks (USTs), potable water wells/septic systems, corrective actions, contaminant releases, incidents, fires, hazardous materials storage, citations, notices of violation, or other areas of concern at the above referenced property. Whitestone Project No.: EP1714786.000



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

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

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

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	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 Marissa MI D Last Name Richardson
E-mail Address Richardson.Marissa@gmail.com
Mailing Address 719 Delaware Ave
City Riverside State MS Zip 08075
Telephone 856-220-5602 FAX _____
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Marissa Richardson Date 9-14-17

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.

IN contract now with 5 maple street property. During home inspection a oil tank switch was found. I would like to know where the tank is located + if it was buried.

this is time sensitive closing is september 26th.

5 maple street
Burlington township
MS 08016

old Block - 00104 M

Block - 00104 M - 00021

Tax ID - 06-00104 13-00021
OLD Tax ID - 06-00104 M 00021

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 _____
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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

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 PrintFirst Name Rich MI _____ Last Name BapstE-mail Address rbapst@dcrenv.comMailing Address 3900 n 10th street suite 102City phila State pa Zip 19140Telephone 610-608-4363FAX 2154732951Preferred 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 sept 7, 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.

would like to review available property records/permits from the L&I, zoning and fire dept. in association with a phase i environmental site assessment. Alternatively, I would like to allow inspections of records, i am looking for records of Permits, reports, and information for Underground or Aboveground Storage Tanks (UST/AST), pump islands, dispensers, U/G petro. piping, oil / water separator or clarifier installation or removal any current or previous building at the property • Permits for flammable materials storage • Permits of asbestos removal • Permits for the installation or decommissioning of drinking water wells & septic systems • Demolition/renovation permits for the current building of any other prior building on this property, copies any COOs for the property, permits for any in-ground features, etc. For the following property:

Warehouse
Cooper Street
Block 145.01, Lots 16, 28 and 28.01

**AGENCY USE ONLY**

t. Document Cost _____
Delivery Cost _____
Extras Cost _____
al Est. Cost _____
osit Amount _____
mated Balance _____
osit Date _____

AGENCY USE ONLY**Disposition Notes**

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In Progress - Open _____
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Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____

Date _____



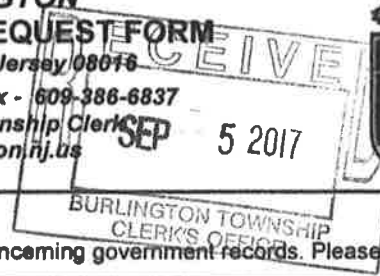
TOWNSHIP OF BURLINGTON OPEN PUBLIC RECORDS ACT REQUEST FORM

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 Megan MI E Last Name Maccaroni

E-mail Address mmaccaroni@sitecivilengineer.com

Mailing Address 213 Cherry Tree Court

City Franklinville State NJ Zip 08322

Telephone 856-885-8679 FAX 856-513-6594

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 Megan C Maccaroni

Date 9/11/17

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.

SCE is requesting any Zoning/Land Use permits and planning board approvals pertaining to Block 105.01, Lot 6 at Salem Road and JFK Parkway, Burlington Township, Burlington County, NJ.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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Ready Date _____
Total Pages _____

Final Cost

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Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature

Date

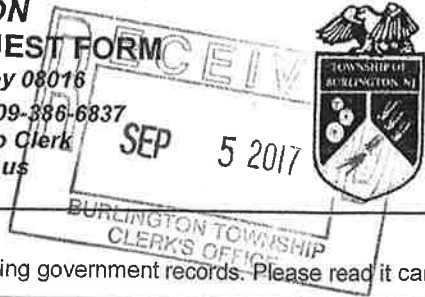
**TOWNSHIP OF BURLINGTON
OPEN PUBLIC RECORDS ACT REQUEST FORM**

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

Email: acarnivale@twp.burlington.nj.us



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Requestor Information - Please Print

First Name Emmet MI _____ Last Name Tyler
E-mail Address Emmettyler@outlook.com
Mailing Address 25 Powder Lane
City Burlington State NJ Zip 08016
Telephone (609) 222-3296 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 Emmet Tyler Date 9/5/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☒ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual
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 looking for blueprints for 606 Lindsay Court.
This is a property recently purchased by my mother.

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 _____

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Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____

Date _____



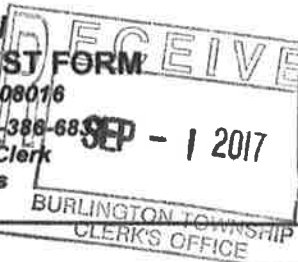
TOWNSHIP OF BURLINGTON OPEN PUBLIC RECORDS ACT REQUEST FORM

851 Old York Road, Burlington, New Jersey 08016

Office Phone - 609-239-5816 Office Fax - 609-388-6838

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 Megan MI E Last Name Maccaroni

E-mail Address mmaccaroni@sitecivilengineering.com

Mailing Address 213 Cherry Tree Court

City Franklinville State NJ Zip 08322

Telephone 856-885-8679 FAX 856-513-6594

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 Megan C Maccaroni

Date 9/1/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☒ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

SCE is requesting any Zoning/Land Use permits and planning board approvals pertaining to Block 105.01, Lot 6 at Salem Road and JFK Parkway, Burlington Township, Burlington County, NJ.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Custodian Signature _____

Date _____