

Fillmyer, Paula

From: Passione, Lisa
Sent: Monday, November 20, 2017 8:36 AM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 11/20/2017 OPRA REQUEST

Thanks!

Lisa A. Passione, RMC

*Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856) 735-2397*

www.cinnaminsonnj.org

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, November 20, 2017 7:49 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 11/20/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

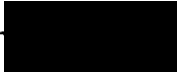
This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-

F: 973-376-4104

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OPEN PUBLIC RECORDS ACT REQUEST FORM

0308 Cinnaminson



Important Notice

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

Requestor Information – Please Print

First Name _____ Veronica _____ MI _____ Last Name _____ Hartman _____

E-mail Address _____ [REDACTED] _____

Mailing Address _____ [REDACTED] _____

City _____ [REDACTED] State _____ [REDACTED] Zip _____ [REDACTED] _____

Telephone _____ [REDACTED] _____ FAX _____ [REDACTED] _____

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

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

Signature _____ Veronica Hartman _____ Date _____ 11/20/2017 _____

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 cost of material

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

Extras: Special service charge
dependent upon request.

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

We request a copy of the "Tax Search Export" (**0308txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**

Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office.

If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

thank you,

Monica Hartman
Municipal Research Specialist
Accurate Abstracts
In Action Title Research Company

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Fax: 856-829-2507

Important Notice

Requestor Information – Please Print

Payment Information

Date _____

Myer, Paula

From: Passione, Lisa
Sent: Monday, November 13, 2017 9:01 AM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 11/13/2017 OPRA REQUEST

Good morning!

Lisa A. Passione, RMC

*Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856)735-2397*

www.cinnaminsonnj.org

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, November 13, 2017 7:41 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 11/13/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

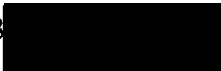
This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973 

F: 973-376-4104

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For:
Pat John
Sandy

RECEIVED
11/7/17

17-175

State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax



Important Notice

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

Requestor Information - Please Print

First Name Vaurie MI _____ Last Name Daberkow
Company _____
Mailing Address _____
City West Chester State PA Zip 19382 Email _____
Business Hours Telephone: Area Code 610 Number _____ Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect ☒
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 Vaurie Daberkow Date 11/3/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

RE: 1703 and 1705 Industrial Highway (Block 806; Lot 1.01) 41.02
EnviroSure is conducting a Phase I ESA at 1703 and 1705 Industrial Highway (Block 806; Lot 1.01). In that regard, we are requesting a search of all files pertaining to the property. Especially, underground storage tanks, environmental concerns and ownership records.

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	

Fillmyer, Paula

From: Passione, Lisa
Sent: Monday, November 6, 2017 8:54 AM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 11/6/2017 OPRA REQUEST

Thanks!

Lisa A. Passione, RMC

*Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856) 735-2397*

www.cinnaminsonnj.org

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Friday, November 3, 2017 4:19 PM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 11/6/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-376-4104

F: 973-376-4104

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17-174



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax



Important Notice

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

Requestor Information – Please Print

First Name Evangelina MI _____ Last Name Pena
Company Geo-Technology Associates
Mailing Address [REDACTED]
City Somerset State NJ Zip 08873 Email epena@gtaeng.com
Business Hours Telephone: Area Code [REDACTED]
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect X

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 Mangilua Vele Date 11/03/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

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

Fees:	Pages 1-10	@\$0.75
	Pages 11-20	@\$0.50
	Pages 21 -	@\$0.25

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Please see attached below

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 _____

Property Information

Property located east of the intersection of Route 130 and Siena Drive, Cinnaminson Township, Burlington County, New Jersey.

The property of interest is associated with the following information:

Block/Lot	Former Block/Lot	Address	Owner	Former Uses
Block 2102 Lot 55.01	Block 2102 Lots: 43, 43.01, 54.01, 55, 56, 57, 60, and 61	304 Route 130	Hovbros Siena Urban Renewal	Kieme Residence Sunrise Inn Motel Starr Trucking/Midtown Rentals C. Mae Wholesale Distributors James Starr Carolyn Motel Northern Motor Lodge Relax Motel Fuji Authentic Japanese Restaurant
		1011-1036 Siena Drive	Hovbros Siena Urban Renewal	
		111 Siena Drive	Gross, Joseph & Joan E	
		112 Siena Drive	Sano, Carol	
		1111-1115 Siena Drive	Hovbros Siena Urban Renewal	
		1121-1126 Siena Drive	Hovbros Siena Urban Renewal	
		113 Siena Drive	Outlaw, Bufus Jr & Linda D	
		1131-1136 Siena Drive	Hovbros Siena Urban Renewal	
		114 Siena Drive	Palumbo, Geraldine M	
		115 Siena Drive	Cioci, Anthony	
		121 Siena Drive	Wilkinson, John J & Vicki	
		122 Siena Drive	Hovbros Siena Urban Renewal	
		123 Siena Drive	Franks, Barbara L	
		124 Siena Drive	Smith, Ethel L & Antoinette C	
		125 Siena Drive	Deangelis, Lorenzo G Jr & Salvatore D	

Records of interest include, but are not limited to: tax assessor records, building permits, planning and zoning files, complaints, violations, and any environmental records. The request is due diligence for a Phase I Environmental Site Assessment.

17-Kes



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax



Important Notice

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

Requestor Information - Please Print

First Name Frank MI MI Last Name Simone
Company Corent Bridae and Travelers Insurance
Mailing Address [Redacted]
City Atco State PA Zip 28084 Email [Redacted]
Business Hours Telephone: Area Code [Redacted] Extension [Redacted]
Preferred Delivery: Pick Up ☒ US Mail ☐ On Site Inspect ☐
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 [Redacted]

Payment Information

Maximum Authorization Cost \$ [Redacted]
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

merchandise License Info
Habatzli Grill
- Landlord Info Cinnaminson development
Mr. Xiao Hao Liu #8 tenant 2015
Larry Li, G.M. Habatzli Grill

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		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 <u> </u>		Date <u> </u>	

Root, Sandi

From: Passione, Lisa
Sent: Monday, October 30, 2017 8:26 AM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 10/30/2017 OPRA REQUEST

Thanks!

Lisa A. Passione, RMC

*Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856) 735-2397*

www.cinnaminsonnj.org

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, October 30, 2017 8:08 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 10/30/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

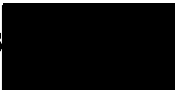
This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973 

F: 973-376-4104

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OPEN PUBLIC RECORDS ACT REQUEST FORM



0308 Cinnaminson



Important Notice

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

Requestor Information – Please Print

First Name Veronica MI Last Name Hartman
E-mail Address [REDACTED]
Mailing Address [REDACTED]
City Rutherford State NJ Zip 07070
Telephone [REDACTED] FAX
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Veronica Hartman Date 10/30/2017

Payment Information

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

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

"We request a copy of the "Tax Search Export" (0308txsr.zip) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com

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

Thank you,

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

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for

17-166



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077



Important Notice

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

Requestor Information - Please Print

First Name Pam MI MI Last Name Fallows
Company Chelsea REH LLC
Mailing Address [REDACTED]
City Maxeaton State NY Zip 08057 Email [REDACTED]
Business Hours Telephone: Area Code Area Code Number Number Extension Extension
Preferred Delivery: Pick Up Pick Up US Mail US Mail On Site Inspect On Site Inspect
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 Pamela S Fallows Date 10/25/17

Payment Information

Maximum Authorization Cost \$ Maximum Authorization Cost
Select Payment Method
Cash Cash Check Check Money Order Money Order
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

any permits for 1202 Columbia Avenue
Closing 11/6/17

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AGENCY USE ONLY

AGENCY USE ONLY

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

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

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



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax



Important Notice

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

Requestor Information – Please Print

First Name Sylvia MI M Last Name Whitcomb
Company Construction Journal
Mailing Address [REDACTED]
City Stuart State FL Zip 34994 Eng [REDACTED]
Business Hours Telephone: Area Code 800 Number 785-5165 Extension 438
Preferred Delivery: Pick Up US Mail On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that ~~XXXXXX~~ **HAVE NOT** been convicted of any
indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Sylvia Whitcomb Date 10/17/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees
additional depending upon
delivery type.
Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Good Morning,

May I get a copy of the building permit for the Wawa at 119 Taylor's Lane?
The permit should have been issued 2016-present

New Wawa with Fuel Pumps

Thank you so much,

Sylvia

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

Date _____

Passione, Lisa

From: Larry Higgins <opra@njpropertyrecords.com>
Sent: Friday, October 20, 2017 2:48 PM
To: Passione, Lisa
Subject: OPRA Request (0308.BURLINGTON_CINNAMINSON TWP)
Attachments: 0308.BURLINGTON_CINNAMINSON TWP.pdf

Note for clerk: Please discuss this request with your engineering department as they will be the BEST source for the requested documents and information.

The clerk or engineer can fulfil this OPRA easily by visiting our website www.StateInfoServices.com/opra

We've built this website to avoid sending large files by email, CD, USB, etc. It's a drag/drop file operation and there's no restriction on the file size. You do not need to register or login. You'll receive an email after successfully uploading all the requested files and information so you can close the OPRA request.

You can also submit all the requested information & documents by email if you'd like.

Requested Information:

1.a) A complete set of your municipalities **MOST CURRENT** tax maps. **Note:** If your tax maps are on your website, please provide the direct link and CONFIRM they are the most current maps available.

1.b) The date the tax maps were last modified/updated.

1.c) The approximate date to check back for newer/updated tax maps. **Note:** If there's currently no plans on updating the maps anytime soon, please mention that to us.

2.a) The **MOST CURRENT** municipality zoning map(s). **Note:** If your zoning map(s) are on your website, please provide the direct link and CONFIRM they are the most current map(s) available.

2.b) The date the zoning map(s) was last modified/updated.

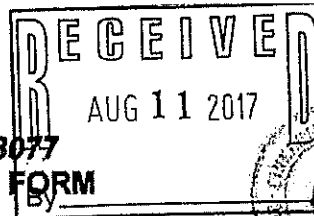
2.c) The approximate date to check back for newer/updated zoning map(s). **Note:** If there's currently no plans on updating the map(s) anytime soon, please mention that to us.

3.a) What is the Engineers Company Name, Email, and Phone Number?

2nd Reg 8/28/17



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077



17-125



Important Notice

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

Requestor Information - Please Print

First Name LEOR MI R Last Name HERO
Company Vantage Real Estate Services LLC
Mailing Address [REDACTED]
City Marlton State NJ Zip 08053 Email [REDACTED]
Business Hours Telephone: Area Code [REDACTED] Extension [REDACTED]
Preferred Delivery: Pick Up US Mail On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any
indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8/11/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees
additional depending upon
delivery type.
Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Site plan approval: 1096 N. Rt 130
and all other pertaining information

Thank you!

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress Open
Denied Closed
Filled Closed
Partial Closed

Lisa
John has a
copy. He will
handle this
O PRA.

Date

State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax

RECEIVED
RC 9/26/17

17-147

Important Notice

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

Requestor Information - Please Print

First Name Noel MI G Last Name Thompson
Company [REDACTED]
Mailing Address (Teal Consulting)
City Gainesville State Va Zip 20155 Email [REDACTED]
Business Hours Telephone: Area Code [REDACTED] Extension 907
Preferred Delivery: Pick Up US Mail On Site Inspect email ✓
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 Noel G. Thompson Date 9-26-2017

Payment Information

Maximum Authorization Cost \$ 5.00
Select Payment Method
Cash Check Money Order ✓
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees
additional depending upon
delivery type.
Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

"Transaction audit trail by project I.D. report"
Transaction date: 01-01-01 - 9-21-17 (Range)
PI 01-0004 to ZR-99-1103; Proj. Status: Active
Utilizing Edmunds Accounting Software.

Completed 10/20/17

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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 _____



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax

RECEIVED
9/12/17



Important Notice

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

Requestor Information – Please Print

First Name JEFF MI _____ Last Name GUAR
Company _____
Mailing Address _____
City CINNAMINSON State NJ Zip 08077 Email _____
Business Hours Telephone: Area Code _____ Extension _____
Preferred Delivery: ELECTRONIC TO EMAIL
Pick Up US Mail On Site Inspect
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 9/12/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

SEE ATTACHED NARRATIVE

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 _____

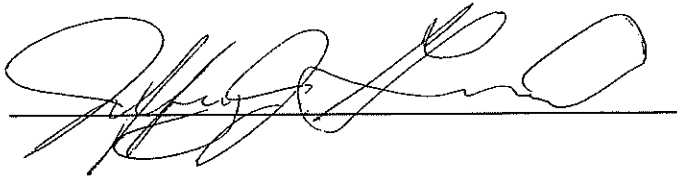
Date _____

Please provide the following requests electronically to [REDACTED] If you are unable to send them by email I will pick them up in person.

Narrative for OPRA, Government records request form, September 12, 2017

Please provide any and all documents generated, received or transmitted including township email accounts as well as personal email accounts from anyone involved, including committee members or others employed, assigned or appointed by Cinnaminson Township in the investigation regarding Resolution 2017-101. Specific information requested may include but is not limited to:

- The reason for the investigation
- The time periods of the investigation
- Financial information for Special counsel

A handwritten signature in black ink, appearing to be "Jeffrey S. [unclear]", written over a horizontal line.

September 12, 2017



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077

Received 8/22/17
354 Received
for copying



Important Notice

The reverse side 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 6 Last Name CONNORS
Company CORT
Mailing Address [REDACTED]
City CHARTER State VA Zip 2051 Email [REDACTED]
Business Hours Telephone: Area Code [REDACTED] Extension [REDACTED]
Preferred Delivery: Pick Up X US Mail On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8/22/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Request plan & statement for Planning Board Meeting
402- Planning Board Meeting

Completed 8/22/17 PR

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	



Julie/Kat

RECEIVED
9/14/17

17-140

September 14, 2017

Ms. Lisa A. Passione

Township Clerk

1621 Riverton Road

Cinnaminson, NJ 08077

To whom it may concern:

Under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I am requesting an opportunity to obtain copies of the following public records:

- The most current record or accounting of outstanding Cinnaminson Twp. issued checks that have not-yet been cashed or turned over to the State as unclaimed property to include payee name, issued date, check number, and amount. If possible, please limit this to check issued 6 or more months from today's date above \$599.

- The most current statement or report available containing information on residential and commercial construction Escrow Accounts, Cash Performance/Maintenance Bonds and any other construction or development-related Cash Securities that would be refundable to the depositor upon project completion and acceptance by the Township

- Some common examples of the cash securities we typically see include (but are not limited to) deposits for Land Development, Sewer Taps, Right-of-Way, Landscaping, Sidewalk, Curb & Gutter, Winter Handling, Signage, Street Cut/Opening, Grading, Erosion & Sediment Control, Subdivision, Storm Water Management, Building, Paving, Street Lights, Driveway, Temporary Trailer, Conservation, Certificate of Occupancy and Inspection escrows. Responsive departments normally include Building and Development, Engineering, Planning & Zoning, Public Works, Transportation and in some cases, the Finance Department.
- It is requested that the information provided in response to this request contain a minimum of the following specific details when available:

o	Name of depositor	o	Date of Deposit
o	Current Balance	o	Project Address [or Block & Lot number]

Should there be a cost associated with the fulfillment of this records request that exceeds \$25.00, kindly notify me via telephone or email with the estimated cost, prior to incurring any charges.

The New Jersey Open Public Records Act requires a response time of seven business days. If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies or the ability to inspect the requested records. If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for your time and consideration of my request.

Sincerely,

Noel Thompson

Noel Thompson

7350 Heritage Village plaza, Suite 202, Gainesville, VA 20155

State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
Cinnaminson, N. J. 08077
(856) 829-6000
(856) 829-3361 Fax

RECEIVED
10/10/17



Important Notice

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

Requestor Information - Please Print

First Name	IRVING	MI		Last Name	REINBOLD
Company	B. LAUREN INVESTIGATIONS				
Vailing Address	[REDACTED]				
City	LONG BRANCH	State	NJ	Zip	07740
Business Hours Telephone:	Area Code	[REDACTED]	Extension	[REDACTED]	
Preferred Delivery:	Pick Up	US Mail	On Site Inspect		
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	Steve Reinbold				
Date	10/6/2017				

Payment Information

Maximum Authorization Cost \$	
Select Payment Method	Cash ☐ Check ☐ Money Order ☐
Fees:	Pages 1-10 @\$0.75 Pages 11-20 @\$0.50 Pages 21 - @\$0.25
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

PLEASE PROVIDE ANY AND ALL POLICE RECORDS (CAR LOGS, DISPATCH LOGS, ARREST REPORTS) FOR INCIDENT REGARDING JOSEPH A. GILBERTO ON 03/08/1991. D.O.B 02/15/1958
CASE NUMBER: 91000759

Emailed documents of completed 10/24/17
PLEASE EMAIL TO RESEARCH@BLINT.COM OR FAX TO 732-483-9801
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	☐
Denied	☐
Filled	☐
Closed	☐
Partial	☐

AGENCY USE ONLY

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

17-141



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax



RECEIVED
9/14/77

Important Notice

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

Requestor Information – Please Print

First Name Gina MI _____ Last Name Gros

Company Gallas Surveying Group

Mailing Address [REDACTED]

City North Brunswick State NJ Zip 08902 Email [REDACTED]

Business Hours Telephone: Area Code [REDACTED] Extension _____

Preferred Delivery: Pick Up _____ US Mail ☒ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE** HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [Signature] Date 7/5/17 9/14/17 Resubmitted

Payment Information

Maximum Authorization Cost	\$ 50.00
----------------------------	----------

Select Payment Method

Cash Check ☒ Money Order

Fees:	Pages 1-10	@\$0.75
	Pages 11-20	@\$0.50
	Pages 21 -	@\$0.25

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I would like to request copies of the following information pertaining to the properties located at 191 & 195 US Route 130, Lot 1, Block 1404 and Lot 29.01, Block 1407 in the Township of Cinnaminson, NJ:

1. The most current surveys and site plans you may have on file
2. The most current mapping you may have available illustrating the location of the water and sewer lines running within the property areas, as well as any connections to building(s)

Our office is preparing a Boundary & Topographic Survey of these properties and will utilize any mapping provided solely for reference purposes on same.

Thank you for your help and kindly contact me with any questions.

GSG Project #G17155

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 _____

Lon Hat

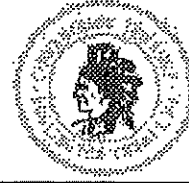
*Completed 10/5/17
10/17/17*

17-155



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax



Important Notice

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

Requestor Information – Please Print

First Name Brandi MI L Last Name Hascak
 Company Orange Coast Lender Services Title Company
 Mailing Address [REDACTED]
 City Pittsburgh State PA Zip 15275 Email [REDACTED]
 Business Hours Telephone: Area Code [REDACTED] Extension 6097
 Preferred Delivery: Pick Up US Mail On Site Inspect **FAX/EMAIL**
 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 Brandi L Hascak Date 10/3/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees
 additional depending upon
 delivery type.
 Extras: Extraordinary service fees
 dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

OPEN code violations: high grass/weeds, garbage/rubbish, structural issues with property.

OPEN permits: building, electrical, construction

ONLY NEED COPIES IF VIOLATIONS/PERMITS ARE OPEN

Property address: 1617 Washington St Cinnaminson, NJ 08077 Block 1924 Lot3

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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

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



Julie/Kat

RECEIVED
9/19/17

17-140

September 14, 2017

Ms. Lisa A. Passione
Township Clerk
1621 Riverton Road
Cinnaminson, NJ 08077

Completed
9/26/17

To whom it may concern:

Under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I am requesting an opportunity to obtain copies of the following public records:

- The most current record or accounting of outstanding Cinnaminson Twp. issued checks that have not-yet been cashed or turned over to the State as unclaimed property to include payee name, issued date, check number, and amount. If possible, please limit this to check issued 6 or more months from today's date above \$599.
- The most current statement or report available containing information on residential and commercial construction Escrow Accounts, Cash Performance/Maintenance Bonds and any other construction or development-related Cash Securities that would be refundable to the depositor upon project completion and acceptance by the Township
- Some common examples of the cash securities we typically see include (but are not limited to) deposits for Land Development, Sewer Taps, Right-of-Way, Landscaping, Sidewalk, Curb & Gutter, Winter Handling, Signage, Street Cut/Opening, Grading, Erosion & Sediment Control, Subdivision, Storm Water Management, Building, Paving, Street Lights, Driveway, Temporary Trailer, Conservation, Certificate of Occupancy and Inspection escrows. Responsive departments normally include Building and Development, Engineering, Planning & Zoning, Public Works, Transportation and in some cases, the Finance Department.
- It is requested that the information provided in response to escrow portion of this request contain a minimum of the following specific details when available:

☐ Name of depositor	☐ Date of Deposit
☐ Current Balance	☐ Project Address [or Block & Lot number]

Should there be a cost associated with the fulfillment of this records request that exceeds \$25.00, kindly notify me via telephone or email with the estimated cost, prior to incurring any charges.

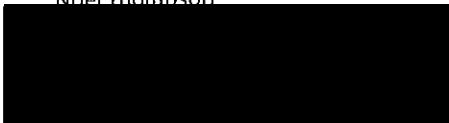
The New Jersey Open Public Records Act requires a response time of seven business days. If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies or the ability to inspect the requested records. If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for your time and consideration of my request.

Sincerely,

Noel Thompson

Noel Thompson



7350 Heritage Village plaza, Suite 202, Gainesville, VA 20155

www.teal-usa.com

Passione, Lisa

From: Anthony Bellano <anthony.bellano@patch.com>
Sent: Tuesday, October 17, 2017 9:00 AM
To: Passione, Lisa
Subject: OPRA Request

Good morning,

Please accept as my request for documents under the Open Public Records Act (OPRA) the minutes of the closed session from the Sept. 25 Cinnaminson Committee meeting, as approved during the meeting of Oct. 16. Thank you.

--

Anthony Bellano
South Jersey Editor
Patch.com
609-277-1029
Anthony.Bellano@patch.com

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

Completed 10/23/17

Fillmyer, Paula

From: Passione, Lisa
Sent: Monday, October 23, 2017 8:16 AM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 10/23/2017 OPRA REQUEST

Good morning!

Lisa A. Passione, RMC

*Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856)735-2397*

www.cinnaminsonnj.org

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, October 23, 2017 7:18 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 10/23/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-

F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077



Important Notice

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

Requestor Information -- Please Print

First Name Gina Mi M Last Name Ritter
Company GWP Enterprises Inc.
Mailing Address [REDACTED]
City Franklinville State NJ Zip 08322 Email [REDACTED]
Business Hours Telephone: Area Code [REDACTED]
Preferred Delivery: Pick Up US Mail ☒ On Site Inspect
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 10/19/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Project Quote Results and Tabulations for Stiping of Various Parking Lots - Resolution 2017-122

Completed 10/20/17

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

In Progress - Open
Denied - Closed
Filed - 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 <u> </u>		Date <u> </u>	

State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax



Important Notice

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

Requestor Information - Please Print

First Name Albert MI L Last Name Stein
Company Feinberg + McBurney Realty/Development
Mailing Address [Redacted]
City Cherry Hill State NJ Zip 08003 Email [Redacted]
Business Hours Telephone: [Redacted] Area Code [Redacted]
Preferred Delivery: ☐ Pick Up ☐ US Mail ☒ On Site Inspection
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 Albert Stein Date 10/12/17

Maximum Authorization Cost \$ _____
Select Payment Method ☐ Cash ☐ Check ☐ Money Order
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I would like to inspect the Redevelopment Agreement between the Township of Cinnaminson and Delco Development regarding property at Route 130 N and Church Road and Branch Pike.

Completed 10/17/17

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
☐ In Progress
☐ Denied
☐ Filled
☐ Partial
☐ Closed

AGENCY USE ONLY

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

State of New Jersey
Township of Cinnaminson, N.J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
Cinnaminson, N.J. 08077
(856) 829-6000
(856) 829-3361 Fax



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

Important Notice

Requestor Information - Please Print

First Name Noel
Last Name Thompson
M G
Company (Teal Consulting)
Mailing Address 1621 Riverton Road
City Cinnaminson State NJ Zip 08077
Business Hours Telephone: Area Code
Preferred Delivery: ☒ Pick Up ☐ US Mail
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 Noel Thompson Date 9-26-2017

Payment Information

Maximum Authorization Cost \$ 0.00
Select Payment Method
Cash ☐ Check ☒ Money Order
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21- additional depending upon delivery type.
Delivery: Delivery / postage fees
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

"Information audit trail by project I.D. report"
Information date: 01-01-01-9-21-17 (Range)
PI 01-0004 to ZR-99-1103, PROJ. Status: Active
utilizing Edmunds Accounting software.

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
Denied
Filled
Partial
Closed
Closed
Closed
Open

AGENCY USE ONLY

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

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-829-6667

Fax: 856-829-2507

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin
E-mail Address _____
Mailing Address _____
City ROBBINSVILLE State NJ Zip 08691
Telephone _____ FAX 609-961-6661
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax X E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature _____ Date 10/2/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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

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

Start Date 9/1/2017

End Date 9/30/2017

10/18/17 Rec'd ck# 5015 \$26-

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Deposit Date _____

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

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

Tracking Information

Final Cost

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

Records Provided

Custodian Signature _____

Date _____

Lori
Passione, Lisa

17-144

From: michelle@datarole.com
Sent: Wednesday, September 20, 2017 10:50 AM
To: Passione, Lisa
Subject: Cinnaminson township Building Permits - Public Records Request

Dear Lisa Passione,

NJ.8077.10669

Pursuant to New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I am requesting copies of public records for your building permit report or log dating back as many years as you have on file. Ideally, this report or log would contain the physical addresses, issue dates, type/category of work, description of work, contractor, and other items for all building permits.

An electronic copy in Excel or CSV format is preferred, but we will accept the report in whatever format you have it and for all information fields you have available. Please feel free to contact me with any questions or concerns.

Thank you very much for your time,

Michelle Farris
Data Specialist - Datarole
513-276-2088
Michelle@datarole.com

Should you deny any part of this request, you must state in writing the basis for the denial, including the exact statutory citation authorizing the denial as required by as required by New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., Your office has 7 days to respond and 30 days (21 business days) to satisfy this request.

State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax

Recd 10/6/17

Important Notice

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

Requestor Information – Please Print

First Name Robert MI _____ Last Name Baranowski
Company Hyland Learning Corp
Mailing Address _____
City Marlton State NJ Zip 08053 Email _____
Business Hours Telephone: Area Code _____ Number _____ Extension _____
Preferred Delivery: Pick Up X US Mail _____ On Site Inspect _____
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 10-6-17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25

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

Extras: Extraordinary service fees
 depending upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Copies of letters from Kyle Eingham and Tim Prime referenced in Planning Board Resolution 2017-11.
Copies of Exhibits A-1, A-2, A-3 and B-1 referenced in same Resolution.

Completed 10/16/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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 _____

9/28/17 Emailed 6m PG

State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
 1621 Riverton Road
 Cinnaminson, N. J. 08077
 (856)829-6000
 (856)829-3361 Fax

RECEIVED
 9/28/17

17-148



Important Notice

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

Requestor Information – Please Print

First Name Marc MI MI Last Name Birbeck
 Company _____
 Mailing Address _____
 City Cinnaminson State NJ Zip 08077 Email _____
 Business Hours Telephone: Area Code _____ Extension _____
 Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
 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 9/27/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Please provide all closed session notes from August through September 2017.
 Please provide meeting link for 9/25/17. ~~see~~
 Please send by e-mail, if cannot I will pick-up.
 Completed 10/17/17

AGENCY USE ONLY

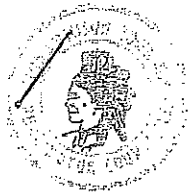
Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____

AGENCY USE ONLY

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



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077

RECEIVED
10/2/17

17-153



Important Notice

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

Requestor Information - Please Print

First Name Thomas MI S Last Name Chichester
Company _____
Mailing Address _____
City Cinnaminson State NJ Zip 08077 Email _____
Business Hours Telephone: Area Code _____ Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect ☒
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 Thomas S. Chichester Date 10-2-2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Closed session minutes for March 21, 2016
February 22, 2016

10/2/17 Emailed to GRM w/minutes. Completed 10/17/17

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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

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

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

Custodian Signature _____

Date _____



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077

RECEIVED
8/23/17

17-129



Important Notice

The reverse side 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 6 Last Name CONNORS
Company COBT Business Services
Mailing Address [REDACTED]
City Charlottesville State VA Zip 22901 Email [REDACTED]
Business Hours Telephone: Area Code [REDACTED] Extension [REDACTED]
Preferred Delivery: Pick Up ☒ US Mail ☐ On Site Inspect ☐
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8/21/2017

Payment Information

Maximum Authorization Cost \$ [REDACTED]
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Minutes from Cinnaminson Township Planning Board Meeting
held on August 20, 2017

- Copy C.D for planning board meeting
on August 22, 2017

Completed 8/31/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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	

Julie

RECEIVED
9/28/17



17-149

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

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Pages 1-10 @ \$0.75
Pages 11-20 @ \$0.50
Pages 21 - @ \$0.25

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

Extras: Extraordinary service fees
dependent upon request.

Please provide a copy of all stipends paid ~~to all township~~ for 2016 & 2017.

Please provide a copy of ^{all} Mr. King's agreements/contracts/emails for positions held in township.

Please provide all overtime paid to ^{All} police Department/~~officers~~ employees for 2016-2017 (individually listed)
if cannot be sent electronically I will pick-up

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	

EMPLOYMENT STATUS: ☐ FULL TIME ☐ NATIONAL GUARD

1. EMPLOYEE INFORMATION: This section must be filled out completely. Please print or type.

Social Security Number

Last Name

Title (Dr., Sr., etc.)

First Name

MI

Street Address (Include Apartment #)

City

State

ZIP Code --4

Date of Birth (mm/dd/yy) Gender (M/F)

Status

Single ☐ Married ☐ Civil ☐ Domestic ☐ Divorced ☐ Widowed ☐ Union ☐ Partnership ☐

Home Telephone Number

Are you transferring your health benefits from another SHBP/SHBP participating employer?

☐ No ☐ Yes, list name of employer: _____

4. DEPENDENT INFORMATION: List only eligible dependents and attach required proof of dependency documents. (See instructions).

Spouse/Civil Union/Domestic Partner

Last Name

First Name

MI

Date of Birth (mm/dd/yy)

Gender (M/F)

Social Security Number

Dependent's HMO Primary Care Physician ID#

Adult ID#

Children

First Name MI Date of Birth (mm/dd/yy)

Gender (M/F) Social Security Number

Dependent's HMO Primary Care Physician ID#

Adult ID#

5. TYPE OF ACTIVITY

(Complete only if requesting changes to existing coverage)

5a. ADDITION OF DEPENDENT

☐ Marriage - Date of Event (mm/dd/yy)

☐ Marriage - Date of Event (mm/dd/yy)

☐ Birth of Child

☐ Adoption/Guardianship - proof required

☐ Civil Union/Domestic Partner - Date of Event (mm/dd/yy)

☐ Civil Union/Domestic Partnership required

☐ Child's SSN#

☐ Child's Name

☐ Child's Date of Birth (mm/dd/yy)

☐ Child's SSN#

☐ Other - give reason (i.e., address change, dependent returns from military service)

☐ Other - give reason (i.e., address change, dependent returns from military service)

☐ Other - give reason (i.e., address change, dependent returns from military service)

☐ Other - give reason (i.e., address change, dependent returns from military service)

☐ Other - give reason (i.e., address change, dependent returns from military service)

☐ Other - give reason (i.e., address change, dependent returns from military service)

2. MEDICAL COVERAGE

2a. EMPLOYEE SELECTION (Choose only one plan)

HORIZON

AETNA

☐ Aetna Health Plan

☐ Aetna Liberty Plan

☐ Aetna Direct

☐ Aetna Direct

☐ Aetna Direct

☐ Aetna Direct

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2b. LEVEL OF COVERAGE

☐ Single ☐ Member and Spouse/Civil Union Partner

☐ Family ☐ Parent and Child(ren)

☐ Family ☐ Parent and Child(ren)

☐ Family ☐ Parent and Child(ren)

☐ Family ☐ Parent and Child(ren)

☐ Family ☐ Parent and Child(ren)

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☐ Family ☐ Parent and Child(ren)

☐ Family ☐ Parent and Child(ren)

3. PRESCRIPTION DRUG COVERAGE — See note below

☐ I wish to be covered by the Employee Prescription Drug Plan.

☐ I wish to be covered by the Employee Prescription Drug Plan.

☐ I wish to be covered by the Employee Prescription Drug Plan.

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☐ I wish to be covered by the Employee Prescription Drug Plan.

3a. EMPLOYEE SELECTION

☐ I wish to be covered by the Employee Prescription Drug Plan.

☐ I wish to be covered by the Employee Prescription Drug Plan.

☐ I wish to be covered by the Employee Prescription Drug Plan.

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☐ I wish to be covered by the Employee Prescription Drug Plan.

3b. LEVEL OF COVERAGE

☐ Single ☐ Member and Spouse/Civil Union Partner

☐ Family ☐ Parent and Child(ren)

☐ Family ☐ Parent and Child(ren)

☐ Family ☐ Parent and Child(ren)

☐ Family ☐ Parent and Child(ren)

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☐ Family ☐ Parent and Child(ren)

3c. EMPLOYEE SELECTION

☐ I wish to be covered by the Employee Prescription Drug Plan.

☐ I wish to be covered by the Employee Prescription Drug Plan.

☐ I wish to be covered by the Employee Prescription Drug Plan.

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☐ I wish to be covered by the Employee Prescription Drug Plan.

OPEN PUBLIC RECORDS ACT REQUEST FORM



0308 Cinnaminson



Important Notice

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

Requestor Information – Please Print

First Name Veronica MI MI Last Name Hartman
E-mail Address [REDACTED]
Mailing Address [REDACTED]
City Rutherford State NJ Zip 07070
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Veronica Hartman Date 10/16/2017

Payment Information

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

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

"We request a copy of the "Tax Search Export" (0308txsr.zip) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com

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

Thank you,

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

AGENCY USE ONLY

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Fillmyer, Paula

From: Passione, Lisa
Sent: Monday, October 16, 2017 8:26 AM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 10/16/2017 OPRA REQUEST

Good morning!

Lisa A. Passione, RMC

*Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856)735-2397*

www.cinnaminsonnj.org

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, October 16, 2017 7:36 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 10/16/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

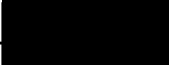
This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-

F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby

**ACCURATE
ABSTRACTS**

0308 Cinnaminson

Important Notice

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

Requestor Information – Please Print

First Name Veronica MI MI Last Name Hartman
E-mail Address [REDACTED]

E-mail Address

Mailing Address

City Rutherford State NJ Zip 07070

Telephone _____ zip _____ 07070

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

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

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

Signature _____

Signature _____ Veronica Hartman

Date 10/10/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - \$0.05 per page

Legal size pages - \$0.07 per page

Other materials (CD, DVD, etc)
= actual cost of

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

Extras: Special service charge dependent upon request.

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

We request a copy of the "Tax Search Report" (0268)

We request a copy of the "Tax Search Export" (0308txsr.zip) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our mail address: **tax@actiontitleresearch.com**. Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

***nica Hartman
Principal Research Specialist
Rate Abstracts
Motion Title Research Company***

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Fillmyer, Paula

From: Passione, Lisa
Sent: Tuesday, October 10, 2017 8:14 AM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 10-9-17 OPRA Request (or 10-10-17 if you are closed for Columbus Day)

Good morning!

Lisa A. Passione, RMC

Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856)735-2397

www.cinnaminsonnj.org

From: McBride, Cynthia (RIS-PHL) [mailto:CMcBride@signatureinfo.com]
Sent: Monday, October 9, 2017 7:55 AM
To: Passione, Lisa <lpassione@cinnaminsonnj.org>
Cc: McBride, Cynthia (RIS-PHL) <CMcBride@signatureinfo.com>
Subject: 10-9-17 OPRA Request (or 10-10-17 if you are closed for Columbus Day)

Good Morning

Please consider this an official OPRA request. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Signature.

And thank you for your time and consideration concerning this request.

Cindy

Cynthia A. McBride C. T. C.

Government Relations Specialist
Signature Information Solutions
Home of Charles Jones & Data Trace products and services
300 Phillips Blvd Suite 400
Trenton, NJ 08650-0488
Phone 609-359-7033
Cell 908-591-5513

 Please consider the environment before printing



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax



Important Notice

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

Requestor Information – Please Print

First Name Daphney MI _____ Last Name Louis (Desravines)
Company _____
Mailing Address _____
City Cinnaminson State NJ Zip 08077 Email _____
Business Hours Telephone: Area Code _____ Number _____ Extension _____
Preferred Delivery: Pick Up ☒ US Mail _____ On Site Inspect _____
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 D Louis Date 9/25/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

A copy of the floor plan of my residence. If it is possible, please email at _____
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 _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

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

Lon

17-145



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077



Important Notice

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

Requestor Information - Please Print

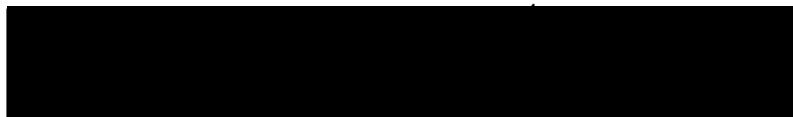
First Name Joseph MI MI Last Name Segrest
Company Wendert Realtors
Mailing Address [REDACTED]
City Moorestown State NJ Zip 08057 Email [REDACTED]
Business Hours Telephone: Area Code [REDACTED] Extension [REDACTED]
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On Site Inspect ☒ Email ☒
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Joseph Segrest Date 9/25/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Looking for gas line work in 2005 (possibly August)
time frame, - 815 Hilltop Rd.



AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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

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

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 <u> </u>		Date <u> </u>	

9/29/17 Emailed to Lori

17-150

Lori



**State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM**
1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax

Important Notice

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

Requestor Information – Please Print

First Name Tammy MI N Last Name McDonough
 Company _____
 Mailing Address _____
 City Cinnaminson State NJ Zip 08077 Email _____
 Business Hours Telephone: Area Code _____ Extension _____
 Preferred Delivery: Pick Up X US Mail _____ On Site Inspect _____
 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 Tammy McDonough Date 9/28/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I am requesting a survey and two backyard survey markers for my home in order to purchase a fence.

AGENCY USE ONLY

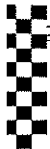
Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____

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	



RECEIVED
10/3/17



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax



17-154

Important Notice

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

Requestor Information - Please Print

First Name Stephen MI T Last Name Tymchy
Company Long + Foster Real Estate
Mailing Address [REDACTED]
City Cherry Hill State NJ Zip 08034 Email [REDACTED]
Business Hours Telephone: Area Code [REDACTED] Extension [REDACTED]
Preferred Delivery: Pick Up ☒ US Mail ☐ On Site Inspect ☐
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10-3-17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Pages 1-10 @ \$0.75
Pages 11-20 @ \$0.50
Pages 21 - @ \$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Where there any permits pulled?
Did it ever have an underground oil tank
1713 Jefferson St, Cinnaminson, NJ
08077

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 <u> </u>		Date <u> </u>	

17-151



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
 P. O. Box 2100
 Cinnaminson, N. J. 08077

**Important Notice**

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

Requestor Information – Please Print

First Name Nicole MI C Last Name McGinnis

Company Home Smart First Advantage Realty

Mailing Address [REDACTED]

City Shamong State NJ Zip 08088 Email [REDACTED]

Business Hours Telephone: Area Code [REDACTED] Extension [REDACTED]

Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ email ☐ on site inspect ☐

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.

DocuSigned by:

Signature Nicole McGinnis

Date 9/26/2017

808F849623A44ED...

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Pages 1-10 @\$0.75

Pages 11-20 @\$0.50

Pages 21 - @\$0.25

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I am inquiring on 1713 Jefferson St, Cinnaminson, NJ 08077 Block 01915 / Lot 00003

It seems to appear after viewing this property at one point there was an oil tank and there has been an addition put on. If you could please provide to me all permits pulled. This property is bank owned

They have no knowledge of anything. Your help would be greatly appreciated. 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



1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax

Important Notice

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

Requestor Information – Please Print

First Name Marie MI _____ Last Name Burbeck
Company _____
Mailing Address _____
City Cinnaminson State NJ Zip 08077 Email _____
Business Hours Telephone: Area Code _____ Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/12/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25

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

Extras: Extraordinary service fees
depending upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Please send copies of the following attorney bills
if unable to e-mail them I will pick them up.
Parker & McCay & Capehart & Scotchard - ~~all~~
May 2017 Jan 2016 - present. (Sept. 2017)
June 2017
July 2017
Aug 2017
Sept 2017

Completed 9/24/17

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

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 _____

17-136



Date _____

RECEIVED
9/12/17

17-138



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
 Cinnaminson, N. J. 08077
 (856)829-8000
 (856)829-3361 Fax ✓

**Important Notice**

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

Requestor Information - Please Print

First Name Robert MI MI Last Name Baranowski
 Company Hyland Levin LLP
 Mailing Address [REDACTED]
 City Marlton State NY Zip 08053 Email [REDACTED]
 Business Hours Telephone: Area Code [REDACTED]
 Preferred Delivery: Pick Up ☒ US Mail ☐ On Site Inspection ☐
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any
 indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 9-12-17

Payment Information

Maximum Authorization Cost \$ 200
 Selected Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Meeting minutes and recordings of
 Planning Board meeting conducted on 9-7-17
 and Committee meeting conducted on 9-11-17
 regarding redevelopment or rehabilitation of
 Colonial Square Shopping Center.

Completed 9/28/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY**Tracking Information**

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

Records Provided

Custodian Signature

Date

Lori Hat

17-155



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
 Cinnaminson, N. J. 08077
 (856)629-6000
 (856)629-3361 Fax

**Important Notice**

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

Requestor Information – Please Print

First Name Brandi MI L Last Name Hascak
 Company Orange Coast Lender Services Title Company
 Mailing Address [REDACTED]
 City Pittsburgh State PA Zip 15275 Email [REDACTED]
 Business Hours Telephone: Area Code [REDACTED] Extension 6097
 Preferred Delivery: Pick Up US Mail On Site Inspect **FAX/EMAIL**
 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 Brandi L Hascak Date 10/3/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

OPEN code violations: high grass/weeds, garbage/rubbish, structural issues with property.

OPEN permits: building, electrical, construction

ONLY NEED COPIES IF VIOLATIONS/PERMITS ARE OPEN

Property address: 1617 Washington St. Cinnaminson, NJ 08077 Block 1924 Lot3

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
 Records Provided

Custodian Signature Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

0308 Cinnaminson



Important Notice

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

Requestor Information – Please Print

First Name Veronica MI _____ Last Name Hartman

E-mail Address _____

Mailing Address _____

City Rutherford State NJ Zip 07070

Telephone _____ FAX _____

Preferred Delivery: Pick Up _____ On-Site Inspect _____ Fax _____ E-mail ☒ X

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

Signature **Veronica Hartman** Date **10/4/2017**

Payment Information

Maximum Authorization Cost \$

Select Payment Method

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

Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) ~ actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (**0308txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**

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

Thank you,

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

AGENCY USE ONLY.

AGENCY USE ONLY

AGENCY USE ONLY

myer, Paula

From: Passione, Lisa
Sent: Monday, October 2, 2017 8:37 AM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 10-2-17 OPRA Request

Now our day can begin! ☺

Lisa A. Passione, RMC

Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856)735-2397

www.cinnaminsonnj.org

From: McBride, Cynthia (RIS-PHL) [mailto:CMcBride@signatureinfo.com]
Sent: Monday, October 2, 2017 8:30 AM
To: Passione, Lisa <lpassione@cinnaminsonnj.org>
Subject: 10-2-17 OPRA Request

Good Morning

Please consider this an official OPRA request. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector.

This "copy" can be accomplished by sending the "tax search export" file to Signature.

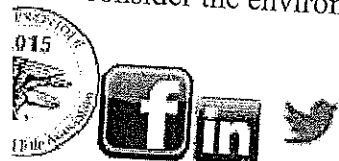
Thank you for your time and consideration concerning this request.

Sincerely,

Cynthia A. McBride C.7.C.

Government Relations Specialist
Signature Information Solutions
of Charles Jones & Data Trace products and services
Phillips Blvd Suite 400
Trenton, NJ 08650-0488
Phone 609-359-7033
Fax 908-591-5513

Please consider the environment before printing



OPEN PUBLIC RECORDS ACT REQUEST FORM

**ACCURATE
ABSTRACTS**
AN ACTION TITLE RESEARCH COMPANY

0308 Cinnaminson

**ACCURATE
ABSTRACTS**
AN ACTION TITLE RESEARCH COMPANY

Important Notice

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

Requestor Information – Please Print

First Name Veronica MI Last Name Hartman

E-mail Address [REDACTED]

Mailing Address [REDACTED]

City Rutherford State NJ Zip 07070

Telephone [REDACTED] FAX

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

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

Signature Veronica Hartman Date 9/26/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (0308txsr.zip) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com

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

Thank you,

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

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Fillmyer, Paula

From: Passione, Lisa
Sent: Monday, September 25, 2017 8:40 AM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 9-25-17 OPRA Request

Good morning. Can I ask a question? Why do they ask for the same information every week?

Have a great day!

Lisa A. Passione, RMC

Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856) 735-2397

www.cinnaminsonnj.org

From: McBride, Cynthia (RIS-PHL) [mailto:CMcBride@signatureinfo.com]
Sent: Monday, September 25, 2017 8:16 AM
To: Passione, Lisa <lpassione@cinnaminsonnj.org>
Cc: McBride, Cynthia (RIS-PHL) <CMcBride@signatureinfo.com>
Subject: 9-25-17 OPRA Request

Good Morning

Please consider this an official OPRA request. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Signature.

And thank you for your time and consideration concerning this request.

Cindy

Cynthia A. McBride C. T. C.

Government Relations Specialist
Signature Information Solutions
Home of Charles Jones & Data Trace products and services
300 Phillips Blvd Suite 400
Trenton, NJ 08650-0488
Phone 609-359-7033
Cell 908-591-5513

 Please consider the environment before printing

Passione, Lisa

From: McBride, Cynthia (RIS-PHL) <CMcBride@signatureinfo.com>
Sent: Monday, September 18, 2017 8:21 AM
To: Passione, Lisa
Cc: McBride, Cynthia (RIS-PHL)
Subject: 9-18-17 OPRA Request

Good Morning

Please consider this an official OPRA request. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Signature.

And thank you for your time and consideration concerning this request.

Cindy

Cynthia A. McBride C. T. C.

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Signature Information Solutions

Home of Charles Jones & Data Trace products and services

300 Phillips Blvd Suite 400

Trenton, NJ 08650-0488

Phone 609-359-7033

Cell 908-591-5513

 Please consider the environment before printing



----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.

julie

17-117

Print Management Solutions
P O Box 350
Trexlerstown, PA 18087

RECEIVED
8/2/17

2nd Request
8/9/17

Open Record Officer
CINNAMINSON TWP
1621 Riverton Road
Cinnaminson, NJ 08077

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

Under the provisions of the NJ Open Records Law. We are requesting access to the following information: We are asking for information about your mail machine, or postage equipment from Manufacturers Neopost, Hasler, MailFinance, Francotyp Postalia (FP Mailing), or Pitney Bowes

A copy of the MOST RECENT, CURRENT lease agreements or Most Recent Purchase Order for your current mailing equipment which shows lease commencement date and term of contract for mail machine from vendors Neopost, Hasler, Pitney Bowes, FP Mailing

Or

If the equipment was purchased, we are requesting a copy of your MOST RECENT meter rental bill, equipment rental bill, and maintenance / service contract bill or bill from last service call.

We will entertain suggestions you feel will make my request more responsive and thereby ensure that you can meet our request. If possible we would like to have the data sent to us at the address below.

Please email your request to me at adorward@printandmailing.net or mail to my attention at:

Print Management Solutions
Attn: Amy Dorward
P O Box 350
Trexlerstown, PA 18087

If all or any part of this request is denied, please cite the specific exemption(s) that you think justifies your refusal to release the information, and inform me of the appeal procedures available to me under the law.

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

Respectfully,

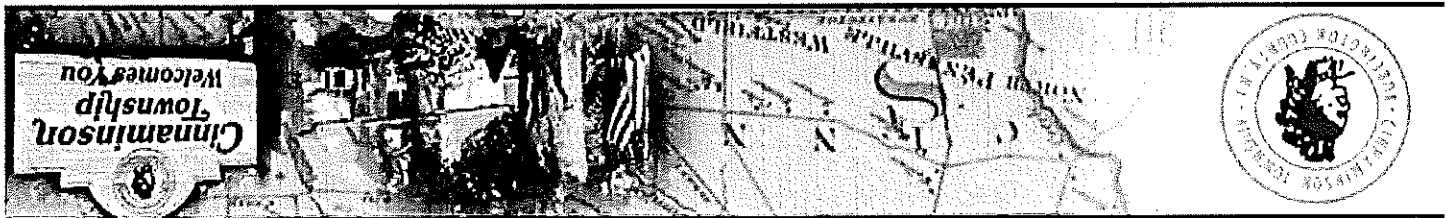
Amy Dorward
P O Box 350
Trexlerstown, PA 18087

17-131

Passione, Lisa

From: Green, Tonikay <togreen@pa.gov>
Sent: Monday, August 28, 2017 2:59 PM
To: Passione, Lisa
Subject: Statement of Account

Good Afternoon,
Is it possible to have a printout of taxes paid for the below screen shot property? If so, would it be possible to go back 2 fiscal years? I would gladly pay any fees associated with this request. Thank you.



Block/Lot/Qual:	605. 7.	Tax Account Id:	413
Property Location:	PEAR & HUNTER	Property Class:	1 - Vacant Land
Owner Name/Address:	GREEN, TONIKAY	Land Value:	42,600
	839 W Pajabon Drive	Improvement Value:	0
	Palmyra, PA 17078	Exempt Value:	0
		Total Assessed Value:	42,600
		Additional Lots:	None
Special Taxing Districts:	FIRE DISTRICT 1	Deductions:	

Tonikay "TK" Green | Workforce Development Analyst
Oversight Services

Bureau of Workforce Development Administration
Pennsylvania Department of Labor & Industry
651 Boas Street | Harrisburg, PA 17121

Phone: 717.705.8899 | **FAX:** 717.705.3799
E-Mail: togreen@pa.gov

www.dli.pa.gov
Follow us on Twitter @PALaborIndustry

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer Program

RECEIVED
AUG 23 2017

State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077



Important Notice

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

Requestor Information - Please Print

First Name Marsh MI 6 Last Name Ratel Company 1100, 05, 130 N. Mailing Address _____ City Cinnaminson State NJ Zip 08077 Email 05 Business Hours Telephone: _____ Area Code _____ Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On Site Inspect _____ Signature _____ Date 8-23-17

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.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Copy of Report and maps and statements
from meeting on 8/22/17 of Planning Board.
my property block 300 lot # 53 Shop Inn.

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.
☐ Open
☐ Closed
☐ Closed
☐ Closed
☐ Partial

AGENCY USE ONLY

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

17-87



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
 Cinnaminson, N. J. 08077
 (856)829-8000
 (856)829-3361 Fax

16-1190

**Important Notice**

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

Requestor Information - Please Print

First Name Ginny MI MI Last Name Stearly
 Company Allstate Insurance Company
 Mailing Address [REDACTED]
 City Moorestown State NJ Zip 08057 Email [REDACTED]
 Business Hours Telephone: Area Code [REDACTED] Extension [REDACTED]
 Preferred Delivery: Pick Up US Mail ☒ On Site Inspect
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any
 indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature M. Stearly [Signature] Date 6/8/2017

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21+ @\$0.25
 Delivery: Delivery / postage fees
 additional depending upon
 delivery type.
 Extras: Extraordinary service fees
 dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Crash video - from Police Report
2016-15291

our
Claim # 0430970608

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

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

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

In Progress Open
 Denied Closed
 Filled Closed
 Partial Closed

Tracking Information

Tracking #
 Rec'd Date
 Ready Date
 Total Pages

Final Cost

Total
 Deposit
 Balance Due
 Balance Paid

Records Provided

Custodian Signature

Date



State of New Jersey
Township of Cinnaminson, N.J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077



Important Notice

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

Requestor Information - Please Print

First Name Daniel MI Last Name Silver
Company
Mailing Address [REDACTED]
City Cinnaminson State NJ Zip 08077 Email
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up ☒ US Mail ☐ On Site Inspect ☐
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8-22-17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Township Council Resolution 2017-99
Statement
maps
planning board meeting for 8-22-17

8/22/17 Per Pat R. Completed

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



ACER ASSOCIATES, LLC

September 14, 2017

Township of Cinnaminson Clerk's Office
1621 Riverton Road
Cinnaminson NJ 08077

RE: Request for Information

Property Location: 1100 Taylors Lane, Unit 5, Cinnaminson Township, Burlington
County, NJ 08077

Owner: Whitesell Construction Co., Inc.

Parcel #: Block: 611.01, Lot: 1

ACER Project #: 20170852

To Whom It May Concern:

ACER Associates, LLC (ACER) is conducting an environmental assessment of the above-referenced property.

ACER is requesting information you may have regarding underground storage tank releases, hazardous materials management or spills, groundwater contamination, or chemical fires. ACER would also like information on current or former permits/permit applications that you may have on record for the subject site. In particular, ACER would be interested in reviewing permits regarding soil or groundwater contamination management, underground and aboveground storage tanks, and hazardous materials management.

Should you have any questions or require additional information, please feel free to contact me.

Thank You,

Anthony Deon
Environmental Scientist
anthonydeon@acerassociates.com

1012 Industrial Drive, West Berlin, New Jersey 08091
Telephone: (856) 809-1202 Fax: (856) 809-1203



RECEIVED
8/2/17

State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077

RECEIVED
AUG 15 2017
By _____



Important Notice

The reverse side 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 A Last Name Goins
Company _____
Mailing Address _____
City Cinnaminson State NJ Zip 08077 Email _____
Business Hours Telephone: Area Code _____ Number _____ Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Yes
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 A Goins Date 8/15/2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Pages 1-10 @ \$0.75
Pages 11-20 @ \$0.50
Pages 21 - @ \$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Per my email of July 7, 2017 to Scott Salvano, Lisa Passione, Don Brauckmann and Ben Young, which I have not received any response in reference to that email. I therefore am requesting the following:

1. Any written correspondence, emails, text, imessages, phone records or meeting notes between the parties about my email of July 7, 2017.
2. Any written correspondence, emails, text, imessages, phone records or meeting notes to other parties not listed in reference in the email if it had anything to do with any subject in the July 7, 2017 email.
3. Any written correspondence between township or township representatives as it relates to milling subcontractor or paving supplier when issues of potholes came up on the Villinger Road was last milled and paved or other roads done at the same timeframe.
4. Any record where the township or township representatives reached any type of agreement with milling subcontractor or paving supplier due to issues on the Villinger Road paving or other roads done at the same time frame.

Completed 9/19/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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	



Service Disabled Veteran
Owned Small Business

TTI Environmental Incorporated
1253 N. Church Street
Moorestown, New Jersey 08057
Tel: 856-840-8800
Fax: 856-840-8815

Date: 9/14/2017

To whom it may concern:

I am performing an Environmental Investigation of:

RE: 2470 Route 73
Lot 5 and 6, Block 3503
Cinnaminson, NJ

I am requesting to review records for current or historic areas of environmental concern including but not limited to:

- X Tax Assessment Records: Property description, ownership history (deeds), building description(s) – i.e. age, square footage, heat source, sanitary waste disposal source(s), etc., Environmental Liens/deed restrictions.
- X Construction Department Permit Records: UST installation/removal; Hydraulic Unit installation/removal, well installation/abandonment, septic installation/closure, asbestos abatement, lead based paint abatement, demolition permits, heating system alternations, building construction permits, etc.
- X Health Department: Well installation/abandonment, septic installation/closure, releases of hazardous material; environmental remediation events, etc.
- X Fire Department: Releases of hazardous material, environmental remediation events.
- X Copy of the tax map depicting the block and lot(s).

Please forward this request as necessary to the appropriate parties/departments.

Alec Halbruner
TTI Assistant Project Manager

P: (856) 840-8800 [39]
F: (856) 840-8815
alech@ttienv.com

OPEN PUBLIC RECORDS ACT REQUEST FORM

0308 Cinnaminson



Important Notice

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

Requestor Information – Please Print

First Name Veronica MI _____ Last Name Hartman

E-mail Address _____

Mailing Address _____

City Rutherford State NJ Zip 07070

Telephone _____ FAX _____

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

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

Signature Veronica Hartman Date 9/19/2017

Payment Information

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

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"We request a copy of the "Tax Search Export" (**0308txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**

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

Thank you,

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

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Myer, Paula

From: Passione, Lisa
Sent: Monday, September 18, 2017 8:28 AM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 9-18-17 OPRA Request

Good morning!

Lisa A. Passione, RMC

*Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856)735-2397*

www.cinnaminsonnj.org

From: McBride, Cynthia (RIS-PHL) [mailto:CMcBride@signatureinfo.com]
Sent: Monday, September 18, 2017 8:21 AM
To: Passione, Lisa <lpassione@cinnaminsonnj.org>
Cc: McBride, Cynthia (RIS-PHL) <CMcBride@signatureinfo.com>
Subject: 9-18-17 OPRA Request

Good Morning

Please consider this an official OPRA request. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Signature.

And thank you for your time and consideration concerning this request.

Cindy

Cynthia A. McBride C. T. C.

*Government Relations Specialist
Signature Information Solutions
Home of Charles Jones & Data Trace products and services
300 Phillips Blvd Suite 400
Trenton, NJ 08650-0488
Phone 609-359-7033
Cell 908-591-5513*

♻️ Please consider the environment before printing



Root, Sandi

From: Passione, Lisa
Sent: Friday, September 15, 2017 2:25 PM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 9/15/2017 OPRA REQUEST

On a Friday????

Lisa A. Passione, RMC

*Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856)735-2397*

www.cinnaminsonnj.org

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Friday, September 15, 2017 2:18 PM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 9/15/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-

F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby

Date _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

0308 Cinnaminson



Important Notice

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

Requestor Information – Please Print

First Name Veronica MI _____ Last Name Hartman

E-mail Address _____
[REDACTED]

Mailing Address _____
[REDACTED]

City Rutherford State NJ Zip 07070

Telephone [REDACTED] FAX _____

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

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Signature **Veronica Hartman** Date **9/13/2017**

Payment Information

Maximum Authorization Cost \$

Select Payment Method

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

Fees:	Letter size pages - \$0.05 per page
	Legal size pages - \$0.07 per page
	Other materials (CD, DVD, etc) - actual cost of material
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Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

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

AGENCY USE ONLY

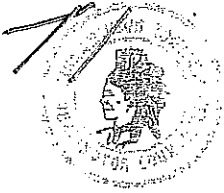
AGENCY USE ONLY

AGENCY USE ONLY

7/25/17 Emailed to GM

RECEIVED
7/28/17

17-108



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077



Important Notice

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

Requestor Information – Please Print

First Name Thomas MI S Last Name Chichester

Company _____

Mailing Address _____

City Cinnaminson State NJ Zip 08077 Email _____

Business Hours Telephone: Area Code _____ Extension _____

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect ☒

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 Thomas S Chichester

Date _____

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1st
Closed session minutes for 2016
Township committee and Planning Board

Completed 9/12/17

2/22/16 and 3/7/16

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

Disposition Notes

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

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

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

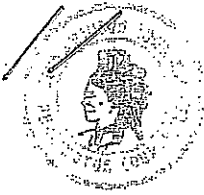
Balance Paid _____

Records Provided _____

Custodian Signature _____

Date _____

8/25/17 to Gm

RECEIVED
8/25/17

State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077

17-130

Important Notice

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

Requestor Information - Please Print

First Name Thomas MI S Last Name Chichester
 Company _____
 Mailing Address _____
 City Cinnaminson State NJ Zip 08077 Email _____
 Business Hours Telephone: Area Code _____ Extension _____
 Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect ☒
 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 Thomas A. Chichester Date 8-25-2017

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Closed session minutes for March 7, 2016

Completed 9/12/17

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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

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

Tracking Information

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

Final Cost

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Records Provided

Custodian Signature

Date

Myer, Paula

From: Passione, Lisa
Sent: Monday, September 11, 2017 8:35 AM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 9/11/2017 OPRA REQUEST

Good morning!

Lisa A. Passione, RMC

Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856)735-2397

www.cinnaminsonnj.org

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, September 11, 2017 7:54 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 9/11/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

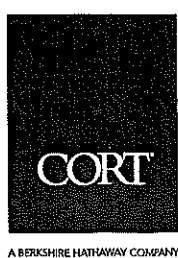
C: 973-██████████

F: 973-376-4104

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Brian Lisiecki
District General Manager



31 Twosome Drive STE 2
Moorestown, NJ 08057

T 856.266.9037
F 856.222.1524
E brian.lisiecki@cort.com

County of New Jersey
Cinnaminson, N. J. 08077
RECORDS REQUEST FORM
621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077

RECEIVED
8/25/17

17-129



Important Notice

The reverse side 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	6	Last Name	CONNORS	
Company	CORT Business Services					
Mailing Address	[REDACTED]					
City	Charlottesville	State	VA	Zip	22901	
Business Hours Telephone:	Area Code	[REDACTED]	Extension	[REDACTED]		
Preferred Delivery:	Pick Up	☒	US Mail	☐	On Site Inspect	☐
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.						
Signature	[Signature]			Date	8/24/2017	

Payment Information

Maximum Authorization Cost	\$				
Select Payment Method					
Cash	☐	Check	☐	Money Order	☐
Fees:	Pages 1-10	@\$0.75			
	Pages 11-20	@\$0.50			
	Pages 21 -	@\$0.25			
Delivery:	Delivery / postage fees additional depending upon delivery type.				
Extras:	Extraordinary service fees dependent upon request.				

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Minutes from Cinnaminson Township Planning Board Meeting
held on August 22, 2017

Copy C.D for planning board meeting
on August 22, 2017

called - 8/30 -
called 8/31

completed
8/30/17
picked up
8/30/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

Fillmyer, Paula

From: Passione, Lisa
Sent: Tuesday, September 5, 2017 9:02 AM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 9/5/2017 OPRA REQUEST

Thanks!

Lisa A. Passione, RMC

*Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856)735-2397*

www.cinnaminsonnj.org

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Tuesday, September 5, 2017 8:56 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 9/5/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-

F: 973-376-4104

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OPEN PUBLIC RECORDS ACT REQUEST FORM

0308 Cinnaminson


 ACCURATE
ABSTRACTS
AN ACTION TITLE RESEARCH COMPANY


 ACCURATE
ABSTRACTS
AN ACTION TITLE RESEARCH COMPANY

Important Notice

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

Requestor Information – Please Print

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

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

Signature Veronica Hartman Date 9/5/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (0308txsr.zip) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com

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

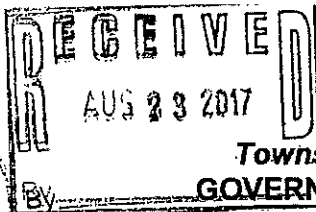
Thank you,

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

AGENCY USE ONLY

AGENCY USE ONLY

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State of New Jersey

Township of Cinnaminson, N. J. 08077

GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road

P. O. Box 2100

Cinnaminson, N. J. 08077



completed 8/24/17 17-134

Important Notice

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

Requestor Information - Please Print

First Name Naresh MI Last Name Patel
Company [REDACTED]
Mailing Address
City Cinnaminson State NJ Zip 08077 Email [REDACTED]
Business Hours Telephone: Area Code [REDACTED] Number [REDACTED] Extension [REDACTED]
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On Site Inspection
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8-23-17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Copy of Report and maps and Statements
from meeting on 8/22/17 at Planning Board.
my property Block 200 Lot # 53 Sleep Inn.

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



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077



17-133

Important Notice

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

Requestor Information - Please Print

First Name Susan Ambrose MI MI Last Name Ambrose
Company W Eicheast
Mailing Address [REDACTED]
City Moorestown State [REDACTED] Zip [REDACTED] Email [REDACTED]
Business Hours Telephone: Area Code [REDACTED] Extension [REDACTED]
Preferred Delivery: Pick Up [REDACTED] US Mail [REDACTED] On Site Inspection [REDACTED]
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any
indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8/29/17

Payment Information

Maximum Authorization Cost \$ [REDACTED]
Select Payment Method
Cash [REDACTED] Check [REDACTED] Money Order [REDACTED]
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees
additional depending upon
delivery type.
Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Property: 111 Shenandoah Rd, Cinnaminson, NJ
Block 03413 Lot 00010
Looking for any permits for addition to
home (possible) or any construction.

AGENCY USE ONLY

Est. Document Cost [REDACTED]
Est. Delivery Cost [REDACTED]
Est. Extra Cost [REDACTED]
Total Est. Cost [REDACTED]
Deposit Amount [REDACTED]
Estimated Balance [REDACTED]
Deposit Date [REDACTED]

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077



17-132

Important Notice

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

Requestor Information – Please Print

First Name Lina MI N Last Name Carollo
Company Remax Hometown Moorestown
Mailing Address [REDACTED]
City Moorestown State NJ Zip 08057 Email [REDACTED]
Business Hours Telephone: Area Code [REDACTED] Extension [REDACTED]
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On Site Inspection ☐ **EMAIL
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 Lina N Carollo Date 8/29/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☒ Money Order ☐
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Please send me all permits pulled for this property up to date and going as far back as possible.

654 Coles Lane

Completed

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

Jennifer Scarpa

From: Jennifer Scarpa
Sent: Thursday, November 30, 2017 11:54 AM
To: 'lauren@policecentral.com'; 'support@policecentral.com'
Cc: 'rcalabrese@cinnaminsonpolice.org'; Michael King; Edmondson, Julia
Subject: PO 17-01300 - Renewal for Cinnaminson Police Department

Importance: High

Lauren,

It was my pleasure to talk to you this morning, despite the circumstances.

I do want to thank you for your understanding with the invoice # 5539 for \$1706.00, which covers Support and Maintenance for 2/1/17 to 1/31/18.

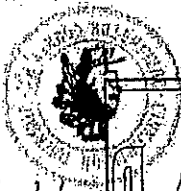
Today check number 27540 dated 11/30/17, to address we confirmed verbally that is on file was mailed. Also, as requested I will fax over a copy of the check for your records as well.

We will be in touch in January 2018, to make sure the invoice is received and paid on a timely basis for our next renewal.

Again, thank you for your prompt attention in this matter.

Jennifer Scarpa
Accounts Payable/Payroll
Cinnaminson Township
1621 Riverton Road
(856) 829-6000 ext 2305

17-125



AUG 11 2017

RECEIVED

GOVERNMENT RECORDS REQUEST FORM

Township of Cinnaminson, N.J. 08077

State of New Jersey

1621 Riverton Road
P.O. Box 2100
Cinnaminson, N.J. 08077



Important Notice

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

Requestor Information - Please Print

First Name: LEO
Last Name: MI R
Company: Vantage Real Estate Services LLC
Mailing Address: [Redacted]
City: Newton
State: NJ Zip: 08833 Email: [Redacted]
Business Hours Telephone: [Redacted] Area Code: [Redacted]
Extension: [Redacted]
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On Site Inspection
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.
Date: 8/11/2017
Signature: [Redacted]

Payment Information

Maximum Authorization Cost: \$
Select Payment Method: ☐ Cash ☐ Check ☐ Money Order
Fees: Pages 1-10 @ \$0.75
Pages 11-20 @ \$0.50
Pages 21 - @ \$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Site plan approval: 1006 N. Rt 130

and all other pertaining information

Thank you!

Done and a
copy. He will
make this
D.P.R.A.

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 ☐

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

AGENCY USE ONLY

Custodian Signature
Date

Completed

Fillmyer, Paula

From: Passione, Lisa
Sent: Monday, August 28, 2017 8:24 AM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 8/28/2017 OPRA REQUEST

Good morning! Thanks.

Lisa A. Passione, RMC

*Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856)735-2397*

www.cinnaminsonnj.org

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Sunday, August 27, 2017 11:12 PM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 8/28/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-5[REDACTED]

F: 973-376-4104

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OPEN PUBLIC RECORDS ACT REQUEST FORM

0308 Cinnaminson



Important Notice

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

Requestor Information – Please Print

First Name	Veronica	MI		Last Name	Hartman
E-mail Address					
Mailing Address					
City	Rutherford	State	NJ	Zip	07070
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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Veronica Hartman Date 8/28/2017

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 cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (0308txsr.zip) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com

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

Thank you,

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

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Lori -



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
 1621 Riverton Road
 P. O. Box 2100
 Cinnaminson, N. J. 08077

RECEIVED
 8/24/17

17-128



Important Notice

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

Requestor Information - Please Print

First Name JOSEPH MI D Last Name HARKINS
 Company Local 322 Plbs & Pipef. HERS
 Mailing Address [REDACTED]
 City Winslow State NJ Zip 08095 Email [REDACTED]
 Business Hours Telephone: Area Code [REDACTED]
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On Site Inspect ☒
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Joseph Harkins Date 8-24-17

Payment Information

Maximum Authorization Cost \$ _____
 Selected Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I would like to confirm the BONA FIDE Rep
 for Worth & Co. They were AWARDED
 the CINNAMINSON WASTEWATER treatment
 Plant upgrade.
 WORTH & Co NO LONGER HAVE A
 BONA FIDE Rep FOR N.J.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

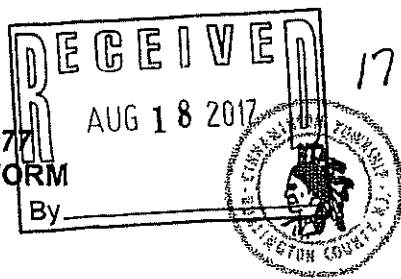
Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

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



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax



Important Notice

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

Requestor Information – Please Print

First Name Luisa MI Last Name Pancapari
Company Construction Information Systems
Mailing [REDACTED]
City Kinnelon State NJ Zip 073 Email [REDACTED]
Business Hours Telephone: Area Code [REDACTED]
Preferred Delivery: Pick Up US Mail On Site Inspection
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE HAVE NOT been convicted of any
Indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Luisa Pancapari Date 8/17/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25

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

Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I am requesting for a copy of the planning board application that includes the name, address and telephone number of the applicant, attorney, and architect of

Case# 1704 Climate Mechanics, LLC
1322 Bannard Street
Block: 415 Lot: 2

Please See Attached Public Notice

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 _____

Pat/Lori

17-121



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
 1621 Riverton Road
 P. O. Box 2100
 Cinnaminson, N. J. 08077



Important Notice

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

Requestor Information - Please Print

First Name Pat MI M Last Name Phillips
 Company _____
 Mailing Address _____
 City Cinnaminson State NJ Zip 08077 Email _____
 Business Hours Telephone: Area Code _____ Number _____ Extension _____
 Preferred Delivery: ☒ Pick Up ☒ e-mail ☐ US Mail ☐ On Site Inspection
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 8/8/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Re: 2322 Riverton Rd, Cinnaminson

1. All copies of Permits over the past 5 years, including closed permits.
2. Copy of drawing indicating proposed location of garage is to be moved on property. Also, copy of permit to move.
3. Are setbacks required on proposed new location of 3 car garage?

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 _____	

✓



1621 Riverton Road
P.O. Box 2100
Cinnaminson, N.J. 08077

State of New Jersey
Township of Cinnaminson, N.J. 08077
GOVERNMENT RECORDS REQUEST FORM



17-123

RECEIVED
8/10/17

Completed
8/11/17

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

Important Notice

Requestor Information - Please Print

First Name Joseph Last Name O'Syrene MI W
Company _____
Mailing Address 404 Cooper Ct
City Cinnaminson State NJ Zip 08077 Email _____
Business Hours Telephone: _____ Area Code _____
Preferred Delivery: ☒ Pick Up ☒ US Mail ☐ On Site Inspection
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 JO O'Syrene Date 8-10-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
☐ Cash ☐ Check ☐ Money Order
Fees: Pages 1-10 @ \$0.75
Pages 11-20 @ \$0.50
Pages 21 - @ \$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1713 E Jefferson St
Cinnaminson
Property Insurance
Code Violations
Anything else
Tax Lien
building permits
Logins

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.
☐ Open
☐ Closed
☐ Closed
☐ Closed
☐ Partial
☐ In Progress

AGENCY USE ONLY

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



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s form contains important information re

State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
Cincinnati, N. J. 08077
(856) 828-6000
(856) 828-3361 Fax



17-120
1 1 1000,000

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

Requestor Information – Please Print

Signature Alexandra Brown
Date 8/7/2017
Circled 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.
Preferred Delivery: Pick Up US Mail On Site Inspect
Business Hours Telephone: Area Code 720 Number Extension
City Denver State CO Zip 80234 Email
Mailing Address
Company Pemco Limited
First Name Alexandra MI Last Name Brown

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method _____

Cash _____ Check _____ Money Order _____

Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25

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

Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if date, the medium requested.

In search of any open code violations and vacant property registration for property address 716 Pear Ave, Cinnaminson, NJ, 08077. Needing to know if the property has ever been registered as vacant. If the property has been registered as vacant when was it done, what amount was paid and who was the property registered by.

vacant when was it done, what amount was paid and who was the

ESL Document Cost	_____
ESL Delivery Cost	_____
ESL Extras Cost	_____
Total ESL Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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

Disposition Notes	
In Progress	Open
Denied	Closed
Filled	Closed
Pending	Closed

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

AGENCY USE ONLY



**State of New Jersey
Township of Cinnaminson, N.J. 08077**



Important Notice

The reverse side of this form contains important information related to your rights concerning govern

Requestor Information - Please Print

First Name Andrew Last Name Dobson MI

Company Pemco-Limited

Mailing Address 1000 Ocean State Center, One 300

City Denver State CO Zip 80237 Email

Business Hours Telephone: Area Code Extension

Preferred Delivery: ☐ Pick Up ☒ US Mail ☒ On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any

indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [Signature] Date 7/29/2017

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Any open code/building violations currently pending on property address

2199 Fernwood Place, Cinnaminson, NJ, 08077

Block: 2307

Lot: 8

Also, if there is any ordinance relating to vacant property registration requirements, can I be emailed a copy. If there is no ordinance, can I be emailed there is no vacant property registration ordinance.

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	☐
Denied	☐
Filled	☐
Partial	☐

AGENCY USE ONLY

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

Completed 8/11/17

nation \$ 0.00
method
Money Order

Extras: Extraordinary service fees dependent upon request.
Delivery: Delivery / postage fees additional depending upon delivery type.
Pages 11-20 @ \$0.50
Pages 21 - @ \$0.25
@ \$0.75

17-113

17126

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information - Please Print

First Name Amy MI _____ Last Name Han
 E-mail Address _____
 Mailing Address _____
 City Clementon State NJ Zip 08021
 Telephone 609 666 8888 FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 8/15/17

Payment Information

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

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

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

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

Instructions on how to generate the report in excel in the Edmund System:

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

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Records Provided

Custodian Signature _____

Date _____

T-800 P0001/0001 F-432

Place
Logo
Here

Place
Logo
Here

7/14/17
8/9/17

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address

Name of Agency Custodian

856 8

Important Notice

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

Requestor Information – Please Print

First Name James MI MI Last Name Roberts
E-mail Address tristate office 19399@gmail.com
Mailing Address [REDACTED]
City North Wildwood State NJ Zip 08260
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 _____

Payment Information

Maximum Authorization Cost \$

Select Payment Method

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

Fees: Letter size pages - \$0.05
per page

Legal size pages - \$0.07
per page

Other materials (CD, DVD, etc) – actual cost of material

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

Extras: Special service charge
dependent upon request.

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

Mailroom records relating to office equipment, specifically mail machine lease information and relevant documents regarding supplies, service and rental of mailing equipment (postage meters, folder/inserters, letter openers, etc). Package tracking software if applicable.

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 _____

AGENCY USE ONLY

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

Records Provided

1/17 Emailed to GM/mk

17-110



PROVIDING SERVICES FOR



Star-Ledger



CRAIG MCCARTHY, REPORTER

732-372-2078

cmccarthy@njadvancemedia.com

Woodbridge Corporate Plaza

485 Route 1 South, Building E, Suite 300

Iselin, NJ 08830-3009

7/25/2017

Dear Custodian,

Please consider this a formal OPRA request for the unredacted Use of Force reports for incidents occurring in the calendar years 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015 and 2016 from your municipality's police department.

We are entitled to these unredacted reports under N.J.S.A. 47:1A3(b) as a result of the state Supreme Court ruling on July 11, 2017, in the case North Jersey Media Group v. Lyndhurst.

The court wrote in its opinion, "The law calls for disclosure of 'the identity of the investigating and arresting personnel' and adds that the exception on which defendants rely 'shall be narrowly construed.'"

Under that ruling, the court also ruled that "OPRA's criminal investigatory records exception does not apply to records that are 'required by law to be made, maintained or kept on file.' N.J.S.A. 47:1A-1.1. As a result, the exemption does not cover Use of Force Reports, which the Attorney General requires officers to prepare after the use of deadly force."

Therefore, this request cannot be denied under the exemption of an "ongoing investigation" since they are required under the Attorney General's Use of Force Policy, which has "the force of law for police entities." (NJMG v. Lyndhurst)

If your agency chooses to deny, citing safety concerns, please provide a statement for each incident stating why officer or officers' names "will jeopardize the safety of any person . . . or any investigation in progress" or "would be harmful to a bona fide law enforcement purpose or the public safety." (NJMG v. Lyndhurst)

Please email scanned digital copies of the unredacted original Use Of Force forms as PDFs. If the file is too large, we will accept a CD with the requested documents mailed to the address above.

Under penalty of N.J.S.A. 2C:283, I certify that I have not been convicted of any indictable offense under the laws of New Jersey, or any other state, or in the United States.

Please note, this request clearly notes New Jersey's Open Public Record Act, therefore does not need to be on local OPRA forms.

We reserve the right to appeal your decision to withhold any information.

I look forward to your reply via email. We request all correspondence referencing this OPRA be via email.

Thank you for your assistance.
CRAIG MCCARTHY

on 1/1/2017 Sandy

RECEIVED 8/10/17

17-123



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621, Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077



Important Notice

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

Requestor Information - Please Print

First Name Joseph MI W Last Name O'Byrne
Company _____
Mailing Address _____
City Cinnaminson State NJ Zip 08077 Email _____
Business Hours Telephone: Area Code _____ Extension _____
Preferred Delivery: Pick Up X US Mail _____ On Site Inspect _____ email _____
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 JW O'Byrne Date 8-10-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Tax Lien
building Permits
Code Violations
Anything else.
Zoning
1713 E Jefferson St.
Cinnaminson 1915-3

Emailed 8/10/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

August 7, 2017

Dear Records Officer,

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

We request the following:

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

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

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

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

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

TRACE
TRACE MEDIA, INC.
Box 4184,
New York, NY 10163
Info@thetrace.org
thetrace.org

OPEN PUBLIC RECORDS ACT REQUEST FORM

0308 Cinnaminson



Important Notice

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

Requestor Information – Please Print

First Name Veronica MI MI Last Name Hartman
 E-mail Address [REDACTED]
 Mailing Address [REDACTED]
 City Rutherford State NJ Zip 07070
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Veronica Hartman Date 8/22/2017

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 cost of material

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

Extras: Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (0308txsr.zip) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com

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

Thank you,

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

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Fillmyer, Paula

From: Passione, Lisa
Sent: Monday, August 21, 2017 9:39 AM
To: Root, Sandi; Fillmyer, Paula
Subject: FW: 8/21/2017 OPRA REQUEST

I'm back!!!

Happy Monday!

Lisa A. Passione, RMC

Municipal Clerk
Cinnaminson Township
1621 Riverton Road
Cinnaminson, NJ 08077
(856) 735-2397

www.cinnaminsonnj.org

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Sunday, August 20, 2017 8:26 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 8/21/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973- [REDACTED]

F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client

Root, Sandi

From: Passione, Lisa
Sent: Monday, August 14, 2017 7:51 AM
To: Root, Sandi; Fillmyer, Paula
Subject: Fw: 8/14/2017 OPRA REQUEST

Happy Monday! Hope it's not too crazy.

Have a great week.

Lisa

From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Monday, August 14, 2017 7:46 AM
To: Newman, Michael (RIS-HBE)
Subject: 8/14/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector
This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature
And thank you for your time and consideration concerning this request.

Michael Newman
Operations Records Manager
Signature Information Solutions
C: 973-518-0041
F: 973-376-4104

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17-124

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State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM
1621 Riverton Road
P. O. Box 2100
Cinnaminson, N. J. 08077

RECEIVED
8/10/17

TOWNSHIP OF CINNAMINSON
NEW JERSEY
CINNAMINSON CODE 08077

Important Notice

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

Requestor Information - Please Print

First Name Karen MI A Last Name Simek
Company [REDACTED]
Mailing Address [REDACTED]
City Cinnaminson State NJ Zip 08077 Email [REDACTED]
Business Hours Telephone: Area Code [REDACTED] Extension [REDACTED]
Preferred Delivery: Pick Up US Mail On Site Inspect
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 Karen A. Simek Date 8-10-17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

All available permits on the property
at 1319 Sylvania Ave Cinnaminson, NJ
08077
was formerly known as
116 Villinger Ave Cinnaminson, NJ 08077

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

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-829-6667

Fax: 856-829-2507

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin
E-mail Address _____
Mailing Address _____
City ROBBINSVILLE State NJ Zip 08691
Telephone _____ FAX 609-961-6661
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax X E-mail X

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

Signature _____ Date 8/1/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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

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

Start Date 7/1/2017

End Date 7/31/2017

Rec'd ck # 7638 \$26- 8/9/17

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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	



State of New Jersey
Township of Cinnaminson, N. J. 08077
GOVERNMENT RECORDS REQUEST FORM

1621 Riverton Road
Cinnaminson, N. J. 08077
(856)829-6000
(856)829-3361 Fax



Important Notice

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

Requestor Information – Please Print

First Name Alexandria MI MI Last Name Brown

Company Pemco Limited

Mailing Address

City Denver State CO Zip 80237 Email _____

Business Hours Telephone: Area Code [REDACTED] Extension [REDACTED]

Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On Site Inspect

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 07/27/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees:	Pages 1-10	@\$0.75
	Pages 11-20	@\$0.50
	Pages 21 -	@\$0.25

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

In search of any open code violations for property address
1006 S Forkland Rd, Cinnaminson, NJ 08077

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY:

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

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 _____



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

First Name Ipsit MI Last Name Pandya
Company
Mailing Address
City Cherry Hill State NJ Zip 08002 Email
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up X US Mail On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Date 8/3/17

Extras: Extraordinary service fees
dependent upon request.

Date _____