received 8-10-17
due by 8-21-17
replied 8-14-17

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

Payment Information

First Name Jenita MI ____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax __X__ 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 Jenita Burgess Date August 9, 2017

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

em jenita_burgess@gunton.com

Record Request Information:

Please provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in July 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

Place Logo Here

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Place Logo Here

Important Notice

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 ____ Last Name Roberts

E-mail Address tristatefile19034@gmail.com

Mailing Address 134 E Chestnut Ave

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 9/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual 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/inserter letter openers, etc) .. Package tracking software if applicable. Records for the 2017 tax year!

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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

recd 9-13-17
due 9-22-17
responded 9-14-17

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI _____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax ___X___ 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 Jenita Burgess Date September 13, 2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information:

Please provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in August 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

BOROUGH OF FOLSOM

OPEN PUBLIC RECORDS ACT REQUEST FORM

1700 12TH STREET
FOLSOM, NJ 08037
(609)561-3178
(609)561-5821 (FAX)

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 BEN Riggins MI ____ Last Name Riggins

E-mail Address ____

Mailing Address 1404 Backbone Rd

City Folsom State NJ Zip 08037

Telephone 6095615552 FAX ____

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

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

Signature Ben Riggins Date Sept 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.

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.

2016 - Contract for Tri-County Animal Control

pick up 10/6/17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Tracking Development: Philadelphia MSA

From: Apriell Hyde <AHyde@str.com>
Date: 09/26/2017 04:06PM
To: "pgatto@folsomborough.com" <pgatto@folsomborough.com>

I am currently researching self-storage in the Folsom area. If applicable will you please provide names, addresses, building permits, developer names, and construction names of self-storage facilities that have gone through planning, zoning, construction, or expansion in within the past **3 months**? If this is not something that you can help me with, will you please provide me with the email and/or phone number of the person who can help me?

Thank you for your valuable time,

Apriell Hyde
Census - STR
1-615-824-8664 x 3158
www.str.com

STR -735 E Main Street
Hendersonville, Tn 37075>

BOROUGH OF FOLSOM

OPEN PUBLIC RECORDS ACT REQUEST FORM

1700 12TH STREET
FOLSOM, NJ 08037
(609)561-3178
(609)561-5821 (FAX)

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 Joyce MI ____ Last Name Patterson

E-mail Address Saleabc07@gmail.com

Mailing Address 58 Lafayette Ave

City Voorhees State NJ Zip 08043

Telephone (609) 221-1318 FAX N/A

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 Joyce Patterson Date 10/4/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Looking for ANY pocket license in your Borough. Would like contact information to write owner to maybe Purchase license.

Also, what the last Plenary Consumption license sold for And when.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

received 10-12-17
due 10-23-17
responded 10-12-17

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI ____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ___X___ 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 Jenita Burgess Date October 11, 2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information:

Please provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in September 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

Requested 10-12-17
Fully delivered 10-23-17
10-12-17

BOROUGH OF FOLSOM

OPEN PUBLIC RECORDS ACT REQUEST FORM

1700 12TH STREET
FOLSOM, NJ 08037
(609)561-3170
(609)561-6021 (FAX)

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 Beverly MI E Last Name Scanga

E-mail Address scanga1@verizon.net

Mailing Address 321 Valley Av

City Hammonton State NJ Zip 08037

Telephone 609-567-3961 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 Beverly Scanga Date 10-12-17

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 materia

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

Extras: Special service charge dependent upon request.

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request copy of marrige application

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Fwd: OPRARequest

From: Joyce Patterson <saleabc07@gmail.com>
Date: 10/18/2017 02:16PM
To: pgatto@folsomborough.com

Good afternoon Ms. Gatto:

Hopefully, you can understand the 2nd amended copy I sent but here it is in an email as well,

I'm requesting from the long form of 2014 Renewal State ABC liquor license application the following information from all 3 licensees applications:

Also, if there has been any changes with a Corporation, LLC, officers and/or owners since 2014 long form. I would need the same information on the same pages and questions.

Pages 2 questions 2.1 and 2.2
Page 10 questions 10.1 and 10.2
Page 10A Names and addresses of Corporation, LLC, and/or individual on the license

License #0110-33-007-010, Sneakers Sports Bar Co

License #0110-33-004-006, Namah Shivay, Inc

License #0110-33-004-006, Route 322 Liquors, LLC

Thank you in advance.

Joyce Patterson
(609) 221-1318

Sent from my iPhone

Attachments (1 file, 3.1 MB)
- IMG_1089.jpg (3.1 MB)

Fwd: OPRARequest

From: Joyce Patterson <saleabc07@gmail.com>
Date: 10/18/2017 02:16PM
To: pgatto@folsomborough.com

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Page 10 questions 10.1 and 10.2
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License #0110-33-007-010, Sneakers Sports Bar Co

License #0110-33-004-006, Namah Shivay, Inc

License #0110-33-004-006, Route 322 Liquors, LLC

Thank you in advance.

Joyce Patterson
(609) 221-1318

Sent from my iPhone

Attachments (1 file, 3.1 MB)
- IMG_1089.jpg (3.1 MB)

BOROUGH OF FOLSOM

OPEN PUBLIC RECORDS ACT REQUEST FORM

1700 12TH STREET
FOLSOM, NJ 08037
(609)561-3178
(609)561-5821 (FAX)

Rec'd - 10-16-17
Due - 10-25-17
Respond - 10-18-17

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 Larry MI ____ Last Name Higgins

E-mail Address OPRA@NJPropertyRecords.com

Mailing Address 174 Lamington Rd, P.O. Box 180

City Oldwick State NJ Zip 08858

Telephone 908-255-9919 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 ____ 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.

There's not enough space here to write the records being requested. Please view the attached document.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

special assessments

From: "Seigfried, Lisa (RIS-HBE)" <LSeigfried@signatureinfo.com>
Date: 10/23/2017 11:52AM
To: "'pgatto@folsomborough.com'" <pgatto@folsomborough.com>, "'scarroll@folsomborough.com'" <scarroll@folsomborough.com>

October 23, 2017

Dear Municipal Clerk/Records Custodian;

I am contacting you today to inquire if your municipality has any new or upcoming ordinances that would be for water/sewer line extensions, curbing or sidewalk repairs, dam repairs, plotting fees... We are looking for anything that would be billed out to the homeowner in the form of a special assessment.

Could you please reply to this email address either to confirm, that you do not have anything or please provide the ordinance number and adoption date of anything new you may have.

Thank you.

Lisa Seigfried
Signature Information Solutions, LLC
lseigfried@signatureinfo.com
732-673-7837 (phone)
856-213-5928 (fax)

rec'd 11-8-17
due 11-20-17
responded 11-15-17

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI _____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax ___X___ 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 Jenita D Burgess Date November 8, 2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information:

Please provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in October 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

BOROUGH OF FOLSOM

OPEN PUBLIC RECORDS ACT REQUEST FORM

1700 12TH STREET
FOLSOM, NJ 08037
(609)561-3178
(609)561-5821 (FAX)

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 Catherine MI A. Last Name DeYoung

E-mail Address cdeyoung@folsomborough.com

Mailing Address 227 E Collings Drive

City Williamstown State NJ Zip 08094

Telephone 609 567-0218 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 Catherine A DeYoung Date 11/9/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of all rice notices given to me during the past 5 years.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

received 11-16-17
due 11-29-17
respond 11-17-17

11

BOROUGH OF FOLSOM

OPEN PUBLIC RECORDS ACT REQUEST FORM

1700 12TH STREET
FOLSOM, NJ 08037
(609)561-3178
(609)561-5821 (FAX)

mail

Important Notice

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

Requestor Information – Please Print

First Name Michael MI J Last Name Malinsky

E-mail Address MMalinsky@foxrothschild.com

Mailing Address 1301 Atlantic Avenue, Suite 400

City Atlantic City State NJ Zip 08401

Telephone 609-572-2331 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 11/13/17

Payment Information

Maximum Authorization Cost $ WA

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.

Through this OPRA request, I am requesting all zoning board and planning board resolutions and prior decisions for the following addresses:

(1) Block 3408, Lot 4 located at 1401 Black Horse Pike, Folsom, NJ 08037 and

(2) Block 3408, Lot 5 located at 1400 Black Horse Pike, Folsom, NJ 08037.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

received 11-15-17
due 11-28-17
completed 11-15-17

BOROUGH OF FOLSOM

OPEN PUBLIC RECORDS ACT REQUEST FORM

1700 12TH STREET
FOLSOM, NJ 08037
(609)561-3178
(609)561-5821 (FAX)

Important Notice

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

Requestor Information – Please Print

First Name Robert MI J Last Name Boyce

E-mail Address rboyce@northeastcarpenters.org

Mailing Address 3300 White Horse Pike

City Hammonton State NJ Zip 08037

Telephone 609-226-9930 FAX

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

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

Signature [signature] Date 11-15-17

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.

Copy of Building Permit for Dollar General / Dunkin Donuts

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY