Del 9/12/17

Township of Alexandria

IN

HUNTERDON COUNTY

242 Little York-Mt. Pleasant Road
Milford, New Jersey 08848
Phone (908) 996-7071
Fax (908) 996-4196
www.alexandrianj.gov

GOVERNMENT RECORDS REQUEST FORM

Important notice

Page 2 of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information-Please Print

First Name: Evan	MI: B	Last Name: LeCompte		
Mailing Address: 109 W Main St		City: Clinton	State: NJ	Zip: 08809
E-mail Address: elecompte@weichel.com		Telephone #: 908 713 2658	Cell #	
Preferred Delivery	On site inspection	Pick up	US Mail	

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature: E LeCompte Date Submitted 8/31/17

Payment Information

Maximum Authorization Cost $_____ Method of payment will be: Cash ☐ Check ☐ Money Order ☐

Copy Fees: Size: 8 ½ x 11 = $0.05 per page
Size: 8 ½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

Records 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 integrity of the records will not be jeopardized by such method of delivery.*

Hidden Meadows Sub Division - B-18, L-24
Electric Permit for Electric

Block_____ Lot_____

Agency Use Only

Notes

Tracking Information

Date request received 8/31/2017

Official receiving _____

Date requestor notified 9/6/2017

Form of notification Called 3:16PM

Date picked up/sent _____

Township of Alexandria
IN
HUNTERDON COUNTY

242 Little York-Mt. Pleasant Road
Milford, New Jersey 08848
Phone (908) 996-7071
Fax (908) 996-4196
www.alexandrianj.gov

GOVERNMENT RECORDS REQUEST FORM

Important notice
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Requestor Information-Please Print

First Name	MI	Last Name		
Lynn		Schambach		
Mailing Address		**City**	**State**	**Zip**
1705 Bay Avenue, Suite 6		Point Pleasant	NJ	08742
E-mail Address		**Telephone #**	**Cell #**	
lschambach@emg-environmental.com		732-282-2222		
Preferred Delivery	**On site inspection**	**Pick up**	**US Mail**	
	X			

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature Lynn Schambach **Date Submitted** 11-15-2017

Payment Information

Maximum Authorization Cost $_____ **Method of payment will be: Cash** ☐ **Check** ☐ **Money Order** ☐

Copy Fees: **Size: 8 ½ x 11 = $0.05 per page**
Size: 8 ½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

Records 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 integrity of the records will not be jeopardized by such method of delivery.*

Re: 117 County Road, Block 18, Lot 39 - Building permits, aboveground/underground storage tank permits, property record cards.

Block 18 **Lot** 39

Agency Use Only

Notes

Tracking Information

Date request received_____

Official receiving_____

Date requestor notified_____

Form of notification_____

Date picked up/sent_____

TEAL

October 5, 2017

Township Clerk
Michele Bobrowski
500 Mill Road
Milford, NJ 08848

Re: OPRA Request

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 township 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 $899.

- 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 <u>when available</u>:

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, <u>prior to incurring</u> 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

7350 Heritage Village plaza, Suite 202, Gainesville, VA 20155
(571)409-7071
www.teal-usa.com

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
(571)409-7071 Ext 907
n.thompson@teal-usa.com

Michele Bobrowski

From: ASK NJ Media Co. <opra+request-498-14051b31@requests.opramachine.com>
Sent: Tuesday, November 21, 2017 2:19 AM
To: OPRA requests at Alexandria Township
Subject: Open Public Records Act request - OPRA Requests

Dear Alexandria Township,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message.
Records requested:

I'm requesting copies of all OPRA requests from August 1, 2017 to November 20, 2017.

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-498-14051b31@requests.opramachine.com

Is clerk@alexandrianj.gov the wrong address for Open Public Records Act requests to Alexandria Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=alexandria_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

If you find this service useful as an OPRA officer, please ask your web manager to link to us from your organisation's OPRA page.

Ricco Close 10/16/17

Ricco

Township of Alexandria

IN

HUNTERDON COUNTY

242 Little York-Mt. Pleasant Road
Milford, New Jersey 08848
Phone (908) 996-7071
Fax (908) 996-4196
www.alexandrianj.gov

GOVERNMENT RECORDS REQUEST FORM

Important notice

Page 2 of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information-Please Print

First Name Nicholas	MI J	Last Name Ricco	
Mailing Address 30 Red School House Rd	City Lebanon	State NJ	Zip 08833
E-mail Address nikricco@hotmail.com	Telephone # 908-201-3682	Cell # 908-200-3080	
Preferred Delivery Email	On site inspection	Pick up	US Mail

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature Nicholas Ricco Date Submitted 10-11-17

Payment Information

Maximum Authorization Cost $_____ Method of payment will be: Cash ☐ Check ☐ Money Order ☐

Copy Fees: Size: 8 ½ x 11 = $0.05 per page
Size: 8 ½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

Records 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 integrity of the records will not be jeopardized by such method of delivery.

175 County Rd. 513, 08825-3727
Permits for all improvements - any info on well, septic or tanks
Any property assessment information. Block 18 Lot 4602

Agency Use Only

Notes

Tracking Information

Date request received 10/11/17
Official receiving V Colucci
Date requestor notified 10/16/17
Form of notification Email
Date picked up/sent 10/16/17

Due 10/19/2017

Township of Alexandria

IN

HUNTERDON COUNTY

242 Little York-Mt. Pleasant Road
Milford, New Jersey 08848
Phone (908) 996-7071
Fax (908) 996-4196
www.alexandrianj.gov

GOVERNMENT RECORDS REQUEST FORM

Important notice

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Requestor Information-Please Print

First Name	MI	Last Name		
RHEA	E	LANDIG		
Mailing Address		**City**	**State**	**Zip**
1718 CR-519		PITTSTOWN	NJ	08867
E-mail Address		**Telephone #**	**Cell #**	
rheae landig@yahoo.com		973-2075457		
Preferred Delivery	**On site inspection**	**Pick up**	**US Mail**	
Pick Up		✓		

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature R E Landig Date Submitted 10/6/17

Payment Information

Maximum Authorization Cost $_____ Method of payment will be: Cash ☑ Check ☐ Money Order ☐

Copy Fees: Size: 8 ½ x 11 = $0.05 per page
Size: 8 ½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

Records 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 integrity of the records will not be jeopardized by such method of delivery.*

FA-1 FARMLAND ASSESSMENT APPLICATION FOR YEARS 2011, 2010, 2009, 2008, 2007, 2006, 2005 FOR VOGEL, RON + DARLA 1716 CR-519, PITTSTOWN, NJ 08867 Block 13 Lot 12.1

Agency Use Only

Notes

Tracking Information	
Date request received	10/11/17
Official receiving	Eloise
Date requestor notified	10/13/17 VM
Form of notification	
Date picked up/sent	

Township of Alexandria
IN
HUNTERDON COUNTY

242 Little York-Mt. Pleasant Road
Milford, New Jersey 08848
Phone (908) 996-7071
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GOVERNMENT RECORDS REQUEST FORM

Important notice
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Requestor Information-Please Print

First Name SCOTT	**MI** D	**Last Name** BULLOCH		
Mailing Address 7 MAPLE AVE		**City** FLEMINGTON	**State** NJ	**Zip** 08822
E-mail Address Scott@yourNJAttorneys.com		**Telephone #** 908 782 5313	**Cell #**	
Preferred Delivery email	**On site inspection**	**Pick up**	**US Mail**	

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature SMB Date Submitted 10-6-17

Payment Information

Maximum Authorization Cost $_____ Method of payment will be: Cash ☐ Check ☑ Money Order ☐

Copy Fees: Size: 8 ½ x 11 = $0.05 per page
Size: 8 ½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

Records 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 integrity of the records will not be jeopardized by such method of delivery.

All letters sent by the zoning officer (MR. MULLIN) to DONALD WILSON, re: 5 MILL ST, PITTSTOWN NJ

_____ Block_____ Lot_____

Agency Use Only

Notes

Tracking Information

Date request received 10/5/2017
Official receiving 10/5/2017
Date requestor notified 10/6/2017
Form of notification Email
Date picked up/sent

Township of Alexandria
IN
HUNTERDON COUNTY

242 Little York-Mt. Pleasant Road
Milford, New Jersey 08848
Phone (908) 996-7071
Fax (908) 996-4196
www.alexandrianj.gov

GOVERNMENT RECORDS REQUEST FORM

Important notice
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Requestor Information-Please Print

First Name Meghan	**MI**	**Last Name** Payne			
Mailing Address 22 Harvard Rd		**City** Audubon	**State** NJ	**Zip** 08106	
E-mail Address MPayne@CapitalPartners.com		**Telephone #** 267-253-5926	**Cell #** Same		
Preferred Delivery	**On site inspection**	**Pick up** X	**US Mail**		

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature Meghan Payne **Date Submitted** 9/28/17

Payment Information

Maximum Authorization Cost $_____ **Method of payment will be: Cash** ☐ **Check** ☐ **Money Order** ☐

Copy Fees: **Size: 8 ½ x 11 = $0.05 per page**
Size: 8 ½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

Records 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 integrity of the records will not be jeopardized by such method of delivery.*

Property Record Card

Block 16 **Lot** 9

Agency Use Only

Notes

Tracking Information

Date request received 9/28/2017

Official receiving [signature]

Date requestor notified 9/28/17

Form of notification In Person

Date picked up/sent In Person

Rec'd 9/21/2017

Township of Alexandria

IN

HUNTERDON COUNTY

DUE — 10 Days

242 Little York-Mt. Pleasant Road
Milford, New Jersey 08848
Phone (908) 996-7071
Fax (908) 996-4196
www.alexandrianj.gov

GOVERNMENT RECORDS REQUEST FORM

Important notice

Page 2 of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information-Please Print

First Name	MI	Last Name		
Teresa	K	Trigas-Pfeffele		
Mailing Address		**City**	**State**	**Zip**
69 Schoolhouse Rd		Pittstown	NJ	
E-mail Address		**Telephone #**	**Cell #**	
ttrigas@gmail.com			908-684-1906	
Preferred Delivery	**On site inspection**	**Pick up**	**US Mail**	
Pickup				

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature _____ **Date Submitted** 9/21/17

Payment Information

Maximum Authorization Cost $_____ **Method of payment will be: Cash** ☐ **Check** ☒ **Money Order** ☐

Copy Fees: **Size: 8 ½ x 11 = $0.05 per page**
Size: 8 ½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

Records 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 integrity of the records will not be jeopardized by such method of delivery.*

Hilltop development plan
looking to Cross reference to Hickory Corner blk 16, lot 15

Block_____ **Lot**_____

Agency Use Only

Notes

Tracking Information	
Date request received	9/21/2017
Official receiving	
Date requestor notified	9/25/2017
Form of notification	call
Date picked up/sent	9/25/2017

9/25/2017

+ Letter to Resolution 9/27/17

Done & called. 9/25/17

Alexandria Township
242 Little York-Mt. Pleasant Road
Milford, NJ 08848

Phone (908) 996-7071
Fax (908) 996-4196
www.alexandria-nj.us

Township of Alexandria
IN
HUNTERDON COUNTY

GOVERNMENT RECORDS REQUEST FORM

Important notice
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Requestor Information-Please Print

First Name	MI	Last Name	
Kevin	M.	Burch	
Mailing Address		**City**	**State** / **Zip**
134 Main ST.		Flemington	NJ 08822
E-mail Address		**Telephone #**	**Cell #**
Kburch@farmersagent.com		908-788-0052	
Preferred Delivery	**On site inspection**	**Pick up**	**US Mail**
Email			

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature K. Burch Date Submitted 9/15/17

Payment Information

Maximum Authorization Cost $_____ Method of payment will be: Cash ☐ Check ☐ Money Order ☐

Copy Fees: Size: 8 ½ x 11 = $0.05 per page
Size: 8 ½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

Records 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 integrity of the records will not be jeopardized by such method of delivery.

All permits for 66 Sky Manor Dr. Pittstown NJ
Electrical, Heat/Plumbing, Roof.

Block 21 Lot 44

Agency Use Only

Notes	Tracking Information	Final Cost
	Date request received 9/18/17	No. of Copies X
	Official receiving Helen	Total Cost
	Date requestor notified 9/25/17	Deposit -
	Form of notification email	Balance cash ☐
	Date picked up/sent	check ☐
		Date Paid ___/___/___

V Collucci 9/25/17

Township of Alexandria

IN

HUNTERDON COUNTY

242 Little York-Mt. Pleasant Road
Milford, New Jersey 08848
Phone (908) 996-7071
Fax (908) 996-4196
www.alexandrianj.gov

GOVERNMENT RECORDS REQUEST FORM

Important notice
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Requestor Information-Please Print

First Name	MI	Last Name	
Mark		Cody	
Mailing Address		**City**	**State** / **Zip**
549 City Rd 513		Pittstown	NJ 08867
E-mail Address		**Telephone #**	**Cell #**
MacThunderce@BARAmail.com		908-268-6752	908-268-6752
Preferred Delivery	**On site inspection**	**Pick up**	**US Mail**
		✓	~~✓~~

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature _____ **Date Submitted** 9/19/17

Payment Information

Maximum Authorization Cost $ 25.00 **Method of payment will be: Cash** ☐ **Check** ☒ **Money Order** ☐

Copy Fees: Size: 8 ½ x 11 = $0.05 per page
Size: 8 ½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

Records 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 integrity of the records will not be jeopardized by such method of delivery.*

BLK 6 LOT 12

ALL Permits issued for 549 City Rd 513 Pittstown NJ 08867 AND same for 18 Homestead Farm Rd Milford NJ 08848

11/11.19

Block _____ **Lot** _____

Agency Use Only

Notes

Tracking Information

Date request received 9/19/17
Official receiving V Collucci
Date requestor notified 9/25/17
Form of notification Via email
Date picked up/sent 9/25/17

Alexandria Township
242 Little York-Mt. Pleasant Road
Milford, NJ 08848

Phone (908) 996-7071
Fax (908) 996-4196
www.alexandria-nj.us

Township of Alexandria
IN
HUNTERDON COUNTY

GOVERNMENT RECORDS REQUEST FORM

Important notice

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Requestor Information-Please Print

First Name	MI	Last Name
Eric	T	Lange

Mailing Address	City	State	Zip
220 Route 202	Bridgewater	NJ	08807

E-mail Address	Telephone #	Cell #
goldenhomerealty@gmail.com	908-393-9111	908-240-1615

Preferred Delivery	On site inspection	Pick up	US Mail
		✓	✓

If you are requesting records containing personal information, please select 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.

Certify that the above information is accurate and true

Signature Eric Lange Date Submitted 8-10-2017

Payment Information

Maximum Authorization Cost $ 20 Method of payment will be: Cash ☑ Check ☐ Money Order ☐

Copy Fees: Size: 8½ x 11 = $0.05 per page
Size: 8½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

Records 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 integrity of the records will not be jeopardized by such method of delivery.

Survey, Perc Test Results, Engineering Docs pertaining to Subdivision Documents Prior to 2008 - 2000

Goldenhaum Bail Eng. inc / Jupinka Block 00007 Lot 00012 12 00001

123 Hickory Corner — Subdivison Records

Agency Use Only

Notes	Tracking Information	Final Cost
	Date request received Called & left VM to call us to review documents	No. of Copies
	Official receiving	Total Cost $30
	Date requestor notified	Deposit -
	Asked for a copy - Waiting for copy to be made	Balance cash ☐
	Form of notification	check ☐
	Date picked up/sent	Date Paid / /

Township of Alexandria
IN
HUNTERDON COUNTY

Alexandria Township
242 Little York-Mt. Pleasant Road
Milford, NJ 08848

Phone (908) 996-7071
Fax (908) 996-4196
www.alexandria-nj.us

GOVERNMENT RECORDS REQUEST FORM

Important notice
Page 2 of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information-Please Print

First Name	MI	Last Name		
Gregory	J	Stem		
Mailing Address		**City**	**State**	**Zip**
1059 County Road 519		Frenchtown	NJ	08825
E-mail Address		**Telephone #**	**Cell #**	
gregstem@hotmail.com			908 892 8564	
Preferred Delivery	**On site inspection**	**Pick up**	**US Mail**	
email		X		

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature _____ Date Submitted 8-23-2017

Payment Information

Maximum Authorization Cost $_____ Method of payment will be: Cash ☐ Check ☐ Money Order ☐

Copy Fees: Size: 8½ x 11 = $0.05 per page
Size: 8½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

Records 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 integrity of the records will not be jeopardized by such method of delivery.

Any building permits pertaining to 401 Route 22. and tax information

Block_____ Lot_____

Agency Use Only

Notes	Tracking Information	Final Cost
Viewed Permits 2003215 2013231	Date request received 8/23/17	No. of Copies_____
	Official receiving Valeri	Total Cost_____
	Date requestor notified 8/23/17	Deposit -_____
	Form of notification_____	Balance_____ cash ☐
	Date picked up/sent_____	check ☐_____
		Date Paid___/___/___

Received 8/21/2017

Township of Alexandria

IN

HUNTERDON COUNTY

Paid 8/30/2017

242 Little York-Mt. Pleasant Road
Milford, New Jersey 08848
Phone (908) 996-7071
Fax (908) 996-4196
www.alexandrianj.gov

GOVERNMENT RECORDS REQUEST FORM

Important notice

Page 2 of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information-Please Print

First Name	MI	Last Name		
RHEA	E	LANDIG		
Mailing Address		**City**	**State**	**Zip**
1718 CR-519		PITTSTOWN	NJ	08867
E-mail Address		**Telephone #**	**Cell #**	
rhealandig@yahoo.com		973-207-5457		
Preferred Delivery	**On site Inspection**	**Pick up**	**US Mail**	
		✓		

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature _____ **Date Submitted** 8-21-2017

Payment Information

Maximum Authorization Cost $_____ **Method of payment will be: Cash** ☐ **Check** ☑ **Money Order** ☐

Copy Fees: **Size: 8 ½ x 11 = $0.05 per page**
Size: 8 ½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

***Records 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 integrity of the records will not be jeopardized by such method of delivery.*

PLEASE PROVIDE COPIES OF FA-1 FORM (FARMLAND ASSESSMENT APPLICATION) FOR YEARS 2018, 2017, 2016, 2015, 2014, 2013, 2012 FOR VOGEL, RON + DARLA Block 13 Lot 12.01
1716 CR-519, PITTSTOWN, NJ. 08867

Agency Use Only

Notes

Tracking Information

Date request received _____

Official receiving _____

Date requestor notified _____

Form of notification _____

Date picked up/sent _____

V Collins 8/24/17

Township of Alexandria
IN
HUNTERDON COUNTY

Alexandria Township
242 Little York-Mt. Pleasant Road
Milford, NJ 08848

Phone (908) 996-7071
Fax (908) 996-4196
www.alexandria-nj.us

GOVERNMENT RECORDS REQUEST FORM

Important notice
Page 2 of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information-Please Print

First Name	MI	Last Name	
Carmela [redacted]	R	ATwood	
Mailing Address		**City**	**State**	**Zip**
2746 Lighthouse Dr		Houston	TX	77058
E-mail Address		**Telephone #**	**Cell #**
catwood77@me.com		281 333-3600	832-567-8244
Preferred Delivery	**On site inspection**	**Pick up**	**US Mail**

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature Carmela Atwood Date Submitted 8/15/17

Payment Information

Maximum Authorization Cost $_____ Method of payment will be: Cash ☐ Check ☐ Money Order ☐

Copy Fees: Size: 8 ½ x 11 = $0.05 per page
Size: 8 ½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

Records 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 integrity of the records will not be jeopardized by such method of delivery.

Permit / building info History
For 73 Airport Rd
Pittstown NJ 08867 Block 12 Lot 11.04

Agency Use Only

Notes	Tracking Information	Final Cost
	Date request received 8/18/17	No. of Copies X
	Official receiving V Collins	Total Cost
	Date requestor notified 8/24/17	Deposit -
	Form of notification	Balance cash ☐
	Date picked up/sent Sent via Email 8/24/17	check ☐
		Date Paid ___/___/___

Township of Alexandria
IN
HUNTERDON COUNTY

242 Little York-Mt. Pleasant Road
Milford, New Jersey 08848
Phone (908) 996-7071
Fax (908) 996-4196
www.alexandrianj.gov

GOVERNMENT RECORDS REQUEST FORM

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Requestor Information-Please Print

First Name Sana	**MI**	**Last Name** Govin		
Mailing Address 2727 LBJ Freeway,Suite 420		**City** Dallas	**State** TX	**Zip** 75324
E-mail Address cls@slkgroup.com		**Telephone #** 855-512-4803	**Cell #** Fax: 888-908-3471	
Preferred Delivery	**On site inspection**	**Pick up**	**US Mail**	

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I certify that the above information is accurate and true

Signature Sana Govin _____ **Date Submitted** 09/05/2017 _____

Payment Information

Maximum Authorization Cost $_____ **Method of payment will be: Cash** ☐ **Check** ☐ **Money Order** ☐

Copy Fees: Size: 8 ½ x 11 = $0.05 per page
Size: 8 ½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

***Records 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 integrity of the records will not be jeopardized by such method of delivery.*

Please advice if there are any Code Violations/Citations and/or Monies due and or any Open, Pending or Expired Permits, impact fees for the property listed below:

Add: 1630 COUNTY ROAD 519 Pittstown NJ 08867

Block 20.02 **Lot** 1

Agency Use Only

Notes

Tracking Information

Date request received 9/5/17

Official receiving _____

Date requestor notified 9/7/2017

Form of notification Email

Date picked up/sent _____

DUE 9/12/2017 VCalucci 9/1/17

Township of Alexandria
IN
HUNTERDON COUNTY

242 Little York-Mt. Pleasant Road
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GOVERNMENT RECORDS REQUEST FORM

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Requestor Information-Please Print

First Name Erin	MI M.	Last Name Lapham	
Mailing Address 323 Spring Mills Road	City Milford	State NJ	Zip 08848
E-mail Address lapham.erin@gmail.com	Telephone #	Cell # 908-246-0297	
Preferred Delivery: On site inspection	Pick up X	US Mail	

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature Erin M Lapham Date Submitted 8/31/2017

Payment Information

Maximum Authorization Cost $ 50.00 Method of payment will be: Cash ☒ Check ☐ Money Order ☐

Copy Fees: Size: 8 ½ x 11 = $0.05 per page
Size: 8 ½ x 14 = $0.07 per page

Delivery/postage fees additional depending upon delivery type

Special service charges dependent upon request

Records 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 integrity of the records will not be jeopardized by such method of delivery.

* All Permits & other property records for 120 Gallmeier Rd., Milford, NJ 08848

Block 14 Lot 27

Agency Use Only

Notes

See attached copy of all permits for above property.

Tracking Information

Date request received 9/1/17
Official receiving VCalucci
Date requestor notified 9/1/17
Form of notification Phone
Date picked up/sent

Emailed 9/13/17

V Calucci 11/20/17
Building Dept part complete.

Township of Alexandria
IN
HUNTERDON COUNTY

Alexandria Township
242 Little York-Mt. Pleasant Road
Milford, NJ 08848

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GOVERNMENT RECORDS REQUEST FORM

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Requestor Information-Please Print

First Name	MI	Last Name	
Michael	A.	Rivezzi	
Mailing Address	**City**	**State**	**Zip**
430 Cherryville Rd	Flemington	NJ	08822
E-mail Address	**Telephone #**	**Cell #**	
mrivezzi@comcast.net	908-450-0627	908-456-2978	
Preferred Delivery	**On site inspection**	**Pick up**	**US Mail**

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature _____ Date Submitted 11 / 17 2017

Payment Information

Maximum Authorization Cost $_____ Method of payment will be: Cash ☐ Check ☐ Money Order ☐

Copy Fees: Size: 8 ½ x 11 = $0.05 per page
Size: 8 ½ x 14 = $0.07 per page

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Records 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 integrity of the records will not be jeopardized by such method of delivery.

Any building permits on 25 Shy Creek Rd. Alexandra NJ.
Crany existing variances. Please have information sent to
Zoning officeafter building dept reviews. Block 21.04 Lot 16 of 3
also Tax assessor review

Agency Use Only

Notes	Tracking Information	Final Cost
[illegible]	Date request received 11/17/17	No. of Copies_____
[illegible]	Official receiving V Calucci	Total Cost_____
Driveway permits	Date requestor notified 11/20/17	Deposit_____
[illegible]	Form of notification Email	Balance_____ cash ☐
[illegible]	Date picked up/sent_____	check ☐_____
		Date Paid___/___/___

Township ~~of~~ Alexandria

IN

HUNTERDON COUNTY

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Requestor Information-Please Print

First Name	MI	Last Name		
Brian	F.	Hayes		
Mailing Address		**City**	**State**	**Zip**
10 Emily Ct.		Robbinsville	NJ	08691
E-mail Address		**Telephone #**	**Cell #**	
BHAYES1@gmail.com		732.673.4090	732.673.4090	
Preferred Delivery	**On site inspection**	**Pick up**	**US Mail**	

If you are requesting records containing personal information, please select 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.

I certify that the above information is accurate and true

Signature Brian F. Hayes **Date Submitted** 11/6/17

Payment Information

Maximum Authorization Cost $_____ **Method of payment will be: Cash** ☐ **Check** ☑ **Money Order** ☐

Copy Fees: Size: 8 ½ x 11 = $0.05 per page
Size: 8 ½ x 14 = $0.07 per page

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Records 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 integrity of the records will not be jeopardized by such method of delivery.*

I would like a certified copy of my marriage license performed on 9/16/17 by Erin Bric. My spouse's name is Florentina del Rosario.

_____ **Block**_____ **Lot**_____

Agency Use Only

Notes

Tracking Information

Date request received_____

Official receiving_____

Date requestor notified_____

Form of notification_____

Date picked up/sent_____