TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Stephanie MI ____ Last Name Bryant

E-mail Address sbryant@retrofitnc55.com

Mailing Address 43 County Rd 537 W

City Colts Neck State NJ Zip 07722

Telephone 732-691-3284 FAX 732-431-0022

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 Stephanie Bryant Date 11/16/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

permits for Block 11/16

Provided requestor with info
all permit closed
LS

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 11/17/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

Important Notice

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Requestor Information – Please Print

First Name JOSEPH MI ____ Last Name ORTEGO

E-mail Address JOETORTEGO@GMAIL.COM

Mailing Address 206 CR 537

City COLTS NECK State NJ Zip 07722

Telephone 908 670 7480 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 11-16-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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

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101 CLOVERHILL RD. TANK REMOVAL

2 copies of certifications
2 x 5¢ = 10¢ pd.
JS

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] Custodian Signature

11/17/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

Important Notice

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Requestor Information – Please Print

First Name Volodymyr MI ____ Last Name Fedyshyn

E-mail Address vfedyshyn@Yahoo.com

Mailing Address 10 Cozy Dr

City Manalapan State NJ Zip 07726

Telephone 732-757-5349 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 Volodymyr Fedyshyn Date 11-07-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Review File.
Blk 29 Lot 1a

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Bob Kaca
Custodian Signature

11/13/17
Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Lisa MI ____ Last Name Loshiavo

E-mail Address ____

Mailing Address 3 Air Dancer Lane

City Colts Neck State NJ Zip 07722

Telephone 732-239-0186 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: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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

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Review FI 5.1/2.32

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

11/13/17
Date

RECEIVED

NOV - 9 2017

COLTS NECK TOWNSHIP

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

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 Elliot MI ____ Last Name Braun

E-mail Address elliot.braun@atlanticbeveragecO.com

Mailing Address 3775 Park Ave Unit 12

City Edison State NJ Zip 08820

Telephone 908-413-3352 FAX 732-548-4858

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

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

Signature _____ Date 11/7/17

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 existing plans and/or surveys for the Colts Neck Inn/Hotel and the Colts Neck Steakhouse

(732-921-4005) Rob MacKenzie

AGENCY USE ONLY

st. 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

Beth Kara 11/9/17
Custodian Signature Date

RECEIVED

NOV - 9 2017

COLTS NECK TOWNSHIP

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

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 Elliot MI ____ Last Name Braun

E-mail Address elliot.braun@atlantictbeverageco.com

Mailing Address 3775 Park Ave Unit 12

City Edison State NJ Zip 08820

Telephone 908-413-3352 FAX 732-548-4858

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

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

Signature _____ Date 11/7/17

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 existing plans and/or surveys for the Colts Neck Inn/Hotel and the Colts Neck Steakhouse

(732-921-4005) Rob MacPherson

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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Custodian: 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

Beth Kara
Custodian Signature

11/9/17
Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

Important Notice

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Requestor Information – Please Print

First Name Viktor MI ____ Last Name Dudinskiy

E-mail Address vicdu@hotmail.com

Mailing Address 219 Hidden Lake DR

City Morganville State NJ Zip 07751

Telephone 732-616-8090 FAX ____

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

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

Signature [signature] Date 10/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Received file 36/2

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] 10/20/17
Custodian Signature Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

Important Notice

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Requestor Information – Please Print

First Name Nancy MI ____ Last Name Nancy

E-mail Address ngalatea86@gmail.com

Mailing Address 19 Canterbury Way

City Freehold State NJ Zip 07727

Telephone 917 975-5742

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 N Galatea Date 10/16/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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

Extras: Special service charge dependent upon request.

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Block 7.17
lot 1

28 Meadowview DR
Colts Neck NJ

Permits For 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
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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature Date 10/19/17

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

Important Notice

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Requestor Information – Please Print

First Name JUDITH MI E Last Name FINO MAJOR

E-mail Address JUDYMAJOR56@GMAIL

Mailing Address 25 GEORGETOWN RD

City COLTS NECK State NJ Zip 07722

Telephone (732) 939-9972 FAX

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect X 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 Judith E Fino Major Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

REVIEW
BLOCK 7.10 LOT 4

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

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

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Ruth Kara 10/12/17
Custodian Signature Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Deputy Ventures c/o Gary Klein MI ____ Last Name ____

E-mail Address gk@deputyventures.com

Mailing Address P.O. Box 7394

City Shrewsbury State NJ Zip 07702

Telephone 732-570-3488 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 10/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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- ZONING APPLICATIONS / APPROVALS } 13 GLENWOOD
- CONSTRUCTION APPLICATIONS / APPROVALS }
- SURVEY
- TANK REMOVAL } 5 KATHLEEN
- SURVEY

10/11/17 provided requested info LS

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Ruth Kana
Custodian Signature

10/12/17
Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 WALTER MI ____ Last Name BOWENS

E-mail Address BOWBOW@AOL.COM

Mailing Address 421 JANSEN ST

City SI State NY Zip 10312

Telephone 929-215-1822 Fax ____

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

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

Signature [signature] Date 10/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

28 Meadow view Dr. Colts Neck N.J. 07722

10/6/17 Provided Required info LS

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] Custodian Signature 10/10/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Stuart MI J. Last Name Klein

E-mail Address stu@firstdegreenj.com

Mailing Address 63 Gristmill Road

City Howell State NJ Zip 07731

Telephone 732 367 6673 FAX 732 367 6671

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

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

Signature [signature] Date 10-05-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Plumbing gas riser diagrams from all construction at 67 Blackbriar Drive, Colts Neck NJ 07722

10/5/17
Provided requested info KS

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

[signature] Custodian Signature

10/6/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Jim MI Last Name Hall

E-mail Address

Mailing Address 41 Tulip LN

City Colts Neck State NJ Zip 07722

Telephone 347-728-0818 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 Jim Hall Date 9/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Survey Block ~~Lot~~ 7.3. & Lot 9.

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 9/29/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Peter MI M Last Name Johnston

E-mail Address PETERMJOHNSTON12@gmail.com

Mailing Address 5 amberly Court

City Franklin Park State NJ Zip 08823

Telephone 3147573500 FAX N/A

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

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

Signature [signature] Date 10/2/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

All building Permits for 61 Tulip Lane.

Supplied Requested info for Review
LS

27 copies @ 5¢ = 1.35 pd
LS

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

[signature] Custodian Signature

10/2/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 John MI ____ Last Name Orrico

E-mail Address ____

Mailing Address 4 Comstock Lane

City Colts Neck State N.J Zip 07722

Telephone 732-768-2349 FAX 732-303-9333

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

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

Signature [signature] Date 9-27-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Site Plan 100 Richdale Colts Neck

Copy of Survey

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

[signature] Custodian Signature

9/27/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Bonnie MI ____ Last Name Schayne

E-mail Address bschayne

Mailing Address 455 Rt 9 So

City Manalapan State NJ Zip ____

Telephone 732-915-3404 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 Bonnie Schayne Date 9/25/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

- Need age roof Was Put on
- any oil Tank?

Review file pb.

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 9/27/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Pascale MI ____ Last Name Coppola

E-mail Address pascale@pascalecoppola.com

Mailing Address ____

City CN State NJ Zip 07722

Telephone 908-902-0404 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 Pascale Coppola Date 9/25/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Provided copies of permits for
Bl 7.31 | Lot 1.30

29 x 5¢ = 1.45
10 x 7¢ = 70¢
$2.15 pd ✓S

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

Ruth Kaza
Custodian Signature

9/27/17
Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 PETER MI Last Name MANNI

E-mail Address pmanni@Colonial Nelson.com

Mailing Address 963 - Holmdel Rd.

City Holmdel State NJ Zip 07733

Telephone 732-708-7583 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

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Survey # Jockey Terrace.

copy of survey B1905 Lot 4

pd 7# 25

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

[signature] Custodian Signature

9/27/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Doug MI ____ Last Name Hoglund

E-mail Address DougHoglund@Gmail.com

Mailing Address 7A Shadow Drive

City Howell State NJ Zip 07731

Telephone 732 995-3527 FAX ____

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

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

Signature ____ Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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

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

Rokab permits for 5 Kathleen Ct

Copy of survey 7 pgs

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

9/28/17
Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 ANN MI _____ Last Name RIPPA

E-mail Address _____

Mailing Address 24 Heyers Mill Rd

City Colts Neck State NJ Zip 07722

Telephone 732-683-9670 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: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Block 34.1
Lot 2

4 Copies @ 5¢
20¢

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

9/22/17
Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 ERIC MI L Last Name GREEN

E-mail Address NJPLCINC@Gmail.com

Mailing Address 324 middlewood rd ~~Ato~~

City Middletown State NJ Zip 07748

Telephone 732 671 8811 FAX

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

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

Signature [signature] Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Aireal view / survey of property with showing proposed Addition.

9/15/17 copy of survey to [illegible]

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] Custodian Signature

9/19/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 DJ MI ____ Last Name TenHoeve

E-mail Address DJTENHOEVE@kw.com

Mailing Address 85 DUTCH LANE ROAD

City COLTS NECK State NJ Zip 07722

Telephone 201.315.9157 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect X 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 09/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Review Ltr
10.1.20

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] Custodian Signature 9/19/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 KENNETH MI Y Last Name ENG

E-mail Address retmd1@gmail.com

Mailing Address 27 CHESTNUT DRIVE

City COLTS NECK State NJ Zip 07722

Telephone 732 858 1727 FAX

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

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

Signature [signature] Date 9-13-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Review File - Deck
7/7.11

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

9/14/17
3 copies @ 5¢ - 15¢ paid

[signature] Custodian Signature 9/15/17 Date

Place Logo Here

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address
Agency Telephone Number & Fax Number
Agency e-mail address
732-431-3173 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 Carly MI ____ Last Name Kaminsky

E-mail Address Carly@brinksconsulting.com

Mailing Address 1250 Liberty Ave

City Hillside State NJ Zip 07205

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

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail 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 Carly Kaminsky 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.

Please provide a list of permit applications for the installation, removal or the decommissioning of Underground Storage tanks at: 21 Hartshorn Dr. Colts Neck.

RECEIVED
SEP 13 2017
COLTS NECK TOWNSHIP

9/14/17 no permits

Block # 7 Lot # 2.21

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature 9/13/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 J Last Name VANDERBILT

E-mail Address DANSAR9496@YAHOO.COM

Mailing Address 16 DEERWOOD LANE

City COLTS NECK State NJ Zip 07722

Telephone 732-834-0205 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 8/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Provided requested info for
Block/Lot 13/88
only permit - Tank abandonment 1993
RS

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

[signature] 9/6/17
Custodian Signature Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Michele MI Last Name Bu[illegible]

E-mail Address mbutera@outlook.com

Mailing Address 17 Muhlenbrink Dr

City Colts Neck State NJ Zip 07722

Telephone 843-518-0505 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 M Butera Date

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Listing Agent for
22 Country Club Ln, Colts Neck
Requesting Survey –
Lot 10.5
Block 17

copy of survey 7 & 9 pp

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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Filled - Closed ____
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

Barb Kara Custodian Signature 9/6/17 Date

RECEIVED
SEP - 1 2017
COLTS NECK TOWNSHIP

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

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 Jamie MI M Last Name Bennett

E-mail Address jamie@sweetbennett.com

Mailing Address 37 Court Street

City Freehold State NJ Zip 07728

Telephone 609-977-8158 FAX 732-352-6807

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 Jamie M Bennett 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.

Any and all documents relating to the placement, use, or removal of fuel tanks at the property known as 6 Magnolia Lane, Colts Neck, a/k/a Block 16, Lot 53.4.

Thank you!

Jamie

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Beth Kara
Custodian Signature

9/1/17
Date

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

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 Denise MI R Last Name Spangler

E-mail Address dspangler@slkga.com

Mailing Address 2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234

Telephone 469-686-8743 FAX 888-377-7252

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 Denise R. Spangler Date 8/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Address: 47 Squankum Road

Parcel: 1000053100002

File#: 605203

53.12

Our office is performing a municipal search for the upcoming closing for the property above. Please provide information along with documentation for any open code compliance case, any open or expired permits as well as any special assessments (i.e. unsafe building, demo work), including but not limited to any other municipal liens or violations.

AGENCY USE ONLY

st. 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

Beth Kara 9/1/17
Custodian Signature Date

RECEIVED
AUG 31 2017
COLTS NECK TOWNSHIP

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 ____ Last Name Tenhoeve

E-mail Address ntenhoeve@gmail.com

Mailing Address 150 Broad Street

City Shrewsbury State NJ Zip 07702

Telephone ____ FAX ____

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

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

Signature [signature] Date 8/24/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

10 White Oak Dr

any open permits & list of closed

RECEIVED
AUG 31 2017
COLTS NECK TOWNSHIP

Block: 12.2
Lot: 2

8/24/17 Provided requested info 2 Ys

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

[signature] Custodian Signature

8/31/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

RECEIVED
AUG 31 2017
COLTS NECK TOWNSHIP

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 Bill MI ____ Last Name Ralph

E-mail Address ____

Mailing Address 3 Sycamore Place

City Colts Neck State NJ Zip ____

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 Bill Ralph Date 8/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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 Survey

3 copies
2 x 7¢ = 14¢
3
1 x 5¢ = 5¢
19¢ pd CASH
LS

RECEIVED
AUG 31 2017
COLTS NECK TOWNSHIP

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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Filled - Closed ____
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 8/31/17

RECEIVED
AUG 3 2017
COLTS NECK TOWNSHIP

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM
124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

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 Lynn MI ____ Last Name Schambach
E-mail Address lschambach@emg-environmental.com
Mailing Address 1705 Bay Avenue, Suite 6
City Point Pleasant State NJ Zip 08742
Telephone 732-282-2222 FAX N/A
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 Lynn Schambach Date 8-3-2017

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.

Re: 425 Route 34, Block 32, Lot 22

→ Provided request info – 18 copies @ 5¢ = 90¢ pd 2/5

We are seeking environmentally related information for a Phase I Environmental Site Assessment on the referenced property and would like to review the files from the following departments:
Tax Assessor: Past /present property record cards incl. square footage/acreage/utility services; Deed documents.
Building/Construction/Code Enforcement: Construction/Demolition Permits, plans and surveys. Tank permits: underground/aboveground storage tank installation/removal).
Zoning: Documentation and/or Resolution regarding changes in Block & Lot..

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 # ____
Req'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Beth Kara 8/3/17
Custodian Signature Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Josephine MI Joey Last Name Lombardozzi

E-mail Address iJoey23@AOL.com

Mailing Address 13 Salem Drive

City Colts Neck State N.J. Zip 07722

Telephone 732-625-8185 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 J. Lombardozzi Date 8/30/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Survey of Block #45.2
Lot # 5

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature 8/30/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 WILLIAM MI A Last Name ARMSTRONG

E-mail Address WILLIAMARMSTRONG50@COMCAST.NET

Mailing Address 555 PROSPECT AVE

City LITTLE SILVER State NJ Zip 07739

Telephone 732-539-2543 FAX 732-741-4526

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

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

Signature ____ Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
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BL 12.2 LOT 2 REVIEW FILE

COPY OF CERTIFIED

5¢

B

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature

8/28/17
Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 J Last Name VIGGIANI

E-mail Address BOB MULLER PHH

Mailing Address 369 WEST MAIN ST

City COLTS NECK State NJ Zip 07722

Telephone 732 462-9257 FAX 732-683-1546

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 Frank Viggiani Jr. Date 8/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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 put a offer on 97 DUTCH LANE, COLTS NECK
Need my due diligence on the property.

Received Feb 8

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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Partial - Closed ____

AGENCY USE ONLY

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature

8/28/17
Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Michele Butera MI ____ Last Name BUTERA

E-mail Address mbutera@outlook.com

Mailing Address 17 Muhlenbrink Rd

City Colts Neck State NJ Zip 07722

Telephone 843-518-0505 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 M. Butera Date 8.25.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Oil Tank Certificate

Blck #33
Lot #15

Complete
8/28/17
RR

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
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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 8/28/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 VINCENT MI A Last Name COLETTI

E-mail Address 3colletti@msn.com

Mailing Address 6 DRIFTWOOD CN

City COLTS NECK State NJ Zip 07722

Telephone 732-866-9082 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 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Survey 74.

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

8/15/17
Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Jessica MI K Last Name Vaughan

E-mail Address Stars78u2@aol.com

Mailing Address 383 E. GREYSTONE RD.

City OLD BRIDGE State NJ Zip 08857

Telephone 848-218-6520 FAX

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

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

Signature Jessica Vaughan Date 8/9/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Requesting most recent survey for:
5 Cypress Way, Colts Neck
(Lot 1.07, Block 46)

1 copy @ 7¢ pg

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

Beth Kaea — Custodian Signature
8/9/17 — Date

State of New Jersey
Township of Colts Neck
OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive
Colts Neck, NJ 07722
Phone: 732-462-5470 Fax: 732-431-3173
Beth Kara, Custodian of Record

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 Aimee MI K Last Name Pacheco

E-mail Address aimee.pacheco@pemco-limited.com

Mailing Address PEMCO Ltd, 4600 S Ulster St, Ste 530

City Denver State CO Zip 80237

Telephone 720-509-3245 FAX 303-284-8026

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 Aimee Pacheco Date 08/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

I need to know if there are any open / outstanding code violations on the following property. Please e-mail me a copy of these files once found.

31 Hartshorn Dr, Colts Neck, NJ 07722
Block 7 / Lot 2.21

Thank you!

1 open pool Fence permit

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

Beth Kara 8/14/17
Custodian Signature Date

RECEIVED
AUG 15 2017
COLTS NECK TOWNSHIP

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Agent Allison MI ____ Last Name Gregory

E-mail Address allison@resourcesrealestate

Mailing Address Owners 1 Exeter Pass

City Colts Neck State NJ Zip 07722

Telephone 908-472-2194 FAX 732-212-0450

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X or 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 5

Select Payment Method

(Cash) Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Basement Permit Closed - 1998

41.1/65

copy of C/A - 5 & 1/2 pgs

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

[signature] 8/15/17
Custodian Signature Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 Agent Allison MI ____ Last Name Gregory

E-mail Address allison@resourcesrealestate

Mailing Address Owners 1 Exeter Pass

City Colts Neck State NJ Zip 07722

Telephone 908-472-2194 FAX 732-212-0450

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X or 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: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Basement Permit closed - 1998

Done 8/16/17 [signature]

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

2 copies @ 5¢
10¢

[signature] Custodian Signature 8/16/17 Date

TOWNSHIP OF COLTS NECK

OPEN PUBLIC RECORDS ACT REQUEST FORM

124 Cedar Drive, Colts Neck, NJ 07722
Ph: 732-462-5470
Fax: 732-431-3173
Robert Bowden, Custodian of Record

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 M Last Name Adochio

E-mail Address Adochiolaw@gmail.com

Mailing Address 56 Glenwood Rd.

City Colts Neck State NJ Zip 07722

Telephone 732-672-0771 FAX 732-332-0446

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 8/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 5 cents
Legal: 7 cents

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.

Review Pleas.

1/33

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
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Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

[signature] Custodian Signature

8/7/17 Date