AGENCY NAME HERE

RECEIVED
AUG - 1 2017
ER NECK TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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 Matthew MI ____ Last Name Anderson

E-mail Address matt.anderson732@gmail.com

Mailing Address 4 Stratton PL

City Middletown State NJ Zip 07748

Telephone 732 615 7848 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 7/31/17

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.

Please see attached.

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

2 requests - 1 completed 8/1 & 8/2/17
1 completed 8/3/17

[signature] Custodian Signature

8/1/17 Date

Beth Kara

From: Matthew Anderson <matt.anderson732@gmail.com>
Sent: Monday, July 31, 2017 4:28 PM
Subject: OPRA Request
Attachments: Financial OPRA Request.docx; Employee OPRA Request Benefits.docx.docx; OPRA.pdf

Please see attached OPRA requests.

Thank you!

Matt

Pursuant to the New Jersey Open Public Records Act and New Jersey Common Law Right of Access, I make the request for copies of the following documents.

This document is an attachment request to the O.P.R.A form provided on the municipal website, specifically enumerating the government documents for which I have requested. Respectfully, please do not send by mail, please e-mail information that is in electronic format to matt.anderson732@gmail.com. According to N.J.S.A. 47: 1A-5b, which was amended in April of 2008, access to records that are available in electronic and non-printed formats should be provided free of charge.

8/1 ✓(1) Please provide the approved budgets for the following years: 2017-2007. Please provide them as separate files.

8/1 ✓ (2) Please provide the approved annual audit for the following years:2017-2012 . Please provide these documents in separate pdf files for each year.

8/2 ✓(3) Please provide the approved resolutions appointing the professionals for the following years of 2017-2012 Please provide these documents in separate pdf files for each year.

8/1 ✓(4) Vendor activity report (detailed) for ALL VENDORS for the years 2017-2012 . Please provide these reports in separate pdf files for each calendar year. Please sort the files according to vendor (If using the Edmunds Financial Software, the Print Sequence should be Vendor Name). Include the aggregate amount for each Vendor for the Calendar year. If using the Edmunds Financial Software, the Report Type should be "Paid" and the "Paid Date Range" should be 1/1/xx to 12/31/xx for each calendar year referred to above. Please select the report format to be "detail". For "Status to include" please select "all".

RECEIVED
AUG - 1 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 Manny MI _____ Last Name Ruffin

E-mail Address manish.kumar@slkgroup.com

Mailing Address 2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234

Telephone 855-512-4803 FAX 888-908-3471

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 Manny Ruffin Date 07/31/2017

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.

Please check and advise for the below address:

1. Liens & Special assessments
2. Code Violations
3. Open/Expired Building Permits

File # : 597721
Name : VITA, VINCEN
Parcel : Block 7.21 Lot 10
Add : 7 Sycamore Place colts neck NJ 07722
County : MOnmouth

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

8/3/17 Completed.

Custodian Signature 8/1/17 Date

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 Schamback

E-mail Address lschamback@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 Schamback 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

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

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

Records Provided
Completed 8/15/17

Custodian Signature Beth Kara Date 8/3/17

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 Alyssa MI ____ Last Name Della Fave

E-mail Address adellafave@tridentenviro.com

Mailing Address 1856 Route 9

City Toms River State NJ Zip 08732

Telephone 732-818-8699 FAX 732-818-3744

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

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

Signature [signature] Date 8/3/17

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.

Property Info: 144 & 148 Hockhockson Road (Block 50, Lot 24 & 24.1)

Please search the records for the years 1950 to present (as applicable)
-Tax Assessor: Current and older property record cards.
-Building/ Construction Department: Permits, certificates of occupancy, and architectural and engineering drawings.
-Planning/ Zoning Department: Site plans.
-Fire Official (if applicable): Records of tank removal, storage of hazardous substances and petroleum products, and hazardous material responses.

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

Completed 8/11/17

Beth Kara 8/11/17
Custodian Signature Date

Aug. 14. 2017 1:09PM No. 0930 P. 1

RECEIVED
AUG 14 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 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!

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

Completed 8/23/17

Ruth Kara 8/14/17
Custodian Signature Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Amy MI _____ Last Name Han

E-mail Address amyhan324@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone 856-383-0803 FAX _____

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

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

Signature _____ Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

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

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

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date 8/15/17

Beth Kara

From: Amy Han <amyhan324@gmail.com>
Sent: Tuesday, August 15, 2017 9:02 AM
To: Beth Kara
Subject: Monmouth County OPRA Request - Colts Neck
Attachments: Tax Deliquent OPRA Request Form.pdf

Hello,

Please see the attached OPRA request and confirm this request has been received.

I have also included the instruction below on how to generate this report in excel in the Edmund System:

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

Thanks in advance,

--
Amy Han
(856) 383 - 0803
Today is the BEST day ever !!!

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

Open Record Officer
COLTS NECK TOWNSHIP
124 Cedar Drive
Colts Neck, NJ 07722

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

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

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

Or

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

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

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

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

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

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

Respectfully,

Amy Dorward
P O Box 350
Trexlertown, PA 18087

GARY S. SHAPIRO
ADMITTED IN NJ, NY & FL
gshapiro@shapirosternlieb.com

DAVID H. STERNLIEB
ADMITTED IN NJ & NY
dsternlieb@shapirosternlieb.com

SHAPIRO & STERNLIEB, LLC
Attorneys at Law

Northpoint Professional Building
170 Route 9 North, Suite 303
Englishtown, New Jersey 07726
Phone: 732-617-8050
Fax: 732-617-8060
Toll Free: 888-432-4LAW
www.shapirosternlieb.com

OFFICES ALSO
LOCATED IN
Mineola, NY
Phone: 516-248-0202

August 2, 2017

Colts Neck Township Municipal Office
124 Cedar Drive
Colts Neck, New Jersey 07722

Re: Paul Wollman v. Joseph Belfiore

Dear Sir/Madam:

Please be advised that this firm represents Paul Wollman for personal injuries sustained as a result of being attacked by two dogs on or about October 11, 2016. Upon receipt of this letter, kindly provide a complete copy of the following requested items in accordance with the Freedom of Information Act:

1. Records showing ownership of two certain Pitbull dogs, one being of a light brown color, located at the property of Joseph Belfiore, 58 Prothero Road, Colts Neck Township, New Jersey;

2. Records of dog licenses and/or any other registration papers for the dogs located at the above address.

3. Records showing that the dogs located at the above address is in compliance with all the required medical immunizations required by law;

4. Records showing any other dog bite incidents involving the above dogs within the past five (5) years.

Thank you for your assistance. If you have any questions, please feel free to contact my office.

Very truly yours,

Gary S. Shapiro

Completed 8/15/17

GSS:ag

RECEIVED
AUG - 8 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

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Requestor Information – Please Print

First Name Michael MI A. Last Name Irene, Jr.

E-mail Address maiesq@comcast.net

Mailing Address 422 Morris Avenue

City Long Branch State NJ Zip 07740

Telephone (732) 870-1100 FAX (732) 229-1892

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 8/8/17

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.

Please see attached Schedule A.

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] 8/8/17
Custodian Signature Date

Schedule A to OPRA Request

Premises: 15 Blackbriar Dr (Block 9, Lot 21)
Township of Colts Neck

Please provide copies of the following records regarding the above-captioned property:

1. Copies of any and all Planning Board Resolutions and Zoning Board Resolutions pertaining to the above-captioned property.

2. Copies of any and all Notices of Violation(s) issued by the Zoning Officer, Code Enforcement Officer, and/or Building/Construction Official pertaining to the above-captioned property.

3. Copies of any and all Building and/or Construction Permits issued with regard to the above-captioned property.

4. Copies of any and all "open" Building and/or Construction Permits pertaining to the above-captioned property.

5. Copies of any and all records pertaining to fuel oil tanks, septic systems, and/or wells at the above-captioned property.

Place Logo Here

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Place Logo Here

Important Notice

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

Requestor Information – Please Print

First Name Carly MI ____ Last Name Kaminsky

E-mail Address Carly@brinksconsulting.com

Mailing Address 125e 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 decomissioning of Underground Storage tanks at:

23 Greenhill Rd Colts Neck

BLOCK # 66 LOT # 27

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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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

Completed 8/17/17

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 Elaine MI C Last Name Mann

E-mail Address N/A

Mailing Address P.O. Box 486

City Colts Neck State NJ Zip 07722

Telephone 732-308-0021 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 Elaine C. Mann Date 8-14-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Price Per Page, eff 7/1/10
Letter : 6 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.

Contracts between Twp. of CN and

1) Rock Fest 2017

2) La Crosse 2017
to rent the parks

RECEIVED
AUG 14 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
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

Bob Kane 8/14/17
Custodian Signature Date

To: twpcn@optonline.net
Subject: New submission from Contact form

Name

Juan Oloriz

Email

vt2bee@gmail.com

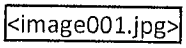
Question or comment

Good morning,

I'm looking at a property in Colts Neck and I need to see if the property has a gas line or can be converted. Who is the gas and electric provider? The property is 168 Crine Road.

Thanks.

Juan



BLK 5
Lot 6

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 Janine MI D Last Name DeFalco Della Tufo Realty

E-mail Address fabiella3@optonline.net

Mailing Address 340 Route 34 Colts Neck, NJ.

City Colts Neck State NJ Zip 07722

Telephone (908) 692-4407 FAX (732) 845-3201

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 Janine DeFalco Della Tufo Date 8/23/17

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 5, Lot 6

50¢ rec'd 7/23/17 JB

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 _____
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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

8/23/17
Date

8/24/17
via email

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 ____ Last Name Remeta

Company Riley and Gutman, Esqs.

Mailing Address 31 West Main Street

City Freehold State NJ Zip 07728 Email dremeta@rileyandgutman.com

Business Hours Telephone: Area Code 732 Number 431-0300 Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ (X) EMAIL

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 DRemeta Date 8/24/17

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.

We are requesting digital format.
We are requesting ALL documents, opened and closed, pertaining to: 44 Willow Brook Road, Colts Neck, NJ (Lot 5, Block 42.06).

1. Construction permits from Jan. 1993 – present;
2. Oil installation and/or decommissioning permits from Jan. 1993 – present;
3. Septic systems installation and/or decommissioning permits from Jan. 1993 – present;
4. Well installation and/or decommissioning permits from Jan. 1993 – present;
5. Propane tanks installation and/or decommissioning permits from Jan. 1993 – present;
6. Variances/permits for pools from Jan. 1993 – present;
7. Variance/permits for fence from Jan. 1993 – present;
8. Variance/permits for sheds from Jan. 1993 – present.

Please email documents to:
Denise Remeta - dremeta@rileyandgutman.com
Riley and Gutman, Esqs, 31 West Main Street, Freehold, NJ 07726 732-431-0300 fax: 732-431-2574

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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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 ____

Beth Kara

From: Fahrenthold, David <David.Fahrenthold@washpost.com>
Sent: Monday, August 28, 2017 1:28 PM
To: Beth Kara
Subject: Washington Post request

Ms. Kara—

Hello, Dave Fahrenthold here from the Washington Post. Thanks again for talking with me earlier.

As I said, I wanted to make a request under New Jersey's OPRA law, asking for copies of the following documents:

1. Copies of applications for off-premises raffle permits from organizations whose raffle events were held at Trump National Golf Club, Colts Neck. (Address: One Trump National Boulevard, Colts Neck, NJ 07722).
2. Copies of applications for Social Affair permits from organizations whose events were held at Trump National Golf Club, Colts Neck. (Address: One Trump National Boulevard, Colts Neck, NJ 07722).
3. Copies of applications for catering permits from organizations whose raffle events were held at Trump National Golf Club, Colts Neck. (Address: One Trump National Boulevard, Colts Neck, NJ 07722).

I request these documents from Jan. 1, 2013 to the present.

I can be reached at 202.334.7550, if you have any questions about the request. I request these documents be sent to me electronically, if possible. I would be happy to pay the costs required for this request under OPRA, though I'd ask that you notify me if the charges are going to top $500.

Thanks!
DF

From: Allison Maguire [mailto:info@arrmsusa.com]
Sent: Tuesday, August 29, 2017 11:13 PM
To: Beth Kara
Subject: Re: FOI / ORR Need Requested RE: Peter and Kristen Gerhard

Dear Ms. Kara,

I hope this finds you well.

Thank you for the effort in locating the information per our request.

Meantime, in our attempt to understand the intricacies of this project, could you please provide a more detailed explanation as to the deductions wherein there is a "Trans Amount" as it only indicates what seems to appear to be a "Professional Service" of sorts... What are the "Professional Services" as they relate to each individual "Trans Amount"?
Please provide this information or the invoices pertaining to them.

Additionally, The $20,919.64 appears to be the balance on a Cash Performance Guarantee. Has the requirements for that Bond been satisfied and if not what are the expectations to determine resolve.

Also, in reference to the $401.00 balance, is this a balance owed back to the Gerhards'?

I very much appreciate your consideration and attention to this matter.

Kindest Regards,

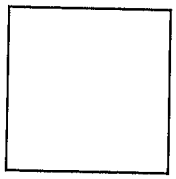
Allison Maguire

Executive Accounts Manager

Phone: (214) 628-4701

Fax: (214) 853-5978

www.arrmsusa.com



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 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.

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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.

Address: 47 Squankum Road

Parcel: 1000053100002

File#: 605203

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

Completed 9/6/17 - Beth Kara

Beth Kara 9/1/17
Custodian Signature Date

RECEIVED
SEP - 6 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 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

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AGENCY USE ONLY

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Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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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

Rec'd & completed 9/6/17

Beth Kara 9/6/17
Custodian Signature Date

From: ____ FOIA [mailto:foia@buildzoom.com]
Sent: Saturday, July 15, 2017 7:18 PM
To: twpcn@optonline.net
Subject: Freedom of Information Act Request: Building Permit Records

To whom it may concern,

I am writing to request permit records from Colts Neck township, New Jersey on behalf of Buildzoom.

BuildZoom helps people hire the best local contractors, and we strive to give consumers a clear picture of contractors' track records. In particular, we post information on building permits pulled by every contractor online as a free service to the public.

We do business in Colts Neck township, New Jersey and would like to provide the service to its residents.

Can you please provide us with a report of all building permits processed by your department since Oct 31, 2016?

Such reports typically:

- Are referred to as a Permit Activity Report, a Permit Fee Log or a Monthly Permit Report.
- Include all permits broadly related to work on new and existing structures, such as structural, electrical, plumbing, mechanical, demolition, solar, HVAC, and gas permits, as well as any other kind of permit related to construction, renovation and maintenance.
- Contain (i) property address fields, (ii) permit type fields, (iii) a permit value or estimated job value, (iv) a permit status field and (v) dates associated with the permit, such as an application date, an issue date and an expiry date, as well as (vi) the details of the contractor(s) who performed the work and, of course, (vii) a description of the permitted work.

We would like to request the records either via FTP or email delivery. An Excel or CSV format would be ideal, but a PDF or scanned file would also work.

We intend to ask for this data regularly: monthly for the prior month. What do you recommend as the best process to acquire this data?

Please feel free to email me or call Vidhan Agrawal, the Product Manager for our Data Platform at (415) 890-3706.

We greatly appreciate your help and thank you in advance for your assistance!

--
BuildZoom
A better way to remodel
301 Howard Street, Suite 1410
San Francisco, CA, 94105
www.buildzoom.com
(415) 890-3706

RECEIVED
SEP 13 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 Stacey MI ____ Last Name DiGrande
E-mail Address colesrealtors1@gmail.com
Mailing Address C21 MMIL 47 Route 9 South
City Morganville State NJ Zip 07751
Telephone 732-536-2228 FAX 732-536-1508
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 Stacey DiGrande Date 9/12/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

20 Farmgate Drive
Colts Neck NJ 07722
Block 44.02
lot 3

(1) Please let me know if there are any open permits or violations on home
(2) Please provide me with any information on underground oil tanks or conversion from oil to gas.

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

Completed 9/20/17

Beth Kara 9/13/17
Custodian Signature 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
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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.

Please provide a list of permit applications for the installation, Removal or the decommissioning of Underground Storage tanks at: 31 Hartshorn Dr. Colts Neck.

RECEIVED
SEP 13 2017
COLTS NECK TOWNSHIP

Block # 7 Lot # 2.21

AGENCY USE ONLY

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

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Ready Date ____
Total Pages ____

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

Records Provided

Completed 9/19/17

Custodian Signature 9/13/17 Date

RECEIVED
SEP 13 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 Michael MI A Last Name Irene, Jr., Esq.

E-mail Address malesq@comcast.net

Mailing Address 422 Morris Avenue, Ste 6

City Long Branch State NJ Zip 07740

Telephone 732-870-1100 FAX 732-229-1892

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

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Signature [signature] Date 9/13/17

Payment Information

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Re: 8 Blackbriar Drive (Block 9, Lot 42) Colts Neck, NJ

Please provide copies of the following records regarding the above-captioned property:

1. Copies of any and all Planning Board Resolutions and Zoning Board Resolutions pertaining to the above-captioned property.

2. Copies of any and all Notices of Violation(s) issued by the Zoning Officer, Code Enforcement Officer, and/or Building/Construction Official pertaining to the above-captioned property.

3. Copies of any and all Building and/or Construction Permits issued with regard to the above-captioned property.

4. Copies of any and all "open" Building and/or Construction Permits pertaining to the above-captioned property.

5. Copies of any and all records pertaining to fuel oil tanks, septic systems, and/or wells at the above-captioned property.

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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Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

[signature] 9/13/17
Custodian Signature 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 Terry MI ____ Last Name Futcher

E-mail Address Terry.f@cislands.com

Mailing Address 170 Kinnelon Rd

City Kinnelon State NJ Zip 07405

Telephone 973-492-0509 x323 FAX 973-492-8378

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

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Signature Terry Futcher Date 9/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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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.

Disposal of Leaves (bid date 9-26-17)

Please forward the complete list of contractors (name/location) who bid and their amounts. Bid tabulations as opened.

Thank-you.

AGENCY USE ONLY

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

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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

Completed 9/20/17.

Beth Kara Custodian Signature 9/20/17 Date

Beth Kara

From: Beth Kara
Sent: Tuesday, September 26, 2017 9:01 AM
To: 'Carrie Matthews'
Subject: OPRA Request - Illegible
Attachments: OPRA Request - 10 Lake Dr.pdf

Ms. Matthews;

Please provide a clear copy of your OPRA request. The attached is illegible.

Beth Kara
Custodian of Record
Township of Colts Neck
732-462-5470

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Hall of Records, One East Main Street, Freehold, NJ 07728
Records Custodian: Marion Masnick, Clerk of the Board to the Monmouth County Board of Chosen Freeholders

Telephone 732-431-7387
Fax 732-431-6519

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: Carol MI: L Last Name: Vollhaus

E-mail Address: [illegible]@atcenvironmental.com

Mailing Address: [illegible] Corner Road

City: [illegible] State: NJ Zip: 07871

Telephone: (800) 440-8705 ext 109 FAX: (888) 658-8328

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: 09/22/17

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; CD & DVD per disc - $1.00; Other materials - 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 plans or files pertaining to the septic system at the following property:

10 Lake Drive
[illegible], NJ [illegible]

Block: 85 District: [illegible]
Lot: 55 Year Built: 1967

AGENCY USE ONLY

RECEIVED
SEP 22 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 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 09/21/17

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.

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.

27 Parker Pass, Colts Neck, NJ 07722
Block 41.2 / Lot 80.1

Thank you!

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Completed 9/29/17.

Beth Kara 9/22/17
Custodian Signature Date

Beth Kara

From: kelsie@datarole.com
Sent: Tuesday, September 19, 2017 10:28 AM
To: Beth Kara
Subject: Colts Neck township Building Permits - Public Records Request

Dear Beth Kara,

NJ.7722.10502

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

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

Thank you very much for your time.

Kelsie Waechter
Data Acquisitionn Specialist, DataRole
(p) 970-231-3935
(f) 513-672-2665
Kelsie@datarole.com

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

PS: If you don't want to hear from me anymore, just let me know

TEAL

September 29, 2017

Colts Neck Township
Beth Kara
Township Administrators Office
Town Hall
124 Cedar Drive
Colts Neck, NJ 07722

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 Colts Neck 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 $699.

- 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 City.

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

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

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

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

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

Thank you for your time and consideration of my request.

Sincerely,

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

RECEIVED
SEP 29 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 John MI R. Last Name Merlino Jr.

E-mail Address jmerlino@realestateplanninglaw.com & wgolding@wjglaw.com

Mailing Address 394 Manor Rd.

City Staten Island State NY Zip 10314

Telephone 718-698-2200 FAX 718-698-0024

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

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

Signature _____ Date 9/28/17

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.

Open Permits for

10 White Oak Dr.

Block 12.2

Lot 2

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

Completed 10/4/17

Beth Kara 9/29/17
Custodian Signature Date

TEAL

October 4, 2017

Colts Neck Township
Beth Kara
Township Administrators Office
Town Hall 124 Cedar Drive
Colts Neck, NJ 07722

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:

Utilizing Edmunds & Associates Accounting Software please provide the following reports:

1) **Report:** "Project Transaction Audit Trail By Project ID"
Range: First to Last, **Transaction Date:** 01/01/00 to 09/30/2017, **Project Status:** Active

2) **Report:** "Developer Listing By Developer ID"

3) **Report:** "Project Listing By Category ID"

It is requested that the information provided in response to escrow portion of this request contain a minimum of the following specific details when available:

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

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

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

Thank you for your time and consideration of my request.

Sincerely,
Noel Thompson
Noel Thompson
(571)409-7071 Ext 907

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

Beth Kara

From: BENEDICT UGORJI <radonshield@yahoo.com>
Sent: Thursday, October 05, 2017 8:21 AM
To: Beth Kara
Subject: OPRA Colts NeckTownship
Attachments: OPRA Colts NeckTownship.pdf

Please find attached our OPRA request for permits issued for radon mitigation works we did in your township.
Thanks for your cooperation.

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name BENEDICT MI _____ Last Name UGORJI

E-mail Address RADONSHIELD@YAHOO.COM

Mailing Address 757 BEATTY STREET

City TRENTON State NJ Zip 08611

Telephone 6092225743 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 B H Gmin CO Date 10/4/2017

Payment Information

Maximum Authorization Cost $ Any amount needed

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 copies of permits approved for Radon Mitigation work done by Radon Shield LLC in the Colts Neck Twp and which the signed agent for the owner is Benedict Ugorji.
The documents requested are needed for the records of the company as required by the NJDEP which is the supervising body in NJ for radon mitigation businesses.

AGENCY USE ONLY	AGENCY USE ONLY	AGENCY USE ONLY
Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	**Disposition Notes** Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____	**Tracking Information** Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ **Final Cost** Total _____ Deposit _____ Balance Due _____ Balance Paid _____ **Records Provided** Custodian Signature _____ Date _____

DEPOSITS

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of $5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. **Response is due to requestor as soon as possible, but no later than seven business days.**)

N.J.S.A. 47:1A-1.1

- ☐ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☐ Legislative records
- ☐ Law enforcement records:
  - ☐ Medical examiner photos
  - ☐ Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)
  - ☐ Victims' records
- ☐ Trade secrets and proprietary commercial or financial information
- ☐ Any record within the attorney-client privilege
- ☐ Administrative or technical information regarding computer hardware, software and networks which, if disclosed would jeopardize computer security
- ☐ Emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or persons therein
- ☐ Security measures and surveillance techniques which, if disclosed, would create a risk to the safety or persons, property, electronic data or software
- ☐ Information which, if disclosed, would give an advantage to competitors or bidders
- ☐ Information generated by or on behalf of public employers or public employees in connection with:
  - ☐ Any sexual harassment complaint filed with a public employer
  - ☐ Any grievance filed by or against an employee
  - ☐ Collective negotiations documents and statements of strategy or negotiating
- ☐ Information that is a communication between a public agency and its insurance carrier, administrative service organization or risk management office
- ☐ Information that is to be kept confidential pursuant to court order
- ☐ Certificate of honorable discharge issued by the United States government (Form DD-214) filed with a public agency
- ☐ Social security numbers
- ☐ Credit card numbers
- ☐ Unlisted telephone numbers
- ☐ Drivers' license numbers
- ☐ Certain records of higher education institutions:
  - ☐ Research records
  - ☐ Questions or scores for exam for employment or academics
  - ☐ Charitable contribution information
  - ☐ Rare book collections gifted for limited access
  - ☐ Admission applications
  - ☐ Student records, grievances or disciplinary proceedings revealing a students' identification
- ☐ Biotechnology trade secrets **N.J.S.A. 47:1A-1.2**

RECEIVED

OCT - 2 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 Nicole MI _____ Last Name Budzek

E-mail Address nbudzek@tridentenviro.com

Mailing Address 1856 Route 9

City Toms River State NJ Zip 08755

Telephone 732-818-8699 FAX 732-818-3744

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 Nicole Budzek Date 10/01/2017

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.

Property Information: 369 & 373 Route 537 East (Block 39, Lots 2 & 4) Colts Neck Twp., Monmouth Co., NJ

Please search records for the years 1950 to present (as applicable)
-Tax Assessor: Current and older property record cards
-Building/Construction Dept.: Permits, certificates of occupancy, and architectural and engineering drawings
-Planning/Zoning Department: Site plans
-Fire Official (if applicable): Records of tank removal, storage of hazardous substances and petroleum products and hazardous material responses

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

10/18/17 - completed

Beth Kara 10/2/17
Custodian Signature Date

RECEIVED
OCT - 2 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 Elaine MI Last Name Mann

E-mail Address P.O. Box 484

Mailing Address

City Colts Neck State N.J. Zip 07722

Telephone 732-308-0021 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 Elaine C. Mann Date 10-2-17

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.

Lot 19 Bl. 14.1 Tax account 00001593 application Form filled out for farmland assesment.

Voucher and purchase order

Check #	date	amount
42830	8/29/17	1,440.00
42956	9/1/17	1,530.00
42856	9/5/17	45,000.00

Cougar basketball camp. Charge to attendees amount of attendees.

Permit order and cost for Rock Fest 9-22- thru 9-24-17

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature 10/2/17 Date

RECEIVED

OCT 11 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 Tim MI ____ Last Name Larigan

E-mail Address tlarigan@brinkenv.com

Mailing Address 1805 Atlantic Avenue

City Manasquan State NJ Zip 08736

Telephone 732-223-2225 FAX 732-223-3666

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 10/10/17

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.

Site: 21 Revolutionary Road
Block 17, Lot 2
Colts Neck, NJ 07722

See the attached letter.

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

10/17/17 - Completed & closed.

Beth Kara 10/11/17
Custodian Signature Date

BRINKERHOFF
ENVIRONMENTAL SERVICES, INC.

1805 Atlantic Avenue
Manasquan, New Jersey 08736
Tel: (732) 223-2225
Fax: (732) 223-3666
www.brinkenv.com

October 10, 2017

TRANSMITTED VIA FACSIMILE (732-431-3173) ONLY

Township of Colts Neck
124 Cedar Drive
Colts Neck, Elizabeth, NJ 07222
Attn: Beth Kara, Custodian of Record

Re: Open Public Records Act – Environmental Records
Site: 21 Revolutionary Road
Block 17, Lot 2
Colts Neck, Monmouth County, NJ 07722
Brinkerhoff Project No. 17-0407

Dear Ms. Kara,

Brinkerhoff Environmental Services, Inc. is conducting an environmental site assessment of the above-referenced property. As part of the assessment, we are requesting records of environmental concern that your office may have regarding the subject property. Specially, please advise if your offices (such as, but not limited to the Building Department, Construction/Zoning Department, Fire Department, Health/Environmental Department, Tax Assessor, etc.) have information regarding underground storage tanks, wells, septic systems, notices of violation, hazardous materials usage or storage, or land restrictions (deed notice or CEA) located on the property.

If files are located for this property, please provide me with the same or contact me so that I can schedule an appointment for a file review. If there are none, kindly advise me in writing.

Thank you for your time and attention to this matter and please do not hesitate to contact me at 732-223-2225 or tlarigan@brinkenv.com if you have any questions or would like additional information.

Sincerely,

BRINKERHOFF ENVIRONMENTAL SERVICES, INC.

Tim Larigan
Environmental Scientist

RECEIVED
OCT 17 2017
COLTS NECK TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Susanne MI M Last Name Cervenka

E-mail Address scervenka@app.com

Mailing Address 3600 Highway 66

City Neptune State NJ Zip 07754

Telephone 732-643-4229 FAX

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

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

Signature [signature] Date 10/17/17

Payment Information

Maximum Authorization Cost $ 10

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 would like to request immediate access to the most recent contract with Declan O'Scanlon/FSD Enterprises and the vendor payment report for payments to Declan O'Scanlon/FSD Enterprises from 2007 to present.

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

Completed 10/18/2017, 1:36pm

[signature] Custodian Signature

10/17/17 Date

RECEIVED
OCT 23 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 Elaine MI C Last Name Mann

E-mail Address N/A

Mailing Address P.O. Box 486

City Colts Neck State NJ Zip 07722

Telephone 732-308-0021 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 Elaine C. Mann Date 10/23/17

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.

Vouchers Etc + invoice

Check #		Date	Vendor	$ Amount
42996	3pages	10/5/17	CN Inn	1,425.00
43010	4pages	10/5/17	Raritan Valley Bks Service	$ 995.00

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 10/23/17
Ready Date 10/24/17
Total Pages 7pgs

Final Cost

Total $.35
Deposit —
Balance Due $.35
Balance Paid ____

Records Provided

10/24/17 - Completed
Called to p/u -

Custodian Signature 10/23/17 Date

DC cash LD

RECEIVED
OCT 30 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 Collin MI C Last Name Marsh

E-mail Address CMARSH@STUMARINE.com

Mailing Address 1544 DeKalb Street

City Norristown State PA Zip 19401

Telephone 973-454-3301 FAX 610-592-0504

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

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

Signature Collin Date 10/30/17

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.

Requesting all first responder reports for the incident noted below (Police / Fire / EMT)

Date: 10/3/2015

Location: Rt. 34 Colts Neck, NJ

Individual: Stacey Weathers (DOB - 3/29/1969)

Incident: Tree fell on vehicle

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 11/1/17
Custodian Signature Date

RECEIVED
OCT 30 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 Susan MI ____ Last Name Staffordsmith

E-mail Address househuntwithSusan@gmail.com

Mailing Address 10 N. County Line Rd

City Jackson State NJ Zip 08527

Telephone 732-620-2724 FAX 732-358-0286

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

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 Susan Staffordsmith Date 10/30/17

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.

Please pull all permit history on 51 Mulberry Lane Colts Neck NJ 07722 Block 7.20 Lot 12

Thank you 99 - siding
2002 - Radon
2003 - oil-gas
2003 - Tank abandonment
2003 - Kitchen A-C
2004 - Tank Removal
2007 - vinyl siding
2011 - Pool
2011 - gas - pool heater
2012 - Remove window - install slider - Deck Ext.
2012 - Pool lighting - recessed lighting

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

Beth Kara 11/1/17
Custodian Signature Date

From: Keri Pagnoni [mailto:keripags@gmail.com]
Sent: Thursday, October 26, 2017 2:58 PM
To: Beth Kara
Subject: Salary Information

Good Afternoon,

I would like to inquire about the salaries for the following positions: CFO, Recreation Director, Township Manager and Tax Assessor.

Furthermore, I would like to know the salary information for their predecessor's.

I do not want to use the dreaded "O" word as I work in the Clerk's office myself. I am in graduate school and writing a research paper on pay disparity between men and women in the public sector, specifically municipal government. I have narrowed my search to municipalities in Monmouth County that have the following criteria:

- A man as the municipal clerk
- A female as the administrator
- A female as the CFO
- I have included recreation director and tax assessor as they are somewhat gender neutral positions.

I hope to take the current salary information, compare it to their predecessor, calculate the cost of living and see if there is a disparity.

I would really appreciate your assistance in this!

-Keri Pagnoni

RECEIVED

NOV - 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 Grace MI M Last Name Cochran

E-mail Address grace.cochran@pmenv.com

Mailing Address 560 5th Street NW, Suite 301

City Grand Rapids State Michigan Zip 49504

Telephone (813) 915-6441 FAX (877) 884-6775

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 Grace M Cochran Date 10-31-2017

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.

Please see attached.

B1:30 L15

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

11/3/17 - Completed

Beth Kara 11/1/17

Custodian Signature Date

PM ENVIRONMENTAL
Risk Well Managed

Corporate Headquarters
Lansing, Michigan
3340 Ranger Road, Lansing, MI 48906
f: 877.884.6775
t: 517.321.3331

Michigan Locations
Berkley | Bay City
Grand Rapids | Detroit
Chesterfield | Lansing

October 31, 2017

Colts Neck Township
ATTN: Beth Kara, Custodian of Record
124 Cedar Drive
Colts Neck, NJ 077722

Records Coordinator,

Please accept this request to receive copies of information in your files relative to the following site:

175 Route 537 (Block 30 Lot 15), Colts Neck

We request copies of the following files:

Assessing Department Information
- Historical and current property record cards.

Building Department Information
- Diagrams of the building layout, or of the property.
- Any files/diagrams regarding UST or other storage tanks on the property.
- New construction permits, Demolition permits, Addition permits, Land Disturbing Activities permits, Utility tap/connection/main permits.
- Records of demolitions, additions or renovations.

Fire Department Information:
- Current or historical records of fires, spills, or chemical storage.
- Records of violations, inspections, environmental contamination.
- Historical sketches / layouts of the building and property.
- Records of above ground (AST) or below/underground (UST) storage tanks.

Utility Department Information:
- Records of the date this property originally connected to water and sewer, if available.
- Year in which the original sewer utility mains were available in the vicinity of the property.
- Year in which the original water utility mains were available in the vicinity of the property.
- Records/maps depicting sanitary and storm sewer systems, whether combined or separated.

Feel free to contact me with any questions. My phone number is 813-915-6441, or I can be reached by email at grace.cochran@pmenv.com, or by fax at 877-884-6775.

Sincerely,

PM Environmental, Inc.,

Grace Cochran
Staff Consultant
560 5th Street NW, Suite 301
Grand Rapids, MI 49504
PME Project No. 19-3575-0-0001LD Due 11/13/2017

RECEIVED
OCT 25 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 Angela MI R Last Name Cavaliere

E-mail Address arcavaliere@gmail.com

Mailing Address 1125 Maxwell Lane, Apt 409

City Hoboken State NJ Zip 07030

Telephone 732-233-8177 FAX

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

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

Signature [signature] Date 10/20/17

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.

Form FA-1 for 7 Mine Brook Road, Colts Neck, NJ filed in 2017. (Application for Farmland Assesment).

Property was purchased 10/20/17, see attached deed.

Block 45.3, Lot 2

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

[signature] 10/25/17
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 Tyler MI M Last Name Wilton

E-mail Address njsepticinspections@gmail.com

Mailing Address 236 West Veterans Hwy.

City Jackson State NJ Zip 08527

Telephone 732-928-7300 FAX 732-928-7301

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / 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: 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.

This is a request for a septic file review. Kindly please email or fax all relevant records including but not limited to the site plan, engineering records, permits, previous inspections reports, and repair history (including the year of the repair) pertaining to the below mentioned properties:

144 Stone Hill Rd.
Colts Neck, NJ 07722
Block: 43.02 Lot: 1

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

Faxed 11/7/17

Custodian Signature _____ Date 11/7/17

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

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 Tyler MI M Last Name Wilton

E-mail Address njsepticinspections@gmail.com

Mailing Address 236 West Veterans Hwy.

City Jackson State NJ Zip 08527

Telephone 732-928-7300 FAX 732-928-7301

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

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

Signature [signature] Date 11/7/17

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.

This is a request for a septic file review. Kindly please email or fax all relevant records including but not limited to the site plan, engineering records, permits, previous inspections reports, and repair history (including the year of the repair) pertaining to the below mentioned properties:

17 Country Club Lane
Colts Neck, NJ 07722
Block: 17.01 Lot: 10.21

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
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

Faxed 11/7/17

[signature] 11/7/17

Custodian Signature Date

RECEIVED
NOV - 8 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

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Requestor Information – Please Print

First Name Maureen MI ____ Last Name Messina

E-mail Address mmessina@messinalawfirm.com

Mailing Address 20 Ridge Road

City Colts Neck State NJ Zip 07722

Telephone 732-492-2193 (cell) FAX 732-332-9301

Preferred Delivery: Pick-Up ____ US Mail ____ On-Site Inspect XX 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 Maureen Messina Date 11-8-2017

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.

Property known as Block 30, Lot 15, Township of Colts Neck

I am investigating the history of this property to determine if there are any planning and/or zoning approvals on record.

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 Date 11/8/17

RECEIVED
NOV - 8 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 Elaine MI C Last Name Mann

E-mail Address N/A

Mailing Address P.O. Box 486

City Colts Neck State NJ Zip 07722

Telephone 732-308-0021 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 Elaine C. Mann Date Nov. 8, 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.

Request Voucher and invoice for the following;

Check No	Date	Vendor	Amount	
43063	10/18/17	Suburban Transit Corp	2,785.00	Cont. to Senior Citizens

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

Completed 11/13/17 & picked up.

Custodian Signature 11/8/17 Date

10/23/17

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

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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 Larry MI _____ Last Name Higgins

E-mail Address OPRA@NJPropertyRecords.com

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

City Oldwick State NJ Zip 08858

Telephone 908-255-9919 FAX _____

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: 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.

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

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

Beth Kara

From: Larry Higgins <opra@njpropertyrecords.com>
Sent: Friday, October 20, 2017 9:08 PM
To: Beth Kara; Kathleen Capristo
Subject: OPRA Request (1310.MONMOUTH_COLTS NECK TOWNSHIP)
Attachments: 1310.MONMOUTH_COLTS NECK TOWNSHIP.pdf

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

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

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

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

Requested Information:

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

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

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

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

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

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

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

NOTE: Fulfil this OPRA easily by visiting our website www.StateInfoServices.com/opra

If you have any questions, please email ORPA@NJPropertyRecords.com –

PHONE CALLS WILL NOT BE ACCEPTED

Thanks,

Larry Higgins

OPRA@NJPropertyRecords.com

Beth Kara

From: Curtis Blanding <cblanding@smartprocure.com> Date rec'd
Sent: Wednesday, November 15, 2017 4:44 PM
To: Beth Kara
Subject: Re: SmartProcure OPRA Request Township of Colts Neck For PO/Vendor Information

Dear Beth,

This email serves as confirmation that we have received records from Township of Colts Neck. SmartProcure thanks you for taking the time to answer our OPRA request. We will begin the process of combining your records with thousands of other government agencies' records nationwide.

Government purchasing agents use the records to save research time, negotiate better pricing with vendors, get quotes, or simply to find new vendors.

Again, we appreciate your assistance.

Best regards,

Curtis Blanding
Data Acquisition Specialist
SmartProcure
Direct: 954-299-3254 | Email: cblanding@smartprocure.com

On Nov 14, 2017, at 08:08 AM, cblanding@smartprocure.com wrote:

Dear Beth or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Township of Colts Neck for purchasing records from 2017-08-14 (yyyy-mm-dd) to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

1. Purchase order number. If purchase orders are not used a comparable substitute is acceptable, i.e., invoice, encumbrance, or check number
2. Purchase date
3. Line item details (Detailed description of the purchase)
4. Line item quantity
5. Line item price
6. Vendor ID number, name, address, contact person and their email address

The attached document may be helpful as a reference to fulfill this request if the Township of Colts Neck stores the records using any of the pre-programmed software reports, but the records request is not limited to the reports listed.

Please email the information or use the following web link. There is no file size limitation:
http://upload.smartprocure.com/?st=NJ&org=TownshipOfColtsNeck

RECEIVED
NOV 17 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 Elaine MI C Last Name Mann

E-mail Address N/A

Mailing Address P.O. Box 486

City Colts Neck State NJ Zip 07722

Telephone 732-308-0021 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 Elaine C. Mann Date 11-17-17

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.

Request Voucher

Check #	Date	Vendor	Amount
1775	11/1/17	Team Life	3,390.00
43106	11/1/17	Thomas Hennessy	2,330.35
43114	11/1/17	TJM Promos Inc	255.00
43132	11/2/17	Mr. Keys Inc	167.00
2195	11/6/17	Edwards Fire	725.00
2193	10/27/17	T&M accosiates	7,580.40
2194	11/6/17	Amistor American Historical Theatre	575.00

RECEIVED
NOV 17 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
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 11/17/17
Ready Date 11/20/17
Total Pages 33pgs
Records Provided

Final Cost

Total $1.65
Deposit ____
Balance Due $1.65 pd cash K.S.
Balance Paid ____

Bob Kaca
Custodian Signature

11/17/17
Date