Pursuant to the New Jersey Open Public Records Act, 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.

(1) Township Organizational Chart that includes all departments and personnel with their names and titles.

(2): I am interested in knowing all the public employees and appointees within this jurisdiction. Please provide a list of all employees and appointees and include the following information:

Employee or appointee name
Start Date
% Longevity
Employee Status (Union, Non-Union, Unclassified, etc.)
Department
Job Title
Salary Step
Base Salary
Overtime Pay
Actual Salary
Hourly rate (if applicable)

(3A) List of employees, appointees or professionals that are assigned official vehicles exclusively for 24/7 (full time) usage. As clarification, law enforcement or vehicles used in the process of law enforcement are excluded from this request.

(3B) In the event vehicles are assigned to public officials for full time use (24/7) please provide the written policy guidelines concerning the use of these vehicles.

(4A) Please provide us with the following health benefits information for all employees, appointed professionals, and public officials within your jurisdiction.

- Coverage selection plan type or types to include health benefits, prescription benefits, dental care benefits, eye care benefits...

- Coverage tier (example: enrollee only, enrollee and child, enrollee and spouse, family coverage...)

- The cost of coverage (monthly or annual premium) for plans that are available to XXX Twp Employees for all coverage plans and coverage tiers.

(4B) Please provide a list of employees that receive a monetary remuneration (waveout) for opting out of Health Coverage and the amount of such payment, if any.