

Nikima Muller

b7C 2017-

From: Rosie Gray <rosiegray1@googlemail.com>
Sent: Wednesday, August 02, 2017 5:23 PM
To: Nikima Muller
Subject: One Further Request

Dear Ms. Muller,

Thank you for providing those print outs from the Facebook page.

I have one further request. On Saturday July 29th, on the same Township Facebook page, there were a lot of comments made on the township's post made on January 5th 2017 regarding the Board openings, in response to an article that Citizen's Media TV had written about the MHMUA appointment of Gina LaPlaca.

Those comments are no longer there. However, we have established that the Facebook page is an official government record, so I'm requesting a copy of those comments.

Many apologies for all the trouble and thanks again for your help.

Rosemary Gray

Completed 8/7/2017

Nikima S. Muller

RECEIVED

AUG - 3, 2017

Mount Holly Township

due 8/15/2017

Nikima Muller

2017-158

From: Citizens' Media TV <citizensmediatv@gmail.com>
Sent: Monday, August 07, 2017 11:51 PM
To: Nikima Muller
Subject: OPRA: Township FB page

RECEIVED

AUG - 8 2017

Mount Holly Township

Good morning Miss Muller.

Here is a new OPRA/common law request for you:

I have received documents from an anonymous reader and am independently requesting them now to ensure their validity.

I acknowledge that this is more than usual and I expect there will be followups. Thank you for the time it takes you to do this.

General:

- How can I confirm the legal obligations of when, how, and where public notifications should be provided, regarding available MUA Commissioner positions? For example, are there perhaps state or township statutes, by-laws, or resolutions that dictate it? - *Overly broad & requires research*

All of the following requests are in regards to the official Township Facebook page.

Notifications:

- Please send all Facebook notifications from January 1st 2017 through the present. - *only able to provide until 5/20/2017*
- If any notifications are not available during this period, please provide an explanation as to (1) why they do not exist, and (2) why they have not otherwise been preserved by the township. - *Information*

Comments:

- Please provide all comments from the January fifth public notice job-posting for (among other things) the MHMUA Commissioner position. All of these comments have since disappeared. Please send a screenshot if available, otherwise a listing of all comments in the same order as they appeared in the post (threaded, not dated). - *provided what was available through history*
- Please confirm that (1) your response contains every comment that existed at the time of archival (just before deletion). In other words, please confirm that (2) every comment MISSING from your response was explicitly deleted by the individual that composed it -- not by the township. - *Information*
- Please respond to the potential accusation that the township explicitly chose to delete public records (these comments). - *Information*

Jeff
citizensmediatv@gmail.com

Due 8/21/2017 Responded via email 8/8/2017 Nikima

Due 8/15/2017



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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

Important Notice

Requestor Information - Please Print

First Name	Amanda		MI	N	Last Name	Hoover	
E-mail Address	browahoover@njadvancemedia.com						
Mailing Address	161 Bridgeton Pike						
City	Mull. ca Hill		State	NJ		Zip	
Telephone	609-899-2382		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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.							
Signature	<i>Amanda Hoover</i>			Date	8/8/2017		

Payment Information

Maximum Authorization Cost	\$20
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 wish to obtain the all call placed 8/6/2017 to Mount Holly PD regarding an incident at 604 mill Street that was later determined to be the murder of Felicia Dormans.

I would also like a copy of the arrest report of Laura Bivestren, who was charged with murder on 8/7/2017 and arrested.

RECEIVED
AUG - 8 2017

Mount Holly Township

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

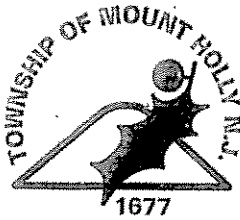
8/9/17

Tracking Information		Final Cost
Tracking #	2017-100	
Rec'd Date		Deposit
Ready Date		Balance Due
Total Pages		Balance Paid
Records Provided		

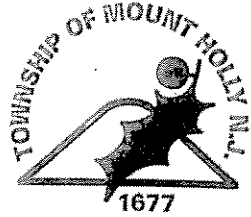
Amanda Hoover 8/9/17

Due 8/2/2017

On going investigation. Referred to County Prosecutor.



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	DANDA		MI	V	Last Name	CRUZ	
E-mail Address	INDIA6954@gmail.com						
Mailing Address	7 MANON CIRCLE APT 1A						
City	EASTAMPTON		State	NY		Zip	08060
Telephone	862366714		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 <u>HAVE</u> HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.							
Signature	[Signature]				Date	8/2/2017	

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.

2017 - 2651

ORDERED - 8/31/17 (M)
WANTS CD OF 911 CALL ✓

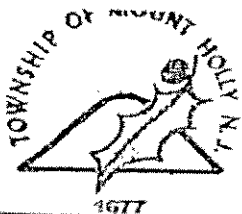
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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 _____

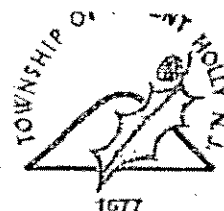
Tracking Information		Final Cost	
Tracking #	2017-101	Total	.35
Rec'd Date	8/2/17	Deposit	
Ready Date	8/8/17	Balance Due	.35
Total Pages		Balance Paid	.35
Records Provided			
Custodian Signature		Date	
[Signature]		8/8/17	

* Email & Left message 8/8/17

PLU 8/14/17



STATE OF NEW JERSEY
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



1677

5037769017

1677

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 BETSY MI Last Name Hummel
Company Metropolitan Reporting Bureau
P.O. Box 928 - Wm. Penn Annex
Mailing Address Philadelphia, PA 19105
City State Zip Email report@metroreporting.com
Business Hours Telephone: Area Code 800 Number 480-248-6086 Extension
Preferred Delivery: Pick Up US Mail On Site Inspect
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 Betsy Hummel Date JUN 27 2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees
additional depending upon
delivery type.
Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Requesting copy of report for:

AUTO ACCIDENT

Date: 07/07/17

Rept. #: 17-7186

Location: HIGH ST

MT HOLLY/BURLINGTON

Involving: IAN WEEAST

Received 8/8/17 - P/Up on 8/15/17

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.

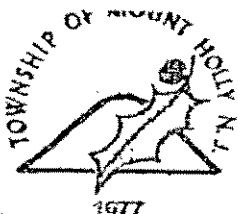
In Progress Open
Denied Closed
Filed Closed
Partial Closed

2017-103 AGENCY USE ONLY

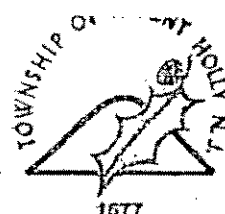
Tracking Information
Tracking # 61730 Total 0209
Rec'd Date 8/15/17 Deposit
Ready Date 8/15/17 Balance Due 020
Total Pages 4 Balance Paid 20
Records Provided

Custodian Signature

Date



State of New Jersey
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



1677

5037794454

1677

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 BETSY MI Hummel Last Name
Company Metropolitan Reporting Bureau
P.O. Box 926 Wm. Penn Annex
Mailing Address Philadelphia, PA 19105
City _____ State _____ Zip _____ Email report@metroreporting.com
Business Hours Telephone: Area Code 800 Number 480-246-6086 Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
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 Betsy Hummel Date AUG 08 2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method _____
Cash _____ Check _____ Money Order _____
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees
additional depending upon
delivery type.
Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Requesting copy of report for:

AUTO ACCIDENT Date: 07/20/17 Rept. #: 17-7667
Location: MAIN STREET MT HOLLY
Involving: Chritina Botello Wallace

Received 8/8/17 - Pickup on 8/15/17

AGENCY USE ONLY

AGENCY USE ONLY

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

In Progress _____ Open _____
Denied _____ Closed _____
Filed _____ Closed _____
Partial _____ Closed _____

2017-1004

AGENCY USE ONLY

Tracking Information

Tracking # 61730 Final Cost
Rec'd Date 8/15/17 Total 60
Ready Date 8/15/17 Deposit _____
Total Pages 12 Balance Due 60
Balance Paid 60
Records Provided

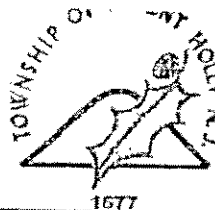
Custodian Signature

Date

8/15/17



STATE OF NEW JERSEY
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



1677

5037788401

1677

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 BETSY MI MI Last Name Hummel
Company Metropolitan Reporting Bureau
P.O. Box 926 Wm. Penn Annex
Mailing Address Philadelphia, PA 19105
City _____ State _____ Zip _____ Email report@metroreporting.com
Business Hours Telephone: Area Code 800 Number 480-246-6086 Extension _____
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On Site Inspect
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 Betsy Hummel Date JUL 19 2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees
additional depending upon
delivery type.
Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please
include the type of access requested (copying or inspection), and if data, the medium requested.

Requesting copy of report for:

AUTO THEFT

Date: 07/15/17

Rept. #:

Location: 243 PINE STREET

MOUNT HOLLY

Involving:

17-7491

Received 8/8/17 - Placed 8/13/17

AGENCY USE ONLY

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

AGENCY USE ONLY

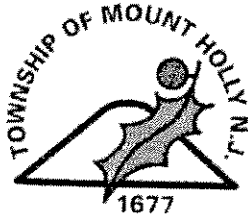
Disposition Notes
Custodian: If any part of request cannot be
delivered in seven business days,
detail reasons here.

In Progress _____ Open _____
Denied _____ Closed _____
Filed _____ Closed _____
Partial _____ Closed _____

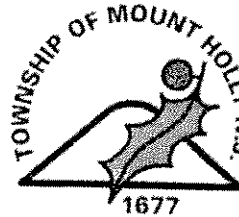
2017.16045 AGENCY USE ONLY

Tracking Information
Tracking # 61730 Total 20
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due 20
Total Pages _____ Balance Paid _____
Records Provided

[Signature] 8/15/17
Custodian Signature Date



STATE OF NEW JERSEY
Mount Holly Township
 OPEN PUBLIC RECORDS ACT REQUEST FORM
 23 Washington Street
 Mount Holly, NJ 08060
 609-845-1100

**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	Dorothy		MI	A	Last Name	Horne	
E-mail Address	liens@ntis.com						
Mailing Address	945 S Florida Avenue						
City	Lakeland		State	FL	Zip	33803	
Telephone	863-698-7557 Ext 1212			FAX	815-361-9033		
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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.							
Signature	Dorothy A Horne			Date	08/03/2017		

Payment Information

Maximum Authorization Cost	\$
Select Payment Method	
Cash	☐
Check	☐
Money Order	☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.05 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 any code violations such as junk cars /debris /tall grass / weeds / building violations /open /expired /permits and any fines /fees associated with them for the following property. 210 Garden Street, Mount Holly, NJ 08060

Block 58 Lot 7

Thank you ever so much

No Construction Records

RECEIVED

AUG - 7 2017

Mount Holly Township

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		Final Cost
Tracking #	2017-1034	Total
Rec'd Date	_____	Deposit
Ready Date	_____	Balance Due
Total Pages	_____	Balance Paid
Records Provided		
Custodian Signature		Date
<i>[Signature]</i>		8/14/17

Due 8/16/2017

Nikima Muller

2017-167

From: Jeff Epstein <jeff_epstein@yahoo.com>
Sent: Sunday, August 13, 2017 3:35 PM
To: Nikima Muller
Subject: OPRA: Joshua Brown

Hello Miss Muller,

An OPRA request: Can I please have Administrator Brown's letter of resignation from his MUA Commissionership?

And two (I hope appropriate!) questions: It is my understanding that Mr. Brown is treasurer for the Township, but I have so far been unable to confirm this online. Is this true?

I also understand that Mr. Brown is somehow involved in or "in charge of" the town's RCA funds, but I don't know how to determine or confirm it. What is Mr. Brown's position or responsibilities as it relates to the RCA funds?

Thanks.

Jeff
jeff_epstein@yahoo.com

Co-founder and editor of Citizens' Media TV:

- <http://citizensmedia.tv>
- <http://facebook.com/CitizensMediaTV>
- <http://twitter.com/CitizensMediaTV>

h

Completed 8/13/2017
N. Epstein

RECEIVED

AUG 13 2017

Mount Holly Township

RECEIVED

AUG 14 2017

Mount Holly Township

due 8/29/2017

Nikima Muller

2017-1608

From: Jim Logue <jlogue@jimlogueconsulting.com>
Sent: Thursday, August 03, 2017 6:48 PM
To: Nikima Muller
Subject: Re: OPRA-Mt Holly Twp

Sorry that was a copy and paste. Please once again disregard that item.

Sent from my iPhone

On Aug 3, 2017, at 6:44 PM, Nikima Muller <nmuller@twp.mountholly.nj.us> wrote:

Jim,

As I told you before, your last item is overly broad and would require research. Under OPRA you must request a specific identifiable record. Please revise to request a specific document.

Sent from my iPhone

On Aug 3, 2017, at 12:09 PM, Jim Logue <jlogue@jimlogueconsulting.com> wrote:

would like the following documents under the state's Open Public Records Act. Please consider this my official request. I prefer the documents via electronic format. Please let me know if you have any questions. Thank you

Sincerely,

Jim Logue
322 Washington St.
Mt. Holly, NJ 08060

Copies of Police Dispatch and Communications for Jason Fajgier or 533 Garden St from Jan 2006-Present

Copies of all Citations, Complaints and Property violations and complaints for same person and address for same time period

Copies of all communications from same person and address for the same time period.

Thank you

On Fri, Jul 28, 2017 at 10:26 AM, Nikima Muller <nmuller@twp.mountholly.nj.us> wrote:
Jim,

Your last item is overly broad and would require research. Can you please specify what exact communications you are looking for and with whom?

Thank you,

Niki
Nikima S. Muller, MPA/RMC/MMC/CMR/QPA/RPPS
Township Clerk/Registrar/Purchasing Agent

RECEIVED

AUG - 3 2017

Mount Holly Township

Responded via email 8/16/2017
Due 8/16/2017
Complete 8/14/2017
Nikima S. Muller

Mount Holly Township
23 Washington Street
P.O. Box 411
Mount Holly, NJ 08060
609-845-1101 (Phone)
609-267-8155 (Fax)
Website: www.twp.mountholly.nj.us

Office Hours:

Monday: 8:00 a.m. to 7:00 p.m.

Tuesday - Thursday: 8:00 a.m. to 4:30 p.m.

Friday: CLOSED

P Please consider the environment before printing this email

<image001.jpg>

Sent from my iPhone

On Jul 28, 2017, at 8:57 AM, Jim Logue
<jlogue@jimlogueconsulting.com> wrote:

I would like the following documents under the state's Open Public Records Act. Please consider this my official request. I prefer the documents via electronic format. Please let me know if you have any questions. Thank you

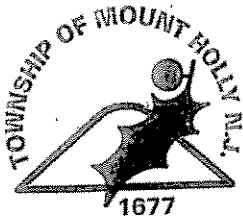
Sincerely,

Jim Logue
322 Washington St.
Mt. Holly, NJ 08060

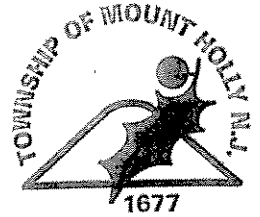
Copies of Police Dispatch and Communications for Rebecca Browning or 11 Budd St from Jan 2006-Present

Copies of Documents showing Tax Bills and Payments for same person and address for same time period

Copies of all Citations, Complaints and Property violations and complaints for same person and address for same time period



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	JEANNE	MI	R	Last Name	VAUGHN
E-mail Address	7				
Mailing Address	710 SMITHVILLE ROAD				
City	SOUTHAMPTON	State	NJ	Zip	08088
Telephone	609-261-5573	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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Jeanne Vaughn			Date	8-21-2017

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.	

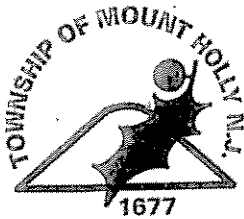
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

#17-24605 - Homeowner Requesting Report

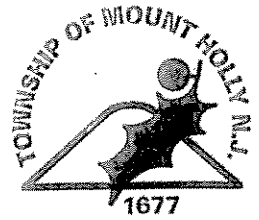
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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		Final Cost
Tracking #	2017-109	Total
Rec'd Date	_____	Deposit
Ready Date	_____	Balance Due
Total Pages	_____	Balance Paid
Records Provided		_____
Custodian Signature		8/21/17
		Date



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
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609-845-1100



Important Notice

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Requestor Information – Please Print

First Name	JEANNE	MI	R	Last Name	VAUGHN
E-mail Address	7				
Mailing Address	710 SMITHVILLE ROAD				
City	SOUTHAMPTON	State	NJ	Zip	08088
Telephone	609-261-5573	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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Jeanne Vaughn			Date	8.21.2017

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.

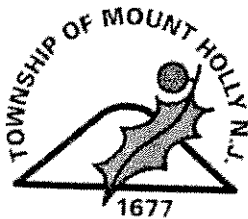
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

#17-24605 - Homeowner Requesting Report

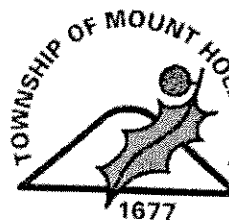
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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		Final Cost
Tracking #	2017-109	Total
Rec'd Date	_____	Deposit
Ready Date	_____	Balance Due
Total Pages	_____	Balance Paid
Records Provided		_____
Custodian Signature		Date
[Signature]		8/21/17



STATE OF NEW JERSEY
Mount Holly Township
 OPEN PUBLIC RECORDS ACT REQUEST FORM
 23 Washington Street
 Mount Holly, NJ 08060
 609-845-1100

**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	Becky		MI	A	Last Name	Moss
E-mail Address	becky.moss@atcassociates.com					
Mailing Address	313 Lexington St					
City	Ballston Spa	State	NY	Zip	12020	
Telephone	503-307-5045		FAX	757-257-4642		
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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.						
Signature	Becky Moss			Date	08/09/17	

Payment Information

Maximum Authorization Cost	\$
Select Payment Method	
Cash	☐
Check	☐
Money Order	☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.10 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.

Records pertaining to 1653 Route 38 in Mount Holly, NJ 08060. Block 117.01, Lot 2.01

Fire department records: open code violations, hazardous material or petroleum storage or spills, underground or aboveground storage tanks

Clerk/Assessor: certificates of occupancy, open building code violations, initial construction permits, demolition permits, septic systems, water wells, permits for storage tanks, air permits, or any other environmentally related record that may be on file.

Planning/Zoning: current and historical zoning information - *Not a valid request. Asks for information not a record.*

RECEIVED

AUG 10 2017

Mount Holly Township

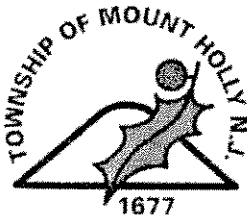
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days detail reasons here	
In Progress	Open
Denied	Closed
<u>Filed</u>	Closed
Partial	Closed

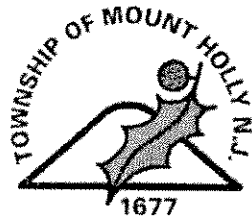
8/24/17

Tracking Information		Final Cost	
Tracking #	2017-170	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
[Signature]		8/21/2017	

Due 8/23/2017



STATE OF NEW JERSEY
Mount Holly Township
 OPEN PUBLIC RECORDS ACT REQUEST FORM
 23 Washington Street
 Mount Holly, NJ 08060
 609-845-1100

**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	Becky		MI	A	Last Name	Moss
E-mail Address	becky.moss@atcassociates.com					
Mailing Address	313 Lexington St					
City	Ballston Spa	State	NY	Zip	12020	
Telephone	503-307-5045		FAX	757-257-4642		
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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.						
Signature	Becky Moss			Date	08/09/17	

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.

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Clerk/Assessor: certificates of occupancy, open building code violations, initial construction permits, demolition permits, septic systems, water wells, permits for storage tanks, air permits, or any other environmentally related record that may be on file.

Planning/Zoning: current and historical zoning information - *Not a valid request. Asks for information not a record.*

RECEIVED

AUG 10 2017

Mount Holly Township

emailed

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
Edited	Closed
Partial	Closed

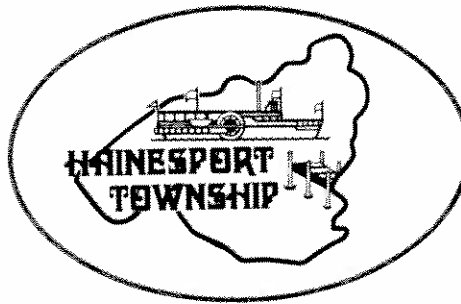
8/21/17

Tracking Information		Final Cost	
Tracking #	2017-170	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
<i>Michael S. Muller</i>		<i>8/21/2017</i>	

Due 8/23/2017

ANTHONY D. PORTO, Mayor
FRANK MASCIOCCHI, Deputy Mayor
MICHAEL DICKINSON, Committeeman
MICHAEL FITZPATRICK, Committeeman
LEILA GILMORE, Committeewoman

PAULA L. KOSKO, Administrator/Acting Clerk



P.O. Box 477
One Hainesport Centre
Hainesport, New Jersey 08036

Phone (609) 267-2730
Fax (609) 261-4762

2017-171

August 9, 2017

AKA

Ms. Nikima S. Muller, RMC
Municipal Clerk
Mount Holly Township
23 Washington Street, PO Box 411
Mount Holly, NJ 08060

RE: July 31, 2017 OPRA request

Dear Ms. Muller:

Hainesport Township is in receipt of your response to its July 31, 2017 Open Public Records Act Request seeking correspondence including electronic communications between Township Officials and members of the Mount Holly Municipal Utilities Authority. You improperly denied the Township's Request. I am contacting you regarding your decision so that the parties can avoid litigation to compel the production of the documents.

It is well established that OPRA permits the production of correspondence, including electronic communications, as long as the requestor identifies four items: the sender, the recipient, a date range and a subject or topic contained in the email. This test was originally established by the Government Records Council in *Elcavage v. West Milford* (GRC 2009-07 and 2009-08). New Jersey Courts have similarly blessed this test. In fact, earlier this summer, the New Jersey Supreme Court expanded public agencies' requirement to create and produce lists of emails which included the four criteria. *Paff v. Galloway Township*, 2017 LEXIS 680 (June 20, 2017). Each of my requests in this instance contain the required elements, thereby making them valid requests.

As for request #2, the request is limited to 2007 through 2017.

In the spirit of cooperation, if your office seeks to work with the requestor and provide the above list within seven (7) business days, the Township will refrain from filing litigation, otherwise, I will assume Mount Holly is maintaining its faulty position to deny access and Hainesport will pursue legal action to compel production of the requested records.

Thank you for your prompt attention to this request.

Respectfully,

Paula Kosko

Paula Kosko

Administrator/Acting Municipal Clerk

RECEIVED

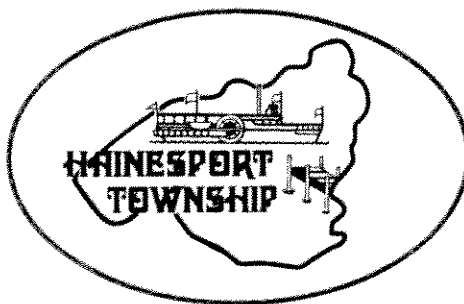
AUG 10 2017

Mount Holly Township

*Completed
8/21/2017*

Extension Requested 8/14/2017 Due 9/8/2017

ANTHONY D. PORTO, Mayor
FRANK MASCIUCCHI, Deputy Mayor
MICHAEL DICKINSON, Committeeman
MICHAEL FITZPATRICK, Committeeman
LEILA GILMORE, Committeewoman
PAULA L. KOSKO, Administrator Acting Clerk



P.O. Box 477
One Hainesport Centre
Hainesport, New Jersey 08036

Phone (609) 267-2730
Fax (609) 261-4762

2017-171

AKA

August 9, 2017

Ms. Nikima S. Muller, RMC
Municipal Clerk
Mount Holly Township
23 Washington Street, PO Box 411
Mount Holly, NJ 08060

RE: July 31, 2017 OPRA request

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Respectfully,

Paula Kosko

Paula Kosko

Administrator/Acting Municipal Clerk

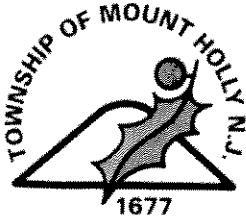
RECEIVED

AUG 10 2017

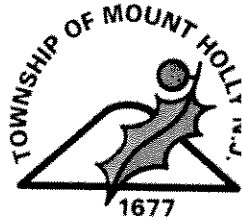
Mount Holly Township

*Completed
8/21/2017*

Extension Requested 8/14/2017 Due 9/4/2017



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Philip	MI		Last Name	Joel
E-mail Address	CIs@slkgroup.com				
Mailing Address	2727 LBJ Fwy 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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<i>Philip Joel</i>			Date	08/16/2017

Payment Information

Maximum Authorization Cost	\$
Select Payment Method	
Cash ☐	Check ☐
Money Order ☐	
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.05 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 advise if there are any Code Violations/Citations and/or Monies due and or any Open, Pending or Expired Permits, impact fees for the property listed below.

File #: 465830
Add: 226 Washington Street Mount Holly NJ 08060
Parcel: BLOCK 68 LOT 5

No Code Violations

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

8/17/17

Tracking Information		Final Cost
Tracking #	2017-172	Total _____
Rec'd Date	_____	Deposit _____
Ready Date	_____	Balance Due _____
Total Pages	_____	Balance Paid _____
Records Provided		
Custodian Signature <i>[Signature]</i>		Date <i>8/17/2017</i>

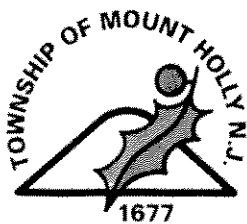
Due 8/29/2017

No Records

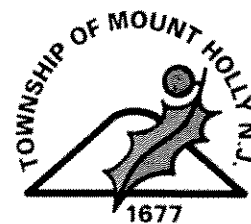
RECEIVED

AUG 16 2017

Mount Holly Township



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Philip	MI		Last Name	Joel
E-mail Address	CIs@slkgroup.com				
Mailing Address	2727 LBJ Fwy 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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Philip Joel			Date	08/16/2017

Payment Information

Maximum Authorization Cost	\$
Select Payment Method	
Cash ☐	Check ☐
Money Order ☐	
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.05 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 advise if there are any Code Violations/Citations and/or Monies due and or any Open, Pending or Expired Permits, impact fees for the property listed below.

File #: 465830
Add: 226 Washington Street Mount Holly NJ 08060
Parcel: BLOCK 68 LOT 5

No Code Violations

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

8/17/17

Tracking Information		Final Cost	
Tracking #	2017-172	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
<i>[Signature]</i>		<i>8/17/2017</i>	

Due 8/29/2017

No Records

RECEIVED

AUG 16 2017

Mount Holly Township



AGENCY NAME HERE
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	<u>Jim</u>	MI		Last Name	<u>O'Donnell</u>
E-mail Address	<u>James.O'Donnell@nbcuni.com</u>				
Mailing Address	<u>10 Monument Road</u>				
City	<u>Bala Cynwyd</u>	State	<u>PA</u>	Zip	<u>19004</u>
Telephone	<u>215-913-0273</u>	FAX	<u>610-668-5649</u>		
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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>James O'Donnell</u>			Date	<u>08/09/2017</u>

Payment Information

Maximum Authorization Cost	\$	<u>1</u>
Select Payment Method		
Cash	☒	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 3 pages

RECEIVED

AUG 10 2017

Mount Holly Township

Denied Request for information and not records.

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days detail reasons here	
In Progress	Open
☒ Denied	Closed
Filed	Closed
Partial	Closed

8/10/17

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>2017-173</u>	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
<i>Melinda J. Miller</i>		<i>8/16/17</i>	

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 Jim MI _____ Last Name O'Donnell

E-mail Address James.O'Donnell@nbcuni.com

Mailing Address 10 Monument Road

City Bala Cynwyd State PA Zip 19004

Telephone 215-913-0273 FAX 610-668-5649

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 James O'Donnell Date 08/09/2017

Payment Information

Maximum Authorization Cost \$ 1

Select Payment Method

Cash ☒ 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 3 pages

RECEIVED

AUG 10 2017

Mount Holly Township

Denied Request for information and not records.

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 8/10/17
Closed ☐
Filed ☐ Closed
Partial ☐ Closed

AGENCY USE ONLY

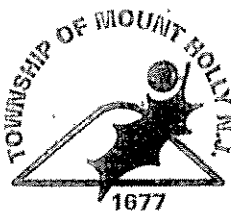
Tracking Information

Tracking # 2017-173 Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

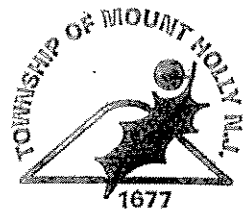
Records Provided

Custodian Signature

Date



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Mauricio	MI		Last Name	Dominguez
E-mail Address	N/A				
Mailing Address	12 Mill St.				
City	Mt. Holly	State	NJ	Zip	08060
Telephone	609 251 9209	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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Mauricio J			Date	8/21/2017

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.	

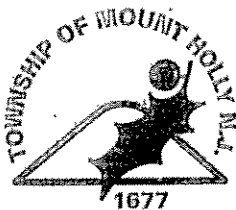
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

Case No. 17-1143

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		Final Cost	
Tracking #	3017174	Total	0.15
Rec'd Date	8/21/17	Deposit	
Ready Date	8/21/17	Balance Due	0.15
Total Pages		Balance Paid	0.15
Records Provided			
Custodian Signature		Date	
Mary Kenny		8/21/17	



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Mauricio	MI		Last Name	Dominguez
E-mail Address	N/A				
Mailing Address	12 Mill St.				
City	Mt. Holly	State	NJ	Zip	08060
Telephone	609-251-9209	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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Mauricio J			Date	8/21/2017

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.

Case No. 17-1143

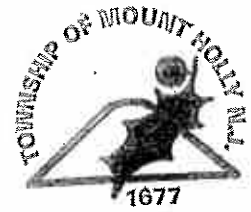
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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		Final Cost
Tracking #	2017/174	Total
Rec'd Date	8/21/17	Deposit
Ready Date	8/21/17	Balance Due
Total Pages		Balance Paid
Records Provided		
Custodian Signature		Date
Mary Perry		8/21/17



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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Requestor Information - Please Print

First Name	Mauricio	MI		Last Name	Dominguez
E-mail Address	N/A				
Mailing Address	12 Mill St.				
City	Mt. Holly	State	NJ	Zip	08060
Telephone	609 251 9209	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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Mauricio D	Date	8/21/2017		

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.

Case No. 17-1143

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

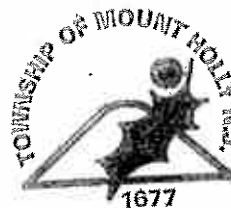
Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open _____
Denied	- Closed _____
Filled	- Closed _____
Partial	- Closed _____

Tracking Information		Final Cost	
Tracking #	8/21/17	Total	0.15
Rec'd Date	8/21/17	Deposit	0.15
Ready Date	8/21/17	Balance Due	0.15
Total Pages		Balance Paid	
Records Provided			
Custodian Signature		Date	
Mary Perry		8/21/17	

Also 8/21/17



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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Requestor Information - Please Print

First Name	Mauricio	MI		Last Name	Dominguez
E-mail Address	N/A				
Mailing Address	12 Mill St.				
City	Mt. Holly	State	NJ	Zip	08060
Telephone	609 251 9209	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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Mauricio	Date	8/21/2017		

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.

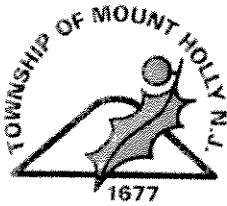
Case No. 17-1143

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

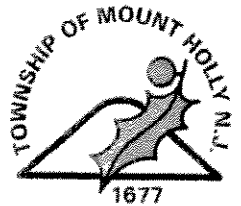
Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open _____
Denied	- Closed _____
Filled	- Closed _____
Partial	- Closed _____

Tracking Information		Final Cost
Tracking #	8/21/17	Total = 0.15
Rec'd Date	8/21/17	Deposit
Ready Date		Balance Due = 0.15
Total Pages		Balance Paid
Records Provided		
Custodian Signature		Date
Mary Perry		8/21/17

Rec'd 8/21/17



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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Requestor Information – Please Print

First Name	MICHAEL	MI	A	Last Name	BRANDT
E-mail Address	mbrandtenviro@gmail.com				
Mailing Address	6059 HOLMEVILLE ROAD				
City	BENSALEM	State	PA	Zip	19020
Telephone	215-702-9661	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 <u>HAVE</u> / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Michael A. Brandt			Date	8/14/17

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

RECEIVED

AUG 14 2017

Mount Holly Township

No Records Found.

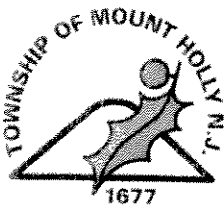
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here	
In Progress	Open
Denied	Closed
Filed	Closed
Partial	Closed

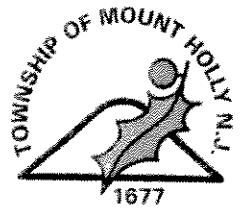
8/22/17

Tracking Information		Final Cost	
Tracking #	2017-175	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
[Signature]		8/22/17	

due 8/24/2017



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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Requestor Information – Please Print

First Name	MICHAEL	MI	A	Last Name	BRANDT
E-mail Address	mbrandtenviro@gmail.com				
Mailing Address	6059 HOLMEVILLE ROAD				
City	BENSALEM	State	PA	Zip	19020
Telephone	215-702-9661	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 <u>HAVE</u> / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<i>Michael A. Brandt</i>			Date	8/14/17

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

RECEIVED

AUG 14 2017

Mount Holly Township

No Records Found.

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
8/22/17	

Tracking Information		Final Cost	
Tracking #	2017-175	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<i>[Signature]</i>		8/22/17	
Custodian Signature		Date	

due 8/24/2017



State of New Jersey
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



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 Chris MI Last Name Boitvion
Company Pal Properties LLC
Mailing Address 108 Spruce Ln
City Hainesport State NY Zip 08038 Email Boitvion@palproperties.com
Business Hours Telephone: Area Code 609 Number 332-9002 Extension
Preferred Delivery: Pick Up X US Mail On Site Inspect
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 8-28-17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fee:
8 1/2" x 11" - \$.05 per
11" x 14" - \$.07 per.
Extras: Extraordinary services to dependent upon request

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if date, the medium requested.

Any open or closed permits, any code violations, and any Liens currently open for 898 Wood Lane Rd Mt. Holly NJ 08060.

RECEIVED

AUG 28 2017

Mount Holly 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
Customer: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress Open
Denied Closed
Filed Closed
Partial Closed

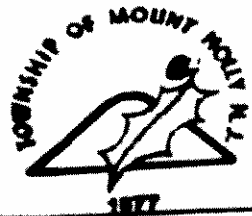
AGENCY USE ONLY

Tracking Information
Tracking # 2017-174 Total \$0.25
Rec'd Date 8/28/17 Deposit
Ready Date 9/5/17 Balance Due
Total Pages Balance Paid
Records Provided

Custodian Signature [Signature] Date 9/5/2017



State of New Jersey
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



Important Notice

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Requestor Information - Please Print

First Name Chris MI Last Name Reitvick
Company Pat Properties LLC
Mailing Address 108 Spruce Ln
City Hainesport State NJ Zip 08038 Email Reitvick@patproperties.com
Business Hours Telephone: Area Code 609 Number 332-9002 Extension
Preferred Delivery: Pick Up ☒ US Mail ☐ On Site Inspect ☐
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 8-28-17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fee:
8 1/2"x11" - \$.05 per
11"x14" - \$.07 per
Extras: Extraordinary service is dependent upon request

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if date, the medium requested.

Any open or closed permits, any code violations, and any
Liens currently open for 898 Wood Lane Rd Mt. Holly,
08060.

RECEIVED

AUG 28 2017

Mount Holly 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

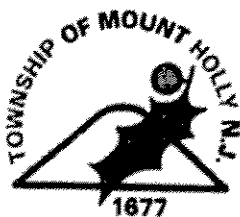
Disposition Notice
Customer: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filed ☒ Closed 9/6/17
Partial ☐ Closed

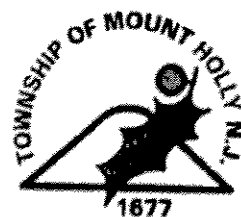
AGENCY USE ONLY

Tracking Information
Tracking # 2017-174 Total \$0.25
Rec'd Date 8/28/17 Deposit
Ready Date 9/1/17 Balance Due
Total Pages Balance Paid
Records Provided

Custodian Signature [Signature] Date 9/5/17



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Adam	MI	Z	Last Name	Steinberg
E-mail Address	adam.steinberg@reinvestment.com				
Mailing Address	Reinvestment Fund, 1700 Market St, 19th Floor				
City	Philadelphia	State	PA	Zip	19103
Telephone	215.574.5991	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 <u>HAVE</u> / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Adam Steinberg			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

The three responses Township received to its RFQ for the Gardens redevelopment (before February 2006 and most likely after March 2005). The firms were Keating Urban Partners, First Montgomery, and St. Joseph's Carpentry Society.

RECEIVED

AUG. 24 2017

Mount Holly Township

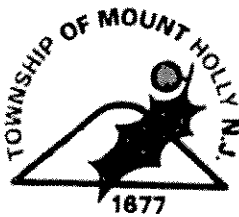
Received originally on 7/20/17. Records not found. Responding period met. Responded that no records were found on 8/2/17

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

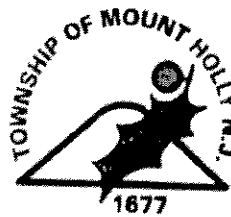
Disposition Notes	
Custodian: if any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	Open
Denied	Closed
<u>Filled</u>	Closed
Partial	Closed

8/24/17

Tracking Information		Final Cost	
Tracking #	2017-177	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
[Signature]		8/24/17	



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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Requestor Information - Please Print

First Name	Adam	MI	Z	Last Name	Steinberg
E-mail Address	adam.steinberg@reinvestment.com				
Mailing Address	% Reinvestment Fund, 1700 Market St, 19th Floor				
City	Philadelphia	State	PA	Zip	19103
Telephone	215.574.5991	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 <u>HAVE</u> / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Adam Steinberg			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.

The three responses Township received to its RFQ for the Gardens redevelopment (before February 2006 and most likely after March 2005). The firms were Keating Urban Partners, First Montgomery, and St. Joseph's Carpentry Society.

RECEIVED
AUG 24 2017

Received originals on 7/20/17. Records not found. Response period met. Responded that no records were found on 8/2/17.

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
<u>Filled</u>	Closed
Partial	Closed

Tracking Information		Final Cost	
Tracking #	2017-177	Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	
Records Provided			
Custodian Signature		Date	



PROVIDING SERVICES FOR

nj .com

Star-Ledger

CRAIG MCCARTHY, REPORTER

732-372-2078

cmccarthy@njadvancemedia.com

Woodbridge Corporate Plaza

485 Route 1 South, Building E, Suite 300

Iselin, NJ 08830-3009

7/25/2017

2017-178

Dear Custodian,

Please consider this a formal OPRA request for the unredacted Use of Force reports for incidents occurring in the calendar years 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015 and 2016 from your municipality's police department.

We are entitled to these unredacted reports under N.J.S.A. 47:1A3(b) as a result of the state Supreme Court ruling on July 11, 2017, in the case North Jersey Media Group v. Lyndhurst.

The court wrote in its opinion, "The law calls for disclosure of 'the identity of the investigating and arresting personnel' and adds that the exception on which defendants rely 'shall be narrowly construed.'"

Under that ruling, the court also ruled that "OPRA's criminal investigatory records exception does not apply to records that are 'required by law to be made, maintained or kept on file.' N.J.S.A. 47:1A-1.1. As a result, the exemption does not cover Use of Force Reports, which the Attorney General requires officers to prepare after the use of deadly force."

Therefore, this request cannot be denied under the exemption of an "ongoing investigation" since they are required under the Attorney General's Use of Force Policy, which has "the force of law for police entities." (NJMG v. Lyndhurst)

If your agency chooses to deny, citing safety concerns, please provide a statement for each incident stating why officer or officers' names "will jeopardize the safety of any person . . . or any investigation in progress" or "would be harmful to a bona fide law enforcement purpose or the public safety." (NJMG v. Lyndhurst)

Please email scanned digital copies of the unredacted original Use Of Force forms as PDFs. If the file is too large, we will accept a CD with the requested documents mailed to the address above.

Under penalty of N.J.S.A. 2C:283, I certify that I have not been convicted of any indictable offense under the laws of New Jersey, or any other state, or in the United States.

Please note, this request clearly notes New Jersey's Open Public Record Act, therefore does not need to be on local OPRA forms.

We reserve the right to appeal your decision to withhold any information.

I look forward to your reply via email. We request all correspondence referencing this OPRA be via email.

Thank you for your assistance.
CRAIG MCCARTHY

RECEIVED

JUL 26 2017

Mount Holly Township

Due 8/8/2017

Extension Requested 7/27/2017
Extension Granted 8/8/2017

New Due Date 8/31/2017

Completed
Dikina S. Miller 8/24/2017



PROVIDING SERVICES FOR

nj.com

Star-Ledger

CRAIG MCCARTHY, REPORTER

732-372-2078

cmccarthy@njadvancemedia.com

Woodbridge Corporate Plaza

485 Route 1 South, Building E, Suite 300

Iselin, NJ 08830-3009

7/25/2017

2017-178

Dear Custodian,

Please consider this a formal OPRA request for the unredacted Use of Force reports for incidents occurring in the calendar years 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015 and 2016 from your municipality's police department.

We are entitled to these unredacted reports under N.J.S.A. 47:1A3(b) as a result of the state Supreme Court ruling on July 11, 2017, in the case North Jersey Media Group v. Lyndhurst.

The court wrote in its opinion, "The law calls for disclosure of 'the identity of the investigating and arresting personnel' and adds that the exception on which defendants rely 'shall be narrowly construed.'"

Under that ruling, the court also ruled that "OPRA's criminal investigatory records exception does not apply to records that are 'required by law to be made, maintained or kept on file.' N.J.S.A. 47:1A-1.1. As a result, the exemption does not cover Use of Force Reports, which the Attorney General requires officers to prepare after the use of deadly force."

Therefore, this request cannot be denied under the exemption of an "ongoing investigation" since they are required under the Attorney General's Use of Force Policy, which has "the force of law for police entities." (NJMG v. Lyndhurst)

If your agency chooses to deny, citing safety concerns, please provide a statement for each incident stating why officer or officers' names "will jeopardize the safety of any person . . . or any investigation in progress" or "would be harmful to a bona fide law enforcement purpose or the public safety." (NJMG v. Lyndhurst)

Please email scanned digital copies of the unredacted original Use Of Force forms as PDFs. If the file is too large, we will accept a CD with the requested documents mailed to the address above.

Under penalty of N.J.S.A. 2C:283, I certify that I have not been convicted of any indictable offense under the laws of New Jersey, or any other state, or in the United States.

Please note, this request clearly notes New Jersey's Open Public Record Act, therefore does not need to be on local OPRA forms.

We reserve the right to appeal your decision to withhold any information.

I look forward to your reply via email. We request all correspondence referencing this OPRA be via email.

Thank you for your assistance.

CRAIG MCCARTHY

RECEIVED

JUL 26 2017

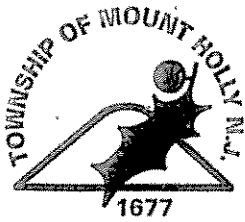
Mount Holly Township

Due 8/8/2017

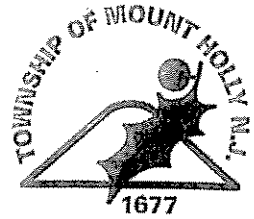
Extension Requested 7/27/2017
Extension Granted 8/8/2017

New Due Date 8/31/2017

Completed
Nikima S. Miller 8/24/2017



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	BRUCE	MI		Last Name	HARRIS
E-mail Address	BKS HOME 20@GOL.COM				
Mailing Address	11 STARBOARD WAY				
City	MT LAUREL	State	NJ	Zip	08054
Telephone	609 332 -	4032	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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Bruce Harris			Date	8/23/17

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.	

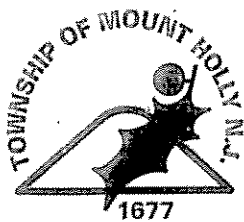
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

2017 6248 - OPEN RECORD
Police Report

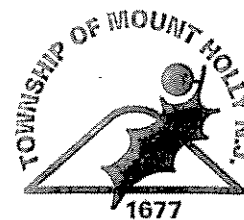
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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		Final Cost
Tracking #	2017-177	Total .05
Rec'd Date	8/23/17	Deposit _____
Ready Date	8/24/17	Balance Due .054
Total Pages	_____	Balance Paid .05
Records Provided		
Custodian Signature _____		Date 8/24/17



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Alicia Nicole	Last Name	Carney	
E-mail Address	105 Broadst			
Mailing Address				
City	Mount Holly	State	NJ	
Zip	08060			
Telephone	609-632-3769	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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.				
Signature	Alicia Carney		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.

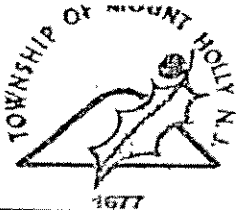
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

#17-7866

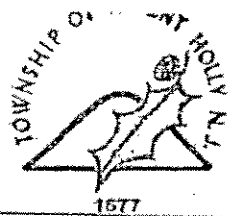
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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		Final Cost	
Tracking #	2017-80	Total	10
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	10
Records Provided			
Custodian Signature		Date	
[Signature]		8/15/17	



STATE OF NEW JERSEY
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



5037840828

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 BETSY MI Last Name Hummel
Company Metropolitan Reporting Bureau
P.O. Box 926 Wm. Penn Annex
Mailing Address Philadelphia, PA 19105
City _____ State _____ Zip _____ Email report@metroreporting.com
Business Hours Telephone: Area Code 800 Number 480-6348-6086 Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
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 Betsy Hummel Date AUG 18 2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees
additional depending upon
delivery type.
Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Requesting copy of report for:

BURGLARY Date: 08/01/17 Rept. #: 17-8085
Location: 13 REGENCY DR MOUNT HOLLY
Involving:

AGENCY USE ONLY

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

AGENCY USE ONLY

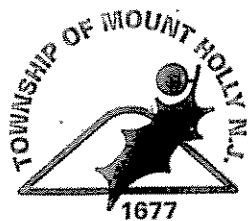
Disposition Notes
Custodian: If any part of request cannot be
delivered in seven business days,
detail reasons here.

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

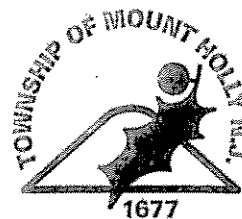
2017-181 AGENCY USE ONLY

Tracking Information
Tracking # 61759
Rec'd Date 8/29/17
Ready Date 8/29/17
Total Pages 1
Records Provided
Final Cost
Total 20.5
Deposit _____
Balance Due 0.05
Balance Paid 20.5
Custodian Signature [Signature] Date 8/29/17

Called to Request 8/29/17 provided 8/29/17



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Norma	MI	M	Last Name	Carceller
E-mail Address	ncarceller1@verizon.net				
Mailing Address	834 Woodlane Rd				
City	Mount Holly	State	NJ	Zip	08060
Telephone	609-529-4961		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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<i>[Signature]</i>			Date	8/30/17

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.

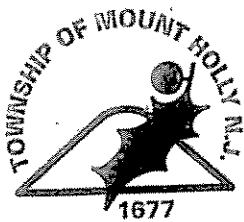
2017-9664
Incident Report
Joseph PL & Gant St.

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

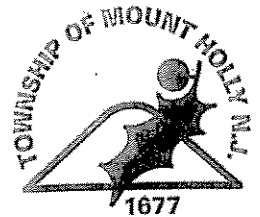
Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open _____
Denied	- Closed _____
Filed	- Closed _____
Partial	- Closed _____

2017-182

Tracking Information		Final Cost	
Tracking #	61755	Total	0.05
Rec'd Date	8/30/17	Deposit	
Ready Date	8/30/17	Balance Due	0.05
Total Pages	1	Balance Paid	0.05
Records Provided			
Custodian Signature <i>[Signature]</i>		Date 8/30/17	



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	BRUCE	MI		Last Name	HARRIS
E-mail Address	BKS HOME 20@AOL.COM				
Mailing Address	11 STARBOARD WAY				
City	MT LAUREL	State	NJ	Zip	08054
Telephone	609 332 -		4032	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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Bruce Harris			Date	8/23/17

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.

2017 6248 - OPEN RECORD
Police Report

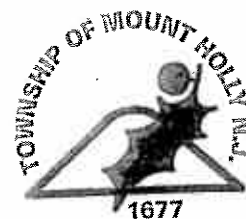
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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		Final Cost	
Tracking #	2017-117	Total	0.056
Rec'd Date	8/23/17	Deposit	0.054
Ready Date	8/24/17	Balance Due	0.002
Total Pages		Balance Paid	0.05
Records Provided			
Custodian Signature		Date	
[Signature]		8/24/17	



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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 <u>Araceli Nicole</u>		Last Name <u>Cancler</u>	
E-mail Address <u>105 Broadst</u>			
Mailing Address			
City <u>Mt Holly</u>	State <u>NJ</u>	Zip <u>08060</u>	
Telephone <u>609-432-3769</u>	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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.			
Signature <u>Araceli Cancler</u>		Date <u>8/15/17</u>	

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.	

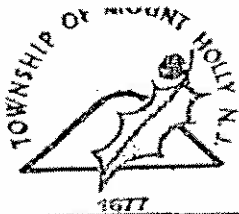
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

#17-7866

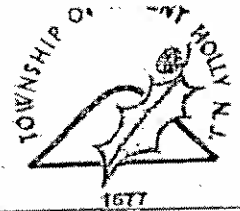
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

Disposition Notes Custodian: if any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open _____
Denied	- Closed _____
Filed	- Closed _____
Partial	- Closed _____

Tracking Information		Final Cost
Tracking # <u>2017-80</u>	Total	<u>10</u>
Rec'd Date _____	Deposit	_____
Ready Date _____	Balance Due	_____
Total Pages _____	Balance Paid	<u>10</u>
Records Provided _____		
Custodian Signature <u>[Signature]</u>		Date <u>8/15/17</u>



STATE OF NEW JERSEY
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



5037840828

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 BETSY MI Last Name Hummel
Company Metropolitan Reporting Bureau
P.O. Box 928 Wm. Penn Annex
Philadelphia, PA 19105
Mailing Address _____
City _____ State _____ Zip _____ Email report@metroreporting.com
Business Hours Telephone: Area Code 800 Number 480-345-6086 Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
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 Betsy Hummel Date AUG 18 2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees
additional depending upon
delivery type.
Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Requesting copy of report for:

BURGLARY

Date: 08/01/17

Rept. #: 17-8085

Location: 13 REGENCY DR

MOUNT HOLLY

Involving:

AGENCY USE ONLY

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

AGENCY USE ONLY

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

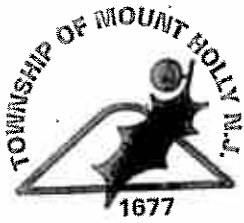
In Progress - Open _____
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

2017-181 AGENCY USE ONLY

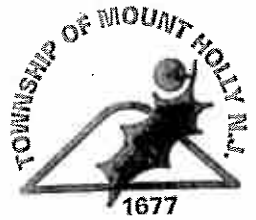
Tracking Information
Tracking # 61759
Rec'd Date 8/29/17
Ready Date 8/29/17
Total Pages 1
Final Cost
Total 0.5
Deposit _____
Balance Due 0.5
Balance Paid 0.5
Records Provided

[Signature] 8/29/17
Custodian Signature Date

Called to Request 8/29/17 provided 8/29/17.



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Norma	MI	M	Last Name	Carceller
E-mail Address	ncarceller1@verizon.net				
Mailing Address	854 Woodlane Rd				
City	Mount Holly	State	NJ	Zip	08060
Telephone	609-509-4961		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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<i>[Signature]</i>			Date 8/30/17	

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.

2017-9664
Incident Rpt
Joseph PL & Gant St.

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 _____

2017-182

Tracking Information		Final Cost	
Tracking #	61755	Total	0.05
Rec'd Date	8/30/17	Deposit	
Ready Date	8/30/17	Balance Due	0.05
Total Pages	1	Balance Paid	0.05
Records Provided			
<i>[Signature]</i>		8/30/17	
Custodian Signature		Date	

Nikima Muller

2017-183

From: Pradip Gupta <pradipgupta1976@gmail.com>
Sent: Friday, September 01, 2017 12:53 PM
To: Nikima Muller
Cc: Sherry Marnell
Subject: Re: OPRA Request

I did not suggest that they would give you guidance. What they do is mediate to resolve disagreements arising from a request for public records and they also provide the public with advisory opinions.

On Sep 1, 2017, at 12:04 PM, Nikima Muller <nmuller@twp.mountholly.nj.us> wrote:

Mr. Pradip,

On Thursday, August 10th I attended the GRC's Annual OPRA Seminar at which Executive Director Joseph Glover specifically stated that the GRC does not provide guidance to those seeking to file an OPRA request, nor do they provide guidance to custodians on how to respond to an OPRA request. So, I'm really not sure what assistance they will be able to provide to you. But if you should receive a response from them contrary to my denial, I will expect to see it in writing.

Sent from my iPhone

On Sep 1, 2017, at 11:56 AM, Pradip Gupta <pradipgupta1976@gmail.com> wrote:

Government Records Council.

On Sep 1, 2017, at 11:11 AM, Nikima Muller <nmuller@twp.mountholly.nj.us> wrote:

There is no such thing as the "State OPRA Custodian" but do as you wish.

Sent from my iPhone

On Sep 1, 2017, at 10:57 AM, Pradip Gupta <pradipgupta1976@gmail.com> wrote:

Good morning Ms. Muller,
Thanks for your reply. I am consulting the below with the state's OPRA custodian and if need be, will submit a revised request.

Kind regards,

On Sep 1, 2017, at 9:42 AM, Nikima Muller <nmuller@twp.mountholly.nj.us> wrote:

Mr. Gupta,

RECEIVED

SEP - 5 2017

Mount Holly Township

*Immediate access
for contacts
Reported as overly
broad and
requests in format*

Due 9/14/2017 all else

Nikima Muller

2017-183

From: Pradip Gupta <pradipgupta1976@gmail.com>
Sent: Friday, September 01, 2017 12:53 PM
To: Nikima Muller
Cc: Sherry Marnell
Subject: Re: OPRA Request

I did not suggest that they would give you guidance. What they do is mediate to resolve disagreements arising from a request for public records and they also provide the public with advisory opinions.

On Sep 1, 2017, at 12:04 PM, Nikima Muller <nmuller@twp.mountholly.nj.us> wrote:

Mr. Pradip,

On Thursday, August 10th I attended the GRC's Annual OPRA Seminar at which Executive Director Joseph Glover specifically stated that the GRC does not provide guidance to those seeking to file an OPRA request, nor do they provide guidance to custodians on how to respond to an OPRA request. So, I'm really not sure what assistance they will be able to provide to you. But if you should receive a response from them contrary to my denial, I will expect to see it in writing.

Sent from my iPhone

On Sep 1, 2017, at 11:56 AM, Pradip Gupta <pradipgupta1976@gmail.com> wrote:

Government Records Council.

On Sep 1, 2017, at 11:11 AM, Nikima Muller <nmuller@twp.mountholly.nj.us> wrote:

There is no such thing as the "State OPRA Custodian" but do as you wish.

Sent from my iPhone

On Sep 1, 2017, at 10:57 AM, Pradip Gupta <pradipgupta1976@gmail.com> wrote:

Good morning Ms. Muller,
Thanks for your reply. I am consulting the below with the state's OPRA custodian and if need be, will submit a revised request.

Kind regards,

On Sep 1, 2017, at 9:42 AM, Nikima Muller <nmuller@twp.mountholly.nj.us> wrote:

Mr. Gupta,

RECEIVED

SEP - 5 2017

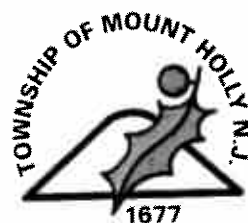
Mount Holly Township

*Immediate access
for contacts
Reported as overly
broad and
requests in some cases*

Done 9/14/2017 all else



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Caitlin	MI		Last Name	Keating
E-mail Address	caitlink@gsienviromental.com				
Mailing Address	105 Evesboro-Medford Road, Suite C				
City	Marlton	State	NJ	Zip	08053
Telephone	856-229-7018		FAX	856-229-7152	
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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Caitlin Keating			Date	9/11/2017

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.

GSI is performing an Environmental Assessment on the property located at 1651 Route 38, Block 112, Lot 22, Mount Holly, NJ 08060. We are looking for the following documentation (if any):

- Documentation regarding underground storage tanks (removal, installation, permits, etc.)
- Documentation regarding any releases or hazardous environmental spills.
- Documentation regarding any soil or groundwater contamination and site remediation, specifically any Remedial Investigation Reports between 1980-2017
- Asbestos or lead based paint abatement documentation.
- Documentation related to septic systems or supply wells at the property

RECEIVED

SEP 11 2017

Mount Holly Township

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		Final Cost	
Tracking #	2017-184	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	

Due 9/21/2017

[Signature] 9/11/2017



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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Requestor Information – Please Print

First Name	Caitlin	MI		Last Name	Keating
E-mail Address	caitlink@gsienviromental.com				
Mailing Address	105 Evesboro-Medford Road, Suite C				
City	Marlton	State	NJ	Zip	08053
Telephone	856-229-7018		FAX	856-229-7152	
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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Caitlin Keating		Date	9/11/2017	

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.

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- Documentation regarding any releases or hazardous environmental spills.
- Documentation regarding any soil or groundwater contamination and site remediation, specifically any Remedial Investigation Reports between 1980-2017
- Asbestos or lead based paint abatement documentation.
- Documentation related to septic systems or supply wells at the property

RECEIVED

SEP 11 2017

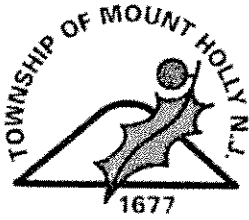
Mount Holly Township

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

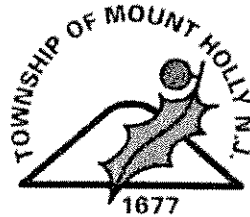
Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	Open
Denied	Closed
Filled	Closed
Partial	Closed

Tracking Information		Final Cost	
Tracking #	2017-184	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	

due 9/21/2017



STATE OF NEW JERSEY
Mount Holly Township
 OPEN PUBLIC RECORDS ACT REQUEST FORM
 23 Washington Street
 Mount Holly, NJ 08060
 609-845-1100

**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	Dorothy		MI	A	Last Name	Horne	
E-mail Address	liens@ntis.com						
Mailing Address	945 S Florida Avenue						
City	Lakeland		State	FL	Zip	33803	
Telephone	863-698-7557 Ext 1212				FAX	815-361-9033	
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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.							
Signature	Dorothy A Horne				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 - \$0.05 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 any code violations such as junk cars/ debris /tall grass /weeds / building violations /open /expired permits / and any fines /fees associated with them for the following property. 118 Wollner Drive, Mount Holly, NJ 08060.

Block 115 Lot 37.01

Thank you ever so much

No open permits or building violations

RECEIVED

AUG 14 2017

Mount Holly Township

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

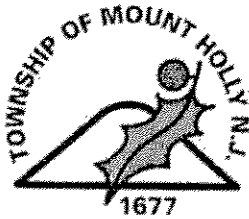
Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days detail reasons here	
In Progress	Open
Denied	Closed
Filed	Closed
Partial	Closed

8/23/17

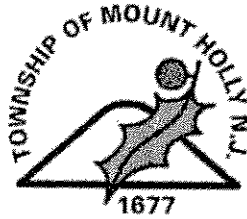
2017-185

Tracking Information		Final Cost	
Tracking #	<i>80000000</i>	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
<i>[Signature]</i>		<i>8/23/17</i>	

due 8/24/2017



STATE OF NEW JERSEY
Mount Holly Township
 OPEN PUBLIC RECORDS ACT REQUEST FORM
 23 Washington Street
 Mount Holly, NJ 08060
 609-845-1100

**Important Notice**

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Requestor Information – Please Print

First Name	Dorothy		MI	A	Last Name	Horne	
E-mail Address	liens@ntis.com						
Mailing Address	945 S Florida Avenue						
City	Lakeland		State	FL	Zip	33803	
Telephone	863-698-7557 Ext 1212			FAX	815-361-9033		
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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.							
Signature	Dorothy A Horne			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 - \$0.0 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 any code violations such as junk cars/ debris /tall grass /weeds / building violations /open /expired permits / and any fines /fees associated with them for the following property. 118 Wollner Drive, Mount Holly, NJ 08060.

Block 115 Lot 37.01

Thank you ever so much

No open permits or building violations

RECEIVED

AUG 14 2017

Mount Holly Township

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

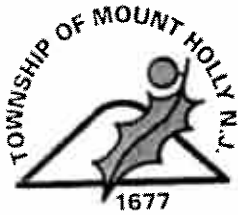
Disposition Notes	
Custodian. If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	Open
Denied	Closed
Partial	Closed

8/23/17

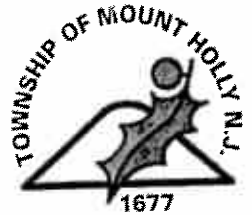
2017-185

Tracking Information		Final Cost
Tracking #	<i>80904310</i>	Total
Rec'd Date	_____	Deposit
Ready Date	_____	Balance Due
Total Pages	_____	Balance Paid
Records Provided		
Custodian Signature		Date
<i>[Signature]</i>		<i>8/23/17</i>

due 8/24/2017



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Nathan	MI	J	Last Name	Mammarella
E-mail Address	nathan@danclmrosenberg.com				
Mailing Address	9-11 Garden Street				
City	Mt. Holly	State	NJ	Zip	08060
Telephone	609-216-7400	FAX	609-207-3769		
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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	6/4/17

Payment Information

Maximum Authorization Cost	\$40
Select Payment Method	
Cash ☐	Check ☒
Money Order ☐	
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

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

Any and all variances, applications, or resolutions allowing for parking on address:

107 High Street, ~~08060~~
Mt. Holly
08060, New Jersey

RECEIVED

JUN 12 2017

Mount Holly Township

No Records Found

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 _____

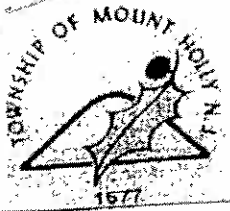
Tracking Information		Final Cost	
Tracking #	2017-186	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
		6/12/17	

Due 6/22/17

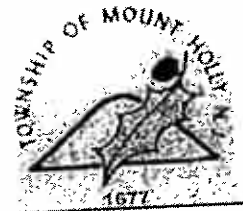
09/13/2017 3:55 PM FAX 2155450668

STANSHINE SIGAL

0002/0002



State of New Jersey
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



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 Marc MI 5 Last Name Sigal
Company Stanshine & Sigal P.C. Attorneys at Law
Mailing Address 1528 Walnut Street
City Philadelphia State P.A. Zip 19102 Email MSLAW@MYLegalGroup.COM
Business Hours Telephone: Area Code _____ Number _____ Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____ Email ☒
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any
Indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9-13-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees
additional depending upon
delivery type.
Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Weekly
Auto Accident Report

from Aug-25th 2017
Sept-2-2017

* Accident Reports
ARE Available
at CENSHDOES.ORG

RECEIVED

SEP 13 2017

Mount Holly Township

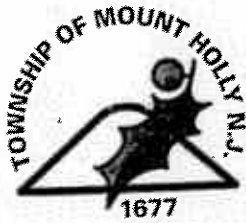
DATE
8/26/17
8/26/17
8/26/17
8/26/17
8/28/17

MVA#
2017-9027
2017-9039
2017-9038
2017-9048
2017-9105

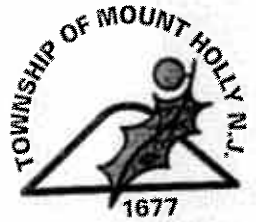
DATE MVA#
8/28/17 2017-9114
8/28/17 2017-9105
8/31/17 2017-9193
8/31/17 2017-9200
9/1/17 2017-9209
9/2/17 2017-9267

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress - Open _____ Denied - Closed _____ Filed - Closed _____ Partial - Closed _____	Tracking #	2017-187	Total
Est. Delivery Cost	_____		Rec'd Date	_____	Deposit
Est. Extras Cost	_____		Ready Date	_____	Balance Due
Total Est. Cost	_____		Total Pages	_____	Balance Paid
Deposit Amount	_____		Records Provided	_____	
Estimated Balance	_____				
Deposit Date	_____				

2017 9/26/2017 * No actual Reports Provided.



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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Requestor Information – Please Print

First Name	Stephen	MI	L	Last Name	Washington
E-mail Address	Steve.washington61@yahoo.com				
Mailing Address	4005 High St. 9 W Monroe St.				
City	MT Holly	State	NJ	Zip	08060
Telephone	609-556-0793		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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<i>Stephen Washington</i>			Date	9/11/17

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.

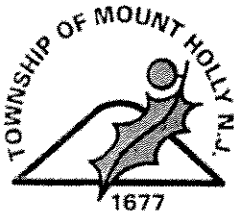
Lisa Buteau
2015 - 2016
2017

- Domestic Disputes
- Arrest
- Custod (child)

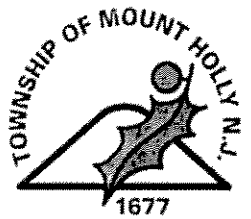
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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 _____

2017-188		Final Cost	
Tracking Information		Total	<i>354</i>
Tracking #	<i>61762</i>	Deposit	<i>354</i>
Rec'd Date	<i>9/11/17</i>	Balance Due	<i>354</i>
Ready Date	<i>9/13/17</i>	Balance Paid	_____
Total Pages	<i>7</i>	Records Provided	_____
<i>Mary Gony</i>		<i>9/11/17</i>	
Custodian Signature		Date	



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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Requestor Information – Please Print

First Name	Nathan	MI	J	Last Name	Mammarella
E-mail Address	nathan@danielmroseberg.com				
Mailing Address	4-11 Garden Street				
City	MT. Holly	State	NJ	Zip	08060
Telephone	609-216-7400		FAX	609-204-3764	
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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	6/4/17

Payment Information

Maximum Authorization Cost	\$40
Select Payment Method	
Cash ☐	Check ☒
Money Order ☐	
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

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

Any and all variances, applications, or resolutions allowing for parking on address:

107 High Street, ~~08060~~
MT. Holly
08060, New Jersey

RECEIVED

JUN 12 2017

Mount Holly Township

No Records Found

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		Final Cost	
Tracking #	2017-186	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
		6/12/17	

Due 6/22/17

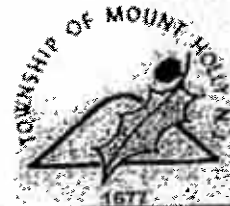
09/13/2017 3:55 PM FAX 2155450668

STANSHINE SIGAL

0002/0002



State of New Jersey
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



Important Notice

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Requestor Information - Please Print

First Name Marc MI Last Name Sigal
Company Stanshine & Sigal P.C. Attorneys at Law
Mailing Address 1528 Walnut Street
City Philadelphia State P.A. Zip 19102 Email SSSigal@MyLegalGroup.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail On Site Inspect Email ☒
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9-13-17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

*Weekly
Data* *Accident Report*

*from Aug-25th 2017
Sept-12-2017*

*Accident Reports
ARE Available
at CRASHdocs.org*

RECEIVED
SEP 13 2017

Mount Holly Township

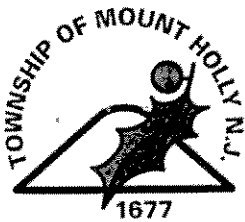
DATE TO
8/26/17
8/26/17
8/26/17
8/26/17
8/28/17

MVA#
2017-9027
2017-9039
2017-9038
2017-9048
2017-9105

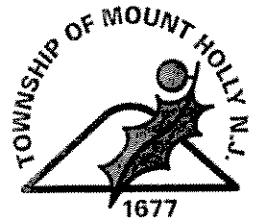
DATE MVA#
8/28/17 2017-9114
8/28/17 2017-9105
8/31/17 2017-9193
8/31/17 2017-9200
9/1/17 2017-9209
9/2/17 2017-9267

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost		Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information		Final Cost
Est. Delivery Cost			Tracking # <u>2017-187</u>	Total	
Est. Extras Cost			Rec'd Date	Deposit	
Total Est. Cost			Ready Date	Balance Due	
Deposit Amount			Total Pages	Balance Paid	
Estimated Balance			Records Provided		
Deposit Date		In Progress	Open		
		Denied	Closed		
		Filed	Closed		
		Partial	Closed		

*2017 9/26/2017 * No Control Reports Provided.*



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Stephen	MI	L	Last Name	Washington
E-mail Address	Steve.washington61@yahoo.com				
Mailing Address	4001 High St. 9 W Monroe St.				
City	Mt Holly	State	NJ	Zip	08060
Telephone	609-556-0793		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	Stephen Washington			Date	9/11/17

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.

Lisa Buteau
2015 - 2016
2017

- Domestic Disputes
- Arrest
- Custod (child)

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		Final Cost	
Tracking #	61762	Total	354
Rec'd Date	9/11/17	Deposit	
Ready Date	9/13/17	Balance Due	354
Total Pages	7	Balance Paid	
Records Provided			
Custodian Signature		Date	
Mary Gony		9/11/17	

Chief of Police
Mount Holly Township
23 Washington Street
Mount Holly, NJ 08060

RECEIVED

MAY 16 2017

Mount Holly Township

May 11, 2017

RE: Non Compliance of OPRA Requests

Dear Chief of Police,

Upon consultation with our attorneys we have determined that Mount Holly Township is in violation concerning the spirit of OPRA requests.

Specifically our firm is interested in obtaining motor vehicle accident reports for Mount Holly Township. Under OPRA, Mount Holly Township is mandated to provide us the reports and is not permitted to pass off its responsibility to a third party as determined by the following decisions.

Langford v. City of Perth Amboy, GRC Complaint No. 2005-181 (May 2007): The Council held that the Custodian should have provided the Complainant with the requested rules (of which the City was presumably in possession) instead of informing the Complainant where the requested rules are located (the Director of Human Services office). As such, the Custodian violated N.J.S.A. 47:1A-1.

Rodriguez v. Kean Univ., GRC Complaint No. 2013-69 (March 2014): The Council reversed its prior decision in Kaplan v. Winslow Twp. Bd. of Educ. (Camden), Complaint No. 2009-148 (Interim Order dated June 29, 2010) by providing that custodians have the ability to refer requestors to the exact location on the Internet where a responsive record can be located. Id. at 3-4. A custodian is not absolved from providing the record in hardcopy if the requestor is unable to obtain the information from the Internet and makes it known to the custodian within seven (7) business days after receipt of the custodian's response, in which case the custodian will have seven (7) business days from the date of such notice to disclose the record(s) in hard copy.

Not complying with our OPRA requests adversely affects our business and our customers ranging from car buyers to citizens working towards preventing insurance fraud.

The township is also obligated to follow the normal OPRA pricing schedule of .05 per page. If a response isn't forth coming as required by law within reasonable time frame we will be forced to take legal action.

Sincerely,

Jeffrey Devlin
Legal Plex LLC

Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
Phone: 609-845-1110 Fax: 609-845-1195

PUBLIC RECORDS

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	Jeffrey	MI		Last Name	Devlin
E-mail Address	data@legalplex.com				
Mailing Address	2022 WASHINGTON BLVD				
City	ROBBINSVILLE	State	NJ	Zip	08691
Telephone	609-961-1120	FAX	609-961-6661		
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 NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	5/10/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order

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.

Accident Reports on crashdocs.org

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date	5/1/17	5/5/17	2017-4661	5/3/17	2017-4563
End Date	5/6/17	5/5/17	2017-4641	5/3/17	2017-4564
		5/5/17	2017-4625	5/3/17	2017-4564
		5/4/17	2017-4598	5/3/17	2017-4564
		5/3/17	2017-4567	5/2/17	2017-4525
		5/3/17	2017-4562	5/2/17	

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
2017-189			
Custodian Signature		Date	



Chief of Police
Mount Holly Township
23 Washington Street
Mount Holly, NJ 08060

RECEIVED

MAY 16 2017

Mount Holly Township

May 11, 2017

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Rodriguez v. Kean Univ., GRC Complaint No. 2013-69 (March 2014): The Council reversed its prior decision in Kaplan v. Winslow Twp. Bd. of Educ. (Camden), Complaint No. 2009-148 (Interim Order dated June 29, 2010) by providing that custodians have the ability to refer requestors to the exact location on the Internet where a responsive record can be located. Id. at 3-4. A custodian is not absolved from providing the record in hardcopy if the requestor is unable to obtain the information from the Internet and makes it known to the custodian within seven (7) business days after receipt of the custodian's response, in which case the custodian will have seven (7) business days from the date of such notice to disclose the record(s) in hard copy.

Not complying with our OPRA requests adversely affects our business and our customers ranging from car buyers to citizens working towards preventing insurance fraud.

The township is also obligated to follow the normal OPRA pricing schedule of .05 per page. If a response isn't forth coming as required by law within reasonable time frame we will be forced to take legal action.

Sincerely,

Jeffrey Devlin
Legal Plex LLC

PUBLIC RECORDS

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

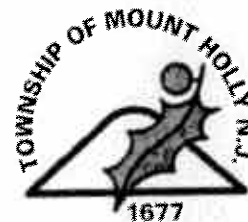
Maximum Authorization Cost \$

Cash	Check	Money Order
------	-------	-------------

Date _____



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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

Requestor Information – Please Print

First Name	Michael	MI		Last Name	Bzozowski
E-mail Address	mbzozowski@langelaw.biz				
Mailing Address	150 Himmelein Road				
City	Medford	State	NJ	Zip	08055
Telephone	609-654-6300		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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				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.

All bidding documents including RFPs & bid proposals for most recent procurement of emergency medical services.

RECEIVED

SEP 14 2017

Mount Holly Township

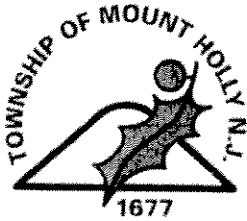
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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

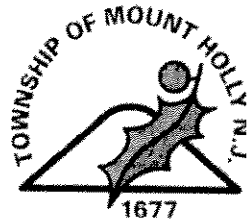
9/14/17

Tracking Information		Final Cost	
Tracking #	2017-190	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
		9/14/17	

Due 9/27/17



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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

Requestor Information – Please Print

First Name	Michael	MI		Last Name	Bzozowski
E-mail Address	mbzozowski@langlaw.biz				
Mailing Address	150 Himmelein Road				
City	Medford	State	NJ	Zip	08055
Telephone	609-654-6300		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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	9/14/17

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash ☐	Check ☐	Money Order ☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.0 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.

All bidding documents including RFPs & bid proposals for most recent procurement of emergency medical services.

RECEIVED

SEP 14 2017

Mount Holly Township

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

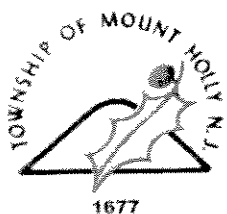
Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days detail reasons here.	
In Progress	Open
Denial	Closed
Filled	Closed
Partial	Closed

9/14/17

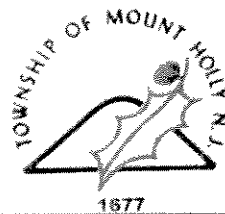
Tracking Information		Final Cost
Tracking #	2017-190	Total
Rec'd Date		Deposit
Ready Date		Balance Due
Total Pages		Balance Paid
Records Provided		
Custodian Signature		Date

9/14/17

Due 9/27/17



State of New Jersey
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



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 Barbara MI Last Name Haynes
Company PEMCO Limited C/O
Mailing Address 820 Bear Tavern Road.
City West Trenton State NJ Zip 08628 Email Barbara.Haynes@pemco-limited.com
Business Hours Telephone: Area Code 720 Number 509-3249 Extension
Preferred Delivery: Pick Up US Mail On Site Inspect Email XX
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/14/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I'm looking for any notice of OPEN permits/or code violations currently pending on the referenced property address to date:

No open code violations

address: 6 CHENAULT CT

also has this property been previously registered with the your VPR program?

If so, who registered it/when and what the next fee is due for this.

Thank you for your time on this.

YES, Federal home Loan mortgage Co

The next fee is due January 1, 2018. in the amount of \$1,500

AGENCY USE ONLY

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

AGENCY USE ONLY

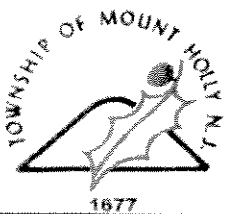
Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days detail reasons here

In Progress Open
Denied Closed 9/19/17
Filed Closed
Partial Closed

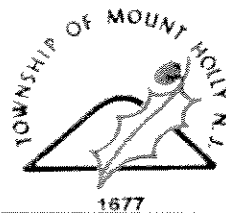
AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>2017-191</u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
SEP 14 2017		Records Provided	
Mount Holly Township			
<u>[Signature]</u>		<u>9/19/17</u>	
Custodian Signature		Date	

due 9/27/2017



State of New Jersey
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



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 Barbara MI Last Name Haynes
Company PEMCO Limited C/O
Mailing Address 820 Bear Tavern Road.
City West Trenton State NJ Zip 08628 Email Barbara.Haynes@pemco-limited.com
Business Hours Telephone: Area Code 720 Number 509-3249 Extension
Preferred Delivery: Pick Up US Mail On Site Inspect Email xx
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/14/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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address: 6 CHENAULT CT

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If so, who registered it/when and what the next fee is due for this.

Thank you for your time on this.

YES, Federal home Loan mortgage Co

The next fee is due January 1, 2018. in the amount of \$1,500

AGENCY USE ONLY

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

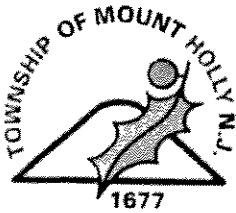
AGENCY USE ONLY

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days detail reasons here	
In Progress	Open
Denied	Closed
<u>Filled</u>	<u>9/19/17</u>
Partial	Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>2017-191</u>	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
SEP 14 2017 Records Provided			
Mount Holly Township			
<u>[Signature]</u>		<u>9/19/17</u>	
Custodian Signature		Date	

due 9/27/2017



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100

RECEIVED

SEP 12 2017



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	Sandra	MI		Last Name	Adelino
E-mail Address	SADELINO@LeroF.org				
Mailing Address	104 Interchange Plaza, Suite 304				
City	Monroe	State	NJ	Zip	08831
Telephone	732 8035 968		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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Sandra Adelino			Date	9/12/2017

Payment Information

Maximum Authorization Cost	\$100
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.

1. List of Subcontractors on site working for Charles Marandino, LLC. for the High Street Reconstruction CDBG + NJDOT Project...

2. Certified payrolls for LCE Equipment from Working for Marandino on High Street... -None

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

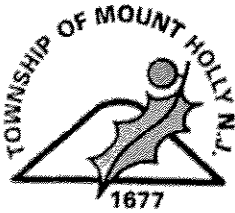
Disposition Notes Custodian: If any part of request cannot be delivered in seven business days detail reasons here.	
In Progress	Open
☒ Closed	Closed
☐ Closed	Closed
☐ Partial	Closed

Tracking Information		Final Cost	
Tracking #	2017-192	Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	
Records Provided			
Custodian Signature		Date	

Due 9/25/2017

RECEIVED

SEP 12 2017



STATE OF NEW JERSEY
Mount Holly Township
 OPEN PUBLIC RECORDS ACT REQUEST FORM
 23 Washington Street
 Mount Holly, NJ 08060
 609-845-1100

**Important Notice**

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Requestor Information - Please Print

First Name	Sandra	MI		Last Name	Adelino
E-mail Address	SADELINO@LEROFF.ORG				
Mailing Address	104 Interchange Plaza, Suite 304				
City	Monroe	State	NJ	Zip	08831
Telephone	732 8035 968		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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Sandra Adelino			Date	9/12/2017

Payment Information

Maximum Authorization Cost	\$100
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.

1. List of subcontractors on site working for Charles Marandino, LLC. for the High Street Reconstruction CDBG + NJDOT Project...

2. Certified payrolls for LCE Equipment from working for Marandino on High Street... -None

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
Excess	Closed
Partial	Closed

Tracking Information		Final Cost	
Tracking #	2017-192	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	

Due 9/25/2017

PUFF & COCKERILL L.L.C.

Attorneys at Law

Jeffrey V. Puff
Christine C. Cockerill *
Barbara Barclay Moore
Jonathan R. Ivans
Ronald P. Sierzega
Richard S. Kaser
Kimberly A. Greenfield

*Member of NJ and PA Bars

° Fellow of the American Academy of
Assisted Reproductive Technology Attorneys

Reply to:

122 Delaware Street
P. O. Box 684
Woodbury, New Jersey 08096-7684
(856) 845-0011 Fax (856) 845-1805
www.pufflaw.com

Camden County Office:
209 N. Haddon Avenue
Haddonfield, New Jersey 08033

Family Law Department:
114 Delaware Street, Suite 2
Woodbury, New Jersey 08096
(856) 845-0011 Fax (856) 845-5931

Email: jpuff@pufflaw.com
File No. 11150

Completed 9/15/2017

2 Requests attached.

June 30, 2017

Mount Holly Township
Attn: Nikima S. Muller, Township Clerk
23 Washington Street
Mount Holly, NJ 08060

Re: OPRA Requests

RECEIVED

JUL - 5 2017

Mount Holly Township

Dear Ms. Muller:

Enclosed please find two (2) OPRA Requests for police records.

Please provide the requested records to me via email at jpuff@pufflaw.com, with a copy to my paralegal, Mindy Finore, at mindy@pufflaw.com.

Should there be any fee associated with this request, please so advise and I will promptly remit same.

Thank you.

Very truly yours,
PUFF & COCKERILL L.L.C.

[Signature]

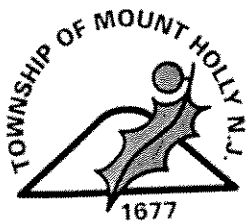
By: Jeffrey V. Puff, Esq.

JVP/mf
Enclosures

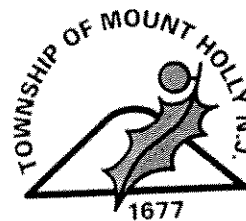
W:\Wgnad\Harry Estate\Mt. Holly Clerk 2017\06-30-2017 opra requests.doc

Due 7/18/2017

Request Extension via email 7/17/2017
2nd Extension 8/8/2017
New Due Date 8/10/2017
Date 9/6/2



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Jeffrey	MI	V	Last Name	Puff
E-mail Address	jpuff@pufflaw.com (cc: mindy@pufflaw.com)				
Mailing Address	Puff & Cockerill L.L.C., 122 Delaware Street, P.O. Box 684				
City	Woodbury	State	NJ	Zip	08096
Telephone	856-845-0011	FAX	856-845-1805		
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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	6/30/17

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.

Regarding:
Harrison Gradwill Slater a/k/a Harrison James Wignall
39 Devon Road
Mt. Holly, NJ 08060

All police records for the LAST FOUR (4) YEARS, including but not limited to police reports, dispatch reports, and witness statements for any and all incidents, arrests, or the like, and specifically, but not limited to, the death of Harrison Gradwell Slater a/k/a Harrison James Wignall on or about April 6, 2017.

RECEIVED

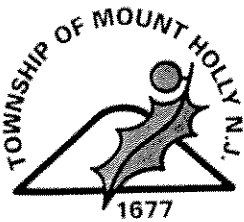
JUL - 5 2017

Mount Holly Township

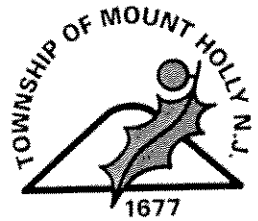
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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		Final Cost
Tracking #	2017-193	Total _____
Rec'd Date	_____	Deposit _____
Ready Date	_____	Balance Due _____
Total Pages	_____	Balance Paid _____
Records Provided		
Custodian Signature		Date



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Jeffrey	MI	V	Last Name	Puff
E-mail Address	jpuff@pufflaw.com (cc: mindy@pufflaw.com)				
Mailing Address	Puff & Cockerill L.L.C., 122 Delaware Street, P.O. Box 684				
City	Woodbury	State	NJ	Zip	08096
Telephone	856-845-0011	FAX	856-845-1805		
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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	6/30/17

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.

Regarding:
Harrison Gradwill Slater a/k/a Harrison James Wignall
39 Devon Road
Mt. Holly, NJ 08060

All police records for the LAST FOUR (4) YEARS, including but not limited to police reports, dispatch reports, and witness statements for any and all incidents, arrests, or the like, and specifically, but not limited to, the death of Harrison Gradwell Slater a/k/a Harrison James Wignall on or about April 6, 2017.

RECEIVED

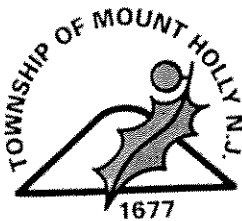
JUL - 5 2017

Mount Holly Township

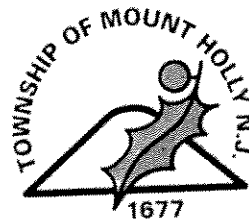
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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		Final Cost
Tracking #	2017-193	Total _____
Rec'd Date	_____	Deposit _____
Ready Date	_____	Balance Due _____
Total Pages	_____	Balance Paid _____
Records Provided		
Custodian Signature _____		Date _____



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Jeffrey	MI	V	Last Name	Puff
E-mail Address	jpuff@pufflaw.com (cc: mindy@pufflaw.com)				
Mailing Address	Puff & Cockerill L.L.C., 122 Delaware Street, P.O. Box 684				
City	Woodbury	State	NJ	Zip	08096
Telephone	856-845-0011	FAX	856-845-1805		
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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	6/30/17

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.

Regarding:
Angel Morocho
39 Devon Road
Mt. Holly, NJ 08060

All police records for the LAST FOUR (4) YEARS, including but not limited to police reports, dispatch reports, and witness statements for any and all incidents, arrests, or the like, and specifically, but not limited to the death of Harrison Gradwell Slater a/k/a Harrison James Wignall on or about April 6, 2017.

RECEIVED

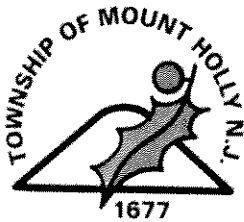
JUL - 5 2017

Mount Holly Township

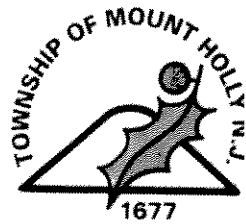
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here	
In Progress	- Open
Denied	- Closed
Filed	- Closed
Partial	- Closed

Tracking Information		Final Cost	
Tracking #	2017-193	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Kaori		MI	M.	Last Name	Tanaka	
E-mail Address	Kaori.Tanaka@Altisource.com						
Mailing Address	P.O. Box 105460 Atlanta, GA 30348-5460						
City	Atlanta		State	GA		Zip	30348-5460
Telephone	P: 770-612-7007 ext: 293961			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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.							
Signature					Date	9/12/2017	

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash ☐	Check ☐	Money Order ☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.0 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 would like to request for a copy of Notice of Violation or any open violations that we need to address for the Property that we are maintaining. Below are the property address and the summon numbers.

121, Rancocas Rd, MOUNT HOLLY, NJ, 08060 - SC 2016-21490

12, Broad St, MOUNT HOLLY, NJ, 08060 - SC-2017-23250

20, Budd St, Mount Holly Township, NJ, 08060 - SC-2017-23333

No Construction Permits

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

9/18/17

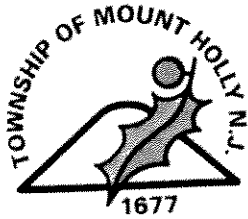
Tracking Information		Final Cost	
Tracking #	2017-194	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
		9/18/17	
Custodian Signature		Date	

RECEIVED

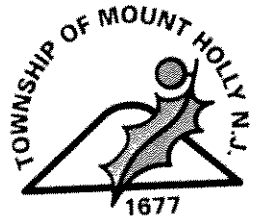
SEP 12 2017

Mount Holly Township

due 9/25/2017



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Anthony	MI	L	Last Name	Marchetti, Jr., Esq.
E-mail Address	amarchetti@marchettilawfirm.com				
Mailing Address	900 N. Kings Hwy., Suite 306				
City	Maple Shade	State	New Jersey	Zip	08034
Telephone	856-414-1800	FAX	267-219-4838		
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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	

Payment Information

Maximum Authorization Cost	\$
Select Payment Method	
Cash ☐	Check ☒
Money Order ☐	
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

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

All applications, licenses, violations, permits (including solicitor permits), violations, or other documents regarding, relating or pertaining to any license or permit issued to the following individuals: Peter Singh formerly known as Parampreet Singh Please note, that this is the same individual. Social Security number is 156-06-7196. Under the name "Parampreet Singh" Mr. Singh was an owner of ABC Liquor, License number 0323-44-0-003-11. This entity was subject of violation at case No. S-09-34532. Currently, based upon information received from Fedway, he currently holds a Solicitor's permit, that we believe was the subject of an application, under the name "Peter Singh." Also, please provide any information that Mr. Singh (using either version of his name (Peter Singh or Parampreet Singh) has provided to the ABC referring, relating or pertaining to whether he, or any member of his family, had a direct or indirect interest in the en known as "ABC Liquor, Inc." at any time subsequent to December 1, 2010.

*Unclear
Requires research
asko for information
Overly Broad*

RECEIVED
SEP 14 2017

Mount Holly Township

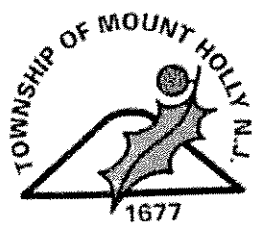
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

Disposition Notes	
Custodian: if any part of request cannot be delivered in seven business days, detail reasons here	
In Progress	Open
<u>Denied</u>	Closed
Filled	Closed
Partial	Closed

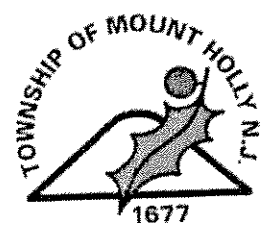
9/14/2017

Tracking Information		Final Cost	
Tracking #	2017-195	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
		9/14/2017	

Due 9/27/2017



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	MARK		MI	Last Name		SMITH	
E-mail Address	taxteam@drnds.com						
Mailing Address	3240 East State Street						
City	Hamilton		State	NJ		Zip	08619
Telephone	949-777-5999		FAX	330-319-8600			
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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.							
Signature	MARK SMITH				Date	09/20/2017	

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.

RECEIVED

SEP 25 2017

Hello

Mount Holly Township

Please provide information on code violation and permit on the following address listed below;
If there is any open cases or permit.

ADDRESS: 3 Wildberry Dr, Mount Holly, NJ 08060.
NAME: LENARD JEFFREY

Not Mount Holly

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

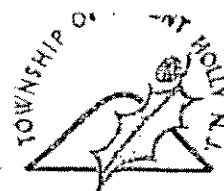
Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here	
In Progress	Open
<u>Denied</u>	Closed
Filled	Closed
Partial	Closed

9/25/17

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
<i>[Signature]</i>		9/25/2017	



State of New Jersey
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



1677

5037869229

1677

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 BETSY Last Name Hummel
Company Metropolitan Reporting Bureau
Mailing Address P.O. Box 926 Wm. Penn Annex
Philadelphia, PA 19105
City _____ State _____ Zip _____ Email report@metroreporting.com
Business Hours Telephone: Area Code 800 Number 480-6348-6086 Extension _____
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On Site Inspect
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 Betsy Hummel Date SEP 01 2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
☐ Cash ☐ Check ☐ Money Order
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees
additional depending upon
delivery type.
Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Requesting copy of report for:

THEFT RECOVERY

Date: 09/01/17

Rept. #: 179291

Location: 122 BROAD ST

MOUNT HOLLY

Involving:

#17-9219

AGENCY USE ONLY

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

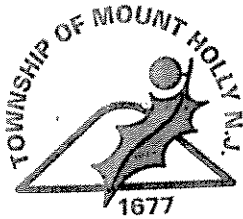
AGENCY USE ONLY

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

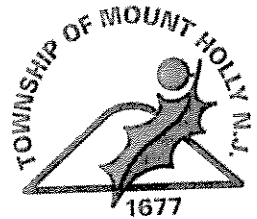
In Progress _____ Open _____
Denied _____ Closed _____
FTRed _____ Closed _____
Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 2017-AV
Rec'd Date _____
Ready Date _____
Total Pages _____
Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____
Records Provided
Custodian Signature _____ Date 9/20/17



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Charles	MI	T	Last Name	Smith Sr.
E-mail Address	fireman5010@yahoo.com				
Mailing Address	32 Pine Street				
City	Mount Holly	State	NJ	Zip	08060
Telephone	856) 283-9501	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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Charles Smith Sr.	Date	9-26-17		

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.

photos for Incident #

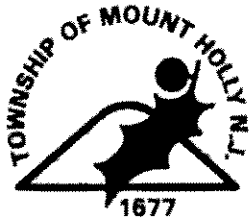
0000 8245

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

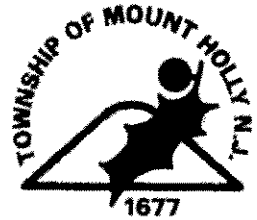
Disposition Notes	
Custodian: if any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open _____
Denied	- Closed _____
Filed	- Closed _____
Partial	- Closed _____

2017-198

Tracking Information		Final Cost	
Tracking #	61786	Total	154
Rec'd Date	9/26/17	Deposit	154
Ready Date		Balance Due	154
Total Pages		Balance Paid	154
Records Provided			
Custodian Signature		Date	
[Signature]		9/26/17	



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	marion	MI		Last Name	Karp
E-mail Address	mkarp@westampton.com				
Mailing Address	710 Rancocas Rd.				
City	Westampton	State	NJ	Zip	08060
Telephone	609-267-1891	ext.	6	FAX	609-267-7398
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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	m. Karp			Date	9-25-17

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash ☐	Check ☐	Money Order ☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Special service charge dependent upon request.	

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

Copy of everything in construction office file.

110 Shelmore

thanks!

RECEIVED

SEP 25 2017

Mount Holly Township

Overly broad; sent to Jill Torrey and requestor for clarification

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		Final Cost	
Tracking #	2017-199	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
		10/2/17	

due 10/5/2017

Nikima Muller

2017-200

From: michelle@datarole.com
Sent: Monday, September 25, 2017 9:28 AM
To: Nikima Muller
Subject: Mount Holly township Building Permits - Public Records Request

Dear Nikima Muller,

NJ.8060.10653

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.

Michelle Farris
Data Specialist - Datarole
513-276-2088
Michelle@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.

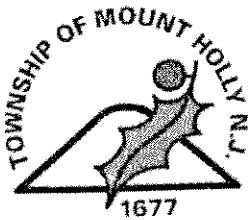
RECEIVED

SEP 25 2017

Mount Holly Township

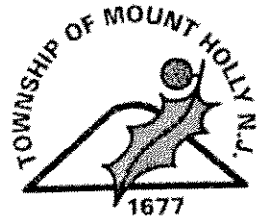


Due 10/5/2017
Completed 10/4/2017
Hi Gina S. Muller



STATE OF NEW JERSEY
Mount Holly Township
 OPEN PUBLIC RECORDS ACT REQUEST FORM
 23 Washington Street
 Mount Holly, NJ 08060
 609-845-1100

Complete



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	DANIEL		MI			Last Name	KLEIN	
E-mail Address	taxteam@drnds.com							
Mailing Address	3240 EAST STATE STREET EXT							
City	HAMILTON		State	NJ		Zip	08619	
Telephone	949-777-5999		FAX	330-319-8600				
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	Daniel Klein					Date	09/25/2017	

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.

Hello,

Please provide information on code violation and permit on the following addresses listed below.
 If there are any open cases, open permit and is this property scheduled for demolition.

ADDRESS: 20 HILTON Rd, MOUNT HOLLY, NJ 08060.
 OWNER: LINGLE KATHLEEN F

RECEIVED

SEP 25 2017

Mount Holly Township

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

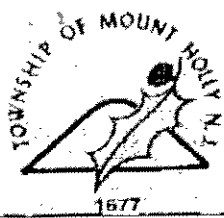
Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here	
In Progress	- Open
Denied	- Closed
<u>Filed</u>	- Closed
Partial	- Closed

Tracking Information		Final Cost	
Tracking #	2017-201	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
<i>[Signature]</i>		10/2/17	

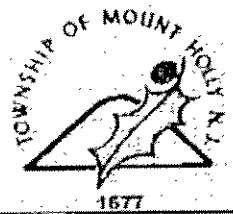
due 10/5/2017

Sep. 23. 2017 10:54AM

No. 1463



State of New Jersey
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



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 NICHOLAS MI Last Name DANSBY
Company FANNIE MAE IN C/O PEMCO-LIMITED
Mailing Address 4600 SOUTH ULSTER ST. SUITE 530
City DENVER State CO Zip 80237 Email NICHOLAS.DANSBY@PEMCOLIMITED.COM
Business Hours Telephone: Area Code 720 Number 509-3273 Extension
Preferred Delivery: Pick Up US Mail On Site Inspect Email X
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 08/25/2017

Payment Information

Maximum Authorization Cost \$ 0.00
Select Payment Method
Cash Check Money Order
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

To whom it may concern,

This OPRA request is in regards to property address

110 SHELMORE RD
MOUNT HOLLY, NJ 08060
BLOCK: 121 LOT: 17

RECEIVED

SEP 25 2017

Mount Holly Township

Please provide the following information as soon as possible:

1. Copies of open permits
2. Copies of open code violations attached to the property of reference and could result in a fine/summons and/or prevent the sale of the property.
3. Has this property been registered as vacant? If yes; when was it registered, what was the registration fee and who was it registered under? Not Valid Under OPRA; see info
4. If property HAS NOT been registered please provide the proper registration instructions along with the registration fees.

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 10/2/17
Partial Closed

AGENCY USE ONLY

Tracking Information
Tracking # 2017-203 Total
Rec'd Date Deposit
Ready Date Balance Due
Total Pages Balance Paid
Records Provided
[Signature] 10/2/17
Custodian Signature Date

Due 10/5/2017

Nikima Muller

#2017-203

From: cblanding@smartprocure.us
Sent: Tuesday, September 26, 2017 7:39 AM
To: Nikima Muller
Subject: SmartProcure OPRA Request Township of Mount Holly For PO/Vendor Information
Attachments: Preprogrammed Software Reports by Manufacturer pdf

Dear Nikima or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Township of Mount Holly for any and all purchasing records from 2017-06-26 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 Mount Holly 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.us/?st=NJ&org=TownshipofMountHolly>

If this request was misrouted, please forward to the correct contact person and reply to this communication with the appropriate contact information.

If you have any questions, please feel free to respond to this email or I can be reached at 954-637-0742.

Regards,

Curtis Blanding

Data Acquisition Specialist

SmartProcure

Direct: 954-637-0742 | Support: 888-988-6348

Email: cblanding@smartprocure.us | www.smartprocure.us

700 W. Hillsboro Blvd. Suite 4-100, Deerfield Beach, FL 33441

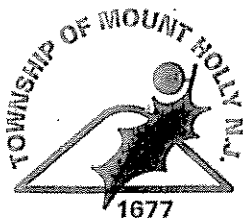
Completed 10/10/2017

RECEIVED

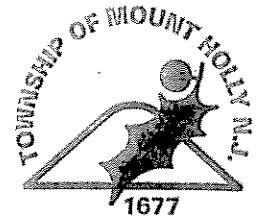
SEP 26 2017

Mount Holly Township

Due 10/10/2017



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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

* email believeinyou0907a@gmail.com

First Name	Deanna	MI	L	Last Name	Scannell
E-mail Address	believeinyou0907a@gmail.com				
Mailing Address	6 Elizabeth Court				
City	mt holly	State	NJ	Zip	08060
Telephone	609-410-5063	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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Deanna Scannell			Date	9-21-17

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.

Looking for police reports Dated From March 1, 2017 to present 9-21-17 Names involved are:

Deanna Scannell 10-24-77

Todd Scannell 10-5-72

also 9-1-1 report / police report from 9-1-17 5-9-11
Deanna Scannell / Reighlen Sean

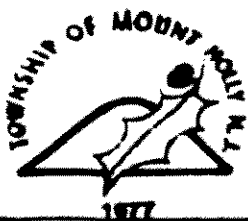
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open
Denied	- Closed
Filed	- Closed
Partial	- Closed

Tracking Information		Final Cost
Tracking #	61772	Total
Rec'd Date	_____	Deposit
Ready Date	_____	Balance Due
Total Pages	23	Balance Paid
Records Provided		
2017-204		
Signature		Date
[Signature]		5/27/17

* Unable to provide 9-11 Report.
* Last message #2 Pick-up - 9/27/17

* She going to Plus 10/10/17



State of New Jersey
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



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 AVELLANEDA MI MI Last Name PENTA
Company _____
Mailing Address 505 HOMESTEAD
City MOUNT HOLLY State NJ Zip 08060 Email COMPBG76BYAH@COMCAST.NET
Business Hours Telephone: Area Code 232 Number 500-8785 Extension _____
Preferred Delivery: Pick Up ☒ US Mail _____ On Site Inspection _____
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/27/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☒ Check _____ Money Order _____
Fee:
8 1/2" x 11" - \$.05 per page
11" x 14" - \$.07 per page
Extras: Extraordinary service if dependent upon request

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

- Request age of roof
- Request current tax amount for 15 Ridgely St, Mount Holly NJ
- Request ~~code~~ Lien recorded
- Code enforcement issues
- unpaid property tax

No Liens
No Open Code

RECEIVED

SEP 28 2017

Mount Holly Township

No Records Found.

All requests noted are for 15 Ridgely St. Mount Holly NJ 08060

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 _____

Disposition Notes
Customer: 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 # 2017-205 Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____
Records Provided

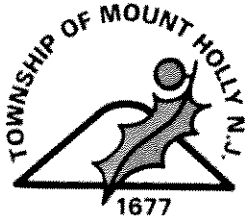
Deposit Date

Due 10/11/2017

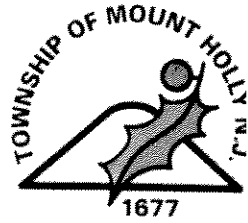
10/3/17

[Signature]
Custodian Signature

10/3/2017
Date



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Johnatan	MI		Last Name	Zuluaga
E-mail Address	JZuluaga@elp-inc.com				
Mailing Address	140 West Main Street				
City	High Bridge	State	New Jersey	Zip	08829
Telephone	908-238-0544	FAX	908-238-9572		
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	Johnatan Zuluaga		Date	9/29/2017	

Payment Information

Maximum Authorization Cost	\$ 20.
Select Payment Method	
Cash ☐	Check ☒
Money Order ☐	
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.0 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.

Our office is requesting any documents related to wetlands delineation (Wetlands Delineation Map, Letter or interpretation "LOI") for Block 41.09, Lot 31 (Victoria Court) in Mount Holly Township, Burlington County, NJ.
If you have any questions feel free to contact us at 908-238-0544.

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		Final Cost
Tracking #	2017-200	Total
Rec'd Date	_____	Deposit
Ready Date	_____	Balance Due
Total Pages	_____	Balance Paid
Records Provided		
Custodian Signature		Date

25 Wallace Road

No Records - Block & Lot does not match referenced address.

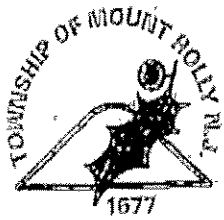
RECEIVED

OCT - 2 2017

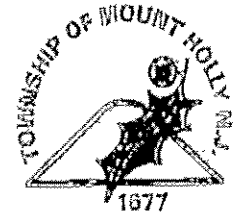
Mount Holly Township

Oct. 4. 2017 9:37AM

Vol. 645' F. 2



STATE OF NEW JERSEY
Mount Holly Township
 OPEN PUBLIC RECORDS ACT REQUEST FORM
 23 Washington Street
 Mount Holly, NJ 08060
 609-845-1100

**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	Ann	MI	C	Last Name	MIAMIADIAN
E-mail Address	AMIANMIADIAN@LEGACYTREATMENT.ORG				
Mailing Address	1289 Route 38 West Suite 203				
City	HANESPORT	State	NJ	Zip	08030
Telephone	609 247 5050	FAX	609 288 3289		
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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	[Signature]			Date	10-4-17

Payment Information

Maximum Authorization Cost	\$
Select Payment Method	
Cash ☐	Check ☐ Money Order ☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

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

Incident date 12/14/2015 evening @ 9 PM involving
 Najma London; location 201 Spout Spring Ave, Mt-Holly.

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 _____
Filed	Closed _____
Partial	Closed _____

Tracking Information		Final Cost
Tracking #	61778	Total \$ 2054
Rec'd Date		Deposit
Ready Date		Balance Due \$ 2054
Total Pages		Balance Paid \$ 2054
Records Provided		
Custodian Signature		Date
[Signature]		10/4/17



STATE OF NEW JERSEY
Mount Holly Township
 OPEN PUBLIC RECORDS ACT REQUEST FORM
 23 Washington Street
 Mount Holly, NJ 08060
 609-845-1100

**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	Pam		MI		Last Name	Bigelow	
E-mail Address	pbigelow@nobleweb.com						
Mailing Address	1817 Olde Homestead Lane Suite 101						
City	Lancaster	State	PA	Zip	17601		
Telephone	717-859-3311 x124			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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.							
Signature	Pam Bigelow				Date	10/6/17	

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 any open construction permits for 20 Hilton Road Mount Holly, NJ 08060.

Thank you.

RECEIVED

OCT 10 2017

Mount Holly Township

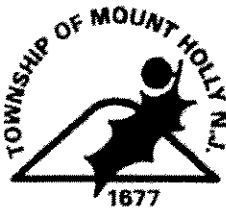
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open
Denied	- Closed
Filed	- Closed
Partial	- Closed

10/10/17

Tracking Information		Final Cost
Tracking #	2017-268	Total
Rec'd Date	_____	Deposit
Ready Date	_____	Balance Due
Total Pages	_____	Balance Paid
Records Provided		
Custodian Signature		Date
10/10/17		

Due 10/23/2017



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	MARC	MI		Last Name	SPECTOR
E-mail Address	SPECTORMARC1@GMAIL.COM				
Mailing Address	133 THACKERAY DR.				
City	BASKING RIDGE	State	NEW JERSEY	07920-2635	
Telephone	908 723 5134			FAX	908 874 6024
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	MARC SPECTOR			Date	10/10/2017

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.

KINDLY INITIATE OPRA REQUEST FOR:
103 GRANT STREET
MOUNT HOLLY, NJ, 08060
PLEASE PROVIDE ALL:
OPEN + CLOSED BUILDING PERMITS
OPEN CODE VIOLATIONS
OPEN + CLOSED PROPERTY LIENS
FOR PERIOD FROM 1961 TO 2017 (PRESENT)

THANK YOU, MARC SPECTOR

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
☒ Filed	- Closed 10/10/17
Partial	- Closed

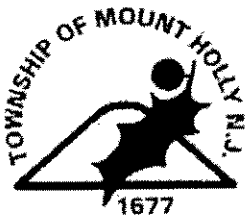
Tracking Information		Final Cost	
Tracking #	2017-200	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
R. G. Smith		10/10/17	

due 10/23/2017

RECEIVED

OCT 10 2017

Mount Holly Township



RECEIVED

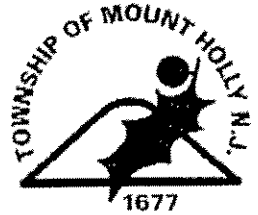
OCT 10 2017

Mount Holly Township

STATE OF NEW JERSEY

Mount Holly Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

 23 Washington Street
 Mount Holly, NJ 08060
 609-845-1100


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	JAN		MI	Last Name		ILVES, LSRD	
E-mail Address	jpiassociates@verizon.net						
Mailing Address	JPI Associates, Inc., 725 Market Street						
City	Gloucester City	State	NJ	Zip	08030		
Telephone	856.456.6565 office		FAX		856.456.6565		
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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.							
Signature	[Signature]			Date	10/11/17		

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.

Location: Sunrise Car Wash (Polly Car Wash)
 1659 Route 38, Mt. Holly, NJ 08060
 Block 117.01, Lot 2

Request: Looking for USTs, hazmat spills
 environmental + remedial action records.

Thank you, JPI.

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		Final Cost
Tracking #	2017-210	Total
Rec'd Date	_____	Deposit
Ready Date	_____	Balance Due
Total Pages	_____	Balance Paid
Records Provided		
[Signature]		10/11/2017
Custodian Signature		Date

Ans. 10/12/17

Nikima Muller

#2017-211

From: Pradip Gupta <pradipgupta1976@gmail.com>
Sent: Wednesday, September 20, 2017 2:47 PM
To: Nikima Muller
Subject: Re: OPRA Request

RECEIVED

SEP 20 2017

Mount Holly Township

Good Afternoon Ms. Muller,

I am revising my OPRA request as requested. Please consider this a formal OPRA Request for the following:

Please provide me with a copy of any code violations cited to the properties and owners of: 20-22 Mill St. and or 19 Church St. from 2013 until the present.

Please provide me with a copy of loan contract/resolutions, agreements and or memorandums of understanding between the Township of Mount Holly, The Mount Holly Urban Enterprise Zone and the owner/s of 20-22 Mill St. and or 19 Church St. from 2013 until the present.

It is my understanding that Urban Enterprise Zone funds were used to acquire one or more of these properties as a loan to either New Penn Construction, Fullerton Properties, LLC and or Mr. Ricardo Fullerton and that the loan was forgiven. I am requesting any document, Urban Enterprise Zone meeting agenda and or minutes which documented said transaction. The period is also between 2013 and the present.

The above request requires no creation of any documents, and no research as the aforementioned transaction either occurred or it didn't.

Thank you.

On Fri, Sep 1, 2017 at 9:42 AM, Nikima Muller <nmuller@twp.mountholly.nj.us> wrote:
Mr. Gupta.

Due to the fact that our offices are closed on Friday and Monday is a holiday, your request is deemed received as of business day Tuesday, September 5th. However, I feel compelled to advise you that I am rejecting your first item as it is overly broad and would require research which is not required under OPRA.

I am rejecting item number two as well as it is a request for information which is also not a valid request under OPRA. If such violations exist, it would also require a creation of a document as you are requesting a list which is also not required under OPRA.

Please revise your request to correct the issues as presented.

Due 10/3/2017; extension to Classification received 10/3/2017
Classification requested 10/2/2017 New Due Date 10/17/



GENOVA
BURNS
ATTORNEYS AT LAW

#2017-212

Genova Burns LLC
30 Montgomery Street, 11th Floor, Jersey City, NJ 07302
Tel: 201.469.0100 Fax: 201.332.1303
www.genovaburns.com

Jenna M. Beatrice, Esq.
Member of NJ and NY Bars
jbeatrice@genovaburns.com
Direct: 973-535-7125

October 3, 2017

VIA FASCIMLE

Township of Mount Holly
Nikima Muller
23 Washington Street
Mount Holly, NJ 08060
nmuller@twp.mountholly.nj.us

RECEIVED

OCT - 3 2017

Mount Holly Township

Re: Request Pursuant to N.J.S.A. 47:1A-1, et seq. (COPIES)

Dear Ms. Muller:

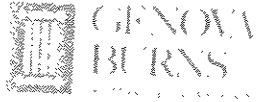
Pursuant to N.J.S.A. 47:1A-1, et seq., enclosed please find a government-records request for the records of Mount Holly. Please provide us with copies, stored electronically or in hardcopy form, of the following records:

1. All fee and/or retainer agreements entered between Mount Holly and any law firm and/or legal counsel from January 1, 2015 to the present with respect to representation and/or advice for tax appeal and/or tax assessment litigation for Virtua Memorial Hospital Mount Holly, and any of its affiliates, subsidiaries, joint ventures or related entities.
2. All invoices and/or bills submitted by any law firm and/or legal counsel to Mount Holly from January 1, 2015 to the present with respect to representation and/or advice for tax appeal and/or tax assessment litigation for Virtua Memorial Hospital Mount Holly, and any of its affiliates, subsidiaries, joint ventures or related entities.
3. All receipts and/or documents reflecting payment made by Mount Holly to any law firm and/or legal counsel from January 1, 2015 to the present with respect to representation and/or advice for tax appeal and/or tax assessment litigation for Virtua Memorial Hospital Mount Holly, and any of its affiliates, subsidiaries, joint ventures or related entities.

Due 10/17/2017

Completed 10/11/17

Nikima S. Muller



Nikima Muller, Township of Mount Holly
October 3, 2017
Page 2

Electronic copies of all responsive records are preferred, but, if that is not possible, please provide the anticipated cost of copies. Once you have had an opportunity to assess the copying costs for reproduction of the documents, please contact me and we will make arrangements for payment and delivery.

Thank you for your attention to this matter.

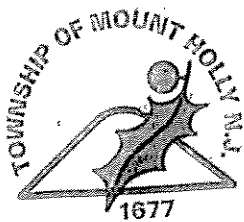
Very truly yours,

GENOVA BURNS LLC

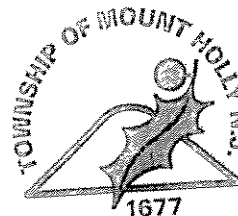
A handwritten signature in cursive script, appearing to read "Jenna M. Beatrice".

JENNA M. BEATRICE

JXB/tc
Enclosure



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Samantha	MI	IA	Last Name	Moore
E-mail Address	Sashley.moore@gmail.com				
Mailing Address	53 White St				
City	Mount Holly	State	NJ	Zip	08060
Telephone	(609) 847-8441		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 <u>HAVE</u> HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Samantha Moore			Date	10/11/17

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash ☐	Check ☐	Money Order ☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Special service charge dependent upon request.	

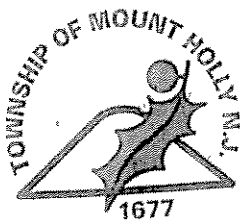
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

any time the police were called out to 51 white st Mount Holly NJ 08060 in the past year, what for and if any arrests were made or complaints filed and the details of the citations/arrests

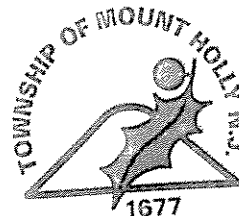
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open
Denied	- Closed
Filed	- Closed
Partial	- Closed

2017-213		Final Cost	
Tracking Information		Total	\$ 1.00
Tracking #	61738	Deposit	
Rec'd Date	10/11/17	Balance Due	\$ 1.00
Ready Date	10/12/17	Balance Paid	
Total Pages	10	Records Provided	
Custodian Signature		Date	
Marylene		10/12/17	



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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

Requestor Information - Please Print

First Name	JAMES	MI	F	Last Name	Dunaway
E-mail Address	zipper69@comcast.net				
Mailing Address	8 WARWICK Rd				
City	Eastampton	State	NJ	Zip	08060
Telephone	6096658481	FAX			
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	[Signature]			Date	10/12/2017

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.	

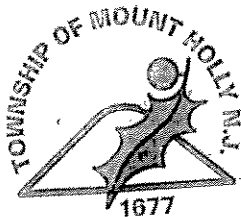
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

Police response & subsequent ~~investigation~~ occurring over the last 12 months, since Sept 2016, at 51 White St Mt. Holly, N.J. I am the landlord for this residence/prop.

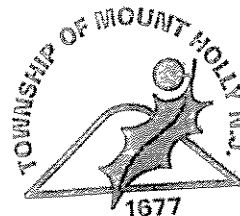
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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		Final Cost
Tracking #	2017 214	Total
Rec'd Date	_____	Deposit
Ready Date	_____	Balance Due
Total Pages	_____	Balance Paid
Records Provided		
Custodian Signature		Date



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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Requestor Information - Please Print

First Name	Danielle	MI		Last Name	Ditmar
E-mail Address	laffylaffyl@live.com				
Mailing Address	5 Mill Street Medford, NJ Previous 129 Shreve St. Mt. Holly NJ				
City	Medford	State	NJ	Zip	08015
Telephone	609-836-8979	FAX			
Preferred Delivery:	Pick Up ☒	US Mail		On-Site Inspect	
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	Danielle Ditmar			Date	10-17-17

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.	

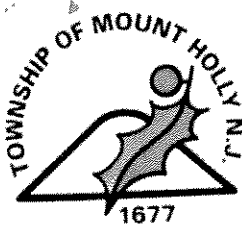
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

17-10520 Report.

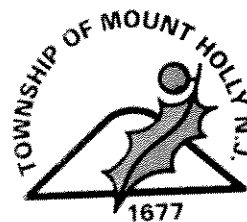
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open
Denied	- Closed
Filed	- Closed
Partial	- Closed

Tracking Information		Final Cost	
Tracking #	2017-215	Total	154
Rec'd Date	6-17-17	Deposit	154
Ready Date	3	Balance Due	154
Total Pages	3	Balance Paid	154
Records Provided			
Custodian Signature		Date	



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Enrique	MI		Last Name	Jimenez
E-mail Address	ejimenez@elp-inc.com				
Mailing Address	140 West Main Street				
City	High Bridge	State	New Jersey	Zip	08829
Telephone	908-238-0544 ext. 24	FAX	908-238-9572		
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	Enrique Jimenez			Date	10/13/2017

Payment Information

Maximum Authorization Cost	\$ 20.00
Select Payment Method	
Cash ☐	Check ☒
Money Order ☐	
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) – actual cost of material
Delivery	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

Record Request Information: Please 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.

Our office is requesting any documents related to wetlands delineation (Wetlands Delineation Map, Letter or Interpretation "LOI") for Block 41.09, Lot 105 in Mount Holly Township, Burlington County, NJ. We would like to obtain information about any LOI record submitted within the last 10 years. If you have any questions feel free to contact us at 908-238-0544.

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
Filed	Closed
Partial	Closed

10/24/17

Tracking Information		Final Cost
Tracking #	2017216	Total _____
Rec'd Date	_____	Deposit _____
Ready Date	_____	Balance Due _____
Total Pages	_____	Balance Paid _____
Records Provided		
Custodian Signature		Date
[Signature]		10/24/17

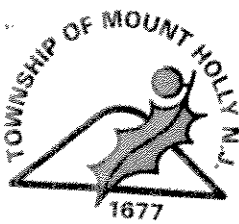
RECEIVED

OCT 16 2017

Mount Holly Township

Due 10/26/2017

No Records



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100

RECEIVED

OCT 19 2017

Mount Holly Township



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	Cesar	MI	0	Last Name	Diaz
E-mail Address	Cesar.diaz1@student.shu.edu				
Mailing Address	21 River Road Apt G				
City	Nutley	State	NJ	Zip	07110
Telephone	(201) 705-3928		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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	10/14/2017

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.

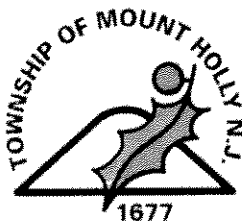
1. I would like to see all your Open Public Records Requests from January 1 through Sept 2017.
2. I would like to know what the effective property tax rate was on June 30th of every year from 1997 to 2017. Not a valid request - see no information

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

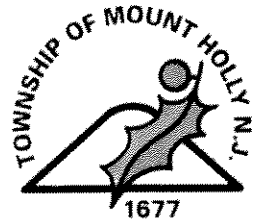
10/14/17

Tracking Information		Final Cost
Tracking #	2017217	Total
Rec'd Date	_____	Deposit
Ready Date	_____	Balance Due
Total Pages	_____	Balance Paid
Records Provided		_____
Custodian Signature		Date
		10/14/17



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100

Fax: 609-267-1178



Important Notice

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

Requestor Information – Please Print

First Name	Larry	MI		Last Name	Higgins
E-mail Address	OPRA@NJPropertyRecords.com				
Mailing Address	174 Lamington Rd, P.O. Box 180				
City	Oldwick	State	NJ	Zip	08858
Telephone	908-255-9919	FAX			
Preferred Delivery:	☐ Pick Up	☐ US Mail	☐ On-Site Inspect	☐ Fax	☒ E-mail
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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash ☐	Check ☐	Money Order ☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Special service charge dependent upon request.	

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

I'm requesting the following information in electronic format. (PDF, TIF, JPG, etc.)

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

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
<u>Filed</u>	- Closed
Partial	- Closed

Tracking Information		Final Cost	
Tracking #	2017218	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
		10/23/17	
Custodian Signature		Date	

See attached for details

RECEIVED

OCT 23 2017

Mount Holly Township

done 10/22/2017

Nikima Muller

From: Larry Higgins <opra@njpropertyrecords.com>
Sent: Friday, October 20, 2017 3:15 PM
To: Nikima Muller; Sherry Marnell
Subject: OPRA Request (323.BURLINGTON_MT HOLLY TWP)
Attachments: 323.BURLINGTON_MT HOLLY TWP.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.

Not Valid; seeks info

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.

No Valid seeks info

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.

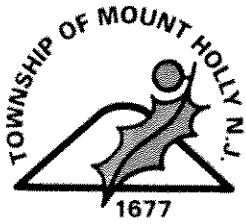
Not Valid seeks info

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.

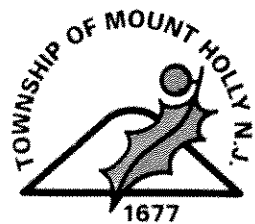
*Not Valid
seeks
info*

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



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Anthony	MI		Last Name	Deon
E-mail Address	adeon@erinj.com				
Mailing Address	815 East Gate Drive				
City	Mount Laurel	State	NJ	Zip	08054
Telephone	856-235-7170			FAX	856-273-9239
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	Anthony Deon		Date	10/24/2017	

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.

Environmental Resolutions, Inc. is seeking planning and zoning records, construction permits, and any environmental records on file for 611 High Street - Block 127, Lot 1.03 in Mount Holly Township.

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		Final Cost	
Tracking #	2017-219	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
[Signature]		10/26/17	

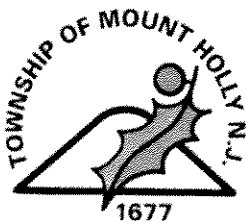
No Records found.

2/11/6/2017

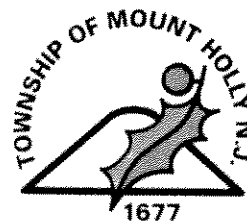
RECEIVED

OCT. 24 2017

Mount Holly Township



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Richard	MI		Last Name	Yu
E-mail Address	richard.yu.mail@gmail.com				
Mailing Address	156-09 45 Ave Ste A22				
City	Flushing	State	NY	Zip	11355
Telephone	347-926-3386		FAX		
Preferred Delivery:	Pick Up ☐	US Mail ☐	On-Site Inspect ☐	Fax ☐	E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	10/29/17

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash ☐	Check ☐	Money Order ☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.05 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.

Request: Copy of Tax Delinquent list (excel spreadsheet preferred)
include information such as name, address, amount...

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

10/30/17

Tracking Information		Final Cost	
Tracking #	2017-220	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
		10/30/17	
Custodian Signature		Date	

RECEIVED

OCT 30 2017

Mount Holly Township

due 11/13/2017



State of New Jersey
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



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 JULIE MI Last Name WYLIE
 Company LEXISNEXIS CLAIMS SOLUTIONS INC.
 Mailing Address PO BOX 7000 SOUTHEASTERN, PA 19398
 City State Zip Email
 Business Hours Telephone: Area Code Number 800-934-9698 Extension
 Preferred Delivery: Pick Up US Mail ☒ On Site Inspect
 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 *Jul Hyl* Date 9/27/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: Pages 1-10 @\$0.70
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.20
 Delivery: Delivery / postage fees additional depending upon delivery type
 Extras: Extraordinary service fee dependent upon request

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Auto Theft 17-10246 248 RANDALL AVE
 GARY NAYLOR

8

AGENCY USE ONLY

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

AGENCY USE ONLY

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

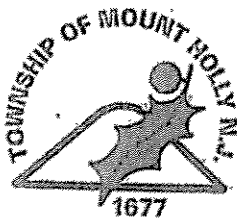
In Progress - Open
 Denied - Closed
 Filled - Closed
 Partial - Closed

AGENCY USE ONLY

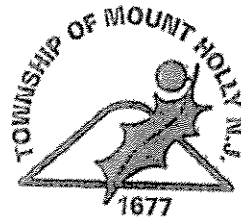
Tracking Information
 Tracking # 3017-221 Total
 Rec'd Date Deposit
 Ready Date Balance Due
 Total Pages Balance Paid 5.10
 Records Provided

Custodian Signature *[Signature]*

Date 10/30/17



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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

D.O.B: 08/18/1989

First Name	Anna	MI	J	Last Name	Emore
E-mail Address	anna.e.818@gmail.com				
Mailing Address	313 TYSON AVE				
City	Phila	State	PA	Zip	19111
Telephone	215-749-2397		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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	[Signature]			Date	10/30/17

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.

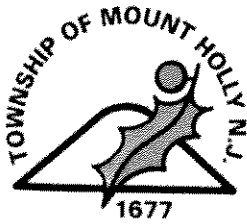
09/2012 - DUI

2012 - 9141

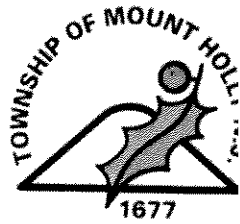
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open
Denied	- Closed
Filed	- Closed
Partial	- Closed

Tracking Information		Final Cost
Tracking #	2017-222	Total
Rec'd Date	11/2/17	Deposit
Ready Date		Balance Due
Total Pages	9	Balance Paid
Records Provided		
[Signature]		11/2/17
Custodian Signature		Date



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	ALEXANDRIA		MI	Last Name	ESTRELLA	
E-mail Address	ALEXANDRIA@SKYLINELIEN.COM					
Mailing Address	8785 SW 165 AVE, STE 301					
City	MIAMI	State	FLORIDA	Zip	33193	
Telephone	305-553-4627		FAX	305-553-4626		
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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.						
Signature	Alexandria Estrella			Date	11/02/2017	

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash ☐	Check ☐	Money Order ☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.05 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 COPIES OF ANY OPEN/EXPIRED PERMITS AND/OR ACTIVE CODE VIOLATIONS AGAINST THE FOLLOWING PROPERTY:

40 PARLIAMENT DRIVE (BLOCK 41.08, LOT 38)

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		Final Cost
Tracking #	2017-223	Total
Rec'd Date	_____	Deposit
Ready Date	_____	Balance Due
Total Pages	_____	Balance Paid
Records Provided		
Custodian Signature		Date
		11/7/2017

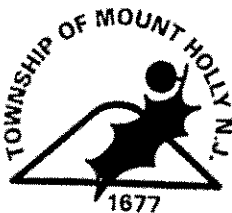
No records found

RECEIVED

NOV - 2 2017

Mount Holly Township

Due 11/20/17



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	CLYDE	MI	J	Last Name	DONOHUGH
E-mail Address	clyde@clydelaw.com				
Mailing Address	110 Barclay Pavilion East				
City	Cherry Hill	State	NJ	Zip	08034
Telephone	856-428-4371	FAX	856-427-0180		
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 <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	11/1/2017

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: 134 King Street - Lot 4 Block 19

Please provide copies of all documentation, applications, permits and final approvals for the above referenced property, including but not limited to the removal of an underground oil tank, conversion from oil to gas, all renovations/remodeling of property including finished basement, installation of HVAC system, and any having to do with plumbing or electrical.

Please provide copies of any and all assessors property cards/records for this property from January 1, 1972.

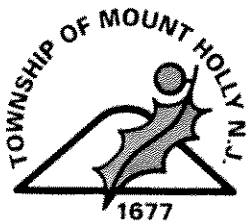
RECEIVED
NOV - 2 2017
Mount Holly Township

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		Final Cost	
Tracking #	2017-234	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	

Due 11/20/2017



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Jennifer	MI		Last Name	Roy
E-mail Address	cls@slkgroup.com				
Mailing Address					
City		State		Zip	
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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Jennifer Roy			Date	11/02/2017

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 advise if there are any open code violations; open/expired building permits and liens/special assessments such as weeds or tall grass for the property listed below:

Address: 201 LINCOLN AVE Mount Holly NJ 08060

Parcel: BLOCK 104 Lot 1

ATR#: 619184

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
<u>Filed</u>	- Closed
Partial	- Closed
11/13/17	

Tracking Information		Final Cost	
Tracking #	2017-225	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
Jennifer S. Mark		11/13/17	

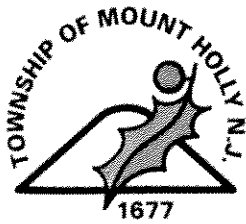
RECEIVED

NOV - 6 2017

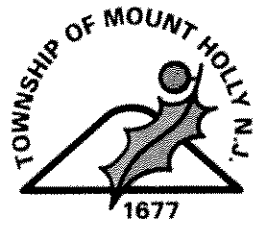
Mount Holly Township

due 11/2/17

No Code Records
No Construction
No Cords



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	ALEXANDRIA	MI	Last Name	ESTRELLA	
E-mail Address	ALEXANDRIA@SKYLINELIEN.COM				
Mailing Address	8785 SW 165 AVE, STE 301				
City	MIAMI	State	FLORIDA	Zip	33193
Telephone	305-553-4627		FAX	305-553-4626	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail XX
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	Alexandria Estrella		Date	11/07/2017	

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 PROVIDE COPIES OF ANY OPEN/EXPIRED PERMITS AND/OR ACTIVE CODE VIOLATIONS AGAINST THE FOLLOWING PROPERTY:

15 E MONROE STREET (BLOCK 84, LOT 65)

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
<u>Filed</u>	- Closed
Partial	- Closed
11/13/17	

Tracking Information		Final Cost	
Tracking #	2017-220	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
[Signature]		11/13/2017	

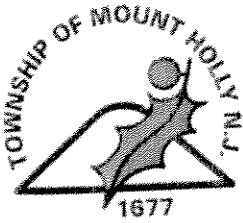
No Code Records

due 11/22/2017

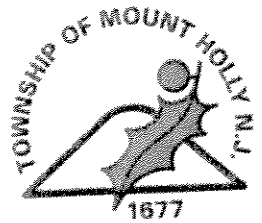
RECEIVED

NOV - 3 2017

Mount Holly Township



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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	Karen	M	MI	Last Name	Murray
E-mail Address	kmurray@hainesportnj.com				
Mailing Address	5900 Sylon Boulevard				
City	Hainesport	State	NJ	Zip	08036
Telephone	856-778-4002	FAX	856-778-4008		
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	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 <u>HAVE</u> HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Karen Murray			Date	11-10-17

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.

Please provide a copy of any contract made with contractor New Penn Construction, which contract included demolition work for Gardens redevelopment project work performed in 2015 - 2016.

No Records

RECEIVED

NOV 13 2017

Mount Holly Township

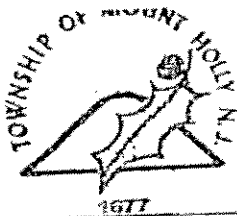
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days detail reasons here	
In Progress	- Open
Denied	- Closed
Filed	- Closed
Partial	- Closed

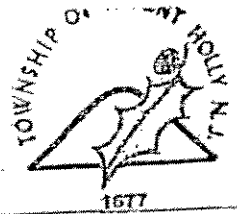
11/13/17

Tracking Information		Final Cost
Tracking #	2017-207	Total
Rec'd Date	_____	Deposit
Ready Date	_____	Balance Due
Total Pages	_____	Balance Paid
Records Provided		_____
Custodian Signature		Date
<i>[Signature]</i>		<i>11/13/17</i>

Due 11/27/2017



State of New Jersey
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



5037963578

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 BETSY MI Hummel Last Name Hummel
Company Metropolitan Reporting Bureau
P.O. Box 928 Wm. Penn Annex
Mailing Address Philadelphia, PA 19105
City _____ State _____ Zip _____ Email report@metroreporting.com
Business Hours Telephone: Area Code 800 Number 480-246-6086 Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
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 Betsy Hummel Date NOV 02 2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees
additional depending upon
delivery type.
Extras: Extraordinary service fees
dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please
include the type of access requested (copying or inspection), and if data, the medium requested.

Requesting copy of report for:

AUTO ACCIDENT

Date: 10/13/17

Rept. #: 17-10994

Location: 876 WOODLANE RD

MOUNT HOLLY

Involving: JANEECE marrero

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # 2017-228
Rec'd Date 11/8/17
Ready Date 4
Total Pages 7
Final Cost
Total 200
Deposit _____
Balance Due _____
Balance Paid 20
Records Provided
Custodian Signature Marylene Date 11/14/17

11/10/2017 04:56

8567979932

HNN

Mount Holly Police Department OPEN PUBLIC RECORDS ACT REQUEST FORM

23 Washington Street
Mount Holly, NJ 08060
Fax Number 609-845-1195

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 Cynthia MI C Last Name Henry
E-mail Address cyndlihenry@yahoo.com
Mailing Address 1014 Courtney Way
City Mt Laurel State NJ Zip 08054
Telephone 848-218-2753 FAX _____ E-mail _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____
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 Cynthia Henry Date 11/8/17

Payment Information

Maximum Authorization Cost 3

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'm trying to get police records from any incidents/calls/arrests at 148 Mill Street, Mount Holly, NJ 08060, from 07/01/2015 to Present.

I know that there was a drug-related 911 call around March 2017. Someone was taken to the hospital regarding an overdose. My information shows the approximate date of 03/07/2017, but it could have happened before then and just not recorded until that date.

Any police records pertaining to that address and the names: Nicole A Dinnen, Richard Wood, Samantha Wood, Michael Young.

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

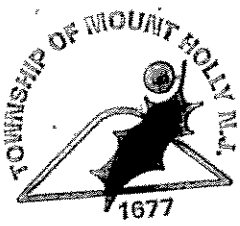
Tracking # 2017-229
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost 30
Total _____
Deposit _____
Balance Due _____
Balance Paid 30

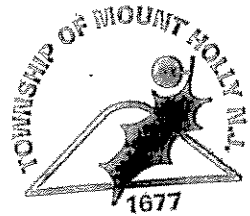
Records Provided

Custodian Signature

Date 11/14/17



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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Requestor Information - Please Print

First Name	Joseph	MI	Y	Last Name	Koomson
E-mail Address	KMSHJSph@gmail.com				
Mailing Address	6 Wallace Rd				
City	MT Holly	State	NJ	Zip	08060
Telephone	361 547 1487	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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	[Signature]			Date	9/15/17

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.

I am requesting for a domestic arrest record from 1999 between Joseph Koomson and Elizabeth Esham.

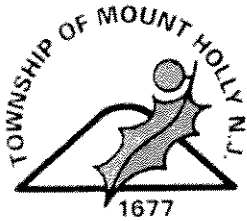
1999-1065425 - ordered 9/11/17

203 502 151E-POL. 2017-230

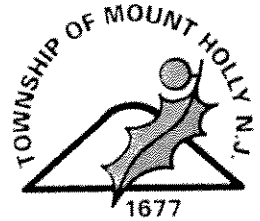
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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		Final Cost	
Tracking #	61757	Total	0.154
Rec'd Date	9/15/17	Deposit	
Ready Date	9/11/17	Balance Due	0.154
Total Pages		Balance Paid	
Records Provided			
[Signature]		9/11/17	
Custodian Signature		Date	



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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Requestor Information - Please Print

First Name	GREGORY	MI	J	Last Name	BARNAK
E-mail Address	BARNAKCONSULTING@GMAIL.COM				
Mailing Address	3 CORN HILL DRIVE				
City	MARLIS TOWN	State	NJ	Zip	07960
Telephone	908 551 8560	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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	[Signature]			Date	11/1/2017

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.

71 + 73 MILL ST
RECORDS OF UNDERGROUND TANKS; CHEMICAL SPILLS; ISSUES REGARDING LEAD PAINT, ASBESTOS, MOULD; WELLS + SEPTIC SYSTEMS; OUTSTANDING CODE VIOLATIONS; TAX CARDS

RECEIVED

NOV - 6 2017

No Hazards
Records

Mount Holly Township

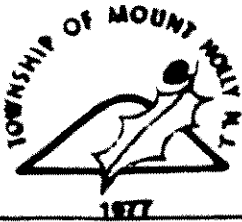
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here	
In Progress	Open
Denied	Closed
Filed	Closed
Partial	Closed

11/20/17

Tracking Information		Final Cost	
Tracking #	2017281	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
[Signature]		11/20/17	

due 11/21/17



State of New Jersey
Mount Holly Township
GOVERNMENT RECORDS REQUEST FORM



11/20/17
Sent letter. No phone#. Email illegible.

Important Notice

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Requestor Information - Please Print

First Name Arthur MI P. Last Name Smith
Company _____
Mailing Address 32 Pine St.
City Mt-Holly State N.J. Zip 08060 Email firetrucksmith@gmail.com
Business Hours Telephone: Area Code _____ Number _____ Extension _____
Preferred Delivery: Pick Up ☒ US Mail _____ On Site Inspection _____
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 Arthur P. Smith Jr Date 11-15-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fee:
8 1/2"x11" - \$.05 per
11"x14" - \$.07 per.
Extras: Extraordinary service fee dependent upon request

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if date, the medium requested.

Requesting contact information for
DAVID DIAMOND 34 Pine St. Mt-Holly
Mailing Address & Phone #

RECEIVED

NOV 15 2017

Mount Holly Township

Due 11/30/2017 seeks information.
Not valid CPRA Request

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

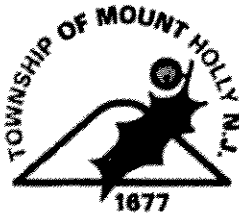
Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date _____

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

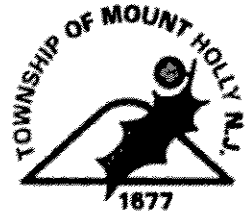
In Progress _____ Open _____
Denied _____ Closed 11/20/17
Filed _____ Closed _____
Partial _____ Closed _____

Tracking Information
Tracking # 2017.232 Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____
Records Provided

Custodian Signature Date 11/20/17



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



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Requestor Information - Please Print

First Name	Adam	MI	Z	Last Name	Stenberg
E-mail Address	adam.stenberg@reinvestment.com				
Mailing Address	%Reinvestment Fund, 1700 Market St, 19th Floor				
City	Philadelphia	State	PA	Zip	19103
Telephone	215.574.5991	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 <u>HAVE</u> / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Adam Stenberg			Date	11/2/17

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.

Ordinance No. 2011-11: Agreement for Payment
in Lieu of Taxes

Ordinance No. 2012-13: Ordinance approving the
application and financial agreement for a
five year tax exemption and abatement.

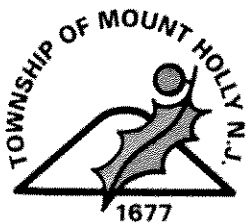
RECEIVED
NOV - 8 2017
Mount Holly Township

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

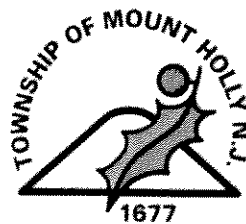
Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	Open
Denied	Closed
Filled	Closed
Partial	Closed

Tracking Information		Final Cost	
Tracking #	2017-234	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
[Signature]		11/2/17	

aduc 11/20/2017



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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Requestor Information – Please Print

First Name	Manny	MI		Last Name	Ruffin
E-mail Address	manish.kumar@slkgroup.com				
Mailing Address					
City		State		Zip	
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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	MANNY RUFFIN			Date	11/09/2017

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 check and advise for the below address:

- 1) Any liens or Special Assessments
- 2) Code Violations
- 3) Open / Expired Building Permits

File # : 620558

Name : CHARLES, ROWAND & GEORGINA H K

Block 126.21 Lot 12

Add : 36 HILTON ROAD Mount Holly NJ 08060

Legal :

County : BURLINGTON

RECEIVED

NOV 11, 2017

Mount Holly Township

No Construction Records

No Code Violations

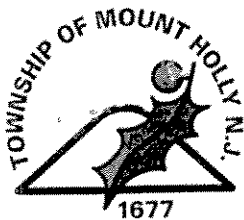
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open
Denied	- Closed
Filed	- Closed
Partial	- Closed

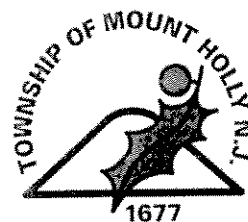
11/20/17

Tracking Information		Final Cost	
Tracking #	2017-235	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
[Signature]		11/21/17	

due 11/27/2017



STATE OF NEW JERSEY
Mount Holly Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
23 Washington Street
Mount Holly, NJ 08060
609-845-1100



Important Notice

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Requestor Information – Please Print

First Name	ARTHUR	MI	R	Last Name	Puglia					
E-mail Address										
Mailing Address	23499 Columbus Rd									
City	Columbus	State	N.J.	Zip	08022					
Telephone	609-298-1809		FAX	609 291-0707						
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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.										
Signature	Arthur R. Puglia				Date	9-19-2017				

Payment Information

Maximum Authorization Cost	\$				
Select Payment Method					
Cash	☐	Check	☐	Money Order	☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) – actual cost of material				
Delivery:	Delivery / postage fees additional depending upon delivery type.				
Extras:	Special service charge dependent upon request.				

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

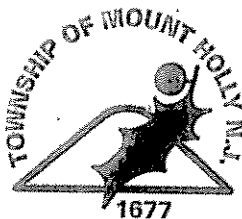
Request Police Reports for 249 Lincoln Ave. Mt. Holly NJ
from June 1-2017 - Tenant - Robbin Hunt Apt 1-A
2017-7842 - CASE Report Not yet complete.
2017-7180 ✓

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

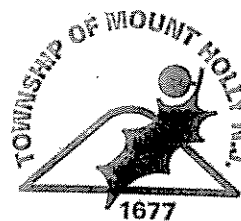
Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open _____
Denied	- Closed _____
Filed	- Closed _____
Partial	- Closed _____

Tracking Information		Final Cost	
Tracking #	2017339	Total	0.15
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	0.15
Total Pages	_____	Balance Paid	.15
Records Provided			
Custodian Signature		Date	

9/20/17 Phoned Mr. Puglia, He does not want to pick up yet (until second report is done) - (m)



STATE OF NEW JERSEY
Mount Holly Township
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Requestor Information - Please Print

First Name	Denise		MI		Last Name	D. Hindrichs	
E-mail Address	870 Woodlawn Rd.						
Mailing Address	Washington						
City		State	NJ		Zip	08060	
Telephone			FAX				
Preferred Delivery:	Pick Up		US Mail		On-Site Inspect		Fax
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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.							
Signature					Date		

Payment Information

Maximum Authorization Cost	\$				
Select Payment Method					
Cash	☐	Check	☐	Money Order	☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material				
Delivery:	Delivery / postage fees additional depending upon delivery type.				
Extras:	Special service charge dependent upon request.				

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

PR Walters.
Body WORN
9/8/2017
1:26 AM.
SC 023080.

Phone: N/A.
*17-9505 -
NO Body WORN
FOR INFO.

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		Final Cost	
Tracking #	2017-240	Total	_____
Rec'd Date	9/14/17	Deposit	_____
Ready Date	9/18/17	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
[Signature]		9/18/17	