126-17
Received: 11/20/17
Due: 12/1/17

Mendez, Jessica

From: ASK NJ Media Co. <opra+request-269-7a17927c@requests.opramachine.com>
Sent: Monday, November 20, 2017 5:08 PM
To: Clerks.Office
Subject: Open Public Records Act request - OPRA Requests

Dear Hamilton Township (Atlantic),

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

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

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-269-7a17927c@requests.opramachine.com

Is clerks.office@townshipofhamilton.com the wrong address for Open Public Records Act requests to Hamilton Township (Atlantic)? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=hamilton_township_atlantic

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

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

1260-1.1
Received: 11/20/17
Due: 12/1/17

Mendez, Jessica

From: ASK NJ Media Co. <opra+request-269-7a17927c@requests.opramachine.com>
Sent: Monday, November 20, 2017 5:08 PM
To: Clerks.Office
Subject: Open Public Records Act request - OPRA Requests

Dear Hamilton Township (Atlantic),

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

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

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-269-7a17927c@requests.opramachine.com

Is clerks.office@townshipofhamilton.com the wrong address for Open Public Records Act requests to Hamilton Township (Atlantic)? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=hamilton_township_atlantic

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

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

124-17

Received: 11/20/17
Due 11/30/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

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 Jerome MI ____ Last Name Jackson

E-mail Address jerome.jackson@dcf.state.nj.us

Mailing Address 201 Laurel Road, 4 Echelon Plaza

City Voorhees State NJ Zip 08043

Telephone (856) 772-1549 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 Jerome C. Jackson Date 11/20/17

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

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

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

Extras: Special service charge dependent upon request.

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

We are requesting information regarding our employee, Jessica M. Cardona, d/o/b 6/19/1981, 1816 Arrowhead Trail, Vineland, NJ 08360, who was arrested on April 5, 2017 for a DUI in Hamilton Township.

Please provide a copy of the arrest Police report as well as the status of the court disposition as soon as possible.

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 11/21/17 - Closed 11/21/17
Partial - Closed ____

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

12317

Received 11/30/17
Due: 11/30/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Cassie MI M Last Name Phelps

E-mail Address cassie.phelps@globalzoning.com

Mailing Address 8205 NW 69th Street

City Oklahoma City State OK Zip 73132

Telephone (405) 792-2075 FAX (844) 866-8503

Preferred Delivery: Pick Up ○ US Mail ○ On-Site Inspecs ○ 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 Cassie Phelps Date 11/16/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 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 the following documents on file for the Hamilton Commons Shopping Center located at 190 Hamilton Commons (Block 1320 Lot 4.01, Lot 5, Lot 7.01, Lot 8 and Lot 7.02). Attached is a list of tenants

-copy of any currently outstanding building, zoning and fire code violations on file for the subject property
-copy of certificates of occupancy on file for the subject property
-copy of zoning approvals on file for the subject property (variances, conditional use permits, planned development, etc)
-copy of any current or pending road projects that will require additional right of way from the subject property

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

122-17
Received: 11/20/17
Due: 11/30/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Cassie MI M Last Name Phelps

E-mail Address cassie.phelps@globalzoning.com

Mailing Address 8205 NW 69th Street

City Oklahoma City State OK Zip 73132

Telephone (405) 792-2075 FAX (844) 866-8503

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 Cassie Phelps Date 11/16/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☑ Check ☐ Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 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 the following documents on file for the Wrangleboro Consumer Square Shopping Center (Phase I, II, III and IV)- Block 1319 Lot 2, Lot 2.01 and Block 1318 Lot 1 and Block 1319.01, Lot 1. Attached is a list of tenants

-copy of any currently outstanding building, zoning and fire code violations on file for the subject property
-copy of certificates of occupancy on file for the subject property
-copy of zoning approvals on file for the subject property (variances, conditional use permits, planned development, etc)
-copy of any current or pending road projects that will require additional right of way from the subject property

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

121-17
Received: 11/16/17
Due: 11/29/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-926-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Dominic MI _____ Last Name DePamphilis

E-mail Address dom@djdlawyers.com

Mailing Address 3120 Fire Road, Suite 100

City Egg Harbor Township State NJ Zip 08234

Telephone (609) 641-6200 FAX (609) 484-8630

Preferred Delivery: Pick Up ( ) US Mail ( ) On-Site Inspect ( ) Fax ( ) E-mail (●)

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

Signature [signature] Date 11/15/2017

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.

A copy of the Mercantile License for the Macy's Department Store at Hamilton Mall for the years 2015, 2016, and 2017.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

1207
Received: 11/15/17
Due: 11/27/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

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 GINA MI C Last Name CHEA

E-mail Address CAROLINAGINA@GMAIL.COM

Mailing Address 34 SPRINGTON CIRCLE

City MAYS LANDING State NJ Zip 08330

Telephone (609) 602-4157 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 Gina Chea Date 11/15/17

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.

Requesting a copy of the construction building plans (blue prints) for:

34 Springton Circle, Mays Landing, NJ 08330
Block 1132.12 Lot 18

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 11/21/17 - Closed 11/21/17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

119-17
Received 11/14/17
Due · 11/22/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Akhil MI _____ Last Name Sebastian

E-mail Address akhil.sebastian@slkgroup.com

Mailing Address 2727 LBJ Freeway, Suite 420

City Dallas State TX Zip 75324

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

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

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

Signature Sebastian Date 11/10/2017

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.

Hi,
Please check and advise for the below address:
1. Liens & Special assessments
2. Code Violations
3. Open/Expired Building Permits

File # : 620555
Parcel : Block: 1030 Lot: 23
Add : 44 CHANCELLOR PARK DR, Mays landing, NJ - 08330

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

118-17

Received: 11/13/17
Due: 11/21/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Peggy MI ____ Last Name Capone

E-mail Address Caponepeggy@gmail.com

Mailing Address 5769 Oak St

City Mayslanding State NJ Zip 08330

Telephone ____ FAX ____

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

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

Signature Peggy Capone Date 11/13/17

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 police salaries and benefits; by employee name
Copy of police dept expenses per budget line

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 11/15/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

117-17
Received 11/13/17
Due: 11/22/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Randolph MI C Last Name Lafferty

E-mail Address rlafferty@cooperlevenson.com

Mailing Address 155 Loeffel Court

City Mays Landing State NJ Zip 08330

Telephone (609) 287-3815 FAX (609) 572-7391

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

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

Signature [signature] Date 11/13/17

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.

A copy of the Mercantile License issued to Kohl's Department Store for the period including November 19, 2015.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

116-17
Received: 11/13/17
Due: 11/21/17

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: Manny MI: _____ Last Name: Ruffin

E-mail Address: manish.kumar@slkgroup.com

Mailing Address: 2727 LBJ Freeway, Suite 420

City: Dallas State: TX Zip: 75324

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

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

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

Signature: Manny Ruffin Date: 11/10/2017

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.

Hi,
Please check and advise for the below address:
1. Liens & Special assessments
2. Code Violations
3. Open/Expired Building Permits

File # : 620504
Name : GASKILL, JULIANN E. & TIFANNY
Block: 1070 Lot:553 Qual:C0553
Add : 1553 BEN FRANKLIN CT. Mays landing NJ 08330
County : Atlantic

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	11/15/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

115-17
Received: 11/8/17
Due: 11/17/17

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI ____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ___X___ 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 Jenita D Burgess Date November 8, 2017

Payment Information

Maximum Authorization Cost $ 10.00

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 provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in October 2017.

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

114-17
Received: 11/6/17
Due: 11/16/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

Important Notice

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

Requestor Information – Please Print

First Name John MI C Last Name Kerelo

E-mail Address jkerelo@nstarenvironmental.com

Mailing Address 36 Clermont Drive

City Clermont State NJ Zip 08210

Telephone (609) 263-6666 FAX (609) 624-1055

Preferred Delivery: Pick Up ( ) US Mail ( ) On-Site Inspect (•) Fax ( ) E-mail (•)

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

Signature [signature] Date 11/06/2017

Payment Information

Maximum Authorization Cost
CALL WITH Amount We Will Inspect on-site

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.

Northstar Environmental Services (NES) is conducting environmental consulting services to include an asbestos, lead-based paint and Geophysical survey of the following properties. NES is requesting any records pertaining to the sites that would have an environmental impact on the property. Specifically, whether any underground storage tanks (UST's) have been permitted by the Township for installation or use. The sites are:

5908 Seventh Street
Mays Landing, NJ 08330
Block: 805 Lot: 5

5916 Seventh Street
Mays Landing, NJ 08330
Block: 805 Lot: 2.02

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature _____ Date _____

CRAIG MCCARTHY, REPORTER
732-372-2078
cmccarthy@njadvancemedia.com
Woodbridge Corporate Plaza
485 Route 1 South, Building E, Suite 300
Iselin, NJ 08830-3009

11/07/2017

Dear Custodian,

Please consider this a formal OPRA request for the unredacted Use of Force reports for incidents occurring for the calendar years 2012, 2013, 2014, 2015 and 2016. We have received some from your prosecutor's office but the records appear incomplete. Redactions should be made for juvenile names and HIPAA.

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

to HTPD 11/8/17

113-17
Received 11/8/17
Due: 11/17/17

Martino, Rita

From: Craig Mccarthy <CMCCARTHY@njadvancemedia.com>
Sent: Tuesday, November 07, 2017 10:43 AM
To: Craig Mccarthy
Subject: STAR-LEDGER OPRA REQUEST: USE OF FORCE ATLANTIC
Attachments: OPRA UOF .pdf

Please see attached OPRA from the Star-Ledger. If you are not the custodian of records could you please forward to the appropriate person or department.

Additionally, please confirm that you have received.

Thank you

Craig Mccarthy | Reporter
NJ Advance Media
Woodbridge Corporate Plaza 485 Route 1 South | Iselin, NJ 08830
p: 732-372-2078
f: 732-243-2840
e: CMCCARTHY@njadvancemedia.com
t: @createcraig

112-17
Received: 11/2/17
Due: 11/13/17

Mendez, Jessica

Responded: 11/8/17

From: Aline Dix <alineldix@gmail.com>
Sent: Thursday, November 02, 2017 11:37 AM
To: Clerks.Office
Subject: OPRA Request - Eric Bittman

Ladies:

Please consider this to be an electronic OPRA request. Please respond to this email address.

Hamilton Township indemnifies employees. The Township Committee votes by Resolution to appoint counsel.

The ACM JIF has responded that $194,819.24 was the amount of the workers compensation claim.

Regarding the Eric Bittman police car accident in January, 2009, please provide the Resolution providing the counsel. Please provide the name of the attorney.

Thank you for your attention.

Aline Dix

111-17

Rec'd: 10/31/17

Due: 11/9/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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: Renil MI: M Last Name: George

E-mail Address: metroconnections2016@gmail.com

Mailing Address: 159 Lincoln Street

City: Hackensack State: NJ Zip: 07601

Telephone: (201) 838-4255 FAX: (201) 263-4671

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: 28 Oct 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.

Hi Rita,

Nova Consulting Inc. has been engaged to conduct a Property Condition Assessment on the property: Hamilton Commons, 190 Hamilton Commons Drive, Mays Landing, NJ 8330

Please respond to the following documentation/information requests. Please call or email the contact person listed above to discuss questions and/or fees associated with this request.

Thank you for your assistance.

Renil M George
201-838-4255

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

110-17

Rec'd: 10/31/17

Due: 11/9/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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: Renil MI: M Last Name: George

E-mail Address: metroconnections2016@gmail.com

Mailing Address: 159 Lincoln Street

City: Hackensack State: NJ Zip: 07601

Telephone: (201) 838-4255 FAX: (201) 263-4671

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: 28 Oct 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.

Hi Rita,

Nova Consulting Inc. has been engaged to conduct a Property Condition Assessment on the property: Wrangleboro Consumer Square, Wrangleboro Road at Atlantic City Expressway, Mays Landing, NJ 8330

Please respond to the following documentation/information requests. Please call or email the contact person listed above to discuss questions and/or fees associated with this request.

Thank you for your assistance.

Renil M George
201-838-4255

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

109-17
Rec'd: 10/30/17
Due: 11/8/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Schneidereit

E-mail Address richs@rjsenv.com

Mailing Address 15 Oakwood Drive

City Medford State NJ Zip 08055

Telephone (609) 304-3970 FAX ____ N/A for

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 10/30/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like to review any propety record card files maintained by the Tax Assessor's office and any construction permit files maintained by that office for the following property:

Artists Walk Development
Former Block 1132.01, Lot 37

This request is associated with an environmental assessment that I am performing on the vacant building lots that are part of this property.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

108-17

Received: 10/26/17
Due: 11/3/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Patricia MI _____ Last Name Esteves

E-mail Address pcascina@yahoo.com

Mailing Address 205 Westminster Place

City Lodi State NJ Zip 07644

Telephone (973) 816-5455 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 P. Esteves Date 10-25-17

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.

2016 or 2017 Salary Range ordinance/resolution.
Thank you!

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

No record responsive left voice mail + sent email 11/1/17

Custodian Signature _____ Date

107-17
Received: 10/25/17
Due: 11/2/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Jacqueline MI R Last Name Bertino

E-mail Address jackiebertino@gmail.com

Mailing Address 2218 Oakwood Lane

City Atco State NJ Zip 08004

Telephone (609) 839-6363 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 Jacqueline Bertino Date 10/25/2017

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.

I am looking for any sewer information for the Hamilton Greene project site. Specifically anything submitted as part of the orginal Treatment Works Approval submission, and anything involving the approval of the pump station or sewer extension. I believe the information I am looking for occurred before 1989, maybe around 1985-1987. The address for Hamilton Greene is 3401 Montgomery Drive.

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

NO RECORDS responsive

11/1/17

Custodian Signature Date

106-17
Received: 10/17/17
Due: 10/25/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Lisa MI _____ Last Name Heiser

E-mail Address Lisah@oclenderservices.com

Mailing Address 1000 Commerce Drive, Ste 520

City Pittsburgh State PA Zip 15275

Telephone 877-788-2923 x 6048 FAX 877-565-2925

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 Lisa Heiser Date 10/17/2017

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 the following information or who we can contact for the information for the following address/ Block and Lot:

6171 Robin Drive, Mays Landing, NJ 08330 Block 731.05 Lot 12

Open code violations (Weed cutting, debris, etc.) please provide a copy.

Open permits – (Ex. Construction Code – permits, inspections and approvals and Construction UCC) - please provide a copy.

Does your township require an Occupancy Certificate and Smoke Detector Affidavit? Who would we need to contact?

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609 Fax: (609) 581-4198
(609) 890-3622 Phone

105-17
Received: 10/17/17
Due: 10/25/17

REQUESTS VIA FAX WILL NOT BE ACCEPTED

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 Larry MI _____ Last Name Higgins

Company _____

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

City Oldwick State NJ Zip 08858 Email OPRA@NJPropertyRecords.com

Business Hours Telephone: Area Code 908 Number 255-9919 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 _____ Date _____

Payment Information

Max. Authorized Cost $ _____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

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

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____

Legal Department ____

Economic Devel & Tech. ____

Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____

"DUE TO CLERK'S OFFICE" ____

Police Department ____

Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____

Dept. of Public Works ____
Walt Bronek ____
Dept. of W.P.C ____

Municipal Court Clerk ____

Other _____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

left message 3:17pm

Custodian Signature _____ Date _____

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

The clerk or engineer can fulfill this OPRA easily by visiting our website www.StateInfoServices.com/opra - We've built this website to avoid sending 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 the requested files and information so you can close the OPRA request.

Attention Municipal Engineer:

I'm requesting the following information and documents in any electronic format. We've built a website where you can submit all the requested information online and easily. www.StateInfoServices.com/opra

Requested Information:

1.a) A complete set of your municipalities **MOST CURRENT** tax maps.

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

1.c) The approximate date to check back for newer/updated tax maps.

1.d) What is the Engineers Name, email, and phone number?

2.a) The **MOST CURRENT** municipality zoning map(s).

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

2.c) The approximate date to check back for newer/updated zoning map(s).

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

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

PHONE CALLS WILL NOT BE ACCEPTED

Thanks,

Larry Higgins

OPRA@NJPropertyRecords.com

10-4-17
Received: 10/16/17
Due: 10/24/17

Mendez, Jessica

From: Aline Dix <alineldix@gmail.com>
Sent: Sunday, October 15, 2017 1:04 PM
To: Clerks.Office
Subject: OPRA #4 - Cossabone settlement authorization & payment

Township Clerk Rita Martino & Staff:

Please consider this to be an electronic OPRA Request. Please respond to this email address.

Regarding authorizing the Cossabone settlement, please provide any and each and every document signed by the Mayor during the period February 1, 2013 through June 30, 2013.

Please provide the purchase order in payment of this settlement including payees insurance carriers (Indian Harbor?) & law firms (Goldenberg, Mackler, etc).

Thank you for your prompt attention. I understand paid bills are an immediate response.

Aline L. Dix

10317
Received 10/16/17
Due: 10/24/17

Mendez, Jessica

From: Aline Dix <alineldix@gmail.com>
Sent: Sunday, October 15, 2017 12:03 PM
To: Clerks.Office
Subject: OPRA #3 JIF emails - Cossabone -- 2013

Township Clerk Rita Martino & Staff:

Please consider this to be an electronic OPRA request. Please respond to this email address.

This OPRA request seeks emails from and to the JIF attorney Neil Stackhouse in representing the Township in the Cossabone lawsuit.

Please provide emails sent from JIF Attorney Stackhouse to the Township JIF Fund Commissioner and/or the Alternate Fund Commissioner during the period February 1, 2013 to June 30, 2013.

Please provide emails sent to JIF Attorney Stackhouse from Township Fund Commissioners for the above period of time.

Please provide any written letters and correspondence (not emails) from or to Attorney Stackhouse regarding Cossabone.

As this is a settled matter, this information is not confidential.

Thank you for your prompt attention.

Aline L. Dix

It is understood these requests are specifically limited to the Susan Cossabone lawsuit.

102-1.1
Received: 10/16/17
Due: 10/24/17

Mendez, Jessica

From: Aline Dix <alineldix@gmail.com>
Sent: Sunday, October 15, 2017 11:41 AM
To: Clerks.Office
Subject: OPRA Request #2 Cossabone - exec. session minutes

Township Clerk Rita Martino & Staff:

Please consider this to be an electronic OPRA request. Please respond to this email address.

The Township settled the Cossabone vs. Township, HTPD, et al lawsuit on or about May 13, 2013.

As this is settled over 4 years ago, State law requires any executive session minutes to be released.

Please provide all executive session minutes for the period February 1, 2013 through June 30, 2013 where this lawsuit was discussed.

Thank you,

Aline L. Dix

101-17
Received 10/16/17
Due: 10/24/17

Mendez, Jessica

From: Aline Dix <alineldix@gmail.com>
Sent: Sunday, October 15, 2017 11:34 AM
To: Clerks.Office
Subject: OPRA Request - Cossabone - Resolution

Ladies:

Please consider this to be an electronic OPRA request. Please respond to this email address.

On or about May 13, 2013, the Superior Court accepted the settlement agreement between Cossabone and the Township, HTPD, et al. JIF attorney was Neil Stackhouse; plaintiff's attorney was Michael Mackler.

Please provide the Resolution adopted by the Township Committee agreeing to settle this lawsuit and the amount of the settlement.

Thank you,

Aline L. Dix

100-17

Received: 10/11/17
Due: 10/19/17

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

Payment Information

First Name Jenita MI ____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ___X___ 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 Jenita Burgess Date October 11, 2017

Maximum Authorization Cost $ 10.00

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 provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in September 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

99-17

Received: 10/11/17
Due: 10/18/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

Amended 10/13/17
Due: 10/23/17

Important Notice

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

Requestor Information – Please Print

First Name Matthew MI ____ Last Name Scott

E-mail Address matts@ttienv.com

Mailing Address 1253 North Church Street

City Moorestown State NJ Zip 08057

Telephone (856) 840-8800 FAX (856) 840-8815

Preferred Delivery: Pick Up ( ) US Mail ( ) On-Site Inspect ( ) Fax ( ) E-mail (•)

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

Fees: 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 form for requested records.

Tax Collector
TAX Assessor
Construction
Planning Zoning

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

TTI Environmental Incorporated
1253 N. Church Street
Moorestown, New Jersey 08057
Tel: 856-840-8800
Fax: 856-840-8815

A Service Disabled Veteran Owned Small Business

Date: 10/11/17

To whom it may concern:

I am performing an Environmental Investigation of:

RE: 4179 W. Jersey Avenue & 4163 W. Jersey Avenue to include Lot 32
Block: 1132.01, Lot: 31.02 & 32
Mays Landing, NJ

Amended 10/13/17 JSM

I am requesting to review records for current or historic areas of environmental concern including but not limited to:

X Tax Assessment Records: Property description, ownership history (deeds), building description(s) – i.e. age, square footage, heat source, sanitary waste disposal source(s), etc., Environmental Liens/deed restrictions.

X Construction Department Permit Records: UST installation/removal; Hydraulic Unit installation/removal, well installation/abandonment, septic installation/closure, asbestos abatement, lead based paint abatement, demolition permits, heating system alternations, building construction permits, etc.

X Health Department: Well installation/abandonment, septic installation/closure, releases of hazardous material; environmental remediation events, etc.

X Fire Department: Releases of hazardous material, environmental remediation events.

X Copy of the tax map depicting the block and lot(s).

Please forward this request as necessary to the appropriate parties/departments.

Sincerely,

Matthew Scott, E.P.
Environmental Associate 2

P: (856) 840-8800 [37]
F: (856) 840-8815
matts@ttienv.com

New Search

Block:	1132.01	Prop Loc:	4179 WEST JERSEY AVENUE	Owner:	BROWN, BARBARA A. (ETALS)	Square Ft:	3840
Lot:	31.02	District:	0112 HAMILTON	Street:	6911 TRUEVINE ROAD	Year Built:	1976
Qual:		Class:	4A	City State:	GLADE HILL, VA 24092	Style:	

Additional Information

Prior Block:		Acct Num:		Addl Lots:		EPL Code:	0 0 0
Prior Lot:		Mtg Acct:		Land Desc:	1.00 AC.	Statute:	
Prior Qual:		Bank Code:	0	Bldg Desc:	1SCB	Initial:	000000 Further: 000000
Updated:	09/29/10	Tax Codes:		Class4Cd:	959	Desc:	
Zone:	GA-I	Map Page:	49	Acreage:	1	Taxes:	4435.73 / 0.00

Sale Information

Sale Date: 10/26/04 Book: 2004 Page: 12238 Price: 1 NU#: 25

Sale	Date	Book	Page	Price	NU#	Ratio	Grantee
More Info	04/21/94	5642	74	100	12	0	SEAR,MARGARET
More Info	07/12/02	7259	63944	1	25	0	BROWN;BARBARA;WETZEL;R & SEAR;H

TAX LIST HISTORY

Year	Owner Information	Land/Imp/Tot	Exemption	Assessed	Property Class
2017	BROWN, BARBARA A. (ETALS) 6911 TRUEVINE ROAD GLADE HILL, VA 24092	49000 99900 148900	0	148900	4A
2016	BROWN, BARBARA A. (ETALS) 6911 TRUEVINE ROAD GLADE HILL, VA 24092	49000 99900 148900	0	148900	4A
2015	BROWN, BARBARA A. (ETALS) 6911 TRUEVINE ROAD GLADE HILL, VA 24092	49000 99900 148900	0	148900	4A
2014	BROWN, BARBARA A. (ETALS) 6911 TRUEVINE ROAD GLADE HILL, VA 24092	55100 99900 155000	0	155000	4A

*Click Here for More History

98-17

Received: 10/10/17
Due: 10/18/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-926-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

Important Notice

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

Requestor Information – Please Print

First Name Aimee MI K Last Name Pacheco

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

Mailing Address PEMCO Ltd, 820 Bear Tavern Rd

City West Trenton State NJ Zip 08628

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

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 Aimee Pacheco Date 10/06/2017

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 me with a copy of the open permit #20170367 for Furnace & A/C Replacement on property 26 Central Ave, Mays Landing, NJ - Block 738 / Lot 7.

Please email me a copy of this permit when found.

Thank you!

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

97-16
Received: 10/4/17
Due: 10/12/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

Important Notice

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

Requestor Information – Please Print

First Name Aimee MI K Last Name Pacheco

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

Mailing Address PEMCO Ltd, 820 Bear Tavern Rd

City West Trenton State NJ Zip 08628

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

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 Aimee Pacheco Date 10/04/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

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

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

Extras: Special service charge dependent upon request.

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

I need a copy of the following permit 20120811. Please email a copy of this document to me. Issued for property 6551 Millville Ave, Mays Landing NJ - Block 666 / Lot 28.

Thank you,
Aimee Pacheco

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

96-17
Received: 10/4/17
Due: 10/12/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

Important Notice

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

Requestor Information – Please Print

First Name Aimee MI K Last Name Pacheco

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

Mailing Address PEMCO Ltd, 820 Bear Tavern Rd

City West Trenton State NJ Zip 08628

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

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 Aimee Pacheco Date 10/04/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

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

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

Extras: Special service charge dependent upon request.

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

I need a copy of the two open permits for the deck and the burglar alarm issued to 84 Jamestown Cir, Mays Landing, NJ - Block 1132.17 / Lot 44. I am sorry I do not have the permit numbers but I do know they are open permits attached to this property. Will you please send me a copy of those permits via email?

hank you,
Aimee Pacheco

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

95-17

Received: 10/4/17
Due: 10/12/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-926-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

Important Notice

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

Requestor Information – Please Print

First Name: Aimee MI: K Last Name: Pacheco

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

Mailing Address: PEMCO Ltd, 820 Bear Tavern Rd

City: West Trenton State: NJ Zip: 08628

Telephone: (720) 509-3245 FAX: (303) 284-8026

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: Aimee Pacheco Date: 10/04/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

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

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

Extras: Special service charge dependent upon request.

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

I need a copy of the following permit 20130497. Please email a copy of this document to me. Issued for property 4506 Concord Pl, Mays Landing, NJ - Block 1132.11 / Lot 142 / Qual C0142.

Thank you,
Aimee Pacheco

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

Disposition Notes

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

In Progress – Open
Denied – Closed
Filled – Closed
Partial – Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

94-17
Received 9/25/17
Due: 10/3/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Amanda MI R Last Name Jimenez

E-mail Address liens@ntis.com

Mailing Address 945 S Florida Ave

City Lakeland State FL Zip 33803

Telephone 863-698-7557 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 ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Amanda Jimenez 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.

Please provide documentation as to whether there are any open or active code compliance, building maintenance, or nuisance code violations, any open or expired building permits, or any unpaid fines/fees related to violations or permits for the property listed below:

Property: 5933 Mulberry Drive

Block: 832 Lot: 32

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature _____ Date

93-17
Received: 9/25/17
Due: 10/3/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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: 6102 HOLLY ST, MAYS LANDING, NJ 08330
OWNER: BURGESS JOHN P

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature Date

92-17
Rec'd: 9/25/17
Due: 10/4/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Glenn MI E Last Name Anderson

E-mail Address

Mailing Address 4402 Yorktown Place

City Mays Landing State NJ Zip 08330

Telephone 609-867-6592 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 Glenn E Anderson Date 9-24-2017

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.

Please provide a copy of the Landlord Registration Certificate and a current copy of the leasing agreement for the following address:

4404 Yorktown Place
Mays Landing, NJ 08330

Thank you.

1132.10 / 82 / C0082

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Called by text message 9/28/17

Custodian Signature Date

9-1-17
Received: 9/14/17
Due: 9/27/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

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: Sharon MI: _____ Last Name: Ritchie

E-mail Address: cls@slkgroup.com

Mailing Address: 2727 LBJ Freeway Suite 420

City: Dallas State: TX Zip: 75234

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

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

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

Signature: Sharon Date: 09/14/2017

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.

Please check and advise if there are any open or expired building permits any open code violations, any citation for lot mowing; removal of debris/junk or for property maintenance ,for the below mentioned address:
Address: 2006 Deer Track Ln Hammonton NJ 08037
County: Atlantic
Parcel: Block 57 Lot 3
File#: 607671

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

90-17
Received: 9/13/17
Due: 9/21/17

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

Payment Information

First Name Jenita MI ____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ___X___ 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 Jenita Burgess Date September 13, 2017

Maximum Authorization Cost $ 10.00

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 provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in August 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

89-17

Received: 9/13/17
Due: 9/21/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Rich MI _____ Last Name bapst

E-mail Address rbapst@dcrenv.com

Mailing Address 3900 n 10th street, suite 102

City phila State pa Zip 19140

Telephone (610) 608-4363 FAX (215) 473-2951

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 09/12/2017

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.

I am looking to review available property records for the below site from the construction, fire prev/code and zoning departments in association with a PHase I Environmental Site Assessment/Preliminary Assessment i am preparing for the below site. Alternatively, if you will not allow me to review the records myself, i am looking for: · Permits, reports, and information for Underground or Aboveground Storage Tanks (UST/AST), oil / water separator or clarifier installation or removal any current or previous building at the property · Permits for flammable materials storage · Permits of asbestos removal · Permits for the installation or decommissioning of drinking water wells & septic systems · Demolition/renovation permits for the current building of any other prior building on this property · Any known spills, releases, hazardous materials
· Outstanding fire code violations associated with storage / handling / use of flammable or hazardous materials · Fires or spills
Office building, 5914 MAin Street; Block 748, Lot 5

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

88-17
Received: 9/6/17
Due: 9/14/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Barbara MI R Last Name Haynes

E-mail Address Barbara.Haynes@pemco-limited.com

Mailing Address PEMCO Limited C/O Business Filings Incorporated 820 Bear Tavern Road.

City West Trenton State NJ Zip 08628

Telephone (720) 509-3249 FAX (303) 284-8026

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. have not

Signature _____ Date 09/06/2017

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.

Looking for any notice of open permits/code violations currently pending on the referenced property address to date:
address:

1534 WASHINGTON CT

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

87-17
Received: 9/1
Due: 9/8/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

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 Manny MI ____ Last Name Ruffin

E-mail Address manish.kumar@slkglobalbpo.com

Mailing Address #2727 LBJ Freeway, Suite 420

City Dallas State TX Zip 75234

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

Preferred Delivery: Pick Up ( ) US Mail ( ) On-Site Inspect ( ) Fax ( ) E-mail (✓)

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

Signature Manny Ruffin Date 08/31/2017

Payment Information

Maximum Authorization Cost

Select Payment Method

☐ Cash ☐ Check ☐ Money Order

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

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

Extras: Special service charge dependent upon request.

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

please advice if any open code violations, open/expired building permits & special assessments for the below property:
File # : 605331
Name : CAFFARELLI, THOMAS R. & J. FIELDS
Block: 1070 Lot: 426
Add : 1526 THOMAS JEFFERSON COURT Hami9lton Twp NJ 08330
County : Atlantic

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

816-17
Received: 8/25/17
Due: 9/4/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

Important Notice

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

Requestor Information – Please Print

First Name Matthew MI M Last Name Talmadge

E-mail Address mtalmadge@calmarassociates.com

Mailing Address 1415 13th Avenue

City Dorothy State New Jersey Zip 08317

Telephone (609) 476-4500 FAX (609) 476-4300

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 Matthew M Talmadge Date 08/25/2017

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.

Please see attached letter and figures.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

85-17

Received: 8/28/17
Due: 9/5/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 David MI W Last Name Kircher
E-mail Address dkircher@oneillassociates.biz
Mailing Address O'Neill Associates P.O. Box 516
City Somerville State NJ Zip 08876
Telephone (908) 334-2592 FAX (732) 528-7077
Preferred Delivery: Pick Up ◯ US Mail (2) On-Site Inspect ◯ Fax ◯ E-mail (1)

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 DK Date 8/27/2017

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.

See attached document schedule

Filed 8/27/2017 via fax & e-mail

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

O'NEILL
★ ASSOCIATES ★

P.O. BOX 516, SOMERVILLE, NEW JERSEY 08876 * (908) 725-9391 FAX (908) 725-4112

In Reference to a fire that occurred at:
6310 Phillips Avenue, Mays Landing, NJ 08330
On:
June 15, 2017

Open Public Records Act (OPRA) Request Document Schedule

Police Department

1. Computer aided dispatch log of call received (CAD Report).
2. Police department incident/investigation report.
3. Police department supplemental report/s.

Fire Department

1. Computer aided dispatch log of call received (CAD Report).
2. Fire Department National Fire Incident Reporting System (NFIRS) fire incident report, all completed modules.
3. Fire Department initial fire investigation report.
4. Fire Department supplemental reports to the initial fire investigation report.
5. Compact Disc (CD) or USB (thumb) drive containing any digital photographs that may have been taken during the fire department's investigation.

Tax Collector

1. Name and address of the current payer of the taxes on the property.
2. Current amount status of the property taxes.
3. Current arears amount of the property taxes, if any.

84-17

Received: 8/15/17
Due: 8/23/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Suzanne MI ____ Last Name Wicker

E-mail Address wicker@brilliantenvironmental.com

Mailing Address 1A Executive Dr.

City Toms River State NJ Zip 08755

Telephone 7328183380 FAX 7328183381

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 Suzanne Wicker 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.

ADDRESS: 514 Main St. BLOCK (S): 748 LOT(S): 5

☒ **Engineering/UCC** Date Range: 1930 –
*Documents prior to 2001 will require more research time.
☒ Certificate of Occupancy
☐ Permits -Building/Construction/Electrical/Demolition Plumbing/Asbestos)
☒ Under/Above Ground Storage Tanks Records
☐ UCC (Building) Violations

☒ **Fire Department**
☒ Hazardous Waste/Spill Incident Reports
☒ Permits, Fire/Incident Reports, Inspections & Violations Report
☒ Community Right-to-Know Records
☒ Dept. of Environmental (DEP) Reports, Right to Know

☐ **Neighborhood & Recreational Services**
Property Code Enforcement Inspection Reports

☒ **Economic & Housing Development**
Site Plans, Property Usage Records, Zoning Maps, Zoning Records

☒ **Child & Family Well-Being**
Lead Records, Asbestos Reports, Property Inspection Reports

☒ **Tax Assessor**
Property Cards

I am completing a Phase I Environmental Site Assessment for this property.

☒ **Water & Sewer**
Inspection Reports, Maps

☒ **Engineering Department**
☐ Street Openings/Closing
☐ Sidewalk Permits
☐ Construction Bids
☐ Traffic & Signals

☐ **OTHER (Specify Document)**

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

83-17
Received 8/14/17
Due: 8/23/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Joan I Anderson
Clerks.office@townshipofhamilton.com

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 Alexander MI J Last Name Barrera

E-mail Address ajbarrera@pmbb.com

Mailing Address PMBB - Cornerstone Commerce Center - 1201 New Road, Suite 204

City Linwood State NJ Zip 08221

Telephone (609) 601-1775 FAX (609) 601-8440

Preferred Delivery: Pick Up ( ) US Mail (•) On-Site Inspect ( ) Fax ( ) E-mail ( )

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

Signature [signature] Date 8/14/17

Payment Information

Maximum Authorization Cost $250.00

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.

All records (including hard copies and electronic records) in the custody, control or possession of the (1) Township Clerk (2) Police Department and (3) any other subdivision, employee or agent of the Township, dated, received, obtained or prepared on or after January 1, 2015:

1. related to the Liquor License No. 0112-33-021-008 and 0112-33-021-008, including, but not limited to, (a) all applications for person to person or place to place transfer applications filed by the current licensee; (b) all investigation reports of any type; and (c) all background checks/reports of any type.

2. related to the Liquor License No. 0112-33-039-010, as to all investigation and background checks/reports of Tim Granzow. NO records responsive.

3. related to any background investigation and background checks/reports of Tim Granzow.

NO 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
Filled - Closed
Partial - Closed

AGENCY USE ONLY

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

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

emailed the attached 8/23/17

[signature] 8/23/17
Custodian Signature Date

82-17

Received 8/9/17
Due: 8/17/17

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI ____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ___X___ 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 Jenita Burgess Date August 9, 2017

Payment Information

Maximum Authorization Cost $ 10.00

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 provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in July 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

81-17
Received: 8/8/17
Due: 8/16/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Brittany MI A Last Name Smith

E-mail Address Brittanys@cisleads.com

Mailing Address 170 Kinnelon Road

City Kinnelon State NJ Zip 07405

Telephone (973) 492-0509 FAX (800) 962-0544

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 08/07/2017

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.

A copy of only those pages of the Division of Planning application for Mays Landing Properties, LLC-Gateway Plaza, Block 1134, Lot 3.01 that includes the name, address, and telephone number for the owner, applicant, engineer, architect, and attorney. Please also included the pages of the application that describes the proposed square footage for new construction as well as the projects proposed use.

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:

Filled via email 8/8/17

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

80-17
Received 8/8/17
Due: 8/16/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Brittany MI A Last Name Smith

E-mail Address Brittanys@cisleads.com

Mailing Address 170 Kinnelon Road

City Kinnelon State NJ Zip 07405

Telephone (973) 492-0509 FAX (800) 962-0544

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 08/07/2017

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.

A copy of only those pages of the Division of Planning application for St. Paul Coptic Church of Atlantic County, 2460 Wrangleboro Road- Block 1341, Lot 6 that includes the name, address, and telephone number for the owner, applicant, engineer, architect, and attorney. Please also included the pages of the application that describes the proposed square footage for new construction as well as the projects proposed use.

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.

Filed via email 8/8/17

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

79-17
Received: 8/7/17
Due: 8/15/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Simone MI _____ Last Name Calli

E-mail Address simone@callilawllc.com

Mailing Address 170 Kinnelon Road, Suite 6

City Kinnelon State NJ Zip 07405

Telephone (973) 291-8102 FAX (973) 756-4111

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 Simone Calli Date 08/07/2017

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.

Prior zoning and/or planning board resolutions concerning the property located at 4403 Black Horse Pike (Block 1135.01, Lot 10.02).

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

78-17
Received 8/7/17
Due 8/15/17

TOWNSHIP OF HAMILTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 609-625-1511 Fax: 609-928-0921
6101 13th Street
Mays Landing, NJ 08330
Custodian of Record: Rita Martino
Clerks.office@townshipofhamilton.com

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 Gina MI C Last Name Chea

E-mail Address carolinagina@gmail.com

Mailing Address 406 Saint Thomas DRive

City Egg Harbor Township State NJ Zip 08330

Telephone (609) 602-4157 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 Gina Chea Date 08/07/2017

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.

Copies of all permits, inspections, inspection results, zoning approvals, and survey of:

34 Springton Circle
Mays Landing, NJ 08330

Block 1132.12 Lot 18

AGENCY USE ONLY

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

Deposit Date _____

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