MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Lauren MI E. Last Name Napoli

E-mail Address lauren.napoli@foxroach.com

Mailing Address 37 Horseshoe Dr.

City Mt. Laurel State NJ Zip 08054

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 Lauren Napoli Date 8/1/2017 | 10:20 AM EDT

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, I am requesting if there are still any open permits on my home. I am also requesting if there were any permits taken out on the home we are purchasing at 25 Saddle Drive, Mount Laurel. Thanks!

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

Open Record Officer
MT LAUREL TWP
100 Mount Laurel Road
Mount Laurel, NJ 08054

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

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

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

Or

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

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

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

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

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

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

Respectfully,

Amy Dorward
P O Box 350
Trexlertown, PA 18087

emailed 8/7/17

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Alexandra MI _____ Last Name Sherry

E-mail Address asherry@ordrmail.com

Mailing Address _____

City _____ State _____ Zip _____

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 Alexandra Sherry Date 8/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Permit Activity Report in digital pdf (not printed/scanned) from Mitchell Humphrey for all permits (building and trade) issued from January 1, 2014, to present.

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Jennifer MI _____ Last Name Roy

E-mail Address cls@slkglobal.com

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

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

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

Signature Jennifer Date 08/03/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please advise if there are any open code violations; open/expired building permits and liens/special assessments such as weeds or tall grass for the property listed below:
Address; 1005 South Church Street Mount Laurel NJ 08054
Parcel: Block : 1003 Lot : 51
ATR#: 509838

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

CC - DCD

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Alexandra MI _____ Last Name Sherry

E-mail Address asherry@ordrmail.com

Mailing Address _____

City _____ State _____ Zip _____

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 Alexandra Sherry Date 8/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Permit Activity Report in digital pdf (not printed/scanned) from Mitchell Humphrey for all permits (building and trade) issued from January 1, 2014, to present.

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

CC-DCD

State of New Jersey

TOWNSHIP OF MOUNT LAUREL, BURLINGTON COUNTY

GOVERNMENT RECORDS REQUEST FORM

RECEIVED
AUG 07 2017
By

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 Salisha MI ____ Last Name Ali

Company Property Solutions Inc

Mailing Address 31A Northfield Avenue

City Edison State NJ Zip 08837 Email sali@propertysolutionsinc.com

Business Hours Telephone: Area Co ___ Numb Extension ____

Preferred Delivery: Pick Up ____ US Mail X Email if possible

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 Sali A ____ Date ____

Payment Information

Maximum Authorization Cost $ 25

Select Payment Method

Cash ___ Check X Money Order ___

Fees: $.05 cents

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

Extras: Extraordinary service fees dependent upon request.

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

• Copies of any records of outstanding or open building or fire code violations at the property • Copies of any building permits or any open building permits at the property • Copies of Certificates of Occupancy for the property • The current zoning designation of the subject property and when it received this designation • The zoning designation of the subject property prior to receiving the current designation • Copies of any outstanding or open fire code violations at the property • Copies of any records indicating the installation and/or removal of an above ground or underground storage tank at the property • Copies of any records indicating that the fire department has responded to the property for the purpose of cleaning up a release of hazardous materials

For a Property Condition Assessment of the following property:

Econo Lodge - 611 Fellowship Road (Block 1310, Lot 10.01)
Mount Laurel, Burlington County, New Jersey 08054
Property Solutions Inc Project #: 20170983

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**

A 11 - DCD

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 8/7/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 7/30/2017

End Date 8/5/2017

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**

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name James MI J Last Name Britt

E-mail Address jamesjohnbritt@yahoo.com

Mailing Address 122 Coburn Rd

City Pennington State NJ Zip 08534

Teleph FAX

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

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

Signature Date August 7, 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 requesting copies of any correspondence between any of Mayor Riley, Deputy Mayor Van Noord, Councilman Folcher, Councilwoman Bobo, Councilman Edelson; and Mr James Britt.

This includes any written correspondence delivered by post, and electronic mail received by, or sent from, @MountLaurel.com email addresses.

emailed 8/8/17 RT

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Rec'd 8/11/17

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Jordan MI _____ Last Name Sparacio

E-mail Address jordan.sparacio@pemco-limited.com

Mailing Address 4600 S Ulster St

City Denver State CO Zip 80237

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. HAVE NOT

Signature Jordan Sparacio Date 8/9/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I need to know if there are any open code violations on the property at 142 B WILLOW TURN MOUNT LAUREL

No violations

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

8/11/17 Responded with Pick

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
AUG 11 2017
By

Important Notice

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Requestor Information – Please Print

First Name Jordan MI _____ Last Name Sparacio

E-mail Address jordan.sparacio@pemco-limited.com

Mailing Address 4600 S Ulster

City Denver State CO Zip 80237

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. HAVE NOT

Signature Jordan Sparacio Date 8/9/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I need to know if there are any open code violations on the property at 905A OLIPHANT LANE

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

CC - DCD

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name JOSH MI C Last Name FOOTE

E-mail Address JOSHUAFOOTE@GMAIL.COM

Mailing Address P.O. BOX 252

City LUMBERTON State NJ Zip 08048

Telepho -- FAX

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

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

Signature Josh Foote Date 8/10/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

→ A COPY OF ANY/ALL OPRA REQUESTS RELATED TO MARIA RODRIGUEZ-GREGG FROM APRIL, 1, 2017 TO AUGUST 10, 2017

RECEIVED
AUG 10 2017
By

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

picked up
8-14-17

Meredith Tomczyk

From: cblanding@smartprocure.us
Sent: Friday, August 11, 2017 7:12 AM
To: Meredith Tomczyk
Subject: SmartProcure OPRA Request Township of Mount Laurel For PO/Vendor Information
Attachments: Preprogrammed Software Reports by Manufacturer.pdf

Dear Meredith or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Township of Mount Laurel for any and all purchasing records from 2017-05-12 to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

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

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

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

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

If you have any questions, please feel free to respond to this email or I can be reached

Regards,

Curtis Blanding
Data Acquisition Specialist
SmartProcure

Email: cblanding@smartprocure.us | www.smartprocure.us
700 W. Hillsboro Blvd. Suite 4-100, Deerfield Beach, FL 33441

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name RICHARD MI A Last Name BROOKS

E-mail Address RBROOK@FLORENCE-NJ.GOV

Mailing Address 711 BROAD STREET

City FLORENCE State NJ Zip 08518

Telephon FAX

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

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

Signature [signature] Date 08/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

REQUEST COPY OF VIDEO OF JOHN BUNCE ON JULY 17, 2017.

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 8/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/6/2017

End Date 8/12/2017

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 _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Amy MI ____ Last Name Han

E-mail Address amyhan324@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone _____ FAX _____

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

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

Signature _____ Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

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

Instructions on how to generate the report in excel in the Edmund System:

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

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

Thx 8/23

PM ENVIRONMENTAL
Risk Well Managed

Corporate Headquarters
Lansing, Michigan
3340 Ranger Road, Lansing, MI 48906

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

Email : mtomczyk@mountlaurel.com

August 16, 2017

Mount Laurel Township
100 Mount Laurel Road
Mount Laurel NJ 08054

Records Coordinator,

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

- **2791 Route 73, Maple Shade**

1305.07-1

We are particularly interested in:

1305.06-1

Building Department Information

- A diagram of the building layout, or of the property
- Any files/diagrams regarding UST or other storage tanks on the property.
- Any permits that have been issued for the property, including utility tap dates

Fire Department Information:

- Any current or historical records of fires, spills, or chemical storage;
- Violations that may indicate the site is contaminated or has some sort of environmental concern associated with it;
- Historical sketches / layouts of the building and property or any indication of underground or above ground storage tanks

Utility Department Information:

- Date in which property originally tapped into water and sewer utilities
- Year in which the original water and sewer utility mains were available in the vicinity of the property
- If sanitary and storm sewer systems are combined or separated

Please contact us regarding the availability of information and potential fees associated with reproduction, ***prior to reproducing any material.*** My phone number is can be reached by email at wojack@pmenv.com , or by fax at 877-884-6775.

Sincerely,
PM Environmental, Inc.,

Hope Wojack

8/21/17
Emailed response.

Hope Wojack
Staff Consultant
3340 Ranger Road
Lansing, MI, 48906

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
AUG 16 2017
By_____

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 Kerry MI A Last Name Clark

E-mail Address k.clark@constructionjournal.com

Mailing Address 400 SW 7th Street

City Stuart State FL Zip 34994

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 K.Clark Date 8/16/17

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.

May I please have a copy of the Building Permit for the following project:

Briggs Office LLC - 4,575 SF Addition to Building with in the last 9-12 months.
2055 - 2059 Briggs Road in Mount Laurel, NJ
Block 510, Lot 4

If you have any questions, please contact me via phone or email. Thank you.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CC - DCD

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
AUG 17 2017
By

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 Monique MI ____ Last Name WALKER

E-mail Address ____

Mailing Address 206-b CHAUCER CT

City Mt. LAUREL State N.J. Zip 08054

Telephone ____ FAX ____

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

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

Signature Monique Walker Date 8-17-16

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 records building permits on 206 b chaucer ct. dating from 8-2005 to 8-2017

AGENCY USE ONLY ____ AGENCY USE ONLY ____ AGENCY USE ONLY ____

CC - DCD

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name DOROTHY MI M Last Name MANSDOERFER

E-mail Address MANSDOER3@VERIZON.NET

Mailing Address 117 INDIGO DRIVE

City MT. LAUREL State NJ Zip 08054

Telephon 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 Dorothy M. Mansdoerfer Date 8/18/17

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.

Flood Plain Study, Strawbridge Lake Tributary,
Prepared by Richard A. Alaimo Association of Engineers,
October, 1971

RECEIVED
AUG 21 2017
By

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 8/21/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/13/2017

End Date 8/19/2017

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**

Due 8/30

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Jordan MI ____ Last Name Sparacio

E-mail Address jordan.sparacio@pemco-limited.com

Mailing Address 4600 S Ulster St

City Denver State CO Zip 80237

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. HAVE NOT

Signature Jordan Sparacio Date 8/22/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I need to know if there are any open code violations on the property at 1304 STOKES RD

No violations

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

8/23/17: Emailed response

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name Craig MI ____ Last Name Fisher

E-mail Address craigf@envirotrac.com

Mailing Address EnviroTrac 6 Terri Lane, Suite 350

City Burlington State NJ Zip 08016

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 [signature] Date 8/23/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

EnviroTrac is conducting a Phase I Environmental Site Assessment for the property located at 1 Roosevelt Drive (Block 303, Lot 4). We request to review copies of records on file from1940 to the present for the property, specifically the following: Property Tax Card; Zoning for property; Permits for the removal of lead based paint and asbestos containing material; Permits and inspections for the installation and/or removal of underground and aboveground storage tanks; Hazardous material storage; Community Right-to-Know Records; Spill Incident Reports; Soil/groundwater remediation; Monitoring/ industrial/irrigation/domestic wells; and Septic systems.

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

Meredith Tomczyk

From: Kristy Bays <kbays@slkga.com>
Sent: Wednesday, August 23, 2017 1:07 PM
To: Meredith Tomczyk
Subject: OPRA

Open Public Records Request

Please provide the following information on the property shown below:

1. Any current/unpaid balances of the water,sewer, and trash utility billing
2. Any OPEN Code Violations
3. Any OPEN/EXPIRED Permits
4. Any OPEN special assessments (open invoices such as tall grass mowing, trash clean up, snow removal, etc)

Address: 2504 B SUSSEX CT
Block-305.02 Lot-201 Qual-C0090
File #: 566059

Thanks,
Kristy Bays
SLK Global America
2727 LBJ Freeway Suite 420
Dallas TX 75234

---------- PLEASE NOTE ---------- Our email domain has changed to '@slkga.com'. ----------

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 SCHNEIDERBIT

E-mail Address RICHS@RJSENV.COM

Mailing Address 15 OAKWOOD DRIVE

City MEDFORD State NJ Zip 08055

Telephone ____ FAX ____

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

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

Signature [signature] Date 8/25/2017

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 WOULD LIKE TO REVIEW ANY PROPERTY RECORD CARD FILES MAINTAINED BY THE TAX ASSESSOR'S OFFICE AND ANY CONSTRUCTION PERMIT FILES MAINTAINED BY THAT OFFICE FOR THE FOLLOWING PROPERTY: VACANT RESIDENCE
BLOCK 301, LOT 22
131 HARTFORD RD.

THIS REQUEST IS ASSOCIATED WITH AN ENVIRONMENTAL ASSESSMENT I AM PERFORMING ON THE PROPERTY.

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

Due 8/30

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Jordan MI _____ Last Name Sparacio

E-mail Address jordan.sparacio@pemco-limited.com

Mailing Address 4600 S Ulster St

City Denver State CO Zip 80237

Telephone [redacted] 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. HAVE NOT

Signature Jordan Sparacio Date 8/25/17

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.

I need to know if there are any open code violations on the property at 11 MICHAELSON DRIVE

No building violations

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

8/28/17: Emailed response

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Pam MI ____ Last Name Bigelow

E-mail Address pbigelow@nobleweb.com

Mailing Address 1817 Olde Homestead Lane Suite 101

City Lancaster State PA Zip 17601

Telephone ____ 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 Pam Bigelow Date 8/25/17

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.

Requesting any open construction permits for 1006B Harwood Ct Mt. Laurel, NJ 08054.

Thank you.

RECEIVED
AUG 25 2017
By ____

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

CC: DCD

Authentisign ID: 11FBE8D8-A651-4EBA-9493-169EE0A693D3

Due 9/5

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name Laura MI ____ Last Name Otani

E-mail Address lauraotani@comcast.net

Mailing Address 10 W. Main St, Moorestown, NJ 08057

City Moorestown State NJ Zip 08057

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 Authentisign Laura D Otani 8/28/2017 9:25:56 AM EDT Date 08/28/2017

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.

My client is purchasing 43 Farnwood Rd and wants to see a history of the permits taken out for the property. He is specifically interested in the roof, fireplace conversion to gas and the HVAC.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

8/30/17: Emailed response to

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 8/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/20/2017

End Date 8/26/2017

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 _____

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8246 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
AUG 30 2017
By

Important Notice

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

Requestor Information – Please Print

First Name Clyde MI E Last Name Jones

E-mail Address CJ.vision8@gmail.com

Mailing Address 101A Harwood Court

City Mount Laurel State NJ Zip 08054

Telephone _ FAX

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

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

Signature [signature] Date 8/30/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Vacant Property list

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CC-DCD

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
AUG 31 2017
By

Important Notice

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

Requestor Information – Please Print

First Name Denise MI _____ Last Name Spangler

E-mail Address dspangler@slkga.com

Mailing Address 2727 LBJ Freeway, Suite 420

City Dallas State TX Zip 75234

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 Denise Spangler Date 8/30/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Property Information

Address; 1807A Yarmouth Lane

Block 311.01 Lot 1

File#: 604974

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

AGENCY USE ONLY _____ JY USE ONLY

CC - DCD

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name Emily MI M Last Name Popps

E-mail Address emilyp@OCLENDERSERVICES.COM

Mailing Address 1000 Commerce DR, Suite 520

City Pittsburgh State PA Zip 15275

Telephone _____ FAX _____

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

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

Signature Emily Popps Date 8/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Hello I am Requesting info any open code violations or open permits on property 5520B Aberdeen DR, Mount Laurel , NJ 08054 . Please get back to me as soon as you can Thank you – Emily .

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CC-DCD

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
SEP 01 2017
By

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 George MI A. Last Name Prutting, Jr.

E-mail Address esq@prutting law. com

Mailing Address 701 South White Horse Pike

City Audubon State NJ Zip 08106

Telephone _____ FAX _____

Preferred Delivery: Pick Up _____ US Mail X 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 George A. Prutting Jr. Date 8/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

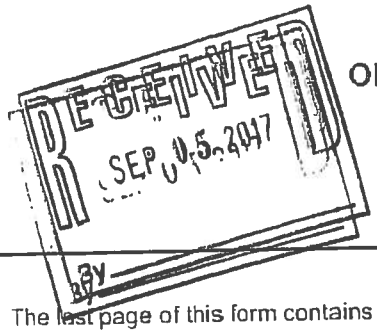
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

All work performed at 714 Chickory Lane, Mount Laurel, New Jersey from June 1, 2012 through the present.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CC - DCD

Mount Laurel Township



OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone ____ FAX ____

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

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

Signature ____ Date 9/1/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 07/09/2017

End Date 07/15/2017

CC: Police

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 ____

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Christina MI L Last Name Chatzidakis

E-mail Address miamichrischat@yahoo.com

Mailing Address 407 farmhouse Lane

City Mt. Laurel State NJ Zip 08054

Telephone . AX

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 Christina Chatzidakis Date 9/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

What is the maximum allowable coverage of impervious surface for the rear yard of 409 Farmhouse Lane? Currently, the impervious surfaces that I am aware of consist of the following: a glass sunroom addition, a shed, a stamped concrete patio and most recently the installation of both the in-ground swimming pool and the 850 square foot paver patio. What is the total impervious surface coverage in the rear yard of 409 Farmhouse Lane? Does this exceed the total maximum allowable coverage without requiring a variance?

I respectfully request that this information be sent electronically to me at miamichrischat@yahoo.com. Thank you.

Christina Chatzidakis

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 S Last Name Foster

E-mail Address dfoster@trentonian.com

Mailing Address 600 Perry Street

City Trenton State NJ Zip 08618

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 David S. Foster Date 9/1/17

Payment Information

Maximum Authorization Cost $ 100

Select Payment Method

(Cash) Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Pursuant to OPRA + the common law right of access, I am requesting a copy of all police dashboard camera videos and body camera videos for the complete traffic stop and arrest of Maria Rodriguez-Gregg on April 28, 2017 in Mount Laurel Township.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 9/4/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/27/2017

End Date 9/2/2017

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

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Christina MI L Last Name Chatzidakis

E-mail Address miamichrischat@yahoo.com

Mailing Address 407 farmhouse Lane

City Mt Laurel State NJ Zip 08054

Telephone _____ Fax _____

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

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 Christina Chatzidakis Date 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I respectfully request copies of the following information: the complete in-ground pool and paver patio application including but not limited to any and all forms related to the grading/topographical plans, the zoning permits, the construction permits and the variance applications submitted by 409 Farmhouse Lane for the in-ground swimming pool and the paver patio project.

I respectfully request that this information be sent electronically to me at miamichrischat@yahoo.com. Thank you.

Christina Chatzidakis

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

Meredith Tomczyk

From: Fulton Gaylord <fgaylord@ebiconsulting.com>
Sent: Wednesday, September 06, 2017 2:33 PM
To: Meredith Tomczyk
Subject: FOIA Request

September 6, 2017

Meredith Tomczyk
Acting Manager
Township Manager's Office
Mount Laurel Township
100 Mount Laurel Rd.
Mount Laurel, New Jersey 08054

Attention: Meredith Tomczyk-FOIA Officer

Reference: Freedom of Information Act Request for:

Extra Space Storage
103 Ark Road
Mount Laurel, NJ 08054

Dear Ms. Tomczyk:

EBI Consulting is an environmental risk management firm that is currently Performing a Property Condition Assessment (PCA) of the above-referenced commercial property.

EBI Consulting is interested in obtaining any information in your files regarding open material violations, and to obtain, "readily available", "reasonably ascertainable", or "publicly viewable" documents regarding the Subject Property.

Thank you in advance for your assistance with this inquiry. If you have any questions or comments, please feel free to contact me at

Sincerely,

Fulton W. Gaylord
Project Specialist

1700 Empress Pl | Charlottesville, VA 22911
fgaylord@ebiconsulting.com
Visit our new website: www.ebiconsulting.com

EBI Consulting

Lisa Rodenbaugh

From: Lisa Rodenbaugh
Sent: Tuesday, September 12, 2017 9:32 AM
To: '____ FOIA'
Subject: RE: Freedom of Information Act Request: Building Permit Records
Attachments: permit_activity1 from june 6, 2017 to september 11, 2017.pdf

Good morning,
Per your request, I have attached the permit reports for the time period from June 6th to September 11th.
Thank you.
Have a nice day.

Lisa Rodenbaugh
Office Manager / Technical Assistant
100 Mt. Laurel Rd.
Mt. Laurel, NJ 08054
Phone# (856) 234-9686
Fax# (856) 273-0106

From: ____ FOIA [mailto:foia@buildzoom.com]
Sent: Monday, September 11, 2017 10:30 AM
To: Lisa Rodenbaugh <lrodenbaugh@mountlaurel.com>
Subject: Freedom of Information Act Request: Building Permit Records

To whom it may concern,

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

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

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

Can you please provide us with a report of all building permits processed by your department since Jun 7, 2017?

Such reports typically:

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

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

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

Please feel free to email me or call Vidhan Agrawal, the Product Manager for our Data Platform at

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

Regards,

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephor _____ FA` _____ _____

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

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

Signature _____ Date 9/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/3/2017

End Date 9/9/2017

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**

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name MARK MI L. Last Name FAZLULLAH

E-mail Address MFAZLULLAH@PHILLYNEWS.COM

Mailing Address 801 Market St Suite 300

City Philadelphia State PA Zip 19107

Telephone _____ FAX _____

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

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

Signature _____ Date 4/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I seek any incident reports from the Jan. 11, 2017 police response calls for assistance from the Mount Laurel Center for Rehabilitation and Health Care, which previously was known as Innova Health and Rehabilitation and currently is operating under the name of Laurel Brook Rehabilitation.

I also seek a list of all calls to police from the addresses of Mount Laurel Center between 12/30/2016 and Jan. 10, 2017 and the stated reason for those calls. The Mount Laurel Center has used the addresses of 3706, 3710, 3716 and 3718 Church Road, Mount Laurel.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Jordan MI _____ Last Name Sparacio

E-mail Address jordan.sparacio@pemco-limited.com

Mailing Address 4600 S Ulster St

City Denver State CO Zip 80237

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. HAVE NOT

Signature Jordan Sparacio Date 9/13/17

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.

I need to know if there are any open code violations on the property at 505 MOUNT LAUREL ROAD

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

9/19/17: Emailed response to

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Patrick MI A Last Name Neely

E-mail Address realestatenjpa@gmail.com

Mailing Address 2 Dead End Drive

City Maple Shade State NJ Zip 08052

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 PATRICK A Neely Date 9/14/2017

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.

Patrick A. Neely, LLC is a cooperating asset manager with the sale of New Jersey in the vacant and abandoned property restoration initiative. In compliance with mandate I am writing to request:
(1)the vacant and abandoned & mortgage foreclosure registration list in .xml or .csv format (excel).
(2)the general contractors who pulled permits at:
852 Lafayette Dr Mount Laurel Twp (20324)
131 Canterbury Rd Mount Laurel Twp (20324)
101 Oakmont Rd Mount Laurel Twp (20324)
9 Hampshire Ln Mount Laurel Twp (20324) within the last 360 days.

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

State of New Jersey

TOWNSHIP OF MOUNT LAUREL,
BURLINGTON COUNTY
GOVERNMENT RECORDS REQUEST FORM

RECEIVED
SEP 19 2017
By

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 Salisha MI ____ Last Name Ali

Company Property Solutions Inc

Mailing Address 31A Northfield Avenue

City Moorestown State NJ Zip 08057 Email sali@propertysolutionsinc.com

Business Hours Telephone: Area Code ___ Number Extension ____

Preferred Delivery: Pick Up ____ US Mail X Email if possible

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE*** / ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 9/15/2017

Payment Information

Maximum Authorization Cost $ 25

Select Payment Method

Cash ___ Check X Money Order ___

Fees: $.05 cents

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

Extras: Extraordinary service fees dependent upon request.

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

•Copies of any records of outstanding or open building or fire code violations at the property. •Copies of any building permits or any open building permits at the property. •Copies of Certificates of Occupancy for the property. •The current zoning designation of the subject property and when it received this designation. •The zoning designation of the subject property prior to receiving the current designation. •Copies of any outstanding or open fire code violations at the property. •Copies of any records indicating the installation and/or removal of an above ground or underground storage tank at the property. •Copies of any records indicating that the fire department has responded to the property for the purpose of cleaning up a release of hazardous materials.

For a Property Condition Assessment of the following property:
Self Storage
103 Ark Road
Mount Laurel, Burlington County, New Jersey 08054
Property Solutions Inc Project #: 20171024

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**

RC - DCD

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name DOROTHY MI M Last Name MANSDOERFER

E-mail Address MANSDOER3@VERIZON.NET

Mailing Address 117 INDIGO DRIVE

City MT. LAUREL State NJ Zip 08054

Telephone _____ FAX —

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

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

Signature Dorothy M. Mansdoerfer Date 9/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Chapter R (p 1 thru 12) is missing from the online ML Master Plan 2006 amended 2010.

Request via email Chapter R.

RECEIVED
SEP 15 2017
By

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

emailed 9/20/17

RECEIVED
SEP 15 2017
BY

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Stephen MI E Last Name Firgau

E-mail Address Stephenefirgau@aol.com

Mailing Address 1206 Crum Road

City Bridgewater State N.J. Zip 08807

Telephone X

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

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

Signature [signature] Date 9.15.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

For a refinancing due-diligence review of the Mount Laurel Crossing Apartments @ 1 Larchmont Place 08054:
1.) Provide a list of any open building, zoning and Fire dept. violations
2.) Provide a list of building permits issued and if open or closed.
3.) Acess to Site Approval Resolutions, Developer Agreements, Permits, Approved Drawings.
4.) Certificates of Occupancy and Certificates of Acceptance
5) Current Zoning Permits (if req'd). 6) Current Fire Dept. Permit

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CC: DCD

Meredith Tomczyk

From: Sergio Bichao <Sergio.Bichao@townsquaremedia.com>
Sent: Sunday, September 17, 2017 11:00 PM
To: Meredith Tomczyk
Subject: OPRA request - Mount Laurel - police

Re: Request for Documents

Dear Custodian of Records:

This is a request for information pursuant to the Open Public Records Act, N.J.S.A. 47:1A-1 et seq. As a journalist seeking to further the public interest, I also make this request under the common law right of citizens of the state to obtain access to public documents. (South Jersey Publishing Co. v. New Jersey Expressway Auth., 124 N.J. 478, 487-89 [1991]).

Please note that this letter contains the statutory requirements for a written OPRA request and I am not required to fill out an official form. (Renna v. County of Union, 407 N.J. Super. 230 [App. Div. 2009]).

The documents I seek:

Police video recordings of April 28, 2017, accident investigation and arrest of Maria Rodriguez-Gregg.

I prefer delivery of records by email. If that is not possible, please contact me to schedule a time for an on-site inspection of documents or arrange for delivery.

The reasons offered by a custodian for denying access to a document must be specific. (Communications Workers of America v. McCormac, 417 N.J. Super. 412, 442 [2008])

Under penalty of NJSA 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense

Sergio Bichao

Deputy Digital Editor NJ1015.com

Townsquare Media

New Jersey 101.5

Twitter.com/sbichao

Facebook.com/sergio.bichao

109 Walters Ave.

Ewing, NJ 08638

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 9/18/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/10/2017

End Date 9/16/2017

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

Meredith Tomczyk

From: Douglas Melegari <dmelegari@pinebarrenstribune.com>
Sent: Tuesday, September 19, 2017 2:36 PM
To: Meredith Tomczyk
Subject: Opra Request 9/19/17

Dear Mount Laurel Township,

Per the state's GRC, an email is acceptable for making a valid OPRA request.

Please accept this e-mail as my request under the Open Public Records Act (OPRA) and the common law right of access.

Background:

Assemblywoman Maria Rodriguez-Gregg (R-Burlington) ,35, of Medford was arrested for DWI and obstruction of the law by Mount Laurel Police on April 28 at approximately 3 a.m.

Records Requested:

1. Body-camera footage showing the entire incident of Assemblywoman Maria Rodriguez-Gregg (R-Burlington) ,35, of Medford being questioned and arrested by Mount Laurel Police on April 28 at approximately 3 a.m. (previously provided to another newspaper)

2. Police report or any other records pertaining to the accident and subsequent arrest of Assemblywoman Maria Rodriguez-Gregg (R-Burlington) ,35, of Medford on April 28 at approximately 3 a.m.

3. Mug shot of Assemblywoman Maria Rodriguez-Gregg (R-Burlington) ,35, of Medford taken by police on April 28.

I appreciate your assistance in gathering and providing these records to me.

Thank you,

Doug Melegari

Douglas D. Melegari

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-2240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
SEP 19 2017
By

Important Notice

The last pag[illegible] concerning government records. Please read it carefully.

Pac-Van.

Requestor Inf

First Name	Erika T. Minchin
	Sales Representative
E-mail Address	eminchin@pacvan.com
Mailing Address	10 Industrial Hwy, Bldg. E Ste. 106
City	Essington, PA 19029
Telephone	

Pac-Van, Inc., a subsidiary of General Finance Corporation, NASDAQ: GFN

www.pacvan.com 800.546.1050

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 Erika T. Minchin Date 9/19/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide the sub contractors who have applied for a permit for the new Walmart that A & E Construction is the general contractor

Address:
Route 73 & Fellowship
Mount Laurel NJ
08091

Thank you

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

DC - DCA

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

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mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name Laura MI ____ Last Name Pallay

E-mail Address laurapallay@gmail.com

Mailing Address 47 Pierson Drive

City Hillsborough State NJ Zip 08844

Telephone ____ FAX ____

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

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

Signature Laura Pallay Date 9/19/17

Payment Information

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Please send all open and closed permits for 800 Pleasant Valley ~~Rd.~~ AVE, Mt. Laurel.

Block 01206 Lot 00001

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

9/19/17 Emailed Response

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

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mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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SEP 19 2017
By

jbren06@comcast.net

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 Jon MI C Last Name Brennan

E-mail Address jbren06@comcast.net

Mailing Address 121 Bannell Lane

City Mount Laurel State NJ Zip 08054

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 Jon Brennan Date 9/19/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

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Litigation regarding Ramblewood Country Club (the outcome)

I am considering purchasing a home on Hunters Ct., which backs to the golf course. I was told that the owner of the golf course wanted to sell the course (to residential/commercial) but the sale was not legally allowed. I just don't want to purchase a home on golf course that will have a strip mall or other construction within a few years.

Thanks

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

emailed on 9/19/2017

MOUNT LAUREL TOWNSHIP

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mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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SEP 19 2017
By

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Requestor Information – Please Print

First Name Robert MI ____ Last Name Goeb

E-mail Address BOBGOEB@NEEGLLC.ORG

Mailing Address 13 Jennifer Way

City New Egypt State NJ Zip 08533

Telephone ____ FAX ____

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

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

Signature Robert Goeb Date September 19, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
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As part of ongoing real estate due diligence activity we are requesting the following documents related to Centerton Square Shopping Center. 2 and 6-74 Centerton Rd., Block 503.01, Lots 503.01 and 503.03.

Building violations and certificates of occupancy - PLEASE SEE ATTACHED SHEET FOR DETAILS

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CC - DCD

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SEP 20 2017
BY

MOUNT LAUREL TOWNSHIP

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100 Mount Laurel Road, Mount Laurel NJ 08054
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mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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Requestor Information – Please Print

First Name Scott MI G Last Name Williams

E-mail Address swilliams@whnapa.com

Mailing Address William H. Nicholson Associates, P.A., 4 Rancocas Boulevard

City Mt. Laurel State NJ Zip 08054

Telephone _____ FAX _____

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

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

Signature _____ Date 09-20-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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Regarding Block 205.10, Lot 30, aka 115 Creek Road.
We are looking for past Zoning Board, Planning Board application/approval information for the property.
The owners name in NJ real estate listing is: Carmen & Jeannette Giletto, 15 Doddington Blvd, Medford, NJ 08055.
The property is currently occupied by BJ's Deli and a small vacant building, now vacant, formerly used for "doggy day care".

We are looking for a site plan, possibly the most recent, showing existing buildings, proposed parking and other physical features. We have a copy, but it has no title block. It may be by Land Engineering. It appears that there recently have been constructed new sidewalk and HC ramp. Any information you have regarding planning and zoning at the property would be greatly appreciated. Thank you.

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CC - DCD

MOUNT LAUREL TOWNSHIP

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mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name PAULA MI A. Last Name FILLMYER

E-mail Address PFILLMYER (A) CINNAMINSON NJ. ORG

Mailing Address 1621 RIVERTON ROAD

City CINNAMINSON State NJ Zip 08077

Telephor _____ 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 Paula Fillmyer Date 9-20-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

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ALL CURRENT POLICE CONTRACTS FOR OFFICERS AND SUPERIOR OFFICERS.

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SEP 20 2017

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

emailed 9/21/17
RT

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

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856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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By

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Requestor Information – Please Print

First Name Aspasia MI ____ Last Name Morse

E-mail Address siamorse@gmail.com

Mailing Address 405 Farmhouse Ln

City Mt Laurel State NJ Zip 08054

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 A Morse Date 9/20/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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Legal size pages - $0.07 per page
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I am requesting any & all information regarding 306 Val Drive, Mount Laurel, 407 Farmhouse Ln, Mt Laurel & 405 Farmhouse Ln, Mount Laurel. These include any police reports and any written or verbal documentations. I am also requesting same information on William Lang & Christina Chatzidakis including anything they have said or written to the township & police department. Also could you include myself, Aspasia Morse & my fiancee Matthew Huston, same request, any & all documention, police records, etc.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CC: Police

Meredith Tomczyk

From: JOHN MICKLEWRIGHT <j.jmick@comcast.net>
Sent: Thursday, September 21, 2017 2:14 PM
To: Meredith Tomczyk
Cc: availableanimalcontrol
Subject: OPRA request for Mt. Laurel copy of animal contol contract

Hello Ms. Tomczyk

I would like to put in an OPRA request for a copy of the animal control contract and information relating to the number of animal control service calls and the nature of the calls (eg: running at large, cat trapping, wildlife calls).

Thank you very much

John Micklewright

Available Animal Control

PO Box 1688

Blackwood NJ 08012

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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SEP 22 2017
By

Important Notice

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Requestor Information – Please Print

First Name Peter MI I Last Name Abdallah

E-mail Address Commercialspecialist@gmail.com

Mailing Address 3832 Church Rd

City Mt-laurel State NJ Zip 08054

Telephone ____ FAX ____

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

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

Signature Peter Abdallah Date 9/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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1- use varriance
2- need to know if any one else other than the tenants that used the use varriance lived + worked there. this will be used to prove that use varriance was not abandoned.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CC - DCD

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
SEP 25 2017
By

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 NICHOLAS MI ____ Last Name DANSBY

E-mail Address NICHOLAS.DANSBY@PEMCO-LIMITED.COM

Mailing Address 4600 SOUTH ULSTER ST. SUITE 530

City DENVER State CO Zip 80237

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 [signature] Date 09/23/2017

Payment Information

Maximum Authorization Cost $ 0.00

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.

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To whom it may concern,

This OPRA request is in regards to property address

731 CORNWALLIS DR
MOUNT LAUREL, NJ 08054
BLOCK: 1003.06 LOT: 36

Please provide the following information as soon as possible:

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CC - DCD

Meredith Tomczyk

From: michelle@datarole.com
Sent: Monday, September 25, 2017 8:56 AM
To: Meredith Tomczyk
Subject: Mount Laurel township Building Permits - Public Records Request

Dear Meredith Tomczyk,

NJ.8054.10645

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

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

Thank you very much for your time,

Michelle Farris
Data Specialist - Datarole

Michelle@datarole.com

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

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 9/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/17/2017

End Date 9/23/2017

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

Wk 10/6

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 A Last Name High

E-mail Address dhigh@ebiconsulting.com

Mailing Address 241 E. Orange Street

City Lancaster State PA Zip 17602

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 _____ Date 9/28/17

Payment Information

Maximum Authorization Cost $ 100

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Regarding the property below:

Fairfield Inn & Suites
350 Century Parkway
Mount Laurel, NJ

I am requesting a list containing all open building code and/or fire violations. I am also requesting a copy of the Certificate of Occupancy.

C.O.: 9/6/98
No violations

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

10/3/17: Emailed response

Ack 10/6

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 A Last Name High

E-mail Address dhigh@ebiconsulting.com

Mailing Address 241 E. Orange Street

City Lancaster State PA Zip 17602

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 _____ Date 9/28/17

Payment Information

Maximum Authorization Cost $ 100

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Regarding the property below:

Hampton Inn Philadelphia/Mount Laurel
5000 Crawford Place
Mount Laurel, NJ

I am requesting a list containing all open building code and/or fire violations. I am also requesting a copy of the Certificate of Occupancy.

C.O.:
NO violations

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

10/3/17: Emailed response

Dwt 9/29/17 by

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 ___ 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 Brittany Smith Date 9/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 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 permits filed for 100 centerton Road, Block 503.01, Lots 1.04, 2 (TOPGolf USA) that includes the name, address, and telephone # for the general contractor

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

10/3/17: Emailed response

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name LARRY MI ____ Last Name ChatzioAKIS

E-mail Address LARRYCHATZIOAKIS@comcast.net

Mailing Address 42 STOKES ROAD

City MT LAUREL State NJ Zip 08054

Telephone ____ FAX ____

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

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

Signature Larry Chatzioakis Date 9-29-2017

Payment Information

Maximum Authorization Cost $ 100.00

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.

Please provide me with the resolution awarding and the complete contract (including any attachments) for the transfer of management of Paws Farm in 2016/17. In addition, I would like a copy of the RFP, Bid or procurement mechanism utilized to select the current vendor along with the bidders list and evaluation criteria used to award the contract. Thank you.

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature _____ Date 10/2/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/24/2017

End Date 9/30/2017

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**

dotloop signature verification:

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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: Michelle Roberts - Keller Williams Realty

E-mail Address: mrobertskw@gmail.com

Mailing Address: 409 Route 70 East

City: Cherry Hill NJ 08034

Telephone: _____ FAX: _____

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

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

Signature: Michelle Roberts dotloop verified 10/03/17 8:50AM EDT CLTC ESCW-RLZL KXW2

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 any permits available, especially a permit for the sun-room addition- for the property located at 16 Oleander Court, Mount Laurel NJ - Lot 16 and Block 01417 - Please e-mail to mrobertskw@gmail.com

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

10/3/17: E-mailed response

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Andrew MI ____ Last Name Golden

E-mail Address andyg@proptaxappeal.net

Mailing Address 350 Passaic Ave

City Fairfield State NJ Zip 07004

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 _____ Date 10/4/2012

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 copies of the following tax assessment data:

Tax Assessment Property record cards
All cost or other work papers used to derive the assessments

For the following parcels:

Address	City	County	Block	Lot	Owner
6000 Atrium Way	Mount Laurel	Burlington	1300.04	10	Commerce Bank % TD Bank Tax Dept
3000 Atrium Way	Mount Laurel	Burlington	1300.02	1	LSOP NJ LLC
9000-11000 Atrium Way	Mount Laurel	Burlington	1300.03	2	First Atrium % TD Bank Tax Dept.
12000 Horizon Way	Mount Laurel	Burlington	1300.04	5	Commerce Bank % TD Bank Tax Dept
4140 Church Road	Mount Laurel	Burlington	1300.04	8	Commerce Bank % TD Bank Tax Dept

You may email the copies to my address -- **Andy Golden <andyg@proptaxappeal.net>**
Or mail it to:
Andrew Golden
Stavitsky & Associates
350 Passaic Ave
Fairfield, New Jersey 07004

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Paul MI _____ Last Name Howard

E-mail Address PaulHoward111@gmail.com

Mailing Address 80 Barclay Shopping Center Suite 4A

City Cherry Hill State NJ Zip 08034

Telephone _____ FAX _____

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

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

Signature AC7A833C88034E2... Paul Howard DocuSigned By: Paul Howard Date 10/5/2017

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.

Regarding 500 Monmouth Dr Block 00805 02 Lot 00017

I am representing a buyer interested in purchasing this property. This is a due diligence request in support of that potential purchase. I am requesting: 1) the complete permit history record and an indication of whether or not the permits are closed,
2) a record of any violations that have not been corrected.

3) a copy of the assessment records.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Mitesh MI M. Last Name Patel

E-mail Address kajal@mplegal.net

Mailing Address 555 US Hwy 1 South, Suite 100

City Iselin State NJ Zip 08830

Telephone

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

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

Signature _____ Date 10/5/17

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

Any open permits or violations on the property: 640 Preston way
Mount Laurel, NJ [redacted] 08054
(Block: 301.2)(Lot: 1)

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

Dx 10/16

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Laura MI M Last Name D'Allesandro

E-mail Address lmd@delducalewis.com

Mailing Address 21 E. Euclid Ave., Suite 100

City Haddonfield State NJ Zip 08033

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 Laura D'Allesandro Date 10-9-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

All permits and approvals for signage at 907 Pleasant Valley Avenue, Mt. Laurel, NJ 08054, including any zoning or planning board resolutions, zoning permits and construction permits for signage.

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

10/10/17: Emailed response

Due 10/16

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 _____ 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 Brittany Smith Date 10/9/17

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 Building permit application for 100 Centerton Road. Block 503.01, Lots 1.04, 2 (Top Golf USA) that includes the name, address, and telephone # for the general contractor.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

10/10/17: Emailed response

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name ANGELA MI Last Name COLON

Company SKOLOFF & WOLFE, P.C.

Mailing Address 293 EISENHOWER PARKWAY

City LIVINGSTON State NJ Zip 07039 Email acolon@skoloffwolfe.com

Business Hours Telephone: Area Code ___ ___ Number ___ ___ Extension ___

Preferred Delivery: E-Mail x US Mail ___ On Site Inspect ___

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date October 12, 2017

Payment Information

Maximum Authorization Cost $ ___

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Pages 1-10 @$0.75
ages 11-20 @$0.50
Pages 21 - @$0.25

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

Extras: Extraordinary service fees dependent upon request.

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

With Regard to U-Haul Real Estate Company, Block 500 - Lot 1 – 3609 Route 38, Mount Laurel, New Jersey, - I respectfully request that you provide me with a copy of the Tax Assessor's entire file including but not limited to the entire property record card including field inspection notes, the income and cost approaches for the subject property and any sketches or diagrams of the building and/or the land.

CC- ASSESSOR

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 ___

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature Christina Mota Date 10/9/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/1/2017

End Date 10/7/2017

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 _____

Meredith Tomczyk

From: Andy Golden <andyg@proptaxappeal.net>
Sent: Tuesday, October 10, 2017 12:08 PM
To: Meredith Tomczyk
Cc: Sian Bowen; Cindy Dice
Subject: Mt. Laurel OPRA 1 Property Block 1300.03 Lot 1
Attachments: OPRA Request TD Bank mt Laurel Block 1300.03 Lot 1.doc

Ms Tomczyk: In addition to the OPRA request that I sent last week, we are attaching another Request form for tax assessment data. We are requesting copies of the following tax assessment data:

Tax Assessment Property record cards
All cost or other work papers used to derive the assessments for the following parcel:

Property Address: 17000 Horizon Way
Parcel ID's: Block 1300.03 Lot 1
The owner of the parcels is Commerce Bank % TDBank Tax Dept

You may email the copies to my address -- ***Andy Golden <andyg@proptaxappeal.net>***
Or mail it to:
Andrew Golden
Stavitsky & Associates
350 Passaic Ave
Fairfield, New Jersev 07004

Thank you Andy

Andy Golden
andyg@proptaxappeal.net

www.proptaxappeal.net

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Joyce MI ____ Last Name Patterson

E-mail Address Saleabc07@gmail.com

Mailing Address 58 Lafayette Ave

City Voorhees State NJ Zip 08043

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 Joyce Patterson Date 10/13/17

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.

Im Requesting information for the following ABC License

Topgolf USA Mt Laurel LLC

License #0324-33-037-001

Contact info only

How much did the last 3 Plenary Retail License sell for in your township

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Savannah MI M Last Name Harris

E-mail Address smharris@greenstarenvironmental.com

Mailing Address 354 McDonnell St, Suite No. 9

City Lewisville State TX Zip 75057

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 _____ Date 10/13/2017

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 any and all public records of water wells within Mount Laurel Township's jurisdiction. The information is needed as part of a well search related to an environmental project at a site in Mount Laurel Township. I am conducting the well search as a staff scientist working for Green Star Environmental. Please include any and all information available through Engineering and Building departments. Thank you.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature Christina Mota Date 10/16/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/8/2017

End Date 10/14/2017

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 _____

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
OCT 16 2017
BY

Important Notice

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

Requestor Information – Please Print

First Name DOROTHY MI M Last Name MANSDOERFER

E-mail Address MANSDOER3@VERIZON.NET

Mailing Address 117 INDIGO DRIVE

City MT. LAUREL State NJ Zip 08054

Telephone _____ FAX _____

Preferred Delivery: Pick Up X ~~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 Dorothy M Mansdoerfer Date 10/16/17

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.

Contract agreement between J.S. Hovnanian and Mt. Laurel Twp circa 1973 regarding Birchfield.

Assoc. Mid-Atlantic does not have a copy – recommended requesting a copy from the township.

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

Emailed 10/23/17 RT

MOUNT LAUREL TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Rd
Mount Laurel, NJ 08054
(856) 234-0001 (Main)
(856) 273-0106 (Fax)

RECEIVED
OCT 18 2017
By

Important Notice

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

Requestor Information – Please Print

First Name Cynthia MI K Last Name Lopez

E-mail Address CindyKC143@aol.com / Cindy@Finnpartners.com

Mailing Address 409 Farmhouse Lane

City Mt. Laurel State NJ Zip 08054

Telephone ___ FAX ___

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

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

Signature Cynthia Lopez Date 10/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like to request all written/electronic materials that have been written about 409 Farmhouse Lane to Mount Laurel Twp or the police department. This includes from Christina Chatzidakis (407 Farmhouse Ln) or her lawyer, as well as anyone else. I would also like to recieve all written documents to the twp From Christina Chatzidakis in general (or her lawyer) From July 1- Oct. 18

AGENCY USE ONLY

t. 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 10/23/17

Custodian Signature ___ Date ___

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Shelly MI _____ Last Name Labus

E-mail Address shelly.labus@globalzoning.com

Mailing Address 8205 NW 69th Street

City Oklahoma City State OK Zip 73132

Telephon _____ 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 Shelly Labus Date October 19, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

RE: 1-74 Centerton Road

Please find this to be a request for:

- Copies of any open/active Building, Zoning or Fire Code Violation on file for these properties
- Copies of the Certificates of Occupancy

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

MOUNT LAUREL TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Rd
Mount Laurel, NJ 08054
(856) 234-0001 (Main)
(856) 273-0106 (Fax)

OCT 1 9 2017

Important Notice

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

Requestor Information – Please Print

First Name Inna MI ____ Last Name Bernard

E-mail Address sakinma@yahoo.com

Mailing Address 10 Trefoil Terrace

City Mt. Laurel State N.J. Zip 08054

Telephone ____ FAX ____

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

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

Signature ____ Date 10/19/17

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 survey showing the pool constraction and the fence around it.

2002-0458
703-6.18

10/31/17 Emailed response

AGENCY USE ONLY

t. 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 ____

From: Larry Higgins <opra@njpropertyrecords.com>
Sent: Friday, October 20, 2017 3:17 PM
To: Meredith Tomczyk; Carol Modugno
Subject: OPRA Request (324.BURLINGTON_MT LAUREL TWP)
Attachments: 324.BURLINGTON_MT LAUREL TWP.pdf

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

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

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

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

Requested Information:

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

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

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

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

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

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

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

Lisa Rodenbaugh

From: Meredith Tomczyk
Sent: Monday, October 23, 2017 4:20 PM
To: Lisa Rodenbaugh
Subject: FW: 107388-2 5000 Crawford Place and 107388-6 350 Century Parkway Mount Laurel, Township, New Jersey (Zoning Violation, Variances, Building Violation, Certificate of Occupancy)

Please handle.

10/26/17: Emailed response - DD

Thank you,

Meredith Tomczyk, RMC & CMFO
Township Clerk/Certified Municipal Finance Officer
100 Mount Laurel Road
Mount Laurel NJ 08054
856.234.0001 ext 1233
856.234.8240 fax

From: Lewis, Shenice [mailto:Shenice.Lewis@pzr.com]
Sent: Friday, October 20, 2017 3:41 PM
To: Meredith Tomczyk <mtomczyk@mountlaurel.com>
Subject: 107388-2 5000 Crawford Place and 107388-6 350 Century Parkway Mount Laurel, Township, New Jersey (Zoning Violation, Variances, Building Violation, Certificate of Occupancy)

Good Afternoon Meredith Tomczyk

I am following up in regards to the properties mentioned above, could you please confirm our request has been received and a turn around on the documents. Please and thank you for all your time and assistances.

Shenice Lewis
Information Specialist
Planning and Zoning Resource Corp.
1300 South Meridian Avenue, Suite 400
Oklahoma City, Ok 73108
Shenice.Lewis@pzr.com

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature Christina Mota Date 10/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/15/2017

End Date 10/21/2017

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

Due 10/31

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Sam MI ____ Last Name Lepore

E-mail Address Sam@SamLepore.com

Mailing Address 123 E. Main St

City Moorestown State NJ Zip 08057

Telephone ____ FAX ____

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

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

Signature ____ 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.

Requesting all Permits for 19 W. Dairy Lane

Thanks

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

10/25/17: Emailed response dl

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Scott MI A Last Name Juffe

E-mail Address scott@juffe.com

Mailing Address 138 Buckingham Way

City Mount Laurel State NJ Zip 08054

Telephone _____ FAX _____

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting the body camera footage from police case 2017-25647 from the afternoon of 10/16/2017. I will accept a copy of the footage on CD/DVD or memory chip and can pick up from the police head quarters. Please call me at the telephone number above.

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

RECEIVED
OCT 27 2017
By

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Sylvia MI M Last Name Whitcomb

E-mail Address s.whitcomb@constructionjournal.com

Mailing Address 400 SW 7th Street

City Stuart State FL Zip 34994

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 Sylvia Whitcomb Date 10/26/2017

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.

Good Afternoon,

May I get a copy of the Building permit for the Royal Farms at 3121-3123 Route 38 Block 301.22 Lots 28 and 28.01

Thank you so much,

Sylvia

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Cc - DCD

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature Christina Mota Date 10/30/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/22/2017

End Date 10/28/2017

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**

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel, NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
OCT 30 2017
By

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 Ramesh MI _____ Last Name Challapalli

E-mail Address ramesh@capars.com

Mailing Address 2 McCathern Court

City Bridgewater State NJ Zip 08807

Telephone _____ FAX _____

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

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

Signature _____ Date 10/29/2017

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.

Address: 555 Fellowship Road, Mount Laurel, NJ 08054; Block:1202 Lot 8;

Building, Fire Prevention and Health Departments,
Copies of Permits for install, removal or closure of aboveground or underground storage tanks,
Known Environmental Concerns, Tax Assessor's Office Copies of Property Card

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name ALEXANDRIA MI ____ Last Name ESTRELLA

E-mail Address ALEXANDRIA@SKYLINELIEN.COM

Mailing Address 8785 SW 165 AVE, STE 301

City MIAMI State FLORIDA Zip 33193

Telephone _____ FAX _____

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

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

Signature *Alexandria Estrella* Date 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.

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

41 VIBURNUM LA (BLOCK 1407, LOT 41)

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Richard MI _____ Last Name Yu

E-mail Address richard.yu.mail@gmail.com

Mailing Address 156-09 45 Ave Ste A22

City Flushing State NY Zip 11355

Telephone _____ FAX _____

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

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

Signature _____ Date 10/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 DARIN MI J Last Name THORN

E-mail Address darinthorn@gmail.com

Mailing Address 128 PHEASANT CT.

City EVESHAM State NJ Zip 08053

Telephone ___ FAX N/A

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

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

Signature [signature] Date 11/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I WOULD LIKE TO BE PROVIDED WITH THE MOST RECENT/CURRENT LIST OF ABANDONED PROPERTIES WITHIN MOUNT LAUREL TOWNSHIP.

THANK YOU.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Due 11/9

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Benjamin MI L. Last Name Dash

E-mail Address CLewis@DashFarrow.com

Mailing Address 39 E. main St,

City Moorestown State NJ Zip 08057

Telephone _____ FAX _____

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

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

Signature _____ Date 11/3/17

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 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 applied for and closed out, pertaining to property 2105A Denham Ct, Mt. Laurel, NJ

Block 04016.01
Lot 0001

Kindly email at your first convenience.

* For the time period of the last 3 years.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

11/6/17: Emailed response

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 STEVEN MI P. Last Name HAAS

E-mail Address SHAAS@VIRTUA.ORG

Mailing Address 106 CARNIE BLVD. SUITE # 104

City VOORHEES State N.J. Zip 08053

Telephone _____ FA _____

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 S. Haas Date 11-3-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I AM AN INVESTIGATOR FOR VIRTUA HEALTH REQUESTING POLICE REPORTS PERTAINING TO HARASSMENT OF ONE OF OUR EMPLOYEE'S A HOMECARE NURSE BY ONE OF VIRTUA'S PATIENT'S. THE EMPLOYEE'S NAME IS HELEN ROMANO AND CASE NUMBER I HAVE IS 2017-13442.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature Christina Mota Date 11/6/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/29/2017

End Date 11/4/2017

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 _____

Meredith Tomczyk

From: ROBERT GORMAN <robertgorman@comcast.net>
Sent: Monday, November 06, 2017 8:57 PM
To: Meredith Tomczyk
Subject: OPRA Request

Please provide me electronic copies of all forms submitted by Twp Engineer relative to pay to play for 2015, 2016 and 2017.

Bob

Robert T. Gorman

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

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 Rebeca MI _____ Last Name Grunspan

E-mail Address rebeca@geraldkleinlaw.com

Mailing Address 954 Morris Avenue

City Lakewood State NJ Zip 08701

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 Rebeca G Date 11/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide any documents on file related to any open permits, violations, or underground storage tank removal on the below property:

Address 108 Garnet Avenue
Block 204 01
Lot 1

Thank you!

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

11/7/17: Emailed response

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
NOV 06 2017
By

Important Notice

The last pag[illegible] concerning government records. Please read it carefully.

Pac-Van

Requestor Inf[illegible]

First Name ____ Erika T. Minchin | eminchin@pacvan.com
Sales Representative
E-mail Address ____ 10 Industrial Hwy, Bldg. E Ste. 106
Essington, PA 19029
Mailing Address ____
City ____
Pac-Van, Inc., a subsidiary of General Finance Corporation, NASDAQ: GFN
Telephone ____ www.pacvan.com 800.547.1050

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 email me the sub contractors who have applied for a permit for the New Toro Golf that Arco Design is the General Contractor for
The address is
New Toro Golf
100 Centertan Road Block 503.01 Lot 2
Mount Laurel NJ 08054

Thank you

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

CC-DCD

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Alyssa MI _____ Last Name Cawley

E-mail Address alyssa@peak-environmental.com

Mailing Address Peak Environmental LLC, 26 Kennedy Blvd., Suite A

City East Brunswick State NJ Zip 08816

Telephone _____ FAX _____

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

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

Signature Alyssa Cawley Date 11/07/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please see attached OPRA request for
449 Union Mill Road, Mount Laurel, NJ
Block 304, Lots 3 and 3.01

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

11/8/17: Emailed response

PEAK ENVIRONMENTAL LLC
26 Kennedy Boulevard, Suite A, East Brunswick, NJ 08816
www.peak-environmental.com

November 7, 2017

Mount Laurel Municipal Clerk
100 Mount Laurel Road
Mount Laurel, NJ 08054

Via Email mtomczyk@mountlaurel.com

Re: Government Records Request
449 Union Mill Road
Block 304, Lots 3 and 3.01
Mount Laurel, NJ 08054
Project No. 2541

Dear Record Access Officer:

Peak Environmental Inc. is conducting a Phase I Environmental Site Assessment of the above referenced property in Mount Laurel, NJ. This letter constitutes a request for a file search of inspection and/or environmental records (underground storage tanks, fires, spills etc.) related to current or historical records from 1930 to the present for the property. Peak is interested in obtaining the following:

Tax Assessor
- Confirm Property Owner, Lot size, Date of Construction, Building Size

Building Department
- Building addition permits
- Underground and aboveground (UST and AST) installation and closure/removal permits
- Historic tenant/property owner data
- Other issues of environmental concern (oil water separators, generators, etc.)

Fire Department
- UST and AST installation and closure/removal permits
- Spill incident records
- Citizen complaints
- Investigations/records regarding on the use, handling, release, or discharge of solid or liquid wastes, hazardous materials
- Other circumstances of environmental concern

Health Department
- Records of environmental investigations
- Community Right to Know Surveys
- Records of violations, discharges of hazardous substances or wastes
- Environmental permits held for the facility.
- Asbestos, lead-based paint, radon, mold investigation/abatement records

Planning Department
- Activity Use Restrictions (AULS) such as engineering or institutional controls, etc.
- Limitations on development of the property

Please contact us any records exist for this property. We would appreciate it if you could fax the records if possible to 732-326-1012.

Thank you for your assistance.

Sincerely,
PEAK ENVIRONMENTAL INC.

Alyssa Cawley

Alyssa Cawley
Project Scientist

Meredith Tomczyk

From: cblanding@smartprocure.com
Sent: Friday, November 10, 2017 8:05 AM
To: Meredith Tomczyk
Subject: SmartProcure OPRA Request Township of Mount Laurel For PO/Vendor Information
Attachments: Preprogrammed Software Reports by Manufacturer.pdf

Dear Meredith or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Township of Mount Laurel for purchasing records from 2017-08-01 (yyyy-mm-dd) to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

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

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

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

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

If you have any questions, please feel free to respond to this email or I can be reached at

Regards,

Curtis Blanding
Data Acquisition Specialist
SmartProcure
Direc. Email: cblanding@smartprocure.com

OPRA REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-2240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

RECEIVED
NOV 13 2017
By

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 Charu MI G Last Name James

E-mail Address charki@gmail.com

Mailing Address 1427 Sutter Ave

City North Brunswick State NJ Zip 08902

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 Charu 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.

Conducting an environmental assessment on Highandle Rte 73/Fellowship Road. DOT land for any environmental hazards, USTs, spills.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature Christina Mota Date 11/13/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 11/5/2017

End Date 11/11/2017

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

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Alexandria MI _____ Last Name Brown

E-mail Address Alexandria.brown@pemco-limited.com

Mailing Address 820 Bear Tavern

City West Trenton State NJ Zip 08628

Telephone _____ FAX _____

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

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

Signature Alexandria Brown Digitally signed by Alexandria Brown Date: 2017.11.13 08:43:21 -07'00' Date 11/13/2017

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.

In search of any open code violations and open permits for property address 239 Creek Road, Mount Laurel, NJ, 08054.

-Please provided a copy of any open violations and open permits.

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

MOUNT LAUREL TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

NOV 13 2017

100 Mount Laurel Rd
Mount Laurel, NJ 08054
(856) 234-0001 (Main)
(856) 273-0106 (Fax)

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 IBRAHIM MI ____ Last Name ONER

E-mail Address b.home.remodeling.com

Mailing Address 334 LARCH RD MT LAUREL

City MT Laurel State NJ Zip 08054

Telephone ____ FAX ____

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

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

Signature ____ Date 11/13/2017

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.

permtes Copies 312 Larch Rd
UST/AST

11/13/17 No permits Talked to Mr. Oner @ 350

AGENCY USE ONLY

t. 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 ____

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Denise MI M Last Name Bannon

E-mail Address callin44@aol.com

Mailing Address 2827 Powell Ave

City Pennsauken State NJ Zip 08110

Telephone FAX

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

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

Signature Denise M. Bannon 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.

All And Any documents on property 687 Walton Ave, Mount Laurel, N.J. 08054, including but not limited to pool, roof, additions, Septic, well, plumbing, electrical, permits, Violations, Resolutions, Deed, survey, crawlspace.

Block 601

LOT = 704

No violations

1997-0762: Gas water htr & gas piping

93-0930: Room addition

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

Cc: Rick
Jim
Denise

11/14/17: Emailed response ($0 (was not invoiced)

@1020: Left msg on V.M.

NOV 14 2017

MOUNT LAUREL TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Rd
Mount Laurel, NJ 08054
(856) 234-0001 (Main)
(856) 273-0106 (Fax)

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 SHAQUAN MI ____ Last Name MINCER

E-mail Address middlemin properties@gmail.com

Mailing Address 2 BELL LANE

City BURLINGTON State NJ Zip 08046

Telephone ____ FAX ____

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

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

Signature [signature] Date 11-14-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

1. SURVEY OF PROPERTY LINE and HOUSE
2. ANY CODE VIOLATIONS (ALL) 2 + Cons.
3. ANY PERMITS PULLED (PLUMBING, ELECTRICAL, HVAC, STRUCTUAL).
4. COPY OF FLOOR PLAN

320 Cedar Lane

11/16/17: Emailed response

No violations

AGENCY USE ONLY

t. 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 ____

MOUNT LAUREL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Road, Mount Laurel NJ 08054
856.234.0001 (p), 856-234-8240 (f)
mtomczyk@mountlaurel.com
Meredith Tomczyk, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name Alexandria MI _____ Last Name Brown

E-mail Address Alexandria.brown@pemco-limited.com

Mailing Address 820 Bear Tavern

City West Trenton State NJ Zip 08628

Telephor _____ FAX _____

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

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

Signature Alexandria Brown Digitally signed by Alexandria Brown Date: 2017.11.15 07:21:20 -07'00' 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.

In search of any open code violations and open permits for property address 1304 Stokes RD 1304, Mount Laurel, NJ, 08054. Block: 909 Lot: 4
-Please provide a copy of any open code violations and open permits.

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

MOUNT LAUREL TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

Mount Laurel Municipal Complex
100 Mount Laurel Road
Mount Laurel, NJ 08054

RECEIVED
NOV 20 2017
By

Important Notice

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Requestor Information – Please Print

First Name Alex MI Paul Last Name Genato

E-mail Address agenato@archerlaw.com

Mailing Address Archer & Greiner, P.C., 101 Carnegie Center, Suite 300

City Princeton State NJ Zip 08540

Telephone _____ FAX _____

Preferred Delivery: Pick Up _____ US Mail 3rd On-Site Inspect _____ Fax 2nd E-mail 1st

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

Signature _____ Date 11/16/17

Payment Information

Maximum Authorization Cost $ 3.00

Select Payment Method

Cash **Check X** 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 request a copy of any and all State of New Jersey Non-Residential Development Fee Certification/Exemption forms (Form N-RDF) filed in Mount Laurel Township by any developer since January 1, 2016. Attached for your reference please find an example form.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

MOUNT LAUREL TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Rd
Mount Laurel, NJ 08054
(856) 234-0001 (Main)
(856) 273-0106 (Fax)

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 Rebecca MI M Last Name Tomalty

E-mail Address rtomalty@comcast.net

Mailing Address 1206 Saxony Dr

City Mt Laurel State NJ Zip 08054

Telephone _____ FAX _____

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

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

Signature Rebecca M Tomalty Date 20 NOV 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 permit # 2007-1652
Plan for 1203 Saxony Dr Mt Laurel
Project Activity Inspection Report if available

Signature Rebecca M Tomalty

BLK: 301.2 Date: NOV 21 2017 NOV 20 2017

Lot: 1

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

MOUNT LAUREL TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Mount Laurel Rd
Mount Laurel, NJ 08054
(856) 234-0001 (Main)
(856) 273-0106 (Fax)

Important Notice

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Requestor Information – Please Print

First Name MARIA MI P Last Name OTAKE

E-mail Address

Mailing Address 1636-51 RT. 38

City LUMBERTON State N.J Zip 08054

Telephone FAX

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

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

Signature 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

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* BLUEPRINT 200 LARCHMONT BLV, SUITE 8

11/21/17: Customer (Tenant) need this after 4th.

NOV 20 2017

2010-1714
402-3

C.O. 12/30/10

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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Filled - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
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Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

Mount Laurel Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-234-0001 Fax: 8562348240

NJ

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone _____ FAX _____

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

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

Signature Christina Mota Date 11/20/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 11/12/2017

End Date 11/18/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

_____ _____

Custodian Signature Date