Doretha Rita Jackson

From: ASK NJ Media Co. <opra+request-519-7503b245@requests.opramachine.com>
Sent: Tuesday, November 21, 2017 3:08 AM
To: OPRA requests at Palmyra Borough
Subject: Open Public Records Act request - OPRA Requests

Dear Palmyra Borough,

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

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

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-519-7503b245@requests.opramachine.com

Is djackson@boroughofpalmyra.com the wrong address for Open Public Records Act requests to Palmyra Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=palmyra_borough

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

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

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

Open Record Officer
PALMYRA BORO
20 West Broad Street
Palmyra , NJ 08065

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

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name Curtis MI _____ Last Name Blanding

E-mail Address cblanding@smartprocure.us

Mailing Address 700 W. Hillsboro Blvd. Suite 4-100

City Deerfield Beach State Fl Zip 33441

Telephone 954-637-0742 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 08/04/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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.

SmartProcure is submitting an OPRA request to the Borough Of Palmyra for any and all purchasing records from 03/28/2017 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 reports from Edmunds & Associates that can be used to fulfill our request are the "Purchase Order Listing by P.O. Number (Please ensure Format: Detail with Line Item Notes is included) as well as the "Vendor Listing by Vendor Id" report.

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

received
8/4/2017

2017-0070

Custodian Signature

8/8/2017
Date

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0327 Palmyra

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: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: _____

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

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

Signature: Veronica Hartman Date: 08/07/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (**0327txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**

Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

received
8/7/2017

2017-0071

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI ____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

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

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

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

Signature Jenita Burgess Date August 9, 2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information:

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

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

Copies can be faxed or emailed using the information above.

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

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

I respect your time and appreciate your help.

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

8/9/10
received
2017-0072

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name Brandi MI L Last Name Hascak

E-mail Address brandih@oclenderservices.com

Mailing Address 1000 Commerce Drive Suite 520

City Pittsburgh State PA Zip 15275

Telephone 412-788-2923 ext 6097 FAX 412-788-2925 ATTN: BRANDI

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 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

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

Extras: Special service charge dependent upon request.

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

**OPEN code violations(high grass/weeds, garbage/rubbish, structural issues)
**OPEN permits(building, construction, electrical)
ONLY NEED COPIES OF VIOLATIONS AND /OR PERMITS IF THEY ARE OPEN
Time frame: 1/1/17-present

property address: 106 North Harrison St. Palmyra, PA 17078
parcel# 16-2291472-358376-0000

Thank you!

received 8/10/17

2017-073

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 8/11/2017 Date

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax)
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name Alexandria MI ____ Last Name Brown

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

Mailing Address 4600 S Ulster St, Suite 530

City Denver State CO Zip 80237

Telephone 720-509-32-38 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: 2017.08.14 08:22:16 -04'00' Date 8/14/2017

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

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 for property address 2160 Harbour Dr, Palmyra, NJ, 08065.

received 8/14/2017

2017-074

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date 8/23/2017

2017-0075

Place Logo Here

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Place Logo Here

Important Notice

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

Requestor Information – Please Print

First Name Jim MI _____ Last Name O'Donnell

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

Mailing Address 10 Monument Road

City Bala Cynwyd State PA Zip 19004

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

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

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

Signature James O'Donnell Date 08/09/2017

Payment Information

Maximum Authorization Cost $ 1

Select Payment Method

Cash (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 3 pages

received
8/10/2017
2017-0075

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

8/22/2017
Date

THE TRACE

TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

August 7, 2017

Dear Records Officer,

This is a joint request from Trace Media Inc. and NBC10 to your Police Department for certain information pertaining to stolen and seized firearms, information that we understand to be public under public records laws.

We request the following:

Part 1) The below listed information for each firearm reported stolen to your agency from January 1, 2012, to August 1, 2017:

- Serial Number
- Year
- Date
- Incident No
- Report Type
- Property Type – Description
- Property Gun Description
- Property Description
- Property Model
- Property Gun Caliber
- Property Count
- Any other columns available

Part 2) The below listed information for each firearm seized by your agency from January 1, 2012, to August 1, 2017:

- Serial Number
- Occur From Date
- Property Description
- Property Brand
- Property Model
- Property Gun Description
- Property Gun Caliber
- Incode Description
- Incode
- Any other columns available
- Crime Category Code

Part 3) Any and all available data dictionaries and/or code sheets so that we can ascertain the meaning of column headings, codes, abbreviations, and other information contained in the CDW BI.

THE TRACE

TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

As members of the news media, Trace Media and NBC10 will be making information obtained from this request available to the general public and are not requesting the records for commercial purposes.

The serial number is the most important piece of descriptive information for a firearm.

Serial numbers are assigned to specific firearms, not specific individuals, so any argument that releasing a serial number could identify, let alone endanger, a witness is without merit. Furthermore, because serial numbers serve as the identification markings for firearms, not people, any argument that gun owners have a right to privacy regarding the serial numbers of their weapons is equally flawed.

Firearm serial numbers by themselves cannot be used to identify an individual or a witness. The U.S. federal government does not have a comprehensive firearm registry, and in even in states where registries do exist, the information contained therein is not open to the general public. Moreover, while serial numbers are designed to aid in the identification of specific firearms, their distinctiveness is not absolute. Under federal regulations, serial numbers may be duplicated by different manufacturers. For example, if Manufacturer A produces a handgun with serial number 12345, Manufacturer B can also produce a handgun with serial number 12345 and still be in compliance with the law.

The release of serial numbers would also not hinder a law enforcement investigation. To argue such would be akin to saying that serial numbers somehow open a window into a police investigative file, which they do not. Besides, serial numbers often appear in publicly accessible court documents, albeit without the centralization key for newsgathering and analysis.

This request is part of a national project exploring the use of stolen guns in crime, an issue of paramount import to the citizens of your community and the brave police officers who protect and serve them.

So far, more than 200 public law enforcement agencies around the country have released serial number information to us in response to public records requests for this project.

We hope that your agency takes our arguments into consideration when reviewing our records request.

We ask that the requested records be provided in a .xlsx, .xls, .csv, .txt, or another spreadsheet-compatible format. We also ask that you email the records to Jim.ODonnell@NBCUNI.com

THE TRACE

TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

When releasing the records, please be mindful that .xlsx and .xls file extensions may delete leading zeros from serial numbers – turning, for example, a serial number that is actually 012345 into 12345. This could skew our analysis. To ensure that this does not happen, please take care to download and import the serial number column in a "Text" number format.

If there are fees associated with this request, we would appreciate if you informed us of the estimated charges in advance.

If you have any questions or concerns, please do not hesitate to contact

Jim O'Donnell
Senior Investigative Producer
NBC10
215-913-0273

State of New Jersey

BOROUGH OF PALMYRA
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 Christine MI A Last Name McDonnell

Company BerkShire Hathaway Fox + Roach

Mailing Address 123 Chester Ave

City Moorestown State NJ Zip 08057 Email Tina.McDonnell@FoxRoach.com

Business Hours Telephone: Area Code 856 Number 577-6372 Extension

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

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

Signature [signature] Date 8/23/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

All Building Permits (open + closed) for 901 Lincoln Avenue, Palmyra, NJ beginning in 2006 until present

received 8/23/17

2017-0076

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed

[signature] 8/25/2017

Custodian Signature Date

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI _____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

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

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

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

Signature Jenita D Burgess Date September 13, 2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information:

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

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

Copies can be faxed or emailed using the information above.

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

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

I respect your time and appreciate your help.

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

received 9/13/17

2017-0077

Doretha Rita Jackson

From: Tanyika L. Johns, CTC <taxcollector@boroughofpalmyra.com>
Sent: Monday, November 27, 2017 11:54 AM
To: djackson@boroughofpalmyra.com
Subject: FW: 9/15/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Friday, September 15, 2017 2:24 PM
To: 'tax@boroughofpalmyra.com' <tax@boroughofpalmyra.com>
Subject: 9/15/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-518-0041

F: 973-376-4104

2017-0078

Doretha Rita Jackson

From: JOHN MICKLEWRIGHT <j.jmick@comcast.net>
Sent: Tuesday, September 19, 2017 1:09 PM
To: djackson@boroughofpalmyra.com
Cc: availableanimalcontrol
Subject: OPRA request for animal control contract

Dear Ms. Jackson

I am interested in submitting an OPRA request for the animal control contract for the Borough of Palmyra. Please also provide the number of calls monthly (and yearly if necessary) and nature of the calls (run at large, trapping of cats, cruelty, wildlife).

Thank you very much.

John Micklewright

Available Animal Control

PO Box 1688

Blackwood NJ 08012

609 610-4191

609 306-2277

9/20/17
Completed
DJackson

received
2017-79

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name GENE MI ____ Last Name OCONNOR

E-mail Address GOCONNOR9@COMCAST.NET

Mailing Address 9 E BROAD ST (REAR APT)

City PALMYRA State NJ Zip 08065

Telephone 215-901-8372 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 Eugene OConnor Date 9/20/17

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

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 PAPER WORK AND LEGAL DOCUMENTS INVOLVING THE ERECTION OF A FENCE AT 520 CUNNINGHAM AVE

received
2017-0080
9/20/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name PAULA MI A Last Name FILLMYER

E-mail Address PFILLMYER@CINNAMINSONNJ.ORG

Mailing Address 1621 RIVERTON ROAD

City CINNAMINSON State NJ Zip 08077

Telephone 856-829-6000 x 2301 FAX 856-829-3361

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

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

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 CURRENT POLICE CONTRACTS FOR OFFICERS AND SUPERIOR OFFICERS.

2017-081
received
9/20/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature 9/20/17 Date

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

ACCURATE ABSTRACTS

ACCURATE ABSTRACTS

0327 Palmyra

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: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: _____

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

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

Signature: Veronica Hartman Date: 9/26/2017

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.

"We request a copy of the "Tax Search Export" (**0327txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**

Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

completed TS 9/27/17

received 9/27/17

2017-0082

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name Brian MI _____ Last Name Davis

E-mail Address sunnyhome1972@gmail.com

Mailing Address 20 avon meadow lane

City Avon State CT Zip 06001

Telephone (860) 316-4774 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 Brian Davis Date 10/2/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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 for information pertaining to property at 330 Berkley Ave, Palmyra, NJ 08065.

- Is property in a flood zone?
- We would like a copy of the permits
- A list of any buidling or code violations
- Any record of underground storage tanks

10/2/2017
received
2017-00083

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

A Jackson
Custodian Signature

Date

State of New Jersey

BOROUGH OF PALMYRA

GOVERNMENT RECORDS REQUEST FORM

RECEIVED
OCT 11 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 TAMER MI ____ Last Name TAWFIL

Company ____

Mailing Address 8238 DORCAS ST

City PHILADELPHIA State PA Zip 19152 Email TAMERTAWFIL@GMAIL.COM

Business Hours Telephone: Area Code 267 Number 5753280 Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

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

Signature [signature] Date 10/11/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

CHECK FOR OPEN PERMITS
CHECK FOR OPEN VIOLATION

SITE ADRESS - 330 BERKLEY AVE
08065

received
10/11/17

2017-0084

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 ____

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI _____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

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

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

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

Signature Jenita Burgess Date October 11, 2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information:

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

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

Copies can be faxed or emailed using the information above.

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

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

I respect your time and appreciate your help.

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

received 10/11/17

2017-0085

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0327 Palmyra

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: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: _____

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

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

Signature: Veronica Hartman Date: 10/12/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (**0327txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office.
If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

received
10/12/2017

2017-00886

ACCURATE ABSTRACTS

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0327 Palmyra

ACCURATE ABSTRACTS

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: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: _____

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

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

Signature: Veronica Hartman Date: 10/16/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (**0327txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

received 10/16/2017

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY 2017-0087

competitor TJ

State of New Jersey

BOROUGH OF PALMYRA
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 David MI ____ Last Name Truesdell

Company Edgewater Park School District

Mailing Address 405 Cherrix Ave.

City Edgwater Park State NJ Zip 08010 Email ____

Business Hours Telephone: Area Code 609 Number 203-3690 Extension ____

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

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

Signature [signature] Date 10/18/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

CO for 429 Horace Ave.
Most Current. Apt. D

Rental Registration

received
10 18 17

2017-0088

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 ____

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name Nicole MI ____ Last Name Sommese

E-mail Address NICOLESOMMESE@gmail.com

Mailing Address P.O. Box 306

City Maple Shade State NJ Zip 08052

Telephone 856-912-4710 FAX 856-414-6132

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

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

Signature [signature] Date 10/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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.

633 GARfield Ave, PALMYRA

CAN you send me A list of open permits And code violations.

received 10/20/17

2017-0089

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 ____

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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

Requestor Information -- Please Print

First Name John MI _____ Last Name David

E-mail Address abhishek.j@slkgroup.com

Mailing Address #2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234

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

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

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

Signature John David Date 10/20/2017

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

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 voilations and open/expired builidng permits for the below property:

Address: 4 Virginia Avenue Palmyra NJ 08065
Parcel#: Block 150 Lot 11
Ref#: 614212

2017-0090

received
10/20/17

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name Larry MI _____ Last Name Higgins

E-mail Address OPRA@NJPropertyRecords.com

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

City Oldwick State NJ Zip 08858

Telephone 908-255-9919 FAX _____

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

received
10/20/17

2017-0091

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

M Jackson
Custodian Signature

10/23/17
Date

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0327 Palmyra

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: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: _____

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

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

Signature: Veronica Hartman Date: 10/24/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (**0327txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**

Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

received
10/24/2017

2017-0092

State of New Jersey
BOROUGH OF PALMYRA
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 Nisar MI ___ Last Name Nasir

Company NorthEast Refinishing LLC.

Mailing Address 197. Middlesex Ave.

City Metuchen State NJ Zip 08840 Email nerefinishing@gmail

Business Hours Telephone: Area Code 908 Number 838-5160 Extension ___

Preferred Delivery: Pick Up ✓ US Mail ___ On Site Inspect ___

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

Signature [signature] Date 10/26/17

Payment Information

Maximum Authorization Cost $ ___

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

Buying property at
508 Arch ST.
Palmyra, NJ 08065
- Zoning - Use
- any violation or Back Taxes
- C O A.

no code violations, no zoning applications, no CO issued

received 2017-0093 10/26/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Final Cost
Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

[signature] Custodian Signature

10/30/17 Date

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0327 Palmyra

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: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: _____

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

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

Signature: Veronica Hartman 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.

"We request a copy of the "Tax Search Export" (**0327txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**

Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

3017-0094
received
10/30/17

Doretha Rita Jackson

From: Tanyika L. Johns, CTC <taxcollector@boroughofpalmyra.com>
Sent: Monday, November 27, 2017 11:54 AM
To: djackson@boroughofpalmyra.com
Subject: FW: 10/30/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, October 30, 2017 8:09 AM
To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Subject: 10/30/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-518-0041

F: 973-376-4104

Doretha Rita Jackson

From: Veronica Hartman <VHartman@actiontitleresearch.com>
Sent: Sunday, November 05, 2017 7:58 PM
To: bsheipe@boroughofpalmyra.com
Attachments: OPRA Form palmrya 12-10.doc

Veronica Hartman | Municipal Tax Searcher
Action Title Research
611 Route 46 West Suite 103 | Hasbrouck Heights NJ, 07604
Office: 201-531-1663
www.actiontitleresearch.com

Doretha Rita Jackson

From: Tanyika L. Johns, CTC <taxcollector@boroughofpalmyra.com>
Sent: Monday, November 27, 2017 11:55 AM
To: djackson@boroughofpalmyra.com
Subject: FW: 11/6/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Friday, November 03, 2017 4:25 PM
To: 'tax@boroughofpalmyra.com' <tax@boroughofpalmyra.com>
Subject: 11/6/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-518-0041

F: 973-376-4104

State of New Jersey

BOROUGH OF PALMYRA

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 NICK MI ____ Last Name LUBRANO

Company ____

Mailing Address 520 ARCH ST

City DELRAN State NJ Zip 08075 Email NICKSR122415@GMAIL.COM

Business Hours Telephone: Area Code 484 Number 620 5327 Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

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

Signature [signature] Date 11-07-17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

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

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

Extras: Extraordinary service fees dependent upon request.

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

205 HORACE AVE
PALMYRA NJ 08065
OPEN AND CLOSE PERMIT.

2017-0098

received 11/7/2017

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 ____

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name ARMANDO MI V Last Name RICCIO

E-mail Address ariccio@njlabor.lawyer

Mailing Address 7 N. Main Street, Suite A

City Medford State NJ Zip 08055

Telephone (609) 634-2784 FAX (609) 667-7650

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 [signature] Date 11-7-17

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

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.

Documents showing all hourly rates charged by the Municipality's Labor/Employment Solicitor/Attorney for the following years: 2016, 2015, 2014. Alternatively, an email providing the information is acceptable as well. Thank you.

received
11/7/2017

2017-0099

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Emailed

[signature] 11/14/17
Custodian Signature Date

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI ____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

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

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

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

Signature Jenita D Burgess Date November 8, 2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information:

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

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

Copies can be faxed or emailed using the information above.

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

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

I respect your time and appreciate your help.

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

2017-100
received
11/9/2017

done 11/9/2017

Doretha Rita Jackson

From: Tanyika L. Johns, CTC <taxcollector@boroughofpalmyra.com>
Sent: Monday, November 27, 2017 11:55 AM
To: djackson@boroughofpalmyra.com
Subject: FW: 11/13/2017 OPRA REQUEST

From: Newman, Michael (RIS-HBE) [mailto:Minewman@signatureinfo.com]
Sent: Monday, November 13, 2017 7:40 AM
To: 'tax@boroughofpalmyra.com' <tax@boroughofpalmyra.com>
Subject: 11/13/2017 OPRA REQUEST

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-518-0041

F: 973-376-4104

ACCURATE ABSTRACTS

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0327 Palmyra

ACCURATE ABSTRACTS

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 Veronica MI _____ Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone 201-781-1833 FAX _____

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

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

Signature Veronica Hartman 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.

"We request a copy of the "Tax Search Export" (**0327txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

11/13/17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

received
11/13/17

2017-0102

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name Jordan MI ____ Last Name Sparacio

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

Mailing Address 820 Bear Tavern Road

City West Trenton State NJ Zip 08628

Telephone 720-509-3254 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 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

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.

Blk 86 Lot 15

I need to know if there are any open code violations on the property at 430 LECONEY AVENUE

2017-103
received
11/14/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature

11/15/17
Date

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name Curtis MI _____ Last Name Blanding

E-mail Address cblanding@smartprocure.com

Mailing Address 700 W. Hillsboro Blvd. Suite 4-100

City Deerfield Beach State Fl Zip 33441

Telephone 954-637-0742 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 11/16/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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.

SmartProcure is submitting an OPRA request to the Borough Of Palmyra for any and all purchasing records from 08/15/2017 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**

received
2017-0104
11/16/17

The reports from Edmunds & Associates that can be used to fulfill our request are the "Purchase Order Listing by P.O. Number (Please ensure Format: Detail with Line Item Notes is included) as well as the "Vendor Listing by Vendor Id" report.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

emailed

Custodian Signature

11/21/2017
Date

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name PA-REO, MI ____ Last Name INC.

E-mail Address karen@pa-reo.com

Mailing Address 759 Bristol Pike

City Bensalem, State PA Zip 19020

Telephone 215-633-0102 FAX 215-633-8433

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 11/16/17

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

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: 2158 Harbour Drive
Please be advised, this is now a bank owned property and we are managing the property for the bank. Please respond if there are any open code violations or municipal violations on this property.
Please forward results with supporting documentation so we can have this resolved ASAP.
Also, this is a vacant property. Please let me know if there is an existing VPR registration, what are the fees for the VPR and forward form needed.
Thank you!
Karen Hand for PA-REO, Inc.

received 11/16/17

2017-0105

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 ____

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name Clyde MI J Last Name Donohugh, Esquire

E-mail Address Clyde@ClydeLaw.com

Mailing Address 110 Barclay Pavilion East

City Cherry Hill State NJ Zip 08034

Telephone 856-428-4371 FAX 856-427-0180

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

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

Signature _____ Date 10/26/2017

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

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: 500 Leconey Avenue - Block 84, Lot 7

We hereby request copies of all applications, permits and final approvals for any and all work performed at the subject property since January 1, 1990, including but not limited to the removal of an underground oil tank; installation of above ground oil tank; conversion from oil to gas; installation of or replacement of heating system and central air conditioning; finished basement, including plumbing, heating, electrical and air conditioning.

received
11/17/17

2017-0106

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 _____

PALMYRA BOROUGH
OPEN PUBLIC RECORDS ACT REQUEST FORM
20 West Broad Street
Palmyra, NJ 08065

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 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 609-580-3706 FAX 609-580-3760

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 Palmyra Borough 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
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

Custodian Signature _____ Date 11/21/2017

2017-107

received 11/20/2017

Date In	Log#	DATE EXT	Date Due	Date Out	Requestor	Information Requested	Notes	Completed By
8/1/2017	2017-P0045		8/10/2017	8/2/2017			picked up 8/15/2017	RM
8/7/2017	2017-P0048		8/16/2017	8/9/2017			PICKED UP	GB
8/7/2017	2017-P0049		8/16/2017	8/10/2017			picked up 8/10/2017	GB
8/9/2017	2017-P0050		8/18/2017	8/14/2017	Robert Dorisio	police personal records check	emailed 8-14-2017	RM
8/7/2017	2017-P0051		8/18/2017	8/14/2017			FAXED TO DR	RM
8/11/2017	2017-P0052		8/22/2017	8/14/2017	Keith Adams	Incident 2017-4092	EMAILED 8-14-2017	RM
8/15/2017	2017-P0053		8/24/2017	8/24/2017			emailed 8-24-2017	GB
8/17/2017	2017-P0054		8/28/2017	8/23/2017	Dorothy Ivey	2017-4150	emailed 8-23-2017	GB
8/21/2017	2017-P0055		8/30/2017	8/25/2017			8/25/2017 picked up	GB
8/21/2017	2017-P0056		8/30/2017	8/28/2017	Patricia Ronayne	Reports for 23 Pear St & residents	emailed 8/28/2017	GB
8/25/2017	2017-P0057		9/7/2017	8/31/2017			emailed 8/31/2017	GB
8/29/2017	2017-P0058	avail 8/31/17	9/12/2017	9/8/2017			emailed 9/8/2017	GB
8/30/2017	2017-P0059		9/11/2017	8/31/2017	Maureen Larmanis	video of inc 2017-4539	denied exec order #26	GB
8/28/2017	2017-P0060		9/8/2017	9/7/2017	Nicole Bennett	incidents 400 Temple Ave	emailed 9/7/2017	GB
9/5/2017	2017-P0061		9/14/2017	9/8/2017			picked up 9/13/2017	RM
9/11/2017	2017-P0062		9/20/2017	9/19/2017	Claire Whatley	724B Garfield Ave	emailed 9/19/2017	GB
9/12/2017	2017-P0063	avail 9/20/17	9/29/2017	9/25/2017			picked up 9/25/2017	RM
9/14/2017	2017-P0064		9/25/2017	9/19/2017	Anthony Romero	arrest narrative	picked up 9/19/2017	GB
9/18/2017	2017-P0065		9/27/2017	9/20/2017			picked up 9/26/2017	RM
9/25/2017	2017-P0066		10/4/2017	9/29/2017			picked up 9/29/2017	GB
9/27/2017	2017-P0067		10/6/2017	10/3/2017			picked up 10/03/2017	GB
9/26/2017	2017-P0068		10/5/2017	9/27/2017			e-mailed 9/27/2017	GB
9/26/2017	2017-P0069		10/5/2017	9/29/2017			picked up 9/29/2017	RM
9/27/2017	2017-P0070		10/6/2017	10/4/2017	Angela Hopkins	incident 2017-5098	e-mail 10/04/2017	GB
9/29/2017	2017-P0071		10/10/2017	10/5/2017			mailed 10/05/2017	GB
10/9/2017	2017-P0072		10/18/2017	10/12/2017			emailed 10/12/2017	GB
10/12/2017	2017-P0073		10/23/2017	10/19/2017			emailed 10/19/2017	GB
10/30/2017	2017-P0074		11/8/2017	11/2/2017	Lisa Rau	incident 2017-5824	picked up 11/2/2017	RM
10/25/2017	2017-P0075		11/3/2017	10/31/2017	Angela Hopkins	child custody	emailed 10/31/2017	GB
11/6/2017	2017-P0076		11/16/2017	11/9/2017				
11/8/2017	2017-P0077		11/20/2017	11/9/2017			emailed 11/09/2017	GB
11/8/2017	2017-P0078		11/20/2017	11/9/2017	Ciara Moran	DV Harassment 7/20/2015, 6/26/2016	emailed 11/09/2017	GB
11/14/2017	2017-P0079		11/23/2017	11/21/2017				
Highlighted requests were made by victims of a crime and as such are not a public record								

Redactions:
NJSA 47:1A-1.1
#17
Personal Identifying Information

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax)
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name Robert MI G Last Name Dorisio

E-mail Address Dorizio5@aol.com

Mailing Address 117 Creek Rd

City Delran State NJ Zip 08075

Telephone [redacted] 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. C: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 08/09/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Police Records DoB: [redacted]

SS: [redacted]

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.

Case Report
Exempt Criminal
Law NJSA 47:1A-1.1

In Progress - Open ___
Denied - Closed ___
(Filled) - Closed 8/12/17
Partial - Closed ___

AGENCY USE ONLY

Tracking Information

Tracking # 2017-P0050
Rec'd Date 8/9/17
Ready Date 8/12/17
Total Pages ___

Final Cost

Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

Incident Activity Only
Emailed 8/14/17

[signature] Custodian Signature

8/14/17 Date

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

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856-829-6100 & 856-829-4096(fax)
boroughofpalmyra.com

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Requestor Information – Please Print

First Name Keith MI P Last Name Adams

E-mail Address KKJHSAdams@comcast.net

Mailing Address 305 Temple Blvd

City Palmyra State NJ Zip 08065

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.

Signature Keith Adams Date 8/11/17

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

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

Extras: Special service charge dependent upon request.

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

2017-4092

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 2017-P0052
Rec'd Date ____
Ready Date 8/14/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Emailed 8/14/17 incident 2017-4092 w/ narrative

Custodian Signature

8/11/17
Date

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax)
boroughofpalmyra.com

Important Notice

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Requestor Information – Please Print

First Name Dorothy MI ____ Last Name Ivey

E-mail Address dorothyivey@ensearchexpress.com

Mailing Address PO Box 518

City Rockwall State TX Zip 75087

Telephone [redacted] 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 Ivey Date 08/16/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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.

Home Incident Request

Location - 5 W Broad St. Palmyra, NJ 08065

Date - 08/01/2017

Time - 03:30pm

Report # - 2017 4150

Mr. Jackson's vehicle was broken into - musical equipment was taken

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

AGENCY USE ONLY

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

Nonprofit Exempt
Crim. Inv.
NJSA 47:1A-1.1

AGENCY USE ONLY

Tracking Information

Tracking # 2017-P0054
Rec'd Date 8/17/17
Ready Date 8/23/17
Total Pages 1

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided
8/23/17 Emailed

8/21/17 [*]

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax)
boroughofpalmyra.com

Important Notice

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Requestor Information – Please Print

First Name Patricia MI M Last Name Ronayne

E-mail Address pat@ronayneesquire.com

Mailing Address 644 S. Church St

City Mt. Laurel State NJ Zip 08054

Telephone [redacted] FAX 8562345432

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 8/17/17

Payment Information

Maximum Authorization Cost $ 30

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

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 incident and/or police reports in regard to Robert and/or Janice Brown and/or 23 Pear St, Palmyra NJ 08065

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # 2017-P0056
Rec'd Date 8/21/17
Ready Date 8/25/17
Total Pages ____

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

Records Provided
8/28/17 Emailed attached

[signature] 8/21/17
Custodian Signature Date

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name Maureen MI T. Last Name Larmanis

E-mail Address Maureen907@gmail.com

Mailing Address 717 Garfield Avenue

City Palmyra State NJ Zip 08065

Telephone [redacted] 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 Maureen Larmanis Date 8/29/17

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

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 video of police incident at
717 Garfield Ave, Palmyra NJ
involving Rachel Larmanis on
Friday, August 25, 2017 2017-4539

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.

Denied Mr. Dinal Call
Exec Order #26

In Progress – Open ____
Denied – Closed ____
(Filled) – Closed 8/31/17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 2017-P0059
Rec'd Date 8/30/17
Ready Date ____
Total Pages ____

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

Records Provided
8/31/17 called advised Denied can make appt w/i next 30 days to view w/daughter

Custodian Signature 8/31/17 Date

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax)
boroughofpalmyra.com

Important Notice

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Requestor Information – Please Print

First Name Nicole MI L Last Name Bennett

E-mail Address Nic112585@gmail.com

Mailing Address 2265 E. Onterio St

City Phia State Pa Zip 19134

Telephone [redacted] 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 Nicole Bennett Date 8-26-2017

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

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, Nicole L. Bennett Born [redacted] am the biological mother of J[redacted]H. B[redacted] I have been fighting to get my daughter out of the horrible situation she has been forced to live in. I have an emergency hearing on Sept 7, 2017. I humbly request any and all reports in their entirety made on the address 400 Temple Blvd. Palmyra NJ. My daughter has been in a VERY dangerous living environment for many years. It MUST stop and I need to protect her before she is hurt any more. All reports on J[redacted]H. B[redacted] born [redacted] Diana Baraniecki, born [redacted] Mary McGovern and Jessica Harris born [redacted] Please help me, my daughter has been lied to, threated, assaulted, neglected, abused and harassed for way to long. I was also abused and given drugs by Diana Baraniecki and Mary McGovern when I was 14 on. I don't want them to do the same thing to my daughter. Thank you for your time and help in this matter.

Please call me on my cell [redacted] Send all documents to my email Nic112585@gmail.com and ElizabethVaBeach@aol.com that is my mother's email.

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.

See Attached
47:1A-1.1
Crim. Inv.
EXEC ORDER 26
MEDICAL

In Progress	-	Open	
Denied	-	Closed	
Filled (circled)	-	Closed	9/7/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #	2017-P0060
Rec'd Date	8/28/17
Ready Date	
Total Pages	

Final Cost

Total	
Deposit	
Balance Due	
Balance Paid	

Records Provided
9/7/17 E-mailed

Custodian Signature [signature] Date 9/6/17

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax)
boroughofpalmyra.com

Important Notice

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Requestor Information – Please Print

First Name Claire MI — Last Name Whatley

E-mail Address GOAWAYclaire@yahoo.com

Mailing Address 8642 F Southbridge Dr.

City Surfside State S.C. Zip 29575

Telephone [redacted] 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 Claire Whatley Date Sept 11, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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.

(upstairs)

any disturbance or arrests calls at 724B Garfield Ave, Palmyra, N.J. 08065

I am getting complaints of drug dealing activities from the tennant in the Apartment. I Tell her to call you because I am 6000 miles AWAY. I don't want to proceed on her WORD alone, I need evidence to support her alligations.

from 9/16 to present.

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

DENIED D.Y.
2025-33
2017-2059
2017-3560
DENIED EXEC ORD. 26
2017-4077
MCDeal

In Progress – Open ____
Denied – Closed ____
(Filled) – Closed 9/19/17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 2017-00062
Rec'd Date 9/11/17
Ready Date 9/19/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed 9/19/17

Custodian Signature

9/19/17
Date

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax)
boroughofpalmyra.com

Important Notice

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Requestor Information – Please Print

First Name Colin Anthony MI C Last Name Chrupcala Romero

E-mail Address Anthony.Romero3@Navy.mil

Mailing Address 4202 Rt 130N. Case1 Bldg.5

City Willingboro State NJ Zip 08046

Telephone [redacted] FAX (609) 871-1755

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 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

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 arresting officer's report (narrative) for applicant Colin C. Chrupcala's charge on 8/15/2010 for enlistment purposes.

- PO1 Anthony Romero (USN)

2010-4404

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 2017-Pa064
Rec'd Date 9/14/17
Ready Date 9/19/17
Total Pages 7

Final Cost

Total ____
Deposit ____
Balance Due .35
Balance Paid ____

Records Provided 9/19/17 picked up
2010-4404 Case Report w/ Narratives

[signature] Custodian Signature

9/19/17 Date

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax) r
boroughofpalmyra.com

Important Notice

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Requestor Information – Please Print

First Name Angela MI L Last Name Hopkins
E-mail Address MarksMom010@gmail.com
Mailing Address 208A Hartford Road
City Mt. Laurel State NJ Zip 08054
Telephone [redacted] 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 Angela Hopkins Date 9/27/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Report # 2017-5098 from 9/22. Re: Amanda Anderson refusing court ordered visitation to David Hopkins. Also, the order states I am to pick up the child at daycare @ 5pm on Wednesday at which time the daycare ~~provider~~ provider stated that she was told not to allow me to take the child as previously ordered by the court.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 2017-P0070
Rec'd Date 9/27/17
Ready Date 10/3/17
Total Pages 2

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided 10/4/17 e-mailed

Incident 2017-5098 w/ Narrative

Custodian Signature

Date 10/3/17

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax)
boroughofpalmyra.com

Important Notice

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Requestor Information – Please Print

First Name Lisa MI M Last Name Ray

E-mail Address leetim@aol.com

Mailing Address 4404 Vesper Circle

City Palmyra State NJ Zip 08065

Telephone [redacted] 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 Lisa Ray 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

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

Extras: Special service charge dependent upon request.

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

Incident # 2017-5824

10/28/2017

Palmyra H.S. Parking Lot

PH. Main

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 # NP00074
Rec'd Date 10/30/17
Ready Date 11/1/17
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due .15
Balance Paid .15

Records Provided

Incident 2017-5824 picked up 11/2/17

Custodian Signature

11/1/17
Date

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax)
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name Angela MI L Last Name Hopkins

E-mail Address AHopkinsC21@gmail.com

Mailing Address 208A Hartford Rd.

City Mt. Laurel State NJ Zip 08054

Telephone [redacted] 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 Angela Hopkins Date 10-25-17 ? 11-25-17

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

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.

Do We are requesting all police calls 11/2014 - Present to 510 Leconey Ave, Imyra, NJ. We are doing this request to prepare for ur upcoming DCPP hearing as well as a child custody case. & The other parent refuses to inform us of what is going on in the home even though we have informed Det. Bennidict the illegal activity at the residence.

lso, We would like a copy of the most recent police port from ? 11/17/2017 in which Amanda Anderson refused to ve us our court ordered parenting time for the childs birthday. manda tried to state that an email was our new court order. here are any questions please contact me at above # or David Hopkins @ [redacted]

AGENCY USE ONLY

st. Document Cost ____
st. Delivery Cost ____
st. Extras Cost ____
otal Est. Cost ____
eposit Amount ____
stimated Balance ____
eposit Date ____

AGENCY USE ONLY

Disposition Notes

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

2016-596
2017-237
DENIED DJ
NJSA 2C:25-35

In Progress - Open ____
Denied - Closed ____
(Filled) - Closed 10/30/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 2017-P0075
Rec'd Date 10/25/17
Ready Date 10/30/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided 10/31/17 e-mailed

Custodian Signature

10/27/17
Date

BOROUGH OF PALMYRA

OPEN PUBLIC RECORDS ACT REQUEST FORM

20 West Broad Street
856-829-6100 & 856-829-4096(fax)
boroughofpalmyra.com

Important Notice

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

Requestor Information – Please Print

First Name Ciara MI L Last Name Moran

E-mail Address Ciararamirez2049@gmail.com

Mailing Address 48 W Broad St Apt. 22

City Palmyra State NJ Zip 08065

Telephone [redacted] 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 Ciara Moran Date Nov. 8, 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

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 Police records for Ciara L. Moran or the Harassment reports located at 48 w. Broad St. Apt. 22 Palmyra, NJ 08065 on the dates of 7/20/2015 and 6/26/2016.

The Documents are needed for Job.

Thank you.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 2017-P0078
Rec'd Date 11/8/17
Ready Date 11/9/17
Total Pages 8

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided 11/9/17 E-mailed

Custodian Signature

11/09/17 Date