



SPRINGFIELD TOWNSHIP, BURLINGTON COUNTY
OPEN PUBLIC RECORDS ACT REQUEST FORM
 2159 Jacksonville-Jobstown, PO Box 119, Jobstown, NJ 08041
 Phone (609) 723-2464 Fax (609) 723-6591
 clerk@springfieldtownshipnj.org

**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 Adriana MI _____ Last Name Perez
 E-mail Address relocation@nishlaw.com
 Mailing Address 163 Washington Street
 City Morristown State NJ Zip 07960
 Telephone 973 539 5050 FAX 973 539 7560
 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 Adriana Perez Date 11/10/17

Payment Information

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

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

Kindly provide the following records/ information:

Tax Collector: Full year 2016 taxes and available 2017.

Tax assessor: Any pending Added Assessments.

Building Department: All open, closed and pending permits including but not limited to any additions, improvements and upgrades; oil tank removal, appliance installation or replacement, etc.

Health/ Zoning Department: Any "off site" conditions affecting the property. Documents regarding wetlands, delineations restrictions or other restrictions as historic, etc. Possible use change or assessment that might affect the value of the property.

Thank you

445 Unit C Morris Avenue
Block 609
Lot 32.36

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.
Not located in Springfield Burlington County
 In Progress - Open _____
 Denied - Closed X
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

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



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Requestor Information - Please Print

First Name Adriana MI _____ Last Name Perez
 E-mail Address relocation@nishlaw.com
 Mailing Address 163 Washington Street
 City Morristown State NJ Zip 07960
 Telephone 973.539.5050 FAX 973.539.7560
 Preferred Delivery: Pick Up _____ 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 Adriana Perez Date 11/10/17

Payment Information

Maximum Authorization Cost \$ _____
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Health/ Zoning Department: Any "off site" conditions affecting the property. Documents regarding wetlands, delineations restrictions or other restrictions as historic, etc. Possible use change or assessment that might affect the value of the property.

Thank you

445 Unit C4 Morris Avenue
Block 609
Lot 32.36

AGENCY USE ONLY

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

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Not located in Springfield township
Burlington County
 In Progress _____ Open _____
 Denied _____ Closed ✓
 Filled _____ Closed _____
 Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature <u>Ron Cep</u>		Date <u>11/13/17</u>	



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Requestor Information – Please Print

First Name Yadira MI _____ Last Name Galan
 E-mail Address carly@bnnksconsulting.com
 Mailing Address 1256 Liberty Ave
 City Hillsdale State NJ Zip 07205
 Telephone 844-462-7465 FAX 908-353-3107
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 11/8

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
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 Delivery: Delivery / postage fees additional depending upon delivery type.
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Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Please provide a list of permit applications for the installation, removal or the decommissioning of any underground storage tanks at:

36 Clinton Ave

Block # 801 Lot # 8

*Permit records as old as you have *

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
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Property not located in Springfield Township
SPRINGFIELD TOWNSHIP
Burlington County
 In Progress ☐ Open ☐
 Denied ☐ Closed ☒
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

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

Custodian Signature _____

11/9/17
 Date



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 clerk@springfieldtownshipnj.org



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Requestor Information – Please Print

First Name	<u>Yadira</u>	MI		Last Name	<u>Galan</u>
E-mail Address	<u>carly@bnrksconsulting.com</u>				
Mailing Address	<u>1256 Liberty Ave</u>				
City	<u>Hillside</u>	State	<u>NJ</u>	Zip	<u>07205</u>
Telephone	<u>844-462-7465</u>	FAX	<u>908-353-3107</u>		
Preferred Delivery:	Pick Up	US Mail	On-Site	Fax	E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>			Date	<u>11/3/17</u>

Payment Information

Maximum Authorization Cost	\$
Select Payment Method	
Cash	Check Money Order
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) – actual cost of material
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Please provide a list of permit applications for the installation, removal or the decommissioning of any underground storage tanks at:

15 Kipling Ave
 Block # 3509 Lot # 21

*Permit records as old as you have *

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

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

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Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>[Signature]</u> Custodian Signature		<u>11/6/17</u> Date	

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

2.a) The **MOST CURRENT** municipality zoning map(s). **Note:** If your zoning map(s) are on your website, please provide the direct link and **CONFIRM they are the most current map(s)** available. www.springfieldtownshipnj.org and yes they are most updated. You can find under Department tab and Zoning

2.b) The date the zoning map(s) was last modified/updated. Updated July 2009

2.c) The approximate date to check back for newer/updated zoning map(s). **Note:** If there's currently no plans on updating the map(s) anytime soon, please mention that to us. December 2019

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

Dante Guzzi Engineering
418 Stokes Rd.
Medford, NJ 08055
(609) 654-4440

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

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

PHONE CALLS WILL NOT BE ACCEPTED

Thanks,

Larry Higgins

OPRA@NJPropertyRecords.com

Patricia Clayton

From: Patricia Clayton <clerk@springfieldtownshipnj.org>
Sent: Thursday, October 26, 2017 3:02 PM
To: 'Larry Higgins'
Subject: RE: OPRA Request (0334.BURLINGTON_SPRINGFIELD TWP-Copy)

See below in response to your request

Patricia Clayton, RMC
Township Clerk
Springfield Township
2159 Jacksonville-Jobstown Rd.
PO Box 119
Jobstown, NJ 08041
609-723-2464 ext. 10
609-723-6591 (fax)
clerk@springfieldtownshipnj.org

From: Larry Higgins [mailto:opra@njpropertyrecords.com]
Sent: Friday, October 20, 2017 3:32 PM
To: clerk@springfieldtownshipnj.org
Subject: OPRA Request (0334.BURLINGTON_SPRINGFIELD TWP-Copy)

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

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

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

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

Requested Information:

1.a) A complete set of your municipalities **MOST CURRENT** tax maps. **Note:** If your tax maps are on your website, please provide the direct link and **CONFIRM they are the most current maps** available. www.springfieldtownshipnj.org Yes they are most current tax maps and are posted under tax assessor in Department tab.

1.b) The date the tax maps were last modified/updated. June 2013



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clerk@springfieldtownshipnj.org



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Requestor Information – Please Print

First Name Sandra MI _____ Last Name Lloyd
E-mail Address Sandy@eracentral.com
Mailing Address 124 Paddock Drive
City Columbus State NJ Zip 07022
Telephone 609-234-4023 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect X Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Sandra Lloyd Date 10/19/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
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recent
most ~~recent~~ farmland preservation map.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress - Open _____
Denied - Closed _____
Filled - Closed 10/19/17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature <u>[Signature]</u>		Date <u>10/19/17</u>	



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clerk@springfieldtownshipnj.org



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Requestor Information – Please Print

First Name Katherine MI E Last Name Smith
E-mail Address katie@pinelandsalliance.com
Mailing Address 17 Pemberton Rd
City Southampton Twp State NJ Zip 08088
Telephone 609-859-8860 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect X Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Katherine Smith Date 10-6-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
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Freshwater Wetland General Permit No. 1, Flood Hazard Area Individual Permit, Waterfront Development Upland/In-Water Individual Permit, and Water Quality Certificate applications submitted to the New Jersey Department of Environmental Protection, Division of Land Use Regulation for the development described below:

APPLICANT: Colonial Pipeline Company

APPLICANT ADDRESS: 696 Mantua Grove Road, West Deptford, New Jersey 08096 PROJECT NAME: Statewide Pipeline Maintenance Project

PROJECT DESCRIPTION: Maintain approximately 175 miles of existing multi-diameter petroleum product pipeline and pipeline support facilities in Burlington, Camden, Essex, Gloucester, Mercer, Middlesex and Union Counties, New Jersey.

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.
no record
In Progress - Open _____
Denied - Closed ✓
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>Pete Cyp</u> Custodian Signature		<u>10/13/17</u> Date	



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clerk@springfieldtownshipnj.org



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Requestor Information – Please Print

First Name Steven MI M Last Name Rozek
E-mail Address srozek@matrixnewworld.com
Mailing Address 26 Columbia Turnpike
City Florham Park State NJ Zip 07932
Telephone 973-240-1800 FAX 973-240-1818
Preferred Delivery: Pick Up ☐ US Mail ☒ On-Site ☐ Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10/12/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check Money Order
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual cost of material
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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.

Matrix is performing an environmental due diligence for the property located at 19 Morris Avenue, Springfield, Hudson County, New Jersey (Block 904, Lot 29). The property is currently improved with a two-story structure that has five residential apartments and one retail space. Matrix is requesting information and files including but not limited to, remedial action and permits, underground storage tanks, above ground storage tanks, tanks and building permits, health and environmental violations, discharges/releases of petroleum and hazardous material, spills, EPA correspondence, inspections, health and environmental investigations, historic property ownership, existing and former tenants, fires, potable wells, monitoring wells, septic systems, and other records not listed herein.

AGENCY USE ONLY

AGENCY USE ONLY

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

Disposition Notes
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Property not located in Springfield, Burlington County
In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

Tracking Information
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____
Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____
Records Provided _____
Custodian Signature [Signature] Date 10/12/17



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 clerk@springfieldtownshipnj.org

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Requestor Information – Please Print

First Name	Cellin	MI	Last Name	Bradley
E-mail Address	cbradley@dynamic-traffic.com			
Mailing Address	1804 Main Street			
City	Lake Como	State	NJ	Zip 07719
Telephone	732-681-0760	FAX		
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax
				E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.				
Signature	<i>[Signature]</i>			Date 08/21/17

Payment Information

Maximum Authorization Cost	\$ 100.00
Select Payment Method	
Cash	☒ Check Money Order
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) – actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
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Our office is looking to obtain a copy of the existing DOT access permit for a site located at 30 U.S. Route 22 eastbound, designated as block 3104 lot 1. It's along the center median of the eastbound and westbound lanes of Route 22, west of the Rahway River (MP 53). The site is currently occupied by a 2-bay Valvoline lube facility and a vacant Checkers Restaurant.

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Est. Document Cost	_____
Est. Delivery Cost	_____
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Estimated Balance	_____
Deposit Date	_____

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PROPERTY NOT LOCATED IN SPRINGFIELD TWP BURLINGTON CO.	
In Progress	Open
Denied	Closed
Filled	Closed
Partial	Closed

AGENCY USE ONLY

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



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clerk@springfieldtownshipnj.org



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Requestor Information – Please Print

First Name Nicole MI _____ Last Name Paglino
E-mail Address npaglino@stonefieldeng.com
Mailing Address 92 Park Avenue
City Rutherford State NJ Zip 07070
Telephone 201-340-4468 FAX 201-340-4472
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 07/18/2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual cost of material
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Good morning,
Address: 210 Georgetown Wrightstown Road, Block 2107, Lots 2 & 2.01.
Please provide any plans, reports, etc. pertaining to this site.
Thank you,
Nicole

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature

Date

7/25/17



Received

AUG 10 2017

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address

Name of Agency Custodian

Springfield Twp. Police Dept.

RECEIVED

AUG 09 2017

SPRINGFIELD TOWNSHIP

Place
Logo
Here

Important Notice

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

Requestor Information – Please Print

First Name Jim MI _____ Last Name O'Donnell

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

Mailing Address 10 Monument Road

City Bala Cynwyd State PA Zip 19004

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

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

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

Signature James O'Donnell Date 08/09/2017

Payment Information

Maximum Authorization Cost \$ 1

Select Payment Method

Cash ☒ Money Order

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Please see attached 3 pages

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

Custodian Signature

Date

8/18/17



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.



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



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



SPRINGFIELD TOWNSHIP, BURLINGTON COUNTY
OPEN PUBLIC RECORDS ACT REQUEST FORM
2159 Jacksonville-Jobstown, PO Box 119, Jobstown, NJ 08041
Phone (609) 723-2464 Fax (609) 723-6591
clerk@springfieldtownshipnj.org



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 JERRY MI L Last Name Thomas
E-mail Address jerry1thomas31@gmail.com
Mailing Address 2205 Conrow Rd
City Cinnaminson State NJ Zip 08077
Telephone 540-429-5721 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 Jerry L Thomas Date 08/14/17

Payment Information

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

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

Block LOT
Survey 405.01 1
Called to Pickup -
08/16/17

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
Picked up
8/17/17
In Progress - Open _____
Denied - Closed _____
Filled - Closed ☒
Partial - Closed _____

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

turn 601723-6591

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
HerePlace
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 Carly MI Last Name KaminskyE-mail Address Carly@brinksconsulting.comMailing Address 1256 Liberty AveCity Hillsdale State NJ Zip 07205Telephone (844) 462-7465 FAX (908) 353-3107Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail XIf 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 Carly Kaminsky Date

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Please provide a list of permit applications for the installation, removal or the decommissioning of underground storage tanks at:

129 Weisel Ave, Springfield.

Block # 905

Lot # 14

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

Disposition Notes

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

Property not located in Springfield
Burlington County

In Progress Open

Denied Closed X

Filed Closed

Partial Closed

Tracking Information

Final Cost

Tracking # Total

Rec'd Date Deposit

Ready Date Balance Due

Total Pages Balance Paid

Records Provided

Custodian Signature

Date

8/17/17

FAX- 609-4236591



AGENCY NAME HERE
OPEN PUBLIC RECORDS ACT REQUEST FORM
 Agency Address
 Agency Telephone Number & Fax Number
 Agency e-mail address
 Name of Agency Custodian

**Important Notice**

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

Requestor Information - Please Print

First Name Carly MI _____ Last Name Kaminsky
 E-mail Address Carly@brinksconsulting.com
 Mailing Address 1256 Liberty Ave
 City Hillside State NS Zip 07005
 Telephone (844) 462-7465 FAX (908) 353-3107
 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 Carly Kaminsky Date _____

Payment Information

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

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

Please provide a list of permit applications for the installation, removal or the decommissioning of underground storage tanks at:
400 Milltown Rd Springfield.

Block # 2102Lot # 15**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.

Address not in Springfield Twp
Burlington County

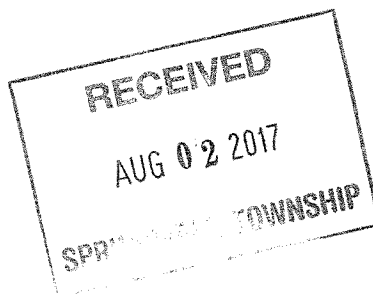
In Progress - Open _____
 Denied - Closed X
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature <u>Carly</u>		Date <u>8/17/17</u>	

Print Management Solutions
P O Box 350
Trexlerstown, PA 18087

emailed
8/3/17



Open Record Officer
SPRINGFIELD TWP
2159 Jacksonville Jobstown Rd
Jobstown, NJ 08041

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
Trexlerstown, 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
Trexlerstown, PA 18087

OPRA
File

Patricia Clayton

From: Construction <construction@springfieldtownshipnj.org>
Sent: Tuesday, August 01, 2017 3:31 PM
To: 'Patricia Clayton'
Cc: tmchale@calkins.com
Subject: RE: Todd at the Burlington County Times
Attachments: doc01178620170801153646.pdf

ATTACHED PLEASE FIND A COPY OF SPRINGFIELD TOWNSHIP ORDINACE REGULATING CHICKENS 215-97A

From: Patricia Clayton [mailto:clerk@springfieldtownshipnj.org]
Sent: Tuesday, August 01, 2017 3:25 PM
To: 'Construction' <construction@springfieldtownshipnj.org>
Cc: tmchale@calkins.com
Subject: FW: Todd at the Burlington County Times

Please provide information requested below. I have copied requestor so if you reply all it will go directly to Mr. McHale. Thanks.

Patricia Clayton, RMC
Township Clerk
Springfield Township
2159 Jacksonville-Jobstown Rd.
PO Box 119
Jobstown, NJ 08041
609-723-2464 ext. 10
609-723-6591 (fax)
clerk@springfieldtownshipnj.org

From: McHale, Todd [mailto:tmchale@calkins.com]
Sent: Monday, July 31, 2017 4:23 PM
To: clerk@springfieldtownshipnj.org
Subject: Todd at the Burlington County Times

Hi. It's Burlington County Times staff writer Todd McHale. I'm working on a story about some towns in the county and state are allowing some residents to have chickens and was wondering if Springfield has any ordinance in place regarding chickens? If there is one can I get a copy of it or what is allowed and where? Thanks in advance.

Todd McHale
Burlington County Times
609-871-8163
tmchale@calkins.com



SPRINGFIELD TOWNSHIP, BURLINGTON COUNTY
OPEN PUBLIC RECORDS ACT REQUEST FORM
 2159 Jacksonville-Jobstown, PO Box 119, Jobstown, NJ 08041
 Phone (609) 723-2464 Fax (609) 723-6591
 clerk@springfieldtownshipnj.org



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 PRATIKSHA MI _____ Last Name JAIN
 e-mail Address JAINPRAT@YAHOO.COM
 Mailing Address 610 RUSSELL AVE
 City LANGHORNE State PA Zip 19047
 Telephone 215-208-8722 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. 17:28-3, 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 7-27-17

Payment Information

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

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

ON BEHALF OF SELENE BANK NEED INFORMATION ON
 ANY TAXES OWED, ANY OPEN LIENS (WATER SEWER TRASH ETC)
 ANY OPEN PERMITS, CODE VIOLATIONS.
 7/27/17- NO Construction or Zoning Violations - Turp. does not have sewer, water or trash

NEED OFFICIAL TAX STATEMENT
 116 FOLWELL STATION ROAD
 JOBSTOWN, NJ 08041

Thank you!

AGENCY USE ONLY

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

AGENCY USE ONLY

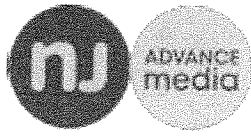
Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

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

AGENCY USE ONLY

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

[Signature] 8/1/17



PROVIDING SERVICES FOR



Star-Ledger

emailed
8/1/17

CRAIG MCCARTHY, REPORTER

732-372-2078

cmccarthy@njadvancemedia.com

Woodbridge Corporate Plaza

485 Route 1 South, Building E, Suite 300

Iselin, NJ 08830-3009

7/25/2017

Dear Custodian,

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

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

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

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

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

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

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

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

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

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

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

Thank you for your assistance.
CRAIG MCCARTHY