Print Management Solutions
P O Box 350
Trexlertown, PA 18087

Open Record Officer
SHAMONG TWP
105 Willow Grove Road
Shamong, NJ 08088

AUG 02 2017

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 [redacted] 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

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 SHANE MI F Last Name MAGRANN

E-mail Address [redacted]

Mailing Address 859 McKENDIMEN RD

City SHAMONG State NJ Zip 08088

Telephone [redacted] FAX —

Preferred Delivery: Pick Up ____ US Mail X 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 [redacted] 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.

52 MILESTONE BLK 0000511 LOT 1

ANY KNOWN HOUSING VIOLATIONS OR OUTSTANDING ISSUES
OUTSTANDING PERMITS
OUTSTANDING FINES
PERMITS ISSUES SINCE 2004

AUG 03 2017

replied 8/3/17

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 ____

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 Joshua MI ____ Last Name Allen

E-mail Address [redacted]

Mailing Address 23 S. Main St.

City Medford State NJ Zip 08055

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 Joshua Allen Date 8/4/2017

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.

531 Oakshade Rd, Shamong.
Did owner get permits for: (years approx)
Polebarn in backyard (?)
Roof (2009)
HVAC (2011)
Water heater (2016)
Vinyl siding (2016)
Structural repairs in basement (?)

RECEIVED
AUG 04 2017
BY
replied 8/4

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 ____

State of New Jersey Standard

Open Public Records Act Request Form

IRISH

Requestor Information – Please Print

Payment Information

First Name Jenita MI ____ Last Name Burgess

E-mail Address [redacted]

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone [redacted] FAX [redacted]

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 O Burgess Date August 9, 2017

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Replied 8/14

AUG 14 2017

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.

Name of Agency

GOVERNMENT RECORDS REQUEST FORM

Agency Address
Shamong Township
Agency City, State Zip
105 Willow Grove Road
Agency Phone and Fax Numbers
609-268-2377
Name of Custodian Susan Conorato, RMC Custodian E-mail sconorato@shamong.net

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 Cheryl MI M Last Name Inguì

E-mail Address [redacted]

Mailing Address 38 Wheatsheaf Rd.

City Shamong State NJ Zip 08088

Telephone [redacted] FAX

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

If you are requesting records containing personal information, please select 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 Cheryl M. Inguì Date 8/10/17

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:	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 a copy of the deed to my house (address stated above). My husband passed away on 1-13-17, and I have searched all of our files to find our deed without any luck.

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.

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

AGENCY USE ONLY

Tracking Information
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages 5

Final Cost
Total 0
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

J Robertson 8/10/17
Custodian Signature Date

To: Sue Onorato, Shamong Township
Township Clerk, Custodian of Records (By Email: sonorato@shamong.net)

This document is a request for government records under the Open Public Records Act and the common law right to public records.

Please provide the following records by email. Records should be non-expiring and not accessed through a link to an un-secure website window that grabs them from an un-secure location (i.e., "the Cloud"). If you should have any questions, please contact me as soon as possible. Thank you.

Requestor Information

Name: Fran Brooks
Telephone: [redacted]
Email: [redacted]

Township Records Requested:

1. All records of purchase orders, invoices and bills showing services provided or performed by head of the Office of Emergency Management, any other OEM staff member or township employee and charged to OEM expense line item 25-252-2 for the years 2015, 2016, 2017 Shamong Township Budgets.

2. All records of purchase orders, invoices and bills showing services provided or performed by members of the Pinelands Community Response Team (CERT) submitted to Shamong Township beginning January 1, 2016 through the date of this OPRA request.

3. Records showing all Shamong Township members of the Pinelands CERT.

4. Records showing all resolutions adopted by Shamong Township in 2017 regarding the Pinelands Regional CERT.

5. All records of insurance coverage for Shamong Township members of the Pinelands CERT, including but not limited to, records showing types of coverage such as general liability and workers compensation.

Signature Fran Brooks Date 8-10-2017

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Amy MI ____ Last Name Han

E-mail Address [redacted]

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

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 [signature] Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

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

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

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

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 Sharon MI ____ Last Name Papagno

E-mail Address [redacted]

Mailing Address 602 Cranberry Run

City Southampton State NJ Zip 08088

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 Sharon Papagno 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 cost of material

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

Extras: Special service charge dependent upon request.

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

I am purchasing a bank owned property 29 Mill Rd Shamong B 23.02 L8. and am hoping you can provide with any info/dates on permits pulled for a possible addition or Roof Thankyou

*NO permits on file

answered 8/11 SW

AUG 11 2017 BY TC

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

19.01/38

Name of Agency

GOVERNMENT RECORDS REQUEST FORM

Agency Address
Shamong Township
Agency City, State Zip
105 Willow Grove Road
Agency Phone and Fax Numbers
609-268-2377
Susan Conrato, RMC cconrato@shamong.net

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 Karen MI _____ Last Name Casey

E-mail Address [redacted]

Mailing Address 620 Stokes Rd Ste A-D

City Medford State NJ Zip 08055

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please select 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: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21 - @$0.25

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

Extras: Special service charge dependent upon request.

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

Requesting any permit information on property located at 4 Willow Grove Rd, Shamong.
Any information on septic or well also.

RECEIVED
AUG 15 2017
BY TC

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.

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

AGENCY USE ONLY

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

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

Records Provided

_____ Custodian Signature

_____ Date

Name of Agency

GOVERNMENT RECORDS REQUEST FORM

Agency Address
Shamong Township
Agency City, State Zip
105 Willow Grove Road
Agency Phone and Fax Numbers
609-268-2377
Name of Custodian Susan Conroy, RMC custodian@shamong.net

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 Nicole MI _____ Last Name Paglino

E-mail Address _____

Mailing Address 92 Park Avenue

City Rutherford State NJ Zip 07070

Telephone ( ) _____ FAX _____

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

If you are requesting records containing personal information, please select 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 N Paglino Date 8/16/17

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: 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.

436 Oak Shade Road, Block 19.01, Lots 11 &12.03 = WAWA
Please provide any previous land use applications, including site plans, stormwater reports, traffic impact studies, ect.

Thank you!

Jan 1991 - June 96
1996
3/26/1991
3/28/1982 PB APP

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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			Dates
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 _____

GOVERNMENT RECORDS REQUEST FORM

Shamong Township
105 Willow Grove Road
609-268-2377

Susan Onorato, RMC sonorato@shamong.net

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 James MI E Last Name Schroeder

E-mail Address [redacted]

Mailing Address 551 Wilbur Avenue

City Hammonton State NJ Zip 08037

Telephone [redacted] FAX

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

If you are requesting records containing personal information, please select 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 [redacted] Date 8/22/17

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:	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.

Engineer's Report and Planner's Report assoicated with Shamong Township Planning Board Resolution 2013_07. Minor Site Plan for Crossroads Community Church 445 Oakshade Road.

Provided 8/22/17

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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			Dates
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**

GOVERNMENT RECORDS REQUEST FORM

Shamong Township
105 Willow Grove Road
609-268-2377

Susan Onorato, RMC sonorato@shamong.net

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 James MI E Last Name Schroeder

E-mail Address [redacted]

Mailing Address 551 Wilbur Avenue

City Hammonton State NJ Zip 08037

Telephone [redacted] FAX

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

If you are requesting records containing personal information, please select 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 8/22/17

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: 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.

Construction Office File and any minutes from Land Use Board Meetings associated with the property located at 185 Stokes Road Shamong - Block 15.01 Lot 13. Also any information regarding Shamong Township's licensure of this building for commercial purposes including as a day care center.

8/29/17 Ck# 1632 .70 ¢
Preliminary Doc's
9/1/17 Ck# 1634 $3.40
Remaining req. doc's

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

AGENCY USE ONLY

Tracking Information
Tracking # _____
Rec'd Date 8/22/17
Ready Date 8/28/17
Total Pages 80

Final Cost
Total $4.10
Deposit _____
Balance Due _____
Balance Paid $4.10

Records Provided

J Robertson
Custodian Signature

9/1/17
Date

Todd Wise [redacted] 8/31/2017 2:52 PM

Request for information

To shamongconstruction@comcast.net

Trish,

Thank you for the return phone call today, I would like to see any information that you have on file for our property located at 9 park Drive Shamong NJ, I can be reached by phone [redacted] or e-mail. If needed I can come to your office to review what you may find. Thank you in advance for all of your help.

Todd Wise

27.01/9.12
02-78
14-60 -CCO

9/8 -emailed

Name of Agency

GOVERNMENT RECORDS REQUEST FORM

Agency Address
Shamong Township
Agency City, State Zip
105 Willow Grove Road
609-268-2377
Agency Phone and Fax Numbers

Susan Conrato, RMC Custodian of Records
Name of Custodian
custodian@shamong.net

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 Allison MI _____ Last Name Levin

E-mail Address [redacted]

Mailing Address 12271-73 Walker Rd

City Lemont State IL Zip 60439

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please select 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 8/31/17

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: Special service charge dependent upon request.

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

All permits applied for property located at
577 Atsion Rd., Shamong, NJ 08088 Block 15.02 Lot 32
16-3060 re-energize 12/20/16 06-1160 Sprinkler - open
96-82 6/13/96
98-224 F/P 1/12/99 emailed 9/8

RECEIVED
AUG 31 2017
BY

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.

			Dates
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

SEP 13 2017

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 ____

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone [redacted] FAX [redacted]

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

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

Signature Jenita Burgess Date September 13, 2017

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.

RECEIVED
SEP 13 2017
BY

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.

9/13 emailed reply

Name of Agency

GOVERNMENT RECORDS REQUEST FORM

Agency Address

Agency City, State Zip

Agency Phone and Fax Numbers

Name of Custodian Custodian E-Mail

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 Brian MI W Last Name Gardner

E-mail Address [redacted]

Mailing Address 329 Tuckerton rd

City Shamong State NJ Zip 08064

Telephone [redacted] FAX

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

If you are requesting records containing personal information, please select 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 9/12/17

Payment Information

Maximum Authorization Cost $ 30.00

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: 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.

Past Building permits, anything pertaining to an Underground or above ground feul Tank. also permit for instalation of gas meter & associated plumbing. For 165 Stokes rd, Shamong NJ.

RECEIVED SEP 13 2017 BY: TC

9/20 emailed keep open until 9/28

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.

			Dates
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

Sue Onorato

From: Kathryn Taylor
Sent: Tuesday, September 12, 2017 7:40 PM
To: Amy Han
Cc: Sue Onorato
Subject: RE: opra request
Attachments: oprasept12.xls

As you requested

From: Amy Han [redacted]
Sent: Tuesday, September 12, 2017 3:34 PM
To: Kathryn Taylor
Subject: Re: opra request

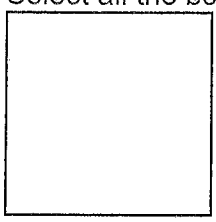
Please try using the updated instruction below:

In Edmund Billing/Collection Tax Collections Accounts Tax Custom Reports:

Page 1: On the bottom left corner, check the box for excel.

Page 2: Select the following boxes:
Owner Name
Owner Street 1/2
Owner City, ST, Zip
Property Class
Property Location

Page 3:
For Report Type, select "Delinquent Notice"
For Bill Year End, enter: 2016 to 2017
For Bill Period Range, enter: 1 to 4
Select all the boxes underneath



On Wed, Sep 6, 2017 at 10:11 AM, Kathryn Taylor <KTaylor@shamong.net> wrote:

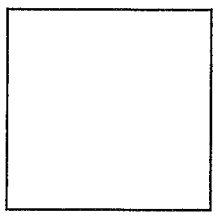
I am trying to generate the opra request file for you. I am having difficulty, with the instructions you sent since it generates a file with every block /lot we have regardless of the delinquency. How do I just have those properties that only have delinquencies?

From: Amy Han [redacted]
Sent: Friday, August 18, 2017 11:58 PM

To: Kathryn Taylor
Subject: Re: opra request

Can you please send me the updated one after 9/5?

Thanks,



On Fri, Aug 18, 2017 at 9:45 AM, Kathryn Taylor <KTaylor@shamong.net> wrote:

Did you get my last email on this opra request? At this point our 3rd q taxes are not delinquent yet, not until 9/5/17. The file you requested would be the same information I gave you last time in May.

Do you still want it?

Kitty Taylor/ Tax Collector

--

Amy Han

[redacted]

Today is the BEST day ever !!!

--

Amy Han

[redacted]

Today is the BEST day ever !!!

Sue Onorato

From: [redacted]
Sent: Monday, September 25, 2017 8:50 AM
To: Sue Onorato
Subject: Shamong township Building Permits - Public Records Request

Dear Susan Onorato,

NJ.8088.10681

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

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

Thank you very much for your time,

Michelle Farris
Data Specialist - Datarole
[redacted]

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

Re: SmartProcure OPRA Request Township Of Shamong For PO/Vendor Information

Curtis Blanding [redacted]
Sent: Friday, August 26, 2016 3:52 PM
To: Dawn Bass

Dear Christina,

Thank you for providing information in regards to our OPRA request. Your agency's records have been combined with thousands of other government agencies' records nationwide. Some government agencies use this information to negotiate extensive cost savings with their vendors and it is greatly appreciated.

This email serves as confirmation that we have received records from the Township Of Shamong.

Best regards and thanks again,
Curtis Blanding
Data Acquisition Specialist
SmartProcure
[redacted]
700 W. Hillsboro Blvd. Suite 4-100, Deerfield Beach, FL 33441

On Aug 25, 2016, at 01:38 PM, Dawn Bass <CFO@shamongtwp.comcastbiz.net> wrote:

> Dear Curtis Blanding,
>
> Attached are the records you request from Shamong Township on August 25,2016.
> I printed a Purchase Order Report and a Vendor Activity Report.
>
> If you have any questions or need additional information please contact me.
>
> Thank you,
>
> Christina Chambers
> Chief Financial Officer
> Shamong Township
>
> <OPRA Request Vendor Activity 5-26-16.pdf>
> <OPRA Request-SmartProcure 5-26-16 Purchase Order Listing.pdf>

[redacted]

10/30/17 copies not picked up.

Name of Agency

GOVERNMENT RECORDS REQUEST FORM

Shamong Township
105 Willow Grove Road
609-268-2377

Susan Onorato, RMC sonorato@shamong.net

10/20.09

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 Benjamin MI L Last Name Dash

E-mail Address

Mailing Address 39 E Main Street, Moorestown, NJ 08057

City Moorestown State NJ Zip 08057

Telephone FAX

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

If you are requesting records containing personal information, please select 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 10/2/17

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: Special service charge dependent upon request.

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

Any and all permits relating to the property at 10 Mills Brook Lane, Shamong, NJ - Block 00018 Lot 00020 09

Copies of

1999 - Present

RECEIVED
OCT 03 2017
BY

See back

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

Custodian Signature Date

10/11/17 See attached email

GOVERNMENT RECORDS REQUEST FORM

12.02/43

Shamong Township
105 Willow Grove Road
609-268-2377

Susan Onorato, RMC sonorato@shamong.net

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 Robert MI _____ Last Name Blackman

E-mail Address [redacted]

Mailing Address 123 E Main St

City Moorestown State NJ Zip 08057

Telephone [redacted] FAX _____

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

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

Signature Robert Blackman dotloop verified 10/02/17 10:48PM EDT CUPY-KGP9-6SFX-RNR8 Date 10/02/2017

Payment Information

Maximum Authorization Cost $_____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Looking for copies/info on any permits (construction and zoning) filed (and the status of each) for 531 Oakshade Rd (AKA Block 00012 02, Lot 00043)

Thank you in advance

RECEIVED
OCT 03 2017
BY

16-201 - Sidi 992 - Current open

99-237 Pole Barn CO 3/11/02 - 09-33 reroof CA 8/7/09

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

10/11/17 See attached email

To: Shamong Township
Sue Onorato, Township Clerk, Custodian of Records
By Email: sonorato@shamong.net

This document is a request for government records under the Open Public Records Act and the common law right to public records.

Requestor Information

Name: Fran Brooks
Telephone: [redacted]
Email: [redacted]

Please provide the following records by Email as attachments. If you should have any questions, please contact me as soon as possible. Thank you.

Township Records Requested:

1. Records showing each member, including alternates, of the 2016 and 2017 Shamong Township Joint Land Use Board. Please provide member names and Board term for each of the members in the following Classes: Class I, Class II, Class III and Class IV members.

2. Letters of appointments by the Mayor to the 2016 and 2017 Shamong Township Joint Land Use Board for each of the following Classes: Class I, Class II, Class III and Class IV members.

3. Resolution by governing body of appointment of Class III member to the 2016 and 2017 Shamong Township Township Joint Land Use Board.

Signature Fran Brooks Date 10-3-2017

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 Marla MI L Last Name Burns

E-mail Address [redacted]

Mailing Address 112 Grassy Lake Rd

City Shamong State NJ Zip 08088

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 [redacted] Date 10/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Zoning for FENCING ~~Permit~~ for home located at permit 108 Grassy Lake Rd. Drawing which shows shared property line between 108 + 112 Grassy Lake Rd. depicting location + type of approved fencing.

10/20- Zoning Approved emailed Mrs. Burns.

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

OCT 12 2017

Open Public Records Act Request Form

Requestor Information – Please Print

Payment Information

First Name Jenita MI ____ Last Name Burgess

E-mail Address ____

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone ____ FAX ____

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

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

Signature Jenita Burgess Date October 11, 2017

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash [Check] Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information:

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

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

Copies can be faxed or emailed using the information above.

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

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

I respect your time and appreciate your help.

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

Name of Agency

GOVERNMENT RECORDS REQUEST FORM

Agency Address
Shamong Township
Agency City, State Zip
105 Willow Grove Road
Agency Phone and Fax Numbers
609-268-2377
Name of Custodian: Susan Conrato, RMC Custodian e-mail: sconrato@shamong.net

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 Lisa MI B Last Name Hopewell

E-mail Address [redacted]

Mailing Address 40 wheatsheaf Road

City Shamong State NJ Zip 08088

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please select 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 D. Hopewell Date 10/17/17

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: 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 building permits and construction, alterations, pool installation permits dating back 15 years for 14 Lamplighter Lane. There are considerable changes to the basement.

OCT 18 2017

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
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			Dates
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 _____

10/18/17 - emailed

10/30/17 - emailed

Extended to 11/3/17 per phone call w/ J. Schroeder 10/27/17

GOVERNMENT RECORDS REQUEST FORM

Shamong Township
105 Willow Grove Road
609-268-2377

Susan Onorato, RMC sonorato@shamong.net

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 James MI E Last Name Schroeder

E-mail Address [redacted]

Mailing Address 551 Wilbur Avenue

City Hammonton State NJ Zip 08037

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please select 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 $ 10.00

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

I would like copies of any building construction permit applications and related documentation for 30 Manitoba Trail, Block 19.02 Lot 6.13. I am the listing agent for the property and need the information to present to prospective purchasers. Most important is any information about septic work done on the property, though all permits pulled are requested.

16-215 - Deck open footing insp only
02-005 Demo 1/18/02
05-027 - Siding CA 5/4/05

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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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

Name of Agency

GOVERNMENT RECORDS REQUEST FORM

Shamong Township

105 Willow Grove Road

609-268-2377

SusanOnorato,RMC sonorato@shamong.net

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 Christopher MI J Last Name Bouffard

E-mail Address [redacted]

Mailing Address 26 Cragmoor Drive

City Shamong State New Jersey Zip 08088

Telephone [redacted] FAX

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

If you are requesting records containing personal information, please select 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 [redacted] Date 10/23/2017

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:	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 bid tabulation/pricing of items and quantities included in the most recent publicaly funded road construction project. I am not interested in specifications or plans, just a listing of items, quantities and unit prices.

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.

			Dates
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

Print Form

GOVERNMENT RECORDS REQUEST FORM

Shamong Township

105 Willow Grove Road
609-268-2377

Susan Onorato, RMC sonorato@shamong.net

Important Notice

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

Requestor Information – Please Print

First Name Larry MI _____ Last Name Higgins

E-mail Address [redacted]

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

City Oldwick State NJ Zip 08858

Telephone [redacted] FAX _____

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

If you are requesting records containing personal information, please select 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 _____

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: 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.

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.

			Dates
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**

Sue Onorato

From: Joanne Robertson
Sent: Monday, October 23, 2017 10:51 AM
To: Sue Onorato
Subject: FW: OPRA Request (0332.BURLINGTON_SHAMONG TWP-1)
Attachments: 0332.BURLINGTON_SHAMONG TWP-1.pdf

FYI ..

Regards,

Joanne Robertson, Deputy Clerk
Shamong Township
105 Willow Grove Road
Shamong, NJ 08088
609.268.2377 x304

From: Larry Higgins [redacted]
Sent: Friday, October 20, 2017 3:30 PM
To: Joanne Robertson
Subject: OPRA Request (0332.BURLINGTON_SHAMONG TWP-1)

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

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

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

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

Requested Information:

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

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

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

emailed 10/23/17

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

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

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

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

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

If you have any questions, please email [redacted]

PHONE CALLS WILL NOT BE ACCEPTED

Thanks,

Larry Higgins

[redacted]

Shamong Township
105 Willow Grove Road
Shamong, NJ 08088

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 James MI P. Last Name Gibson

Company Brinkerhoff Environmental Services, Inc.

Mailing Address 133 Jackson Road/Suite D

City Medford State NJ Zip 08055 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted]

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 James P. Gibson (CMO) Date 10/19/17

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 Phase I Environmental Site Assessment Info."
For: Commercial Property
Owner: Par-Fish LLC

146 Stokes Road
Block 27.01, Lot 9.03
Shamong, Burlington Co., NJ
Brinkerhoff Project # 17-0403

Name of Agency

OCT 25 2017

BY

GOVERNMENT RECORDS REQUEST FORM

Agency Address
Shamong Township
Agency City, State Zip
105 Willow Grove Road
Agency Phone and Fax Numbers
609-268-2377
Custodian Name
Susan Conrato, RMC
Custodian Email
sconrato@shamong.net

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 Patricia MI _____ Last Name Pugliese

E-mail Address _____

Mailing Address P.O.Box 84

City Browns Mills State NJ Zip 08015

Telephone _____ FAX _____

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

If you are requesting records containing personal information, please select 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 Patricia Pugliese Date 10/25/2017

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: 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.

14 Mill Rd=We need any information you have regarding an oil tank-work, permits etc. Also, if there is not an oil tank, what kind of heating system exists.

Also- we need to be advised of any permits ever issued for anything regarding this property.

23.13.57 10/30/17 - emailed

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.

			Dates
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 _____

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 James MI A Last Name Sanghurst

E-mail Address [redacted]

Mailing Address 22 Sleepy Hollow Drive

City Tabernacle State NJ Zip 08088

Telephone [redacted] FAX N/A

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 11/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I Looking For Info. on 181 Tuckerton Rd. Shamong NJ → Any Permits pulled For Renovations started - (Permit Card Exists In window)? Do you have any Issues with property? Can I Expand to the home? Is the Existing Shed OK to Stay? I Look Like the Exist Drive is off of Tuckerton Rd. Can it be Moved to Side Muskingum Dr. (Looks Like it has been used as driveway) Do you Know if Natural Gas is in the Road - Example any open violations

RECEIVED
NOV 02 2017
BY

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 ____

11/8 logged

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 [redacted]

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone [redacted] FAX ____

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 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.

emailed 11/15

RECEIVED
NOV 15 2017
BY

faxed 11/13/17

Name of Agency

GOVERNMENT RECORDS REQUEST FORM

Agency Address
Shamong Township
Agency City, State Zip
105 Willow Grove Road
Agency Phone and Fax Numbers
609-268-2377
Name of Custodian RMC Custodian Email
Susan Gerato RMC custodian@shamong.net

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 PAM MI ____ Last Name BIGELOW

E-mail Address [redacted]

Mailing Address 1817 OLDE HOMESTEAD LANE SUITE 101

City LANCASTER State PA Zip 17601

Telephone ____ FAX ____

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

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

Signature Pam Bigelow Date 11/13/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: 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 copies of construction permits for 307 White Pine Ct Shamong, NJ for the time frame of 1/1/1997 to present.

Thank you.

11/20 - emailed reply

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.

			Dates
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 ____