

Bonnie Warren

RECEIVED

From: June Proffitt <junep@carneypointtp.org>
Sent: Tuesday, November 21, 2017 9:58 AM
To: Bonnie Warren
Subject: FW: Open Public Records Act request - OPRA Requests

NOV 21 2017

CLERK'S OFFICE

-----Original Message-----

From: ASK NJ Media Co. [mailto:opra+request-532-4f6ade63@requests.opramachine.com]
Sent: Tuesday, November 21, 2017 2:40 AM
To: June Proffitt <junep@carneypointtp.org>
Subject: Open Public Records Act request - OPRA Requests

Dear Carneys Point Township,

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

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

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-532-4f6ade63@requests.opramachine.com

Is junep@carneypointtp.org the wrong address for Open Public Records Act requests to Carneys Point Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=carneys_point_township

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

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

Kim ✓
Kurila

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
 MUNICIPAL CLERKS OFFICE

RECEIVED
NOV 22 2017
CLERK'S OFFICE

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 KATHY MI _____ Last Name TIEDTKE
 E-mail Address KATHY.TIEDTKE@PEMCO-LIMITED.COM
 Mailing Address FANNIE MAE C/O PEMCO-LIMITED 820 BEAR TAVERN RD.
 City WEST TRENTON State NJ Zip 08628
 Telephone (720) 509-3248 FAX (303) 284-8026
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail XXXX
 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 Kathy Tiedtke Digitally signed by Kathy Tiedtke Date: 2017.11.20 20:49:46 -0700 Date 11/20/17

Payment Information

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

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

My name is Kathy and I work for Pemco-Limited on behalf of Fannie Mae.
 I am tasked to ensure our properties are in compliance with local municipalities regarding registration and code violations.

The reference property is: 242 APPLEWOOD LN, PENNS GROVE, NJ 08069 in SALEM COUNTY at BLOCK# 81 and LOT# 15.

The information I am looking for is as follows:

- 1) Copies of any open permits.
- 2) Copies of open code violations attached to the property that could result in a fine/summons, and/or prevent the sale of the property. If there are open invoices, please send copies along with the fee breakdown.

TOWNSHIP USE ONLY

Dept Given To: _____
 Date Given to Dept: _____
 Date Rec'd from Dept: _____

TOWNSHIP 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 _____

TOWNSHIP 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	

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
856-299-0070 EXT 147
FAX 856-299-1983
MUNICIPAL CLERKS OFFICE

RECEIVED
NOV 15 2017
CLERK'S OFFICE

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 Davis MI J Last Name Faulkner
E-mail Address davisfaulkner41@gmail.com
Mailing Address 11a Van Meter Terrace
City Salem State NJ Zip 08079
Telephone 609-579-2350 FAX N/A
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 Davis J Faulkner Date 11-15-2017

Payment Information

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

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

Township owned home

TOWNSHIP USE ONLY

Dept Given To: Tax Collector
Date Given to Dept: 11/15/17
Date Rec'd from Dept: 11/15/17

Does given to
requestor @
time of request.

TOWNSHIP 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	_____

TOWNSHIP 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	

CARNEY POINT TOWNSHIP
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RECEIVED

NOV 14 2017

CLERK'S OFFICE

Important Notice

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

Requestor Information – Please Print

First Name LISA HEADLEY MI _____ Last Name HEADLEY
E-mail Address lisa_headley@hotmail.com
Mailing Address C/o Castle Agency 228 S. Main St, Woodstown
City Woodstown State NJ Zip 08078
Telephone 856-466-2275 FAX 856-769-4545
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11-14-2017

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.

oil TANK closed permit machine / certificate
for 8 Georgetown Rd / Block 85 Lot 8

TOWNSHIP USE ONLY

Dept Given To: UCC
Date Given to Dept: 11-14-17
Date Rec'd from Dept: _____

TOWNSHIP 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 _____

TOWNSHIP 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>11-14-17</u>	

Kim ✓
Karla ✓

CARNEY POINT TOWNSHIP
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303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
856-299-0070 EXT 147
FAX 856-299-1983
MUNICIPAL CLERKS OFFICE

RECEIVED

NOV 13 2017

CLERK'S OFFICE

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 Jessica MI L Last Name Smith
E-mail Address jsmith@qbwc.com
Mailing Address 325 N 2nd St
City Wormleysburg State PA Zip 17043
Telephone 800-334-9143 x 169 FAX 717-737-4288
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 Jessica Smith Date 11/9/17

Payment Information

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

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

Please provide me with a permit report for new residential issued to contractor Point One Investments from 5/1/17 to present. I only need the address and date of any footing inspection. Thanks!

TOWNSHIP USE ONLY

TOWNSHIP USE ONLY

TOWNSHIP USE ONLY

Dept Given To: _____
Date Given to Dept: _____
Date Rec'd from Dept: _____

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



PROVIDING SERVICES FOR



CRAIG MCCARTHY, REPORTER

732-372-2078

cmccarthy@njadvancemedia.com

Woodbridge Corporate Plaza

485 Route 1 South, Building E, Suite 300
Iselin, NJ 08830-3009

11/07/2017

Dear Custodian,

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

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

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

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

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

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

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

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

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

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

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

Thank you for your assistance.
CRAIG MCCARTHY

1 Kim
Karla

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
856-299-0070 EXT 147
FAX 856-299-1983
MUNICIPAL CLERKS OFFICE

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NOV 06 2017

CLERK'S OFFICE

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 Deborah MI _____ Last Name Morris
E-mail Address twinecho@msn.com
Mailing Address 1621 Kings Highway
City Swedesboro State NJ Zip 08085
Telephone 856-264-1056 FAX 856-467-9564
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 Deborah Morris Date 11/6/17

Payment Information

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

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

Property located @ 403 Harding Highway, Carneys Point, NJ
Can you provide me with any permit inspections
water / Sewage inspections
anything associated with property
Co certification any / all
Repairs / upgrades Problems / calculations
any all associated information related to above
property.

Copy submitted for
77 yr old
adult.

TOWNSHIP USE ONLY

Dept Given To: _____
Date Given to Dept: _____
Date Rec'd from Dept: _____

TOWNSHIP 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 _____

TOWNSHIP 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

Fax: 8562991983

NOV 06 2017

CLERK'S OFFICE

PUBLIC RECORDS

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

Payment Information

Cash	Check	Money Order
------	-------	-------------

End Date 11/4/2017

Custodian Signature

To: Building Dept
Attention: Building Dept

Code Compliance & Open/Expired Permit / Special Assessments/Lien Request

Property Information

Address: 316 JUSTICE DR Penns Grove NJ 08069

Parcel: Block: 168 Lot: 25

File#: 616647

Our office is performing a municipal search for the upcoming closing for the property above. Please provide information along with documentation for any open code compliance case, any expired /open permits, but not limited to any other municipal liens or violations.

☐ There are NO Code compliance cases open ☒ There are NO Open/Expired Permits

☐ There are NO Special assessments/liens

Case #:	Description:	Status:	Fees & Due date:	Lien: Yes/No

Permit #:	Description:	Status:

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NOV 01 2017

CLERK'S OFFICE

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
 MUNICIPAL CLERKS OFFICE

Important Notice

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Requestor Information – Please Print

First Name Deborah MI Last Name Jacques
 E-mail Address Deborah.jacques@century21.com
 Mailing Address 508 Hurffville Crosskeys Rd, Suite .2
 City Sewell State NJ Zip 08080
 Telephone 0:856-582-0366x181-C:609-315-3896 FAX 856-582-0605
 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 Deborah Jacques Date 11/01/2017
 98793CCB8FC1473

Payment Information

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

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

Please Provide copies of any and all permits for the property located at:

395 Manor Ave, Carney's Point NJ 08069 / Salem County Block: 171 Lot:25

To Include - Building permits, Additions, Fencing , Gargage, Electric, Heating , Plumbing
 Roof, oil tank Removal, Septic, Well

Thank you!!!!

TOWNSHIP USE ONLY

Dept Given To:
 Date Given to Dept:
 Date Rec'd from Dept:

TOWNSHIP 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

TOWNSHIP USE ONLY

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



October 30, 2017

RE: OPRA Requests

To Whom It May Concern:

AECOM is currently conducting a Phase I Environmental Assessment for the below properties. As part of the assessment, AECOM requests information from government agencies regarding environmental concerns at the following properties:

- 250 S Golfwood Avenue (Block 169, Lot 26)
- 413 Shell Road (Block 193, Lot 2)
- 489 Shell Road (Block 193, Lot 5)
- 603 Shell Road (Block 195, Lot 2)

I am specifically interested in any information you may have relating to underground and aboveground storage tanks, hazardous material usage/storage, hazardous waste generation, parcel number, prior site usage, existing/expired permits, documented violations, septic fields/systems, wells, asbestos/lead abatement/issues, environmental and health/safety matters.

Please contact this office prior to the copying of records so that we may make payment arrangements or to arrange a file review and determine what files may be of interest, if necessary.

If you should require additional information, please do not hesitate to contact me at 610-832-6197 or Nicole.bruno02@aecom.com. Thank you in advance for your assistance in this matter.

Sincerely,
AECOM

A handwritten signature in cursive script that reads "Nicole Bruno".

Nicole Bruno
Manager, Due Diligence Services

RECEIVED

OCT 30 2017

CLERK'S OFFICE

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
 MUNICIPAL CLERKS OFFICE

Important Notice

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Requestor Information - Please Print

First Name ALEXANDRIA MI M Last Name ESTRELLA
 E-mail Address ALEXANDRIA@SKYLINELIEN.COM
 Mailing Address 8785 SW-165 AVE, STE 301
 City MIAMI State FLORIDA Zip 33193
 Telephone 305-553-4627 FAX 305-553-4626
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail XXX
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Alexandria Estrella Date 10/30/2017

Payment Information

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

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

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

322 COOLIDGE AVE (BLOCK 139, LOT 9)

TOWNSHIP USE ONLY

Dept Given To: UCC
 Date Given to Dept: 10/30/17
 Date Rec'd from Dept: _____

TOWNSHIP 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 _____

TOWNSHIP 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	

CARNEY POINT TOWNSHIP
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OCT 26 2017

CLERK'S OFFICE

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 Lyla MI _____ Last Name Gray-Etherson
 E-mail Address ecoordinator@propertysolutionsinc.com
 Mailing Address Property Solutions Inc; 323 New Albany Road
 City Moorestown State NJ Zip 08057
 Telephone 856-813-3000 ext245 FAX 856-813-1073
 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.
 Signature Lyla Gray-Etherson Date 10/25/2017

Payment Information

Maximum Authorization Cost \$ 50

Select Payment Method

Cash ☐ Check ☒ Money Order ☐

Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.60
 Pages 21 - @\$0.25

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

Extra: 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.

• Permits, reports, and information for Underground or Aboveground Storage Tanks (UST/AST), oil / water separator or clarifier installation or removal any current or previous building at the property • Permits for flammable materials storage • Permits of asbestos removal • Permits for the installation or decommissioning of drinking water wells & septic systems • Demolition/renovation permits for the current building of any other prior building on this property • Any known spills, releases, hazardous materials
 • Outstanding fire code violations associated with storage / handling / use of flammable or hazardous materials • Fires or spills

For a Phase I Environmental Assessment of the following property:

**Agricultural Land (7 parcels) - 747 Courses Landing Road; 76, 98 and 100 US Route 40 & 798
 Harding Highway - Block 250 Lot 1.01; 7; 8.03; 1; 2; 8 & 2.02 - Carneys Point, Salem County, New Jersey 08069 - Property Solutions Inc Project #: 20171454**

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extra 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

Final Cost

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

Records Provided

Custodian Signature

Date

Fax: 8562991983

Date _____

CARNEY POINT TOWNSHIP
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303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
856-299-0070 EXT 147
FAX 856-299-1983
MUNICIPAL CLERKS OFFICE

RECEIVED

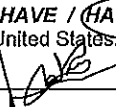
OCT 23 2017

CLERK'S OFFICE

Important Notice

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Requestor Information – Please Print

First Name	<u>Larry</u>	MI		Last Name	<u>Higgins</u>
E-mail Address	<u>OPRA@NJPropertyRecords.com</u>				
Mailing Address	<u>174 Lamington Rd, P.O. Box 180</u>				
City	<u>Oldwick</u>	State	<u>NJ</u>	Zip	<u>08858</u>
Telephone	<u>908-255-9919</u>	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 / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	

Payment Information

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

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

I'm requesting the following information in electronic format. (PDF, TIF, JPG, etc.)

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

TOWNSHIP USE ONLY

TOWNSHIP USE ONLY

TOWNSHIP USE ONLY

Dept Given To: _____
Date Given to Dept: _____
Date Rec'd from Dept: _____

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

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

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
 MUNICIPAL CLERKS OFFICE

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 Annette MI J Last Name Bark
 E-mail Address ajb@stoutcaldwell.com
 Mailing Address 705 Route 130 South, PO Box 2290
 City Cinnaminson, State NJ Zip 08077
 Telephone 856-786-2202 FAX 856-786-3050
 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 Annette Bark Date 10/18/17

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.
 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.

Record of permits, enforcement actions/violation maintained by site remediation specifically records of spills, discharges, tank removals or permits for Block 56 / Lot 12 in Carney's Point, Salem County, aka 98 Central Schoolhouse Road.

TOWNSHIP USE ONLY

Dept Given To: _____
 Date Given to Dept: _____
 Date Rec'd from Dept: _____

TOWNSHIP 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 _____

TOWNSHIP 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	

****PLEASE RETURN THIS SECTION WITH REPORT****

S, Inc
 O. Box 456
 andler, AZ 85244-0456
 (800)304-6730 Fax(800)304-0301

REPORT REQUEST
 (USED FOR INSURANCE PURPOSES ONLY)

Please fax report with this
 sheet to our toll free fax:
 (800)304-0301 or email to
 inbox@prspublicrecords.com

Report #:

Special Notes:

Type of Loss: Auto Fire

Officer or Badge #:

Date of Loss: 7/14/2017

Time of Loss:

Location of Loss:

City State: Penns Grove, NJ

Parties Involved

Insured Party Name: Ho Bin Kim

DL#/State: C5230173/CA

Plate #/State:

DOB: 2/27/1962

SSN: xxx-xx-

Party #2 Name:

DL#/State:

Plate #/State:

DOB:

SSN: xxx-xx-

Date Requested: 10/18/2017

Order #: 639420

Claim #: 17-60655.00

Investigating Agency: Carneys Point Township Fire
 Dept., NJ/nc, fax 856-299-1983,
 attn Clerks Office, wfb, wb, PDF

Additional Info:

Other Type of Loss:

******POLICE/FIRE DEPT. USE ONLY******

☐ Unable to Locate Report with info provided

☐ No report Written (If call card please provide copy)

☐ Not our jurisdiction Suggest you try:

Police Report Cost \$ (Please fill in the amount of your fee here and also on the check)

Carneys Point Township Fire Department
 303 Harding Highway
 Carneys Point, NJ 08069
 Attn Clerks Office

RECEIVED

OCT 12 2017

CLERK'S OFFICE

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
 MUNICIPAL CLERKS OFFICE

Kim
Karla**Important Notice**

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

Requestor Information – Please Print

First Name Alexandria MI _____ Last Name Brown
 E-mail Address Alexandria.brown@Pemco-limited.com
 Mailing Address 820 Bear Tavern
 City West Trenton State NJ Zip 08628
 Telephone 720-509-3238 FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site: Inspect _____ Fax _____ E-mail Apply
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A.
 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey,
 any other state, or the United States.
 Signature Alexandria Brown Digitally signed by Alexandria Brown
 Date: 2017.10.11 11:46:58 -05'00' Date 10/11/2017

Payment Information

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

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

In search of any open code violations for property address 322 Highland Ave, Penns Grove, NJ, 08069.

TOWNSHIP USE ONLY:

Dept Given To: _____
 Date Given to Dept: _____
 Date Rec'd from Dept: _____

TOWNSHIP 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 _____

TOWNSHIP 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	

Bonnie Warren

RECEIVED

OCT 10 2017

From: Jennifer Koeturius <jenk@carneypointtp.org>
Sent: Tuesday, October 10, 2017 2:41 PM
To: June Proffitt
Cc: Bonnie Warren
Subject: FW: Tax Sale Information Request (DSHC Enterprises)
Attachments: Edison Cash Receipts Report.xls; Hoboken Cash Receipts.pdf

CLERK'S OFFICE

I am forwarding this to the Municipal Clerk to allow the completion of a OPRA request for this information.

Thank You.

Jen Koeturius
Deputy Tax Collector
Carneys Point Township
Borough of Penns Grove
856-299-0070 X143
856-299-5505 fax

Request completed 10/11.
Emailed 1635 pages.
Did not print for file.
Can be found in email
from Jen on 10/11.

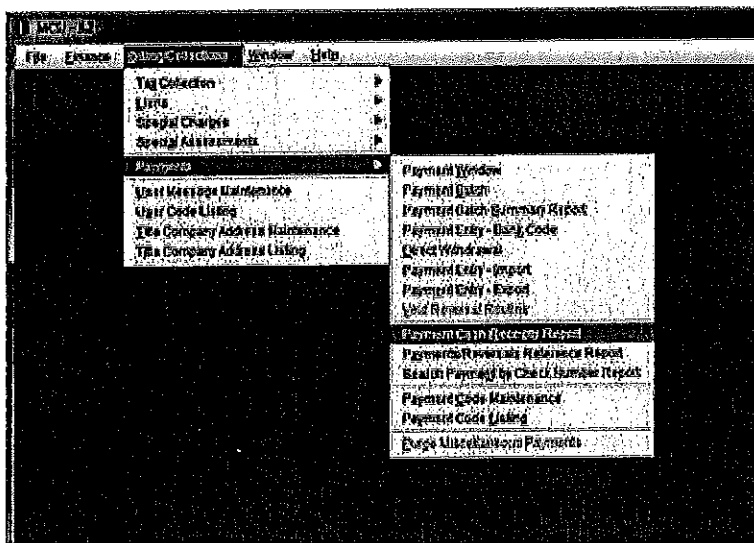
From: Harry Senopoulos [senopoulos@comcast.net]
Sent: Monday, October 09, 2017 12:39 PM
To: Jennifer Koeturius
Subject: Tax Sale Information Request (DSHC Enterprises)

Jen, (Please copy Marie also)

DSHC is participating in your electronic sale this year. DSHC is registering and has deposited funds for your online tax sale. Could you please send us a Detailed Cash receipts report to help with our bidding efforts?

1. A run of a *Detailed* "Cash Receipts Report" for taxes out of Edmunds for 2016 through the present October 2017 (7 Quarters) (samples enclosed) I know it could be hundreds of pages, but it would help in our bidding efforts.

The report is a standard report.



Date _____

RECEIVED

OCT 06 2017

CLERK'S OFFICE

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
 MUNICIPAL CLERKS OFFICE

Karla ✓

Important Notice

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

Requestor Information – Please Print

First Name Richard MI C Last Name Wells
 E-mail Address rwells62@yahoo.com
 Mailing Address 44 Regals Court
 City Swedesboro State NJ Zip 08085
 Telephone 609/202-3713 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 Richard C. Wells 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.

List of vacant properties in Carneys Point.

TOWNSHIP USE ONLY

Dept Given To: Housing
 Date Given to Dept: 10-6-17
 Date Rec'd from Dept: 10-10-17

TOWNSHIP 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 _____

TOWNSHIP USE ONLY

Tracking Information

Tracking Information		Final Cost
Tracking #	_____	Total <u>.15</u>
Rec'd Date	_____	Deposit _____
Ready Date	_____	Balance Due _____
Total Pages	_____	Balance Paid _____
Records Provided		

Custodian Signature June Proffitt Date 10/10/17

RECEIVED

OCT 05 2017

CLERK'S OFFICE

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
 MUNICIPAL CLERKS OFFICE

Kim ✓
 Karla ✓

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 Anastasia MI _____ Last Name Trout
 E-mail Address anastasia.trout@pemco-limited.com
 Mailing Address 820 Bear Tavern
 City West Trenton State NJ Zip 08628
 Telephone 720-509-3265 FAX 303-284-8026
 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 Anastasia Trout Date 10/4/2017

Payment Information

Maximum Authorization Cost \$ 0.00
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 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.

This OPRA request is in regards to property address: 53 GARY AVE, PENNS GROVE NJ 08069
 Lot: 23 Block: 51.04
 Please provide the following information as soon as possible:

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

TOWNSHIP USE ONLY

Dept Given To: _____
 Date Given to Dept: _____
 Date Rec'd from Dept: _____

TOWNSHIP 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 _____

TOWNSHIP 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	

Linda

Bonnie Warren

From: June Proffitt <junep@carneypointtp.org>
Sent: Tuesday, October 3, 2017 3:37 PM
To: Bonnie Warren; Linda Jones
Subject: FW: Carneys Point Township

RECEIVED

OCT 03 2017

CLERK'S OFFICE

From: CU Records [mailto:CURecords@mail.com]
Sent: Monday, October 2, 2017 12:03 PM
To: June Proffitt <junep@carneypointtp.org>
Subject: Carneys Point Township

Records Custodian:

I am making this request under New Jersey's Open Public Records Act.

I request a copy of:

1. August 2017's meeting minutes; e.g., Regular, Special, Executive.
2. August 2017's purchase orders, invoices, and attachments submitted by the municipal attorney.
3. August 2017's detailed check register.

Please e-mail me copies of the above.

Thank you.

CURecords@mail.com

Emailed all documents on 10/4.
Multiple pages from Linda not
printed. Can be found in email.

9/27

Fire:
John Mahala
Ted Stranahan

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
856-299-0070 EXT 147
FAX 856-299-1983
MUNICIPAL CLERKS OFFICE

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 Pinni MI Last Name Friedman
E-mail Address pfriedman@cpccenter.com
Mailing Address 201 5th Ave
City Carneys Point State NJ Zip 08069
Telephone 856.299.6800 FAX 856.299.7791
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 P. Friedman Date 9/27/17

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.

Hi,

I am requesting a copy of the report from the fire department. We had a fire here at Carneys Point Care Center back on 3/23/17, caused by a small electric heater. I need this report for the NJ department of Health.

Please send it to me via email if possible.

Please call me at 856.299.6800 with any questions.

Thanks
Pinni

TOWNSHIP USE ONLY

Dept Given To: _____
Date Given to Dept: _____
Date Rec'd from Dept: _____

TOWNSHIP 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

TOWNSHIP 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	

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
 MUNICIPAL CLERKS OFFICE

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 Joseph MI _____ Last Name Crump
 E-mail Address PENS2525@GMAIL.COM
 Mailing Address 85-86 MILL ST
 City PENNS GROVE State NJ Zip 08069
 Telephone 302-416-0256 FAX _____
 Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 9/27/17

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
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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.

Under local svc agreement trash pickup street maintenance

TOWNSHIP USE ONLY

Dept Given To: _____
 Date Given to Dept: _____
 Date Rec'd from Dept: _____

TOWNSHIP USE ONLY

Disposition Notes
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In Progress - Open _____
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TOWNSHIP USE ONLY

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

Records Provided

[Signature]
 Custodian Signature

Date

RECEIVED

SEP 27 2017

CLERK'S OFFICE

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
 MUNICIPAL CLERKS OFFICE

John Mahala
 Ted Stranahan

Important Notice

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Requestor Information – Please Print

First Name Pinni MI _____ Last Name Friedman
 E-mail Address pfriedman@cpccenter.com
 Mailing Address 201 5th Ave
 City Carneys Point State NJ Zip 08069
 Telephone 856.299.6800 FAX 856.299.7791
 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 P. Friedman Date 9/27/17

Payment Information

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

Hi,

I am requesting a copy of the report from the fire department. We had a fire here at Carneys Point Care Center back on 3/23/17, caused by a small electric heater. I need this report for the NJ department of Health.

Please send it to me via email if possible.

Please call me at 856.299.6800 with any questions.

Thanks
 Pinni

TOWNSHIP USE ONLY

Dept Given To: _____
 Date Given to Dept: _____
 Date Rec'd from Dept: _____

TOWNSHIP USE ONLY

Disposition Notes
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In Progress - Open _____
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TOWNSHIP 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	

Fax: 8562991983

Date _____

RECEIVED

OCT 06 2017

CLERK'S OFFICE

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
 MUNICIPAL CLERKS OFFICE

Kim
Karta

10/4

Important Notice

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Requestor Information – Please Print

First Name NICHOALS MI _____ Last Name DANSBY
 E-mail Address NICHOLAS.DANSBY@PEMCO-LIMITED.COM
 Mailing Address 4600 SOUTH ULSTER ST. STE 530
 City DENVER State CO Zip 80237
 Telephone 720-509-3273 FAX 303-284-8026
 Preferred Delivery: Pick Up _____ 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 *Nicholas Dansby* Date 09/21/2017

Payment Information

Maximum Authorization Cost \$ 0.00
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

COPIES OF THE OPEN PERMITS FROM AUGUST 2017 - SEPTEMBER 2017
 COPIES OF THE OPEN CODE VIOLATIONS
 MOST RECENT VACANT PROPERTY REGISTRATION FOR ADDRESS BELOW:

209 SHELL RD, PENNS GROVE, NJ 08069
 B & L: 79 - 3

TOWNSHIP USE ONLY

Dept Given To: _____
 Date Given to Dept: _____
 Date Rec'd from Dept: _____

TOWNSHIP USE ONLY

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

TOWNSHIP USE ONLY

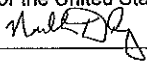
Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	

CARNEY POINT TOWNSHIP
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303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
856-299-0070 EXT 147
FAX 856-299-1983
MUNICIPAL CLERKS OFFICE

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Requestor Information – Please Print

First Name NICHOALS MI _____ Last Name DANSBY
E-mail Address NICHOLAS.DANSBY@PEMCO-LIMITED.COM
Mailing Address 4600 SOUTH ULSTER ST. STE 530
City DENVER State CO Zip 80237
Telephone 720-509-3273 FAX 303-284-8026
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax ☒ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature  Date 09/21/2017

Payment Information

Maximum Authorization Cost \$ 0.00
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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

COPIES OF THE OPEN PERMITS FROM AUGUST 2017 - SEPTEMBER 2017
COPIES OF THE OPEN CODE VIOLATIONS
MOST RECENT VACANT PROPERTY REGISTRATION FOR ADDRESS BELOW:

209 SHELL RD, PENNS GROVE, NJ 08069
B & L: 79 - 3

TOWNSHIP USE ONLY

Dept Given To: _____
Date Given to Dept: _____
Date Rec'd from Dept: _____

TOWNSHIP 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 _____

TOWNSHIP 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	

9/20

Bonnie Warren

From: June Proffitt <junep@carneypointtp.org>
Sent: Wednesday, September 20, 2017 2:15 PM
To: Bonnie Warren
Subject: FW: Carneys Point township Building Permits - Public Records Request

I sent this tot Karla and Kim. ✓ ✓

June

Report 1490 pages. Document not printed
emailed 9/29/17

From: dan@datarole.com [mailto:dan@datarole.com]
Sent: Tuesday, September 19, 2017 10:40 AM
To: June Proffitt <junep@carneypointtp.org>
Subject: Carneys Point township Building Permits - Public Records Request

Dear June Proffitt,

NJ.8069.10661

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.

Dan Sweatt
Director of Data Acquisition, DataRole
100 W 5th St, Cincinnati, OH 45202
dan@datarole.com

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

Thank you very much for your time.

Dan Sweatt
Director of Data Acquisition, DataRole
100 W 5th St, Cincinnati, OH 45202
dan@datarole.com



CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
 MUNICIPAL CLERKS OFFICE

Important Notice

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

Requestor Information -- Please Print

First Name Andrew MI _____ Last Name Dobson
 E-mail Address Andrew.Dobson@pemco-limited.com
 Mailing Address 4600 South Ulster Street, Ste 530
 City Denver State CO Zip 80237
 Telephone 720-509-3248 FAX 303-284-8026
 Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 09/20/2017

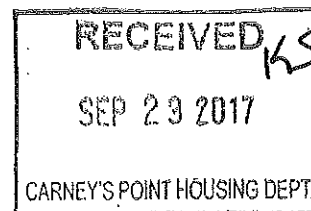
Payment Information

Maximum Authorization Cost \$ 0.00
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 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 notice of open code violations currently pending on this property that could result in a summons/fine and/or prevent the property from being sold if not addressed.

Property Address:
 260 South Golfwood Avenue, Penns Grove, NJ 08069
 Block: 169
 Lot: 31.01



No open code violations. KS Smith 9-25-17

TOWNSHIP USE ONLY

Dept Given To: _____
 Date Given to Dept: _____
 Date Rec'd from Dept: _____

TOWNSHIP USE ONLY

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

TOWNSHIP 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 _____	

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
 MUNICIPAL CLERKS OFFICE

Kim ✓
 Karla

Important Notice

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Requestor Information – Please Print

First Name John MI Last Name David
 E-mail Address abhishek.j@slkgroup.com
 Mailing Address #2727 IBJ Freeway Suite 420
 City Dallas State TX Zip 75234
 Telephone 855-512-4803 FAX 888-908-3471
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature John David Date 09/19/2017

Payment Information

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

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

Please advise if there are any open code violations and open/expired building permits for the below property:

Address: 326 Lafayette Road Carneys Point NJ 08069

Parcel#: BLOCK :95 ; LOT:3

Ref#: 608597

TOWNSHIP USE ONLY

Dept Given To: _____
 Date Given to Dept: _____
 Date Rec'd from Dept: _____

TOWNSHIP 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 _____

TOWNSHIP 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	

Code Compliance, Permits & Special Assessments Request

Property Information

Address: 236 Route 40

Parcel: 02002520000000904

File#: 607566

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

☐ There are NO Code compliance cases open ☐ There are NO Permits open or expired

☒ There are NO Special Assessments

Case #:	Description:	Status:	Fees & Due date:	Lien: Yes/No
	09/14/17 Tax Collectors Office There are no open municipal liens, special charge accounts, deductions, or added assessments.			

This information completed by: Jen Koeturius

Date: 09/14/17

Contact # 856-299-0070 x 143

Email: jenk@carneyspointtwp.org

Thank you for your assistance regarding this matter and if you need any additional information or have questions, please do not hesitate to contact me directly at 469-646-8742. Fax number is 888-377-7252.

Kim Minguez

From: Kim Minguez
Sent: Wednesday, September 13, 2017 8:58 AM
To: 'Kristy Bays'
Cc: Bonnie Warren
Subject: RE: OPRA

Kim ✓
Karla
Jen ✓

In the future, an OPRA request has to be recorded through the Clerk's office. They will forward the request to the proper departments. I have Cc'd the clerk your request.

Thank you,

Kim Minguez
UCC Technical Assistant
Carneys Point Twp
303 Harding Hwy
Carneys Point, NJ 08069
856 299 0070 ex 126
856 299 1564 facimile

From: Kristy Bays [mailto:kbays@slkga.com]
Sent: Wednesday, September 13, 2017 7:02 AM
To: Kim Minguez <kimm@carneypointtwp.org>
Subject: OPRA

Good afternoon,

Could you please advise of any OPEN code enforcement violations and any OPEN/EXPIRED building related permits that need inspections or completion as well.

Please include any outstanding special assessments due on this property including, but not limited to weeds removal, trash clean up, and any other pending charges. Thanks

Address: 242 E Street
File #: 580033

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

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
856-299-0070 EXT 147
FAX 856-299-1983
MUNICIPAL CLERKS OFFICE

Important Notice

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Requestor Information – Please Print

First Name jacquelyn MI Last Name wilfinger
E-mail Address jacquelyn.wilfinger@redfin.com
Mailing Address 25 vista road
City hamilton State nj Zip 08690
Telephone 609-471-1214 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 jacquelyn wilfinger Date 9/11/17

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.

requesting all open and closed permits for construction, electrical and plumbing for the transfer of sale property address: 385 Manor Avenue., Penns Grove, NJ 08069

block: 00171
lot: 00020

20110089 - Inspected & closed out.
20140164 - Inspected & closed out.
20140196 - Inspected & closed out
20140196.1 - Inspected & closed out

TOWNSHIP USE ONLY

Dept Given To:
Date Given to Dept:
Date Rec'd from Dept:

TOWNSHIP 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

TOWNSHIP USE ONLY

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

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 866-299-1983
 MUNICIPAL CLERKS OFFICE

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 Anastasia MI _____ Last Name Trout
 E-mail Address anastasia.trout@pemco-limited.com
 Mailing Address 4600 S Ulster st ste 530
 City Denver State CO Zip 80237
 Telephone 720-509-3265 FAX 303-284-8026
 Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Anastasia Trout Date 9/8/2017

Payment Information

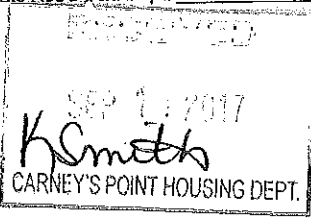
Maximum Authorization Cost \$ _____
 Selected Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.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

My name is Anastasia Trout I am with Pemco-Limited working on behalf of Fannie Mae and I am in charge of maintaining the following property: 263 Market St.

1. Are there any current open code violations or open permits? If so,
 -Date of violation and fine amount? Yes - see attached
2. Has this property been through Vacant property registration? If so, Yes
 - Date of registration? 4-21-2017
 - Name of person/ company who registered the property? Safeguard
 - Amount paid \$ 500.00
 - Date of registration/ next due date Jan 1, 2018

TOWNSHIP USE ONLY

Dept Given To: _____
 Date Given to Dept: _____
 Date Rec'd from Dept: _____

 CARNEY'S POINT HOUSING DEPT.

TOWNSHIP 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	_____

TOWNSHIP 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	

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
 MUNICIPAL CLERKS OFFICE

Important Notice

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Requestor Information – Please Print

First Name LEON MI A Last Name MATTIOLI
 E-mail Address mattioli1@comcast.net
 Mailing Address 206 EAST MAIN STREET
 City PENNS GROVE State NJ Zip 08069-1881
 Telephone (856) 299-3220 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 Leon A. Mattioli Date AUG 30 2017

Payment Information

Maximum Authorization Cost \$100.00
 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.
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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.

1 CORRESPONDENCE FROM LEON A. MATTIOLI TO TOWNSHIP 1979-2017
 2 CORRESPONDENCE FROM TOWNSHIP TO LEON A. MATTIOLI 1979-2017
 3 COPIES OF MINUTES RELATING TO HALSTEAD STREET ACTIONS BY TOWNSHIP INCLUDING SEWERS, EXCAVATIONS, VACATING OF STREETS ETC, June provided 8/30/17 – copies of minutes

 29 pages x .05 = 1.45

TOWNSHIP USE ONLY		TOWNSHIP USE ONLY		TOWNSHIP USE ONLY	
Dept Given To: _____ Date Given to Dept: _____ Date Rec'd from Dept: _____	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 _____	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ Records Provided _____	Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____ Custodian Signature _____ Date _____		

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
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 MUNICIPAL CLERKS OFFICE

Important Notice

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Requestor Information – Please Print

First Name Manny MI Last Name Ruffin

E-mail Address manish.kumar@slkgroup.com

Mailing Address 2727 LBJ FREEWAY SUITE 420

City Dallas State TX Zip 75234

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

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

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

Signature Manny Ruffin

Date 08/30/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

Extras: Special service charge dependent upon request.

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

Please check and advise for the below address:

1. Liens & Special assessments

2. Code Violations None

3. Open/Expired Building Permits None work recorded

File # : 605080

Block:120 ;Lot:3

Addr : 253 I St Carneys Point NJ 08069

County : Salem

K. Smith Hiring/Construction
Aug 30, 2017

TOWNSHIP USE ONLY

Dept Given To: _____

Date Given to Dept: _____

Date Rec'd from Dept: _____

TOWNSHIP 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 ☐

TOWNSHIP 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

CARNEY POINT TOWNSHIP
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FAX 856-299-1983
MUNICIPAL CLERKS OFFICE

Important Notice

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Requestor Information – Please Print

First Name Jordan MI _____ Last Name Sparacio
E-mail Address jordan.sparacio@pemco-limited.com
Mailing Address 4600 S Ulster St
City Denver State CO Zip 80237
Telephone 720-509-3254 FAX _____
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒ X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. HAVE NOT
Signature Jordan Sparacio Date 8/29/17

Payment Information

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

I am looking for any open code violations on the property at 342 IVES AVE

No open code violations.

8-29-17
K Smith

VPR pd on 1-10-17 \$1500.00

TOWNSHIP USE ONLY

Dept Given To: Health
Date Given to Dept: 8-29-17
Date Rec'd from Dept: 8-29-17

TOWNSHIP 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 _____

TOWNSHIP 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	

Bonnie Warren

From: June Proffitt <junep@carneypointtwp.org>
Sent: Monday, August 28, 2017 10:21 AM
To: Bonnie Warren
Subject: FW: OPRA request

Importance: High

From: CJ Griffin [mailto:cgriffin@pashmanstein.com]
Sent: Wednesday, August 23, 2017 8:34 AM
To: June Proffitt <junep@carneypointtwp.org>
Subject: OPRA request
Importance: High

Hello:

I am filing an OPRA/common law request on behalf of my client, Richard Rivera, LLC. Mr. Rivera is a police practices expert and Chair of the Latino Leadership Alliance's Civil Rights Project, so he routinely monitors use of force incidents by police officers. Mr. Rivera would like records relating to a video of officers from Penns Grove Police Department and Carneys Point Police Department arresting a man at Pilot Truck Stop (600 S. Pennsville Auburn Rd.) on August 21, 2017. The man's car was a black Cadillac, which was impounded and driven off by police officers after he was arrested. It's license plate read U43-GTV. Another man may have been arrested too at the same time.

Mr. Rivera seeks:

1. All Use of Force Reports for this incident
2. All body-worn camera footage for this incident
3. All dash camera footage for this incident
4. Your police department's Use of Force Policy
5. Your 2015 and 2016 Internal Affairs Annual Summary Reports
6. The police reports for this incident
7. All information required to be released pursuant to NJSA 47:1A-3(b), including the names of the officers involved and the names of the persons arrested
8. All Use of Force Reports completed by your police department from July 1, 2016 to present date.

Please email responsive records to me and I will pass them along to my client.

Thank you.

CJ Griffin
Member of the Firm
Direct: 201.270.4930
Email • V-Card • Bio

CARNEY POINT TOWNSHIP
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 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
MUNICIPAL CLERKS OFFICE

Important Notice

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

Requestor Information - Please Print

First Name Barbara MI Last Name Haynes
 E-mail Address barbara.haynes@pemco-limited.com
 Mailing Address 4600 s ulster unit 530
 City denver State CO Zip 80237
 Telephone 720-509-3249 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. have not
 Signature Barbara Haynes Date 08-16-17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

address:

322 Highline ave

If the property has previously been registered, can I receive a copy of the previous registration or info with who, what was paid and when is the next fee is due for this.

Thank you!

Property has not been registered vacant. Initial vacant property registration & fee due immediately.
8-21-17 J K Smith

TOWNSHIP USE ONLY

Dept Given To:
 Date Given to Dept:
 Date Rec'd from Dept:

TOWNSHIP 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 ☐

TOWNSHIP USE ONLY

Tracking Information		Final Cost	
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Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
Custodian Signature <u> </u>		Date <u> </u>	

Carneys Point Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 856-299-0070 Fax: 8562991983

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature [Signature] Date 8/14/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Start Date 7/30/2017

End Date 8/12/2017

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Karla/Kim / fax

CARNEY POINT TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 303 HARDING HIGHWAY CARNEYS POINT, NJ 08069
 856-299-0070 EXT 147
 FAX 856-299-1983
 MUNICIPAL CLERKS OFFICE

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Requestor Information -- Please Print

First Name Grace Grace MI MI Last Name D'Souza D'Souza
 E-mail Address archana.d@slkgroup.com
 Mailing Address 2727 LBJ Freeway, Suite 420
 City Dallas State TX Zip 75234
 Telephone 856-512-4802 866-459-8023 FAX 888-908-3471 888-908-3471
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☒ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Grace Date 08/12/2017

Payment Information

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

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

Please advise if there are any open code violations, open/expired building permits and special assessments/pending bills for the below property address:

Parcel #: 525928

Parcel: Block 106 Lot 4

Address: 241 D Street, Carneys Point NJ, 08069

*Any open code violations, open/expired building permit
 special assessments / pending bills for*

Block 106 Lot 4

241 D Street

No open code violations - Housing/Health Office. 8-21-17

TOWNSHIP USE ONLY**TOWNSHIP USE ONLY****TOWNSHIP USE ONLY**

Dept Given To: _____
 Date Given to Dept: _____
 Date Rec'd from Dept: _____

Disposition Notes
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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

Date

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Requestor Information -- Please Print

First Name David MI A Last Name Thatcher, Esq
 E-mail Address rdurning@thatcherpassarella.com
 Mailing Address 128 Gantown Rd
 City Unionville State NY Zip 08021
 Telephone 856 232-3270 FAX _____
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 8-10-17

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
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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.

COPY OF ALL CHECKS MADE PAYABLE TO TRINITY CODE INSPECTIONS LLC AND/OR
 JAY DILWORTH

TOWNSHIP USE ONLY

Dept Given To: _____
 Date Given to Dept: _____
 Date Rec'd from Dept: _____

TOWNSHIP USE ONLY

Disposition Notes
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In Progress - Open _____
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 Partial - Closed _____

TOWNSHIP 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	

Kim Minguez

From: June Proffitt <junep@carneypointtp.org>
Sent: Wednesday, August 09, 2017 3:32 PM
To: Kim Minguez; Karla Smith
Subject: FW: Local Finance Board Request

This is Prohibited growth and accumulations.

June

From: Urbish, Paul [mailto:Paul.Urbish@dca.nj.gov]
Sent: Wednesday, August 9, 2017 1:59 PM
To: June Proffitt <junep@carneypointtp.org>
Subject: Local Finance Board Request

Good afternoon Clerk Proffitt:

I am writing on behalf of the Local Finance Board on a request for information. At your earliest convenience, could you please provide the following:

- Ordinance Violation Notice of Township Code #101 , Chapter 56-1 issued to Carneys Point Commercial Center LLC on or about July 15, 2013
- A second Ordinance Violation Notice of Township Code #101, Chapter 56-1 issued to Carneys Point Commercial Center LLC on or about July 15, 2013
- The Tax Map for Carneys Point Township

On behalf of the Board, I thank you in advance for your response.

Sincerely,

Paul Thomas Urbish, Esq.
Legislative Analyst, Division of Local Government Services
Department of Community Affairs
101 South Broad Street
P.O. Box 803
Trenton, New Jersey 08625
Tel: 609 292 7842 / Email: Paul.Urbish@dca.nj.gov

Confidentiality Note: This electronic message contains information from the NJDCA which may be confidential, privileged, consultative, or otherwise protected from disclosure. This information is intended only for the use of the individual to whom it was originally addressed. Any disclosure, copying, distribution or use of the contents of this information without prior authorization from the original author is prohibited. If you received this electronic transmission in error, please notify me by return electronic mail, and destroy the original message and all copies

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Important Notice

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Requestor Information – Please Print

First Name Sgt Dale MI _____ Last Name VanName
 E-mail Address DaleV@Carneypointtwp.org
 Mailing Address 303 Harding Hwy
 City Carneys Point State NJ Zip 08069
 Telephone 856-417-2280 FAX 856-299-5960
 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 DSC Dale Van Date 8/3/2017

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.

officers for the Carneys Point Police Department, Sergeants and below, salaries for 2016 and the amount of reimbursement money paid to each officer for 2016 and

officers for the Carneys Point Police Department, Sergeants and below, salaries for 2017 and the amount of reimbursement money paid to each officer to the date of this request, 8/3/2017.

TOWNSHIP USE ONLY

Dept Given To: _____
 Date Given to Dept: _____
 Date Rec'd from Dept: _____

TOWNSHIP USE ONLY

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

TOWNSHIP 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	

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Requestor Information – Please Print

First Name Holly MI A Last Name GREEN
E-mail Address holly.green07@gmail.com
Mailing Address 1100 Highland Ave.
City Pennsville State NJ Zip 08070
Telephone 856-275-3010 FAX _____
Preferred Delivery: ☒ Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8/1/17

Payment Information

Maximum Authorization Cost \$ 10.00

Select Payment Method

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

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

All police reports involving Ronald P. Betts (dob 4/10/76) from 1/1/17 to present and/or Jacey P. Betts (dob 3/21/08) from 1/1/17 to present.

Documents can be mailed, emailed, or I will pick-up. Whichever is easiest. Thank you

NO RECORD

TOWNSHIP USE ONLY

Dept Given To: _____
Date Given to Dept: _____
Date Rec'd from Dept: _____

TOWNSHIP USE ONLY

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

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