

pvclerk pvclerk

From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Sunday, August 06, 2017 7:37 PM
To: Newman, Michael (RIS-HBE)
Subject: 8/7/2017 OPRA REQUEST

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

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

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

Michael Newman

Operations Records Manager

Signature Information Solutions

[REDACTED]

[REDACTED]

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pvcclerk pvcclerk

From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Monday, August 14, 2017 7:47 AM
To: Newman, Michael (RIS-HBE)
Subject: 8/14/2017 OPRA REQUEST

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

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Michael Newman

Operations Records Manager

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[REDACTED]

[REDACTED]

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pvclerk pvclerk

From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Sunday, August 20, 2017 8:26 AM
To: Newman, Michael (RIS-HBE)
Subject: 8/21/2017 OPRA REQUEST

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

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From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Sunday, August 27, 2017 11:12 PM
To: Newman, Michael (RIS-HBE)
Subject: 8/28/2017 OPRA REQUEST

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

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From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Tuesday, September 05, 2017 8:56 AM
To: Newman, Michael (RIS-HBE)
Subject: 9/5/2017 OPRA REQUEST

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

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From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Monday, September 11, 2017 7:54 AM
To: Newman, Michael (RIS-HBE)
Subject: 9/11/2017 OPRA REQUEST

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

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From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Friday, September 15, 2017 2:18 PM
To: Newman, Michael (RIS-HBE)
Subject: 9/15/2017 OPRA REQUEST

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

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From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Monday, September 25, 2017 8:16 AM
To: Newman, Michael (RIS-HBE)
Subject: 9/25/2017 OPRA REQUEST

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

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From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Monday, October 02, 2017 7:42 AM
To: Newman, Michael (RIS-HBE)
Subject: 10/2/2017 OPRA REQUEST

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

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From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Monday, October 09, 2017 9:03 AM
To: Newman, Michael (RIS-HBE)
Subject: 10/9/2017 OPRA REQUEST

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

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Operations Records Manager

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From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Monday, October 16, 2017 7:36 AM
To: Newman, Michael (RIS-HBE)
Subject: 10/16/2017 OPRA REQUEST

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

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Michael Newman

Operations Records Manager

Signature Information Solutions

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From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Monday, October 23, 2017 7:18 AM
To: Newman, Michael (RIS-HBE)
Subject: 10/23/2017 OPRA REQUEST

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

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From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Friday, November 03, 2017 4:20 PM
To: Newman, Michael (RIS-HBE)
Subject: 11/6/2017 OPRA REQUEST

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

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Operations Records Manager

Signature Information Solutions

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[REDACTED]

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From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Monday, November 13, 2017 7:41 AM
To: Newman, Michael (RIS-HBE)
Subject: 11/13/2017 OPRA REQUEST

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

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[REDACTED]

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From: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>
Sent: Monday, November 20, 2017 7:50 AM
To: Newman, Michael (RIS-HBE)
Subject: 11/20/2017 OPRA REQUEST

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

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OPEN PUBLIC RECORDS ACT REQUEST FORM

1709 Pennsville Salem Co



Important Notice

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

Requestor Information – Please Print

First Name Veronica MI MI Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone [REDACTED] FAX

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

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

Signature Veronica Hartman Date 11/27/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (1709txsr.zip) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com

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

Thank you,

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

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Payment Information

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First Name _____ Veronica _____ MI _____ Last Name _____ Hartman

E-mail Address _____ tax@actiontitleresearch.com

Mailing Address _____ PO Box 1734

City _____ ~~Rutherford~~ Rutherford State _____ NJ Zip _____ 07070

Telephone _____ FAX _____

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

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Signature _____ Veronica Hartman Date _____ 11/27/2017

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Select Payment Method		
Cash	Check	Money Order
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E-mail Address	tax@actiontitleresearch.com				
Mailing Address	PO Box 1734				
City	Rutherford	State	NJ	Zip	07070
Telephone	[REDACTED]		FAX		
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Veronica Hartman			Date	8/28/2017

Payment Information

Maximum Authorization Cost	\$
Select Payment Method	
Cash	Check Money Order
Fees:	Letter size pages - \$0.05 per page
	Legal size pages - \$0.07 per page
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Signature Veronica Hartman Date 11/27/2017

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Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (**1709txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**

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

Thank you,

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

AGENCY USE ONLY

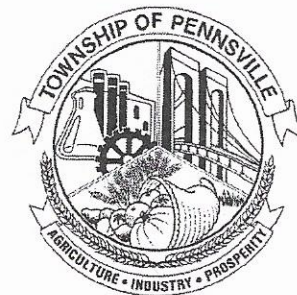
AGENCY USE ONLY

AGENCY USE ONLY



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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 Anastasia MI Last Name Trout
Company Pemco-limited C/o Fannie Mae
Mailing Address 820 bear Tavern Rd
City West Trenton State NJ Zip 80237 Email anastasia.trout@pemco-limited.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Anastasia Trout Date 9/20/2017

Payment Information

Maximum Authorization Cost \$ 0.00
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

Please provide records of redemption pay off amount for check dated 9/21/2017 for grass-cut lien against the property 33 Beach ave, Pennsville, NJ 08070

Email: anastasia.trout@pemco-limited.com
Fax: 303-284-8026

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

Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

1709 Pennsville Salem Co



Important Notice

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

Requestor Information – Please Print

First Name Veronica MI MI Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone [REDACTED] FAX

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

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

Signature Veronica Hartman Date 11/27/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

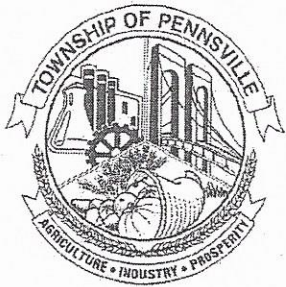
Thank you,

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

AGENCY USE ONLY

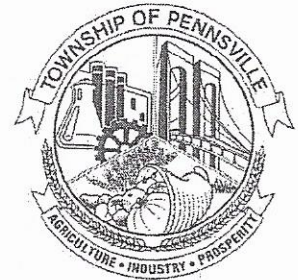
AGENCY USE ONLY

AGENCY USE ONLY



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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 Anastasia MI MI Last Name Trout
Company Pemco-limited
Mailing Address 820 Bear tavern Rd
City West Trenton State NJ Zip 08628 Email Anastasia.trout@Pemco-limited.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail On Site/Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Anastasia Trout Date 10/2/2017

Payment Information

Maximum Authorization Cost \$ 0.00
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

Please provide records of redemption pay off amount for check dated through 10/15/2017, to allow time for a check to be sent for property 33 Beach Ave, Pennsville, NJ 08070
Block: 1705 LOT: 8.

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

Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

1709 Pennsville Salem Co



Important Notice

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

Requestor Information – Please Print

First Name Veronica MI MI Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone [REDACTED] FAX

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

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

Signature Veronica Hartman Date 11/27/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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Thank you,

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

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

OPEN PUBLIC RECORDS ACT REQUEST FORM

1709 Pennsville Salem Co



Important Notice

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Requestor Information – Please Print

First Name Veronica MI Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone FAX

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

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

Signature Veronica Hartman Date 11/27/2017

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

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

Thank you,

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

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



1709 Pennsville Salem Co



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

Payment Information

First Name Veronica MI MI Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone [REDACTED] FAX

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

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

Signature Veronica Hartman Date 11/27/2017

Maximum Authorization Cost		\$
Select Payment Method		
Cash	Check	Money Order
Fees:	Letter size pages - \$.005 per page Legal size pages - \$.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.

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Thank you,

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

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



1709 Pennsville Salem Co



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Payment Information

First Name Veronica MI _____ Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address _____ PO Box 1734

City Rutherford State NJ Zip 07070

Telephone [REDACTED] FAX _____

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

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

Signature Veronica Hartman Date 11/27/2017

Maximum Authorization Cost \$		
Select Payment Method		
Cash	Check	Money Order
Fees:	Letter size pages - \$.05 per page Legal size pages - \$.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.	

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

Thank you,

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

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

OPEN PUBLIC RECORDS ACT REQUEST FORM



1709 Pennsville Salem Co



Important Notice

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

Requestor Information – Please Print

First Name Veronica MI MI Last Name Hartman
 E-mail Address tax@actiontitleresearch.com
 Mailing Address PO Box 1734
 City Rutherford State NJ Zip 07070
 Telephone [REDACTED] FAX
 Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Veronica Hartman Date 11/27/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Thank you,

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

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

OPEN PUBLIC RECORDS ACT REQUEST FORM

1709 Pennsville Salem Co



Important Notice

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Requestor Information – Please Print

First Name Veronica MI Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone [REDACTED] FAX

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

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

Signature Veronica Hartman Date 11/27/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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Thank you,

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

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



RECEIVED
8-1-2017

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 Karl MI E Last Name Ulbrich

Company Ulbrich-Scull Investigations, LLC

Mailing Address PO Box 428

City Northfield State NJ Zip 08225 Email Karl@Ulbrich-Scull.com

Business Hours Telephone: Area Code 609 Number 241-1004 Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

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

Signature [Signature] Date 8/1/2017

Payment Information

Maximum Authorization Cost \$ \$50.00

Select Payment Method

Cash Check X Money Order

Fees: All pages \$0.02
per page

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

Extras: Extraordinary service fees
dependent upon request.

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

Please see the attached description.

If response by email is available, please respond by email to karl@ulbrich-scull.com.

Deppwater - Nothing
Pennville Fire - Nothing
Ambulance - Nothing
Police Attached

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 8/1/17
Ready Date 8/14/17
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

[Signature]
Custodian Signature

8-9-17
Date

**Request for Government Records Pursuant to the State of
New Jersey's Open Public Records Act (N.J.S.A. 47:1A-1 et Seq.)**

(Attachment to the access to Open Public Records Act Request Form submitted by Karl E. Ulbrich, dated 8/1/17)

1. Any Computer Aided Dispatch report (whatever it happens to be called), which documents details of any call for service (Police / Fire / Medical) involving an individual identified as Amy Lynn Stanley (DOB: 01/13/1981); occurring between 1/13/1999 and the present day.
2. Any Police Report, Operations Report, Call for Service, Response Report, Incident Report, Property Report, Arrest Report or other titled police report, relating to any law enforcement contact with an individual identified as Amy Lynn Stanley (DOB: 01/13/1981); occurring between 1/13/1999 and the present day.

I hereby certify that I have not been convicted of any indictable offense under the laws of this state, any other state or the United States.



Karl E. Ulbrich

Ulbrich-Scull Investigations, LLC

PO Box 428

Northfield, NJ 08225



Karl@Ulbrich-Scull.com

OPRA Request

to Township of Pennsville

Submitted via E-mail to pvclerk@pvtwp.com on Monday, July 31, 2017

Requestor: **Libertarians for Transparent Government, a NJ
Nonprofit Corporation.**

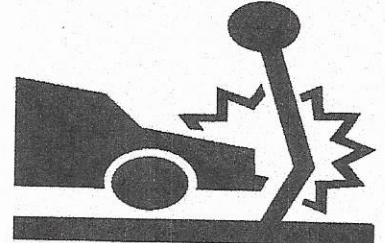
This is our request under the Open Public Records Act (OPRA) and the common law right of access. Please send all responses and responsive records via e-mail to NJTransparency@yahoo.com. If you have any questions please call [REDACTED]

Records Requested:

For the case of Keith Lamb v. Township, Docket SLM-L-85-16, which the court's computer system shows as having settled on May 10, 2017, we would like the following records:

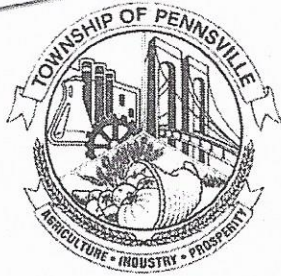
1. The most recently amended civil complaint filed by the Plaintiff or, if there are no amendments, please send the original civil complaint. Please do not send us summonses, case information statements, etc.
2. The agreement(s) or release(s) that sets forth the terms and amount of settlement, i.e. the "settlement agreement(s)" related to this case.

**BEING A LIBERTARIAN
IS LIKE BEING THE
ONLY SOBER PERSON IN THE CAR**



**AND NO ONE WILL
LET YOU DRIVE!**

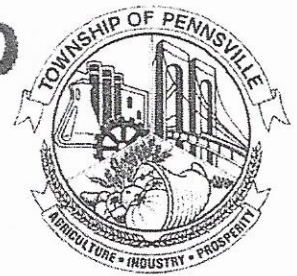
http://www.libertariansfortransparent.com



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



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	<u>RICHARD</u>	MI		Last Name	<u>SCHWARTZ</u>
Company	<u>RJS ENVIRONMENTAL</u>				
Mailing Address	<u>15 OAKWOOD DRIVE</u>				
City	<u>MEAFORD</u>	State	<u>NJ</u>	Zip	<u>08055</u>
Email	<u>RICH@RJSENV.COM</u>				
Business Hours Telephone:	Area Code		Number		Extension
Preferred Delivery:	Pick Up		US Mail		On Site Inspect <u>X</u>
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>			Date	<u>8/4/2017</u>

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order
Fees:	All pages \$0.02 per page	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Extraordinary service fees dependent upon request.	

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

I would like to review any property record files maintained by the Tax Assessor's Office and any construction permit files maintained by that office for the following property:

FORMER BROADWAY DINER
BLOCK 1206, LOT 49
231 N. BROADWAY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date	<u>8/7/17</u>	Deposit	
Ready Date	<u>8/7/17</u>	Balance Due	
Total Pages		Balance Paid	
Records Provided		<u>8/16/17</u>	
<u>Received in person</u>			
<u>[Signature]</u>		<u>8/7/17</u>	
Custodian Signature		Date	

Print Management Solutions
P O Box 350
Trexlerstown, PA 18087

FILED

Open Record Officer
PENNSVILLE TWP
90 North Broadway
Pennsville, NJ 08070

RECEIVED
8/4/17

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

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

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

Or

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

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

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

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

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

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

Respectfully,

Amy Dorward
P O Box 350
Trexlerstown, PA 18087



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



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 Doreen MI Last Name Frega
Company Individual
Mailing Address 123 Danna Way
City Saddle Brook State Nj Zip 07663 Email dfrega@yahoo.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail On Site Inspect **X**EMAIL
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 Doreen Frega Date 8/1/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

I am requesting the following records.

Copies of all current names and addresses
of all dog and cat pet license holders/applications in Pennsville, NJ.
If possible and not to much trouble, to have this request in Excel or Label Format.
Thank You,

Doreen Frega
201-294-0118

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

*Denied in its Entirety
See Attached*

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 8/1/17
Ready Date 8/10/17
Total Pages 0

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Angela Forte

Custodian Signature

8/10/17

Date

Law Offices of
Walter M. Luers, LLC

Suite 2
122 West Main Street
Clinton, New Jersey 08809
Telephone: [REDACTED]
Facsimile: 908.894.5729
www.luerslaw.com

RECEIVED
SEP 11 2017

September 1, 2017

Walter M. Luers, Esq.*

*Also admitted in New York

Writer's Direct Email: wluers@luerslaw.com

VIA EMAIL ONLY

Angela N. Foote, Municipal Clerk
Pennsville Township Town Hall
90 North Broadway
Pennsville, New Jersey 08070

Dear Ms. Foote:

We represent Doreen Frega. On August 1, 2017, Ms. Frega filed an OPRA request for the names and addresses of all dog and cat pet licenses holders and applications in your town, which was denied on August 10.

While I think that the OPRA request was reasonably clear, I want to emphasize that in the event that you interpreted this request as a request for information, please accept this letter as modifying and amending that OPRA request to include a request for copies of all current dog and cat owner licenses, or copies of the applications for dog and cat licenses filed within the last twelve months, if you do not have copies of the licenses themselves.

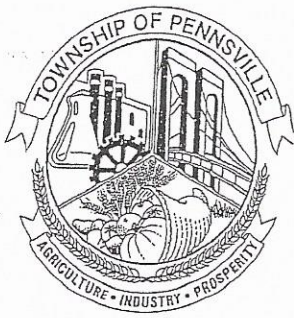
In addition, we write to advise you that Ms. Frega wishes to use the records as part of her political activism. She will only use the records for her own direct mailings and will not divulge the information to any third party. She has no commercial purpose whatsoever.

Please let us know whether, with this new information, you will produce the records requested by Ms. Frega. If we have not received your reply or the records by September 8, 2017, we intend to file an OPRA lawsuit thereafter.

Sincerely,

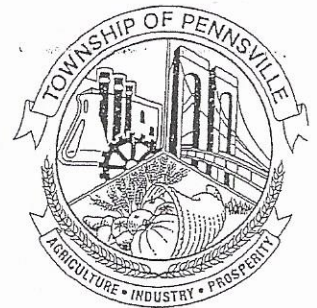
/s/ Walter M. Luers

Walter M. Luers



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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 Nathan MI M Last Name Rodgers

Company _____

Mailing Address PO Box 161

City Deepwater State NJ Zip 08023 Email _____

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up US Mail On Site Inspect

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

Signature Nathan Rodgers Date 8/8/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash Check Money Order

Fees: All pages \$0.02
per page

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

Extras: Extraordinary service fees
dependent upon request.

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

Two police reports in regards to break-ins at 103 Madison Deepwater, one in which a grill was stolen, another in which a television was stolen.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress Open
Denied Closed
Filled Closed
Partial Closed

AGENCY USE ONLY

Tracking Information

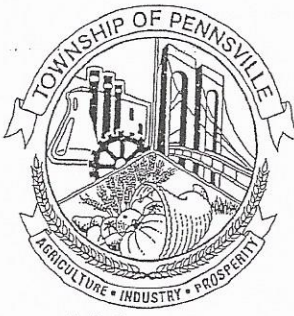
Tracking # _____
Rec'd Date 8/8/17
Ready Date 8/8/17
Total Pages 4

Final Cost

Total _____
Deposit _____
Balance Due N/A
Balance Paid N/A

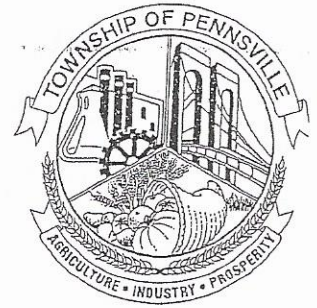
Records Provided

Nathan Rodgers 8/8/17
DATE
Nathan Rodgers 8/8/17



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



Important Notice

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Requestor Information – Please Print

First Name Joseph MI Last Name Crump
Company
Mailing Address 86 Mill St.
City Penns Grove State NJ Zip 08069 Email
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up ☒ US Mail ☐ On Site Inspect ☐
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8/14/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

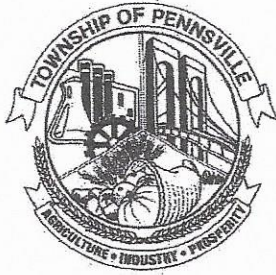
Discovery Request
PV-051040

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

st. Document Cost	Disposition Notes	Tracking Information	Final Cost
st. Delivery Cost	Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking #	Total
st. Extras Cost		Rec'd Date	Deposit
st. Est. Cost		Ready Date	Balance Due
st. Deposit Amount		Total Pages	Balance Paid
st. Estimated Balance		DVD: 3.00	Records Provided
st. Deposit Date		ENCL: 5.00	DATE
		[Signature]	paid
		8/14/17	8/14/17



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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 Andrew MI MI Last Name Dobson
Company Pemco Limited
Mailing Address 4600 S Ulster St Ste 530
City Denver State CO Zip 80237 Email timothy.dobson@pemco-limited.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail X On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8/7/17

Payment Information

Maximum Authorization Cost \$ 0.00
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

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

102 HIGHLAND AVE, Pennsville, NJ 08070
Block: 2907
Lot: 11

Also, if there is any ordinance relating to vacant property registration requirements, can I be emailed a copy. If there is no ordinance, can I be emailed there is no vacant property registration ordinance.

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

In Progress Open
Denied Closed
Filed Closed
Partial Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 8/25/17
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

No open code violations omw 8/25/17
No open permits 8/28/17 JAF
E-MAILED
8/28/17 omw@119m

Custodian Signature

Date



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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 Andrew MI Last Name Dobson
Company Pemco Limited
Mailing Address 4600 S Ulster St Ste 530
City Denver State CO Zip 80237 Email timothy.dobson@pemco-limited.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail X On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE HAVE NOT been convicted of any
indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8/7/17

Payment Information

Maximum Authorization Cost \$ 0.00
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

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



19 NOTTINGHAM RD, Pennsville, NJ 08070
Block: 3808
Lot: 1

Also, if there is any ordinance relating to vacant property registration requirements, can I be emailed a copy. If there is no ordinance, can I be emailed there is no vacant property registration ordinance.

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

In Progress - Open
Denied - Closed
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information	Final Cost
Tracking # <u> </u>	Total <u> </u>
Rec'd Date <u>8/25/17</u>	Deposit <u> </u>
Ready Date <u> </u>	Balance Due <u> </u>
Total Pages <u> </u>	Balance Paid <u> </u>

Records Provided

no open code violations 8/25/17 omw
no open permits 8/28/17 gzo

Custodian Signature

Date

LAW OFFICES OF
ANUPA SONI, ESQUIRE, LLC

TWP. OF PENNSVILLE
RECEIVED

AUG 21 2017

38 Oakhurst Lane
Mt. Laurel, NJ 08054
Phone: [REDACTED]
Fax: (866) 259-5352
anupasoni@comcast.net
*Admitted in PA & NJ

E-MAILED

8/21/17 @ 9:13 am

August 18, 2017

VIA FACSIMILE – 856-678-7388
AND VIA EMAIL

Mr. Bernie Sennstrom, Zoning Officer
Township of Pennsville
Code Office
90 B. Broadway
Pennsville, NJ 08070

Mr. Anthony Dariano, Flood Plain Administrator
Township of Pennsville
Code Office
90 N. Broadway
Pennsville, NJ 08070

Re: 195 N. Broadway, Pennsville, New Jersey 08070 (the "Property")

Dear Messrs. Sennstrom and Dariano:

Please be advised we are counsel to and for Resources for Independent Living, Inc., a New Jersey Non-Profit Corporation, the prospective purchaser ("Purchaser") of the above referenced Property. The Purchaser intends to purchase the Property from Fannie Mae ("Seller"), and, as a condition of such transaction, it is necessary that we obtain evidence of the following:

1. That the Property is not in a flood hazard area as defined by the Flood Disaster Protection Act of 1973. In connection with any certification you may give respecting this item, please include, if available, a Housing and Urban Development Flood Map for the area in which the Property is located. If you are not able to so certify and provide a copy of such map, then please advise us as to where we might obtain same.

2. That the Property is on a tract or ground previously approved as a subdivision, such that the Property constitutes a separate lot and as such, the tract and the improvements thereon can be granted and conveyed by a Deed describing only such tract, and without need for obtaining further subdivision approval.

3. That the Property is not in violation of any of the Township of Pennsville, fire, electrical, health (regarding sanitary sewer, water supply, environmental and/or air pollution) or other ordinances or codes. Further, there is no action or proceeding pending before any court or quasi-judicial or administrative agency as to which the Township of Pennsville and Seller are parties relating to Purchaser's use of the Property.

4. That the Property, as constructed and currently used, does not violate the applicable provision(s) of the Township of Pennsville zoning ordinance(s) and, further, the

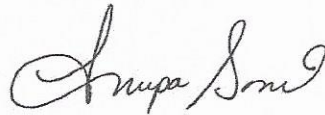
none - cmw

Property is zoned Commercial and Residential, which would permit Purchaser to use the Property as commercial offices relative to the adjacent Property it owns.

5. That permanent Certificates of Occupancy permitting the current use of the Property have been validly issued by the Township of Pennsville and are current and in full force and effect. Kindly forward copies of the Certificates of Occupancy first issued respecting the Property, together with such Certificates as you ordinarily issue to confirm the continued effectiveness of the initial Certificates of Occupancy. *CO or CCD will need to be*

CMU *Issued Prior to occupancy or use*
We respectfully request that you provide the information requested herein as expeditiously as possible and, in any event, by August 30, 2017. If there should be any cost for researching this information, please advise me, and I will forward you payment promptly. In the event you should have any questions regarding the foregoing, please feel free to contact me at the above listed telephone number.

Very truly yours,



Anupa Soni, Esq.

AS/

cc: Lisa Killion-Smith (Via Email)

FILED

Clerk

pvfirecode

From: Aimee Pacheco <Aimee.Pacheco@pemco-limited.com>
Sent: Monday, August 21, 2017 5:50 PM
To: pvfirecode@pvtwp.com
Subject: Open Code Violations 331 Washington Dr

E-MAILED
8/22/17 @ 9:20am

CMW

Good evening,

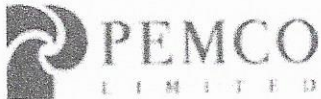
Can you please tell me if there are any open code violations attached to the following property?

331 Washington Dr, Pennsville, NJ
Block 1301 / Lot 17

Thank you,

Aimee Pacheco

Fannie Mae Property Specialist



Local: ~~800-888-1100~~

Direct: ~~800-888-1100~~

Aimee.Pacheco@PEMCO-Limited.com

PEMCO-Limited.com

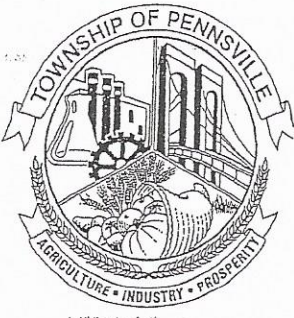
4600 South Ulster Street, Suite 530

Denver, CO 80237



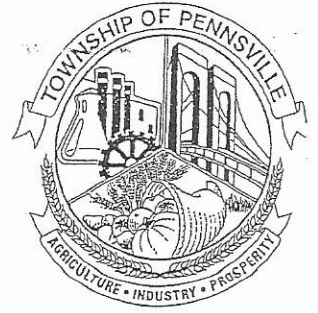
The contents of this e-mail message and any attachments are confidential and may be legally privileged. This transmission is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this transmission in error, any use, reproduction or dissemination of this transmission is strictly prohibited. If you are not the intended recipient, please immediately notify the sender by reply e-mail or phone and delete this message and its attachments.

no open violations



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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

X First Name Amy Stanley MI MI X Last Name Stanley

Company _____

X Mailing Address 121 Harvard Rd

X City Pennsville State NJ Zip 08070 Email _____

X Business Hours Telephone: Area Code [REDACTED] Number [REDACTED] Extension _____

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

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

Signature Amy Stanley Date 8-31-17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: All pages \$0.02 per page

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

Extras: Extraordinary service fees dependent upon request.

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

Full discovery request domestic incident in June
(video)

AGENCY USE ONLY

st. Document Cost _____

st. Delivery Cost _____

st. Extras Cost _____

tal Est. Cost _____

osit Amount _____

timated Balance _____

osit Date _____

AGENCY USE ONLY

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

In Progress _____ Open _____

Denied _____ Closed _____

Filled _____ Closed _____

Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 8/31/17

Ready Date 9/11/17

Total Pages 1095 1030

Records Provided

Final Cost

Total _____

Deposit _____

Balance Due \$3.20

Balance Paid \$3.20

pd

X Amy Stanley DATE _____

Tracey Nannone 9/11/17



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



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 Brandi MI L Last Name Hascak
Company Orange Coast Lender Services
Mailing Address 1000 Commerce Drive Suite 520
City Pittsburgh State PA Zip 15275 Email brandih@oclenderservices.com
Business Hours Telephone: Area Code [REDACTED] Number [REDACTED] Extension 6097
Preferred Delivery: Pick Up US Mail On Site Inspect email: X
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 Brandi L Hascak Date 9/5/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

**OPEN code violations: high grass/weeds, garbage/rubbish, structural issues none to date 9/5/17 omw
**OPEN permits: construction, electrical, building no open permits 9/5/17 BJR
ONLY NEED COPIES IF VIOLATIONS/PERMITS ARE OPEN
Property address: 4 Patterson Ave, Pennsville, NJ 08070 Block 4104 Lot 33

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 9/5/17
Ready Date 9/5/17
Total Pages

Final Cost

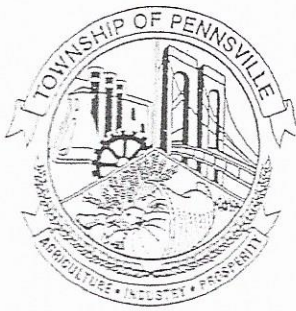
Total
Deposit
Balance Due
Balance Paid

Records Provided

E-MAILED
omw 9/6/17 8:19 am

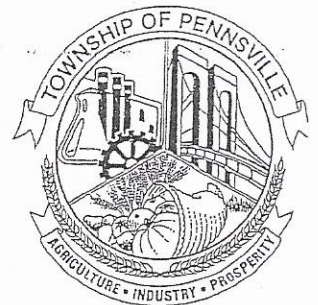
Custodian Signature

Date



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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 Deborah MI Last Name Hymer
Company
Mailing Address 542 S. Broadway Apt 1-10
City Pennsville State NJ Zip 08070 Email
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: ☒ Florida ☐ US Mail ☐ On Site Inspect ☐
Circle One: Under penalty of N.J.S.A. 2D: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 L Hymer Date 9/6/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

X Requested Reports
28 Charles Pl. PV
From Aug 1, 2017 to today.

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

Tracking Information: 9/5/17, 9/6/17, 14
Final Cost: .28 paid, .28
Records Provided: 14
Signature: Deborah L. Hymer 9/6/17
DATE: 9/6/17



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



Important Notice

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Requestor Information – Please Print

First Name Anastasia MI Last Name Trout
Company Pemco-limited
Mailing Address 4600 S Ulster st Ste 530
City Denver State CO Zip 80237 Email anastasia.trout@pemco-limited.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail X On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Anastasia Trout Date 9/8/2017

Payment Information

Maximum Authorization Cost \$ 0.00
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

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: 33 BCH ave

33 Beach Ave Block 1705 Lot 8 CMU

1. Are there any current open code violations or open permits? If so, no open permits 9/11/17
-Date of violation and fine amount? no open code violations CMU See attached from online tax must contact tax CMU office
2. Has this property been through Vacant property registration? If so,
- Date of registration? no required in Pennsville township at this time CMU
-Name of person/ company who registered the property? X
-Amount paid X
- Date of registration/ next due date X

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>91817</u>	Total <u> </u>
Rec'd Date <u>9/11/17</u>	Deposit <u> </u>
Ready Date <u>9/11/17</u>	Balance Due <u> </u>
Total Pages <u> </u>	Balance Paid <u> </u>

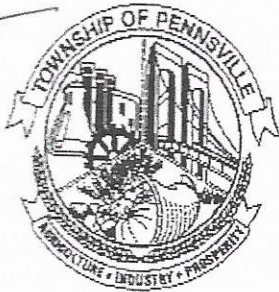
Records Provided

E-MAILED
9/11/17 @ 10:52am

Custodian Signature

Date

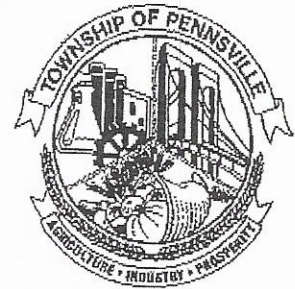
Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date	9-12-17	Deposit	
Ready Date	9/14/17	Balance Due	
Total Pages		Balance Paid	
Records Provided			
Custodian Signature		Date	



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



Important Notice

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

Requestor Information - Please Print

First Name Angela MI L Last Name Bellis

Company Fannie Mae c/o PEMCO-Limited

Mailing Address 4600 South Ulster Street, Suite 530

City Denver State CO Zip 80237 Email Angela.Bellis@PEMCO-Limited.com

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up US Mail ☒ On Site Inspect

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

Signature Angela Bellis Digitally signed by Angela Bellis
Date 09-18-17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: All pages \$0.02 per page

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

Extras: Extraordinary service fees dependent upon request.

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

PEMCO Limited represents Fannie Mae on the below referenced property to make sure the property are is compliance with your municipality regarding registration and code violations.
39 MAPLE AVE PENNSVILLE, NY 08070 Block 1501 Lot 64

We would like to know if there are any open code violations that need to be taken care of.

Thank you,

Angela Bellis

E-MAILED
9/18/17 @ 1:03 PM

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

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

In Progress Open

Denied Closed

Filed Closed

Partial Closed

Tracking Information

Tracking #

Rec'd Date 9/18/17

Ready Date 9/18/17

Total Pages

Final Cost

Total

Deposit

Balance Due

Balance Paid

Records Provided

no violations Const. Code
no open health, housing or zoning
code cmw

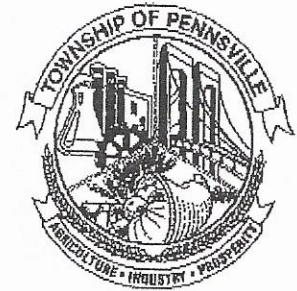
Custodian Signature Date 9/18/17



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



Important Notice

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

Requestor Information – Please Print

First Name Angela MI L Last Name Bellis
Company Fannie Mae c/o PEMCO-Limited
Mailing Address 4600 South Ulster Street, Suite 530
City Denver State CO Zip 80237 Email Angela.Bellis@PEMCO-Limited.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail X On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE HAVENOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Angela Bellis Digitally signed by Angela Bellis Date 09-18-17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

PEMCO Limited represents Fannie Mae on the below referenced property to make sure the property are in compliance with your municipality regarding registration and code violations.
60 MARYLAND AVE PENNSVILLE, NY 08070 Parcel ID 1804-12

9/18/17 - At this time, no code violations. no registration due at this time
We would like to know if there are any open code violations that need to be taken care of.

Thank you,

no construction violations - BSQ

Angela Bellis
Angela Bellis

AGENCY USE ONLY

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

AGENCY USE ONLY

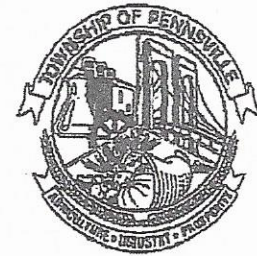
Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

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

AGENCY USE ONLY

Tracking Information
Tracking # Total
Rec'd Date 9/18/17 Deposit
Ready Date 9/18/17 Balance Due
Total Pages 0 Balance Paid
E-MAILED Records Provided
cmw 9/18/17 @ 10:56 am
no violations
Cynthia M. Wilson 9/18/17
Custodian Signature Date

FILED
**TOWNSHIP OF PENNSVILLE
RECORDS REQUEST FORM**

 90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089
**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	Emily		MI	M	Last Name	Popas	
Company	Orange Coast Lender Services						
Mailing Address	1000 Commerce Dr, Suite 520						
City	Pitts burgh	State	PA	Zip	15205	Email	emilyp@oclservices.com
Business Hours Telephone:	Area Code	Number	Extension				
Preferred Delivery:	Pick Up	US-Mail	On Site Inspect	2923			
Circle One: Under penalty of N.J.S.A. 2C:2B-3, I certify that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.							
Signature	[Signature]			Date	9-18-17		

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order
Fees:	All pages \$0.02 per page	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Extraordinary service fees dependent upon request.	

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

Hello I am requesting info on property 244 N River Dr., Pennsville, NJ, 08070 I would like to know if there are any open code violation or permits on this property - Please and thank you Emily
 B-1206 L-26

AGENCY USE ONLY

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

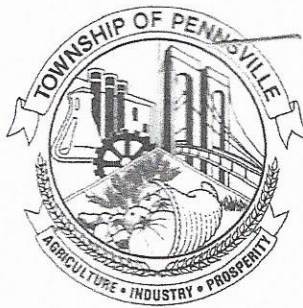
AGENCY USE ONLY
Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	91817	Total	_____
Rec'd Date	9/18/17	Deposit	_____
Ready Date	9/21/17	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided.			
no open housing, zoning, fire, or health code violations on 9/21/17			
no open permits b3p mailed 9/21/17 cmw 9/21/17			
Custodian Signature		Date	

 9/21/17 @ 11:
 HM - can't me
 out email ad
 2:08pm L

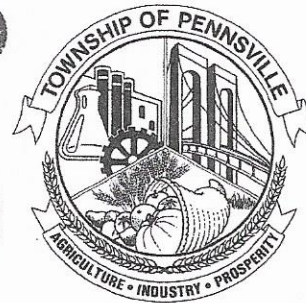


TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED

RECEIVED
9-27-17



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 Rebekah MI _____ Last Name Rosado

Company _____

Mailing Address 103 N. Railroad Ave.

City Pedricktown State NJ Zip 08067 Email r.rosado9482@gmail.com

Business Hours Telephone: Area Code _____ Number _____ Extension _____

Preferred Delivery: Pick Up ☒ US Mail _____ On Site Inspect _____

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

Signature Rebekah Rosado Date 27 September 2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: All pages \$0.02 per page

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

Extras: Extraordinary service fees dependent upon request.

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

I Rebekah Rosado the biological mother of Emilie March whom was transported to the Salem Memorial Hospital on June 24, 2017am requesting the EMS report. Emilie was transported to the hospital at approximately 2:30-2:55am.

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 9-27-17

Ready Date 10-2-17

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

X Rebekah Rosado



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



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 Anastasia MI Last Name Trout
Company Pemco-limited
Mailing Address 820 bear tavern Rd.
City West Trenton State NJ Zip 08070 Email anastasia.trout@pemco-limited.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Anastasia Trout Date 09/26/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

This OPRA request is in regards to property address: 34 Harding ave

Lot: ~~Block 144~~ Block 1707 Lot 31

Please provide the following information as soon as possible:

1. Copies of open permits no 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. TO date - none Housing, health, zoning, Fire Code CMW
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? NO ordinance at this time to register CMW
4. If property HAS NOT been registered please provide the proper registration instructions along with the registration fees.

AGENCY USE ONLY

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

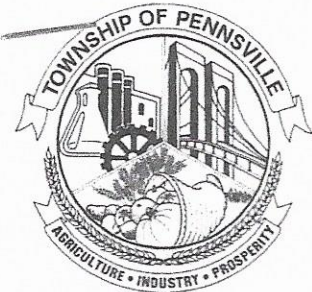
AGENCY USE ONLY

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>9/26/17</u>	Deposit	<u> </u>
Ready Date	<u>9/26/17</u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
E-MAILED <u>CMW 9/26/17 @ 11:46am</u>			
Custodian Signature <u> </u>		Date <u> </u>	



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



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 Anastasia MI Last Name Trout
Company Pemco-limited
Mailing Address 820 bear Tavern Rd
City West Trenton State NJ Zip 08628 Email anastasia.trout@pemco-limited.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE** **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Anastasia Trout Date 9/26/2017

Payment Information

Maximum Authorization Cost \$ 0.00
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

This OPRA request is in regards to property address: 42 Spruce St, Pennsville NJ 08070
Lot: 15 Block:2809

Please provide the following information as soon as possible:

1. Copies of open permits no 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. to date - none housing, health, zoning & fire code - CMW
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? no ordinance at this time to register - CMW
4. If property HAS NOT been registered please provide the proper registration instructions along with the registration fee

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>9/26/17</u>	Deposit	<u> </u>
Ready Date	<u>9/26/17</u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided
E-MAILED
CMW 9/26/17 @ 11:15am

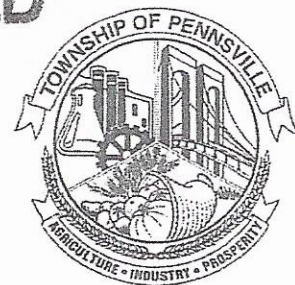
Custodian Signature Date



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



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 Andrew MI Last Name Dobson
Company Pemco-Limited
Mailing Address 4600 South Ulster Street, Ste 530
City Denver State CO Zip 80237 Email andrew.dobson@pemco-limited.com
Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up US Mail ☒ On Site Inspect

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

Signature [Signature] Date 09/22/2017

Payment Information

Maximum Authorization Cost \$ 0.00

Select Payment Method

Cash Check Money Order

Fees: All pages \$0.02
per page

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

Extras: Extraordinary service fees
dependent upon request.

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

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.

9/22/17 crew no open code violations
9/22/17 B2 & no open permits

Property Address:
9 Charles Place, Pennsville, NJ 08070
Block: 4106 Lot: 6

If it at all possible, could this be emailed to me at andrew.dobson@pemco-limited.com

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # Total
Rec'd Date 9/22/17 Deposit
Ready Date 9/22/17 Balance Due
Total Pages Balance Paid

Records Provided

mailed 9/22/17
Cynthia Wilson

Custodian Signature

Date

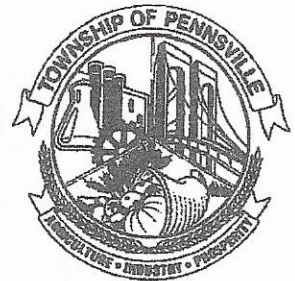


TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

RECEIVED
9/29/17

FILED



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 Cardace MI Last Name Quinn
Company AET Consultants
Mailing Address 30 Montgomery St Suite 220
City Jersey City State NJ Zip 07302 Email cquinn@aetconsultants.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/29/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

Please see attached letter in regards to
343 N Broadway Pennsville, NJ 08070
B 301 L 16.01
Prior: 78 Prior: 25

Tax Assessor
Cindy ✓
Bev ✓
Joe
Larry ✓

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 9-29-17
Ready Date 10/12/17
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

[Signature] 10/12/17
Custodian Signature Date

pvclerk pvclerk

From: Kate Baker <k.zielsdorf18@gmail.com>
Sent: Thursday, September 21, 2017 2:52 PM
To: pvclerk pvclerk
Subject: OPRA

Dear Municipal Clerk,

Pursuant to the provisions of the New Jersey Open Public Records Act ("OPRA"), I am requesting copies of the following documents for the timeframe January 1, 2014 – September 20, 2017:

1. All Complaints (lawsuits) filed against the municipality by attorney, Jacqueline M. Vigilante, Esq., 99 N. Main Street, Mullica Hill, NJ 08062.
2. All Settlement Agreements or Memorandum of Understanding relating to a municipal employee wherein Jacqueline M. Vigilante, Esq. represented the employee of the municipality.
3. All correspondence from Jacqueline M. Vigilante, Esq. wherein she advised of her attorney representation of an employee of the municipality.
4. All claims or correspondence by Jacqueline M. Vigilante, Esq. for attorney fees to be paid the municipality.
5. All payments made to Jacqueline M. Vigilante, Esq. from the municipality, the municipality's Joint Insurance Fund or insurance carrier.

I am requesting the documents and information be provided in electronic format. If there is any costs for reproduction, please immediately advise.

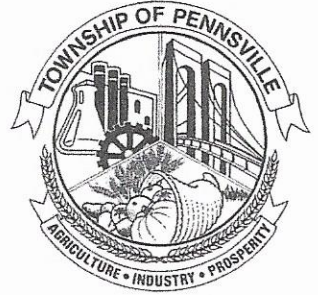
Thank you for your assistance. If you have any questions, please contact me at k.zielsdorf18@gmail.com.

Kate Zielsdorf



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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 Scott MI H Last Name HUTTON
Company Pins Agency
Mailing Address 457 Fort Mott Road
City Pennsville State NJ Zip 08070 Email HUTTON TEAM
Business Hours Telephone: Area Code [REDACTED] Number [REDACTED] Extension [REDACTED]
Preferred Delivery: Pick Up ☒ US Mail ☐ On Site Inspect ☐
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/22/17

Payment Information

Maximum Authorization Cost \$ 5.00
Select Payment Method
Cash ☐ Check ☒ Money Order ☐
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

Looking for Construction; Leins, Fines, Citations
For 370 S. Hook Road. Pennsville NJ. 08070 Block 4401 Lot 3
Looking for open or pending issues

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 9/25/17
Ready Date 7/25/17
Total Pages _____

Final Cost

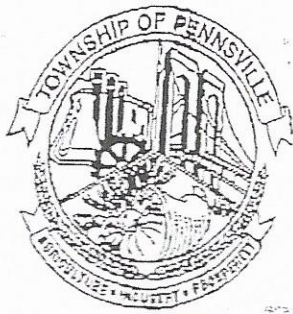
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

No open or pending issues for housing, health, zoning or fire code
nothing for Building Dept
Called 9/25/17 @ 9:26 AM - Hiki

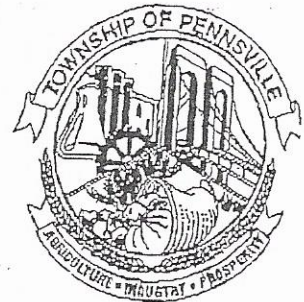
Custodian Signature _____

Date _____



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



Important Notice

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

Requestor Information - Please Print

First Name Christopher MI A Last Name Collins
Company _____
Mailing Address 211 Paulsen Drive
City Magnolia State NJ Zip 08049 Email cacchone24@hotmail.com
Business Hours Telephone: Area Code _____ Number _____ Extension _____
Preferred Delivery: Pick Up ☒ US Mail _____ On Site Inspection _____
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 Christopher Collins Date 9/27/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

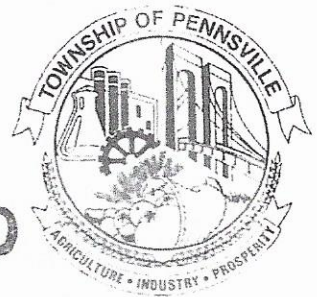
I need copies of any arrest records and police reports pertaining to Ashley Szymboriski and my children going back to 2014.

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
st. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information		Final Cost
st. Delivery Cost	_____		Tracking #	Total	_____
st. Extras Cost	_____		Rec'd Date	Deposited	_____
st. Est. Cost	_____		Ready Date	Balance Due	<u>\$36</u>
st. Post. Amount	_____		Total Pages	Balance Paid	<u>\$36</u>
st. Initial Balance	_____		Records Provided	<u>paid</u>	
st. Call Date	_____	In Progress _____ Open _____ Denied _____ Closed _____	<u>XCCL Collins</u> <u>10/10/17</u> <u>Stacy Wainwright</u> <u>10/10/17</u>		



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



FILED

Important Notice

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

Requestor Information - Please Print

First Name Nicole MI Last Name Hannon
Company Caliber Home Loans
Mailing Address 3101 Emrick Blvd Suite 113
City Berlinton State PA Zip 18020 Email NIKKI.HANNON@CALIBERHOMELANS.COM
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up (if needed) US Mail On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/27/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

Type of variance: Has a variance been granted in the past for rebuilding a Non-conforming (grandfathered) structure?

Please search 2006-2017

9/28/17 @ 7:46am email - what does applicant want from file?

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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>91271173</u>	Total <u>88¢</u>
Rec'd Date	<u>9/27/17</u>	Deposit <u> </u>
Ready Date	<u>9/27/17</u>	Balance Due <u> </u>
Total Pages	<u>44 pages</u>	Balance Paid <u>88¢</u>
Records Provided		
Released copies to Dave Wright per Nicole Hannon 9/28/17 CMW		
<u>[Signature]</u>		

To: pvtaxofc pvtaxofc <pvtaxofc@pvtwp.com>

Subject: Pennsville township Building Permits - Public Records Request

Dear New Jersey,

NJ.8070.10663

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.

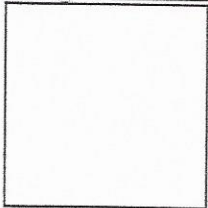
Thank you very much for your time.

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





TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



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 Joseph MI Last Name MAOAR
Company N/A
Mailing Address 3604 New York Ave Apt. C-5
City Union City State N.J. Zip 07087 Email
~~Home~~ Business Hours Telephone: Area Code Number Extension N/A
Preferred Delivery: Pick Up ☒ US Mail ☐ On Site Inspect ☒
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Joseph Maoar Date 9/27/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Pages 1- 50 @ \$0.02
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

2 Applications for 104+106 Delaware Drive 3426-1
3426-2

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 9/28/17
Ready Date 9/28/17
Total Pages 0

Final Cost

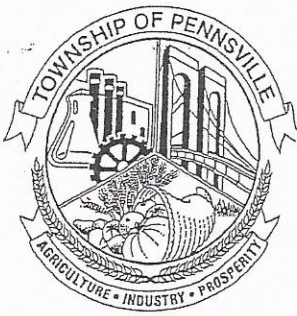
Total
Deposit
Balance Due
Balance Paid

Records Provided

Just looked at application and took information

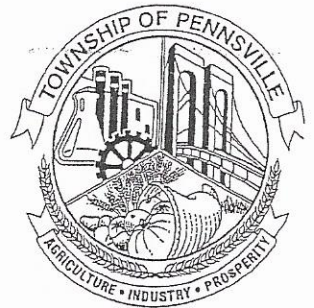
Cynthia M. Wilson
Custodian Signature

9/28/17
Date



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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 Kathleen MI J Last Name Boyle
Company _____
Mailing Address 53 Jackson Rd. PO Box 29
City Deepwater State NJ Zip 08043 Email _____
Business Hours Telephone: Area Code Number Extension _____
Preferred Delivery: Pick Up ☒ US Mail _____ On Site Inspect _____
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Kathleen Boyle Date 9/22/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

James Boyle
shoplifting 6/17/17

AGENCY USE ONLY

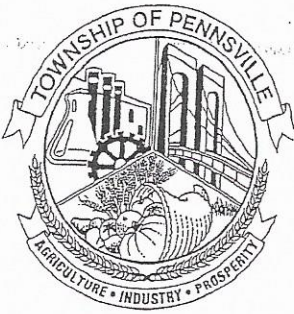
AGENCY USE ONLY

AGENCY USE ONLY

Disposition Notes		Tracking Information		Final Cost	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.		Tracking #	Total		
		Rec'd Date <u>9/22/17</u>	Deposit		
		Ready Date <u>9/22/17</u>	Balance Due		
		Total Pages	Balance Paid		
		Records Provided			
		<u>Kathleen J. Boyle</u> DATE <u>9/22/18</u>			
		<u>Barbara W. Winkler</u>			

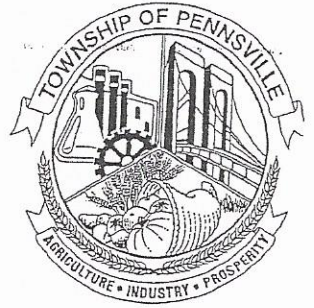
Disposition Notes	
In Progress	Open
Denied	Closed
Filled	Closed

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



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



Important Notice

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Requestor Information – Please Print

☒ First Name JATINDER MI MI ☒ Last Name KAUR

Company MI

☒ Mailing Address 85 EATON ROAD

☒ City PENNSVILLE ☒ State NJ ☒ Zip 08070 ☒ Email MI

Business Hours Telephone: Area Code MI Number MI Extension MI

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

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

☒ Signature Jatinder Kaur Date MI

Payment Information

Maximum Authorization Cost \$ MI

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: All pages \$0.02 per page

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

Extras: Extraordinary service fees dependent upon request.

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

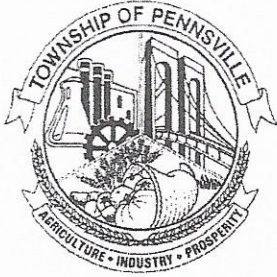
Copy of Report
Mandeep Singh
Lost Wallet 9/11/17

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

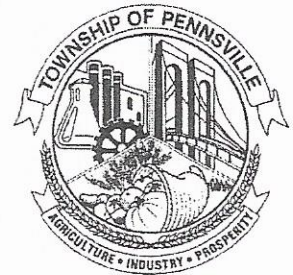
Est. Document Cost	Disposition Notes	Tracking Information	Final Cost
<u>MI</u>	Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking # <u>MI</u>	Total <u>MI</u>
Est. Delivery Cost <u>MI</u>		Rec'd Date <u>MI</u>	Deposit <u>MI</u>
Est. Extras Cost <u>MI</u>		Ready Date <u>MI</u>	Balance Due <u>MI</u>
otal Est. Cost <u>MI</u>		Total Pages <u>MI</u>	Balance Paid <u>MI</u>
eposit Amount <u>MI</u>		Records Provided <u>MI</u>	
estimated Balance <u>MI</u>		☒ Signature <u>Jatinder Kaur</u>	DATE <u>MI</u>
eposit Date <u>MI</u>	In Progress ☐ Open ☐	<u>Stacy Woinovich 9/12/17</u>	
	Denied ☐ Closed ☐		
	Filled ☐ Closed ☐		



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



Important Notice

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Requestor Information – Please Print

First Name STEPHEN MI J Last Name KOERPER
Company ABS, INC.
Mailing Address 222 S. EATSON ROAD STE# 209
City GLENSIDE State PA Zip 19038 Email sjkoerper@aol.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up ☒ US Mail ☐ On Site Inspect ☐
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Stephen Koerper Date 10-4-17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

I WOULD LIKE TO VIEW THE COMPLETE PROPERTY FILE FOR THE McDONALD'S LOCATED AT 417 N. BROADWAY. I WOULD ALSO LIKE A COPY OF THE BUSINESS/MERCANTILE LICENSE THAT WAS IN EFFECT IN OCTOBER 2015. I AM TRYING TO DETERMINE IF THERE IS / WAS A FRANCHISE OWNER/OPERATOR IN OCTOBER 2015. THANK YOU -

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

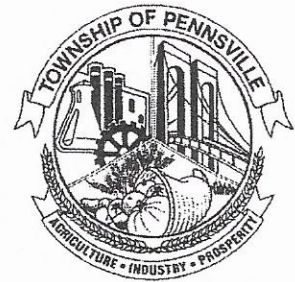
Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u>10-4-17</u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
<u>10-5-17</u>		Rescinded by	
<u>[Signature]</u>		Requester via	
Custodian Signature		Phone <u> </u>	
		Date <u>10/5/17</u>	



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



Important Notice

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Requestor Information – Please Print

First Name	STEPHEN	MI	J	Last Name	KOERPER
Company	AES, INC.				
Mailing Address	222 S. EATSON ROAD STE# 209				
City	GLENSIDE	State	PA	Zip	19038
				Email	sjkoerper@aol.com
Business Hours Telephone:	Area Code		Number		Extension
Preferred Delivery:	Pick Up	☒	US Mail		On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Stephen Koerper			Date	10-4-17

Payment Information

Maximum Authorization Cost	\$				
Select Payment Method					
Cash	☐	Check	☐	Money Order	☐
Fees:	All pages \$0.02 per page				
Delivery:	Delivery / postage fees additional depending upon delivery type.				
Extras:	Extraordinary service fees dependent upon request.				

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

I WOULD LIKE TO VIEW THE COMPLETE PROBENY FILE FOR THE McDONALD'S LOCATED AT 417 N. BROADWAY. I WOULD ALSO LIKE A COPY OF THE BUSINESS/MERCANTILE LICENSE THAT WAS IN EFFECT IN OCTOBER 2015. I AM TRYING TO DETERMINE IF THERE IS / WAS A FRANCHISE OWNER/OPERATOR IN OCTOBER 2015. THANK YOU -

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Spoke to Stephen 10/4/17 @ 2pm			
Gave him info from fire code registration 0271. (verbally)			
Fax - 215-887-9198 10/5/17			
Cynthia M. Wilson		10/5/17	
Custodian Signature		Date	



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

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Important Notice

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Requestor Information – Please Print

First Name LINDA MI Last Name BUFFINGTON

Company CURREN ENVIRONMENTAL INC

Mailing Address 10 Penn Ave

City Cherry Hill State NJ Zip 08003 Email LINDA@CURRENENVIRONMENTAL.COM

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up US Mail ✓ On Site Inspect or e-mail

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 Linda Buffington Date 10/3/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: All pages \$0.02 per page

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

Extras: Extraordinary service fees dependent upon request.

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

BLOCK 2906 LOT 1
67 Fifth St.
Pennsville NJ 08070

Any permits for installation or removal of oil tanks
Any permit for conversions to gas.

AGENCY-USE ONLY

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

AGENCY-USE ONLY

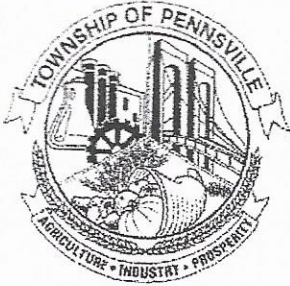
Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

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>10/3/17</u>	Deposit	<u> </u>
Ready Date	<u>10/4/17</u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

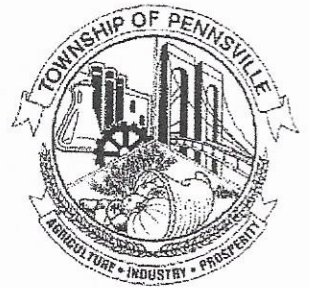
Records Provided
permit 20170381 gas water & gas piping
emailed 10/4/17
Dev Quann 10/3/17
Custodian Signature Date



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



Important Notice

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Requestor Information - Please Print

First Name MARK MI Last Name SMITH
Company DRN Definite Solutions LLC
Mailing Address 3240 East State Street
City HAMILTON State NJ Zip 08619 Email taxteam@drnds.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail On Site Inspect Email: ☒
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 Mark Smith Date 10/04/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request

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

Hello

Please provide information on code violation and permit on the following address listed below: If there is any open cases or permit.

ADDRESS : 10 Fenwick Ave, PENNSVILLE, NJ, 08070

NAME : HALL-CUBBAGE, KRISTINA

Thanks & Regards

Mark Smith

10/4/17- no housing, fire, zoning or health code violation CRWU

10/4/17- no open permits BJE

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>0</u>
Rec'd Date	<u>10/4/17</u>	Deposit	<u> </u>
Ready Date	<u>10/4/17</u>	Balance Due	<u>0</u>
Total Pages	<u>0</u>	Balance Paid	<u> </u>

Records Provided

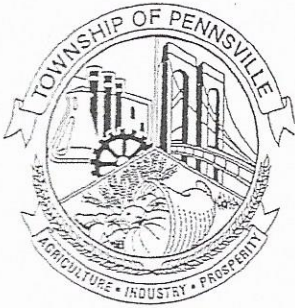
E-MAILED
10/5/17 @ 9 am omu

Custodian Signature

Date

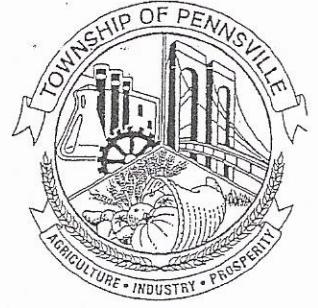
10/4/17

10/3/17
Records Provided
* Did Not Sign. Grabbed
Paperwork / yelled & left building.
DATE
Stacy Wainwright 10/3/17



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



Important Notice

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Requestor Information - Please Print

First Name Dolores MI A Last Name Willis

Company _____

Mailing Address 246 B Street

City Carnays Pt State NJ Zip 08069 Email Dolores.Willis@mcclanet.com

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up US Mail On Site Inspect

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

Signature Dolores Willis Date 10/3/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash Check Money Order

Fees: All pages \$0.02 per page

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

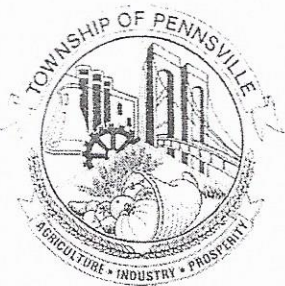
Extras: Extraordinary service fees dependent upon request.

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

Any and All video PV-2017-07026

* Video - Home Parking lot
* Taped Interviews

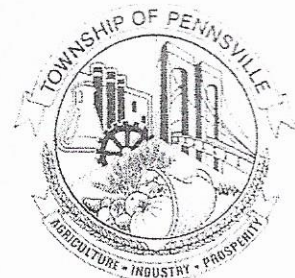
AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information		Final Cost
Est. Delivery Cost	_____		Tracking #	Total	_____
Est. Extras Cost	_____		Rec'd Date	Deposit	_____
Est. Est. Cost	_____		Ready Date	Balance Due	<u>9.00</u>
Deposit Amount	_____		Total Pages	Balance Paid	<u>9.00</u>
Estimated Balance	_____		Records Provided	<u>pd</u>	
Deposit Date	_____	In-Progress <u> </u> Open <u> </u>		DATE	
	_____	Denied <u> </u> Closed <u> </u>		<u>10/9/17</u>	
	_____	Filled <u> </u> Closed <u> </u>		NAME	
	_____	Partial <u> </u> Closed <u> </u>		<u>Tracy Warrick</u>	



**TOWNSHIP OF PENNSVILLE
RECORDS REQUEST FORM**

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



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 Khan MI E Last Name Sepulveda
Company Sepulveda Inc. (Private Investigator)
Mailing Address PO Box 156
City Mt. Holly State NJ Zip 08070 Email pi.sepulveda@yahoo.com
Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]
Preferred Delivery: Email Pick Up US Mail On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10/7/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

Copy of work permits on a roofing job at 174 Highland Ave, Pennsville, NJ 08070. I am investigating an accident that resulted in a fatality on 7/13/17 at the aforementioned location. The roofer's name (the victim in this accident) was Jerome B. Dean, age 54, DOB 10/3/62.

AGENCY USE ONLY

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

Deposit Date

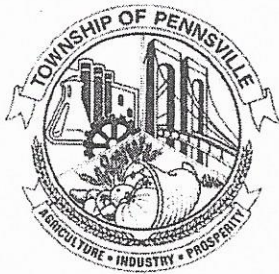
AGENCY USE ONLY

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

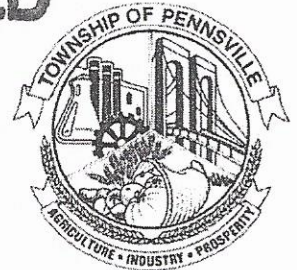
Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u>10/10/17</u>	Deposit	<u> </u>
Ready Date	<u>10/11/17</u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
<u>Scanned & emailed 10/11/17</u>			
<u>Permit 2470 379</u>			
<u>[Signature]</u>		<u>10/11/17</u>	
Custodian Signature		Date	



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



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	<u>RICHARD</u>	MI		Last Name	<u>SCHNEIDER</u>	
Company	<u>RJS ENVIRONMENTAL</u>					
Mailing Address	<u>15 OAKWOOD DRIVE</u>					
City	<u>MEDFORD</u>	State	<u>NJ</u>	Zip	<u>08055</u>	
Email	<u>RICH@RJSENV.COM</u>					
Business Hours Telephone:	Area Code		Number		Extension	
Preferred Delivery:	Pick Up		US Mail		On Site Inspect <u>X</u>	
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.						
Signature	<u>[Signature]</u>				Date	<u>10/5/2017</u>

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order
Fees:	All pages \$0.02 per page	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Extraordinary service fees dependent upon request.	

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

I WOULD LIKE TO REVIEW ANY PROPERTY RECORD CARD FILES MAINTAINED BY THE TAX ASSESSOR'S OFFICE AND ANY CONSTRUCTION PERMIT FILES MAINTAINED BY THAT OFFICE FOR THE FOLLOWING PROPERTY:
COMMERCIAL BUILDING
BLOCK 1504, LOT 1
182 NORTH BROADWAY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

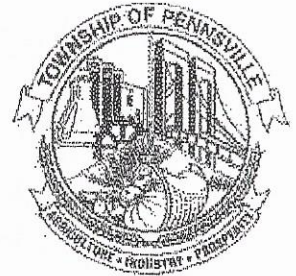
Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date	<u>10/5/17</u>	Deposit	
Ready Date	<u>10/5/17</u>	Balance Due	
Total Pages		Balance Paid	
Records Provided			
<u>All permits for 0-1504-L-1 to review in office reviewed in office 10/11/17</u>			
<u>[Signature]</u>		<u>10/5/17</u>	
Custodian Signature		Date	



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



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	Ryan	MI	R	Last Name	Carnall
Company	Metro Commercial Management Services				
Mailing Address	307 Fellowship Road Suite 300				
City	Mt Laurel	State	NJ	Zip	08054
Email	rcarnall@metrocommercial.com				
Business Hours Telephone:	Area Code		Number		Extension
Preferred Delivery:	Pick Up		US Mail	X	or email/fax
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature					Date
				Oct 13 2017	

Payment Information

Maximum Authorization Cost	\$	20.00
Select Payment Method		
Cash	Check	X Money Order
Fees:	All pages \$0.02 per page	
Delivery:	Delivery/postage fees additional depending upon delivery type.	
Extras:	Extraordinary service fees dependent upon request.	

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

I would like a copy of the Verizon permit for installing electrical/cell equipment at the property we manage, Pennsville Shopping Center, 251 North Broadway. Please either email or fax to 856 866 1611 if you can. Thanks,

B L
1206 51

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
Fitted - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking #		Total
Rec'd Date	10/13/17	Deposit
Ready Date	10/16/17	Balance Due
Total Pages		Balance Paid
Records Provided		
Permit 20160431		
Scanned & emailed		
10/16/17		
Ben Mann		
Custodian Signature	Date	
	10/13/17	

FILED

pvfirecode

From: Nick Sowa <Nick.Sowa@pemco-limited.com>
Sent: Friday, October 06, 2017 4:23 PM
To: pvfirecode@pvtwp.com
Subject: 1015 SOUTH BROADWAY - Vacant Property Information Request

Good afternoon Ms. Wilson,

My name is Nick Sowa and I manage Fannie Mae (FNMA – Federal National Mortgage Association) properties.

Can you please assist with documentation or verification regarding current OPEN code violations or open permits pertaining to the property mentioned below?

In July 2017, you verified that Pennsville Township did not have a current Vacant Property Registration or process. Is that information still accurate?

1015 SOUTH BROADWAY 5601-08
PENNSVILLE, NJ 08070

Please call or email me with any questions. I appreciate your assistance.

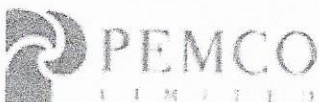
Thank you,

E-MAILED
10/10/17 @ 7:57am
cmw

Nick Sowa

Property Specialist

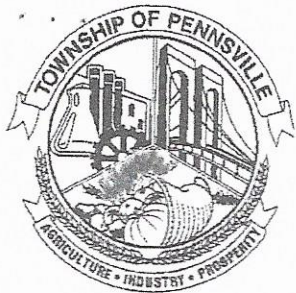
Government & Financial Institutional
Services (GFIS)



[REDACTED]
Nick.Sowa@PEMCO-Limited.com
PEMCO-Limited.com
4600 South Ulster Street, Suite 530
Denver, CO 80237



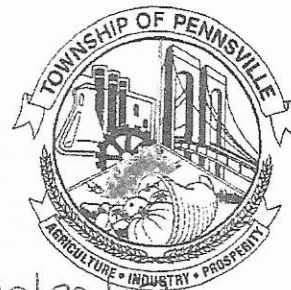
The contents of this e-mail message and any attachments are confidential and may be legally privileged. This transmission is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this transmission in error, any use, reproduction or dissemination of this transmission is strictly prohibited. If you are not the intended recipient, please immediately notify the sender by reply e-mail or phone and delete this message and its attachments.



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

RECEIVED
10-19-2017



7 days = 10/30/17

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 Charles MI E Last Name Waldron
Company _____
Mailing Address 3131 Princeton Pike, Bldg 30, Ste 200
City Lawrenceville State NJ Zip 08648 Email Cwaldron@mgslaw.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____ Email X
Circle One: Under penalty of N.J.S.A. 2C:26-3, 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 Charles E Waldron Date 10-18-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

Any documents reflecting the purchase price of retail
Alcoholic Beverage Licenses within the last 6 years.
Also the types of retail licenses issued within the
last 6 years

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Records Provided

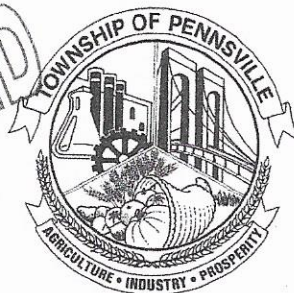


TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

Fax: 856-678-9428

RECEIVED
11/10/23



Important Notice

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

Requestor Information – Please Print

First Name Larry MI Last Name Higgins
Company OPRA@NJPropertyRecords.com
Mailing Address 174 Lamington Rd, P.O. Box 180
City Oldwick State NJ Zip 08858 Email OPRA@NJPropertyRecords.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

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

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

Date

pvclerk pvclerk

From: Larry Higgins <opra@njpropertyrecords.com>
Sent: Saturday, October 21, 2017 12:15 PM
To: Deneen Parkinson; pvclerk pvclerk
Subject: OPRA Request (1709.SALEM_PENNSVILLE TWP)
Attachments: 1709.SALEM_PENNSVILLE TWP.pdf

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

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

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

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

Requested Information:

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

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

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

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

2.b) The date the zoning map(s) was last modified/updated. *August 17, 2018*

2.c) The approximate date to check back for newer/updated zoning map(s). **Note:** If there's currently no plans on updating the map(s) anytime soon, please mention that to us. *After August 2018
No pending updates*

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

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

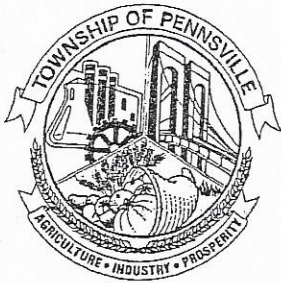
If you have any questions, please email OPRA@NJPropertyRecords.com –

PHONE CALLS WILL NOT BE ACCEPTED

Thanks,

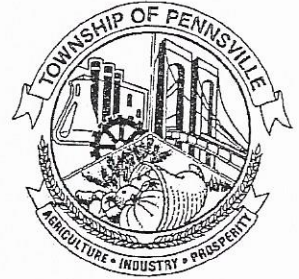
Larry Higgins

OPRA@NJPropertyRecords.com



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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 Lakeisha MI J Last Name Zinamon
Company Claims management Resources
Mailing Address 726 west Sheridan Avenue
City Oklahoma State OK Zip 7302 Email kinamon@cmrclaims.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail X On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature L. Zinamon Date 10/27/2017

Payment Information

Maximum Authorization Cost \$ 5
Select Payment Method
Cash Check X Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

I am searching for an incident/accident report involving Verizon's pole damaged in a MVA at 170 Annapolis Rd off Rivera Dr on or before 07/22/2016.
- checked both Annapolis + Riviera
No Report Found from 6/1/14 to 7/22/16

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.

- Spoke w/
Lakeisha Zinamon
on 11/1/17. Advised
her of findings.

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>11/1/17</u>	Deposit	<u> </u>
Ready Date	<u>11/2/17</u>	Balance Due	<u> </u>
Total Pages	<u>0</u>	Balance Paid	<u> </u>

Records Provided

Custodian Signature Stacy Robinson Date 11/1/17

RECEIVED
10/26/17

pvclerk pvclerk

From: cblanding@smartprocure.us
Sent: Thursday, October 26, 2017 7:54 AM
To: pvclerk pvclerk
Subject: SmartProcure OPRA Request Township of Pennsville For PO/Vendor Information
Attachments: Preprogrammed Software Reports by Manufacturer.pdf

Follow Up Flag: Follow up
Due By: Thursday, November 02, 2017 9:00 AM
Flag Status: Flagged

FILED

Dear Angela or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Township of Pennsville for purchasing records from 2017-07-21 (yyyy-mm-dd) to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

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

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

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

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

If you have any questions, please feel free to respond to this email or I can be reached at 954-637-0742.

Regards,

Curtis Blanding
Data Acquisition Specialist
SmartProcure

[REDACTED] | Support: 888-988-6348
Email: cblanding@smartprocure.us | www.smartprocure.us



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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	ALEXANDRIA	MI		Last Name	ESTRELLA		
Company	SKYLINE LIEN SEARCH, INC						
Mailing Address	8785 SW 165 AVE, STE 301						
City	MIAMI	State	FLORIDA	Zip	33193	Email	ALEXANDRIA@SKYLINELIEN.COM
Business Hours Telephone:	Area Code		Number		Extension		
Preferred Delivery:	Pick Up		US Mail		EMAIL		On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.							
Signature	Alexandria Estrella			Date	11/17/2017		

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order
Fees:	All pages \$0.02 per page	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Extraordinary service fees dependent upon request.	

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

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

1 S BROADWAY (BLOCK 2802, LOT 15)

no code violations for Housing, health, zoning, crime 11/22/17

no open or expired permits 11/22/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

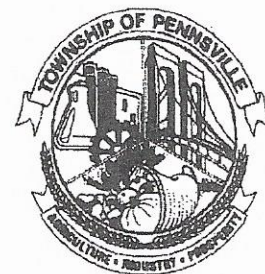
AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date	11/22/17	Deposit	
Ready Date	11/23/17	Balance Due	
Total Pages		Balance Paid	
Records Provided			
nothing			
Cynthia M. Wilson		11/22/17	
Custodian Signature		Date	



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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 Jon MI MI Last Name Timpanaro
Company Fortune Title Agency, Inc
Mailing Address 39 Woodland Road
City Roseland State NJ Zip 07068 Email jon@fortunetitle.com
Business Hours Telephone: Area Code [REDACTED] Number [REDACTED] Extension [REDACTED]
Preferred Delivery: Pick Up US Mail ☒ On Site Inspect On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11/8/2017

Payment Information

Maximum Authorization Cost \$ 20

Select Payment Method

Cash Check ☒ Money Order

Fees: All pages \$0.02 per page

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

Extras: Extraordinary service fees dependent upon request.

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

Minor Subdivision approval of the premises described herein was granted by the Pennsville Township Planning Board at its December 13, 2004 regular meeting and memorialized on December 13, 2004, in Resolution 04-50.

2401-21422

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

In Progress - Open
Denied - Closed
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 11/8/17
Ready Date 11/18/17
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

E-MAILED
11/8/17 @ 2:39p

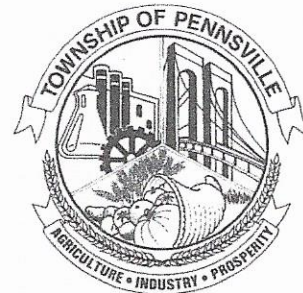
Cynthia M. Wilson
Custodian Signature

11/8/17
Date



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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 Peter MI Last Name Bennett
Company String Information Service
Mailing Address 8201 Greensboro Drive, Suite #606
City McLean State VA Zip 22102 Email taxcerts@stringinformation.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail On Site Inspect Email ☒
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Peter Bennett Date 11/8/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

Requesting is there any

-Open/ Expired permits

-Open/Pending Code compliance

-Zoning violation for the property located at

* 92 Riviera Drive Pennsville, NJ 08070

Please Mention if there is any outstanding fee for Permit/violation or compliance.

no open or expired permits
none onw 11/8/17
none onw 11/8/17
3419-08

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Final Cost

Tracking # Total
Rec'd Date 11/08/17 Deposit
Ready Date 11/08/17 Balance Due
Total Pages Balance Paid

Records Provided

E-MAILED
11/9/17 @ 8:45a

Cynthia M. Wilson
Custodian Signature

11/8/17
Date



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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 Philip MI Last Name Joel
Company SLK Global Solution
Mailing Address 2727 LBJ Fwy Ste 420
City Dallas State TX Zip 75234 Email paul.raj@slkgroup.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail On Site Inspect Email ☒
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 Philip Date 11/15/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

Please advise if there are any Code Violations/Citations and/or Monies due and or any Open, Pending or Expired Permits, impact fees for the property listed below.

File #: 621584

Name: DALE SIMPKINS

Add: 24 LAKEVIEW AVE Pennsville, NJ 08070

Parcel: Block: 1708 Lot: 32

E-MAILED
11/17/17 Cmw

11/16/17- no housing, health, zoning open violations Cmw

11/17/17- no open or expired permits BPO

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 11/16/17
Ready Date 11/17/17
Total Pages 0

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Cynthia M. Wilson
Custodian Signature

Date



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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 Jennifer MI Last Name Roy
Company SLKGA
Mailing Address 2727 LBJ Freeway, suite 420
City Dallas State Tx Zip 75234 Email cls@slkgroup.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail On Site Inspect FAX : 888-908-3471
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Jennifer Date 11/15/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

Please check and advise for the below address:

1. Liens & Special assessments — TAX collector Dept to determine
2. Code Violations — No Housing, health, zoning violations cmmw 11/16/17
3. Open/Expired Building Permits no open or expired permits 11/17/17

File # : 621592
Parcel : Block 2004. Lot 38.
Add : 85 LOCUST AVE Pennsville NJ 08070

E-MAILED
11/17/17 cmmw

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 11/16/17
Ready Date 11/17/17
Total Pages

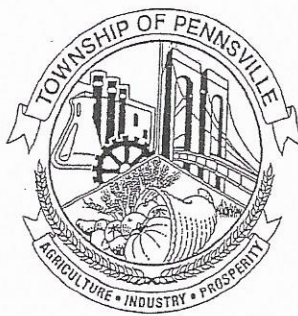
Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Cynthia Nelson
Custodian Signature

Date



1st msg
**TOWNSHIP OF PENNSVILLE
RECORDS REQUEST**

90 North Broadway
Pennsville, NJ 08071
Phone: 856-678-3085

*called
11/21/17
mailed letter
11/21/17*

*I CHECKED w/ BILL BRENNAN
AND SHE IS NOT ENTERED
TO THE BELOW REQUEST.
THERE WERE NO CHARGES
AND THEY ARE INVESTIGATIVE
DOCUMENTS. ANY QUESTIONS
LET ME KNOW OR YOU CAN
HAVE HER CALL ME.*

THANKS, STEVE

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: All pages \$0.02
per page

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

Extras: Extraordinary service fees
dependent upon request.

Important Notice
The reverse side of this form contains important information related to your request.

Requestor Information - Please Print

First Name Sarah MI MI Last Name Perch

Company

Mailing Address 2 Georgetown rd

City Carneys Point State NJ Zip 08069 Email spercheski@icloud.com

Business Hours Telephone: Area Code Number Extension

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

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

Signature [Signature] Date 11/16/17

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

*1) Recorded interview of Victoria Venuto dob 12-26-10 on
Feb. 12, 2014*

2) Recorded interview of Jeffrey Venuto on Feb. 14, 2014

3) Recorded polygraph exam of Jeffrey Venuto on Feb. 24, 2014

CASE # 2014-02194

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

st. Document Cost
st. Delivery Cost
t. Extras Cost
tal Est. Cost
osit Amount
imated Balance
osit Date

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

*No charges &
They are investigative
documents
As per SCPO - W. Brennan*

In-Progress ☐ Open ☐
Denied ☒ Closed ☐
Filled ☐ Closed ☐

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

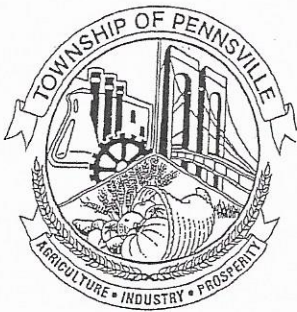
Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

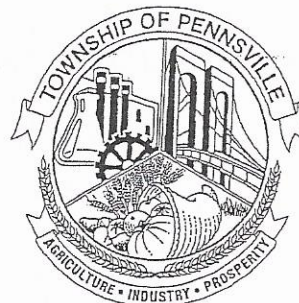
DATE

Steve Wainwright 11/21/17



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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 Alice V Jo MI V Last Name Johnson
Company _____
Mailing Address 45 Church St
City Penns Grove State NJ Zip 08069 Email _____
Business Hours Telephone: Area Code _____ Number _____ Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any
ndictable offense under the laws of New Jersey, any other state, or the United States.
Signature Alice V Johnson Date 11-16-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: All pages \$0.02
per page
Delivery: Delivery / postage fees
additional depending upon
delivery type.
Extras: Extraordinary service fees
dependent upon request.

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

Requesting copy of arrest records for Anthony J Roserio
showing date of arrest, incarceration and hold
from Texas.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 11/16/17
Ready Date 11/16/17
Total Pages _____

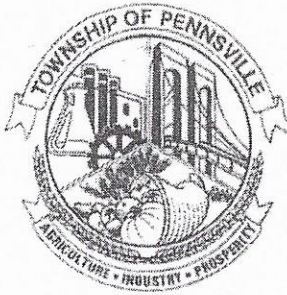
Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid N/A

Records Provided

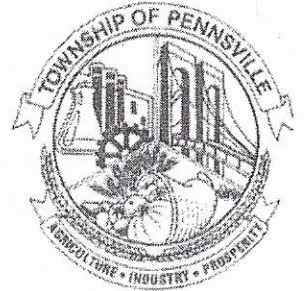
Alice V Johnson 11-16-17
DATE

Sherry Naimonick 11/16/17
DATE



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089



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	Marlyn	MI		Last Name	Roman
Company	Vanguard Realty Group Inc.				
Mailing Address	923 Haddonfield Rd Suite 300				
City	Pennsville	State	NJ	Zip	08070
Email	hispanic2976@yahoo.com				
Business Hours Telephone:	Area Code		Number		Extension
Preferred Delivery:	Pick Up		US Mail	x	On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Marlyn Roman			Date	11-19-2017

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order
Fees:	All pages \$0.02 per page	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Extraordinary service fees dependent upon request.	

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

Please provide all documents that shows any liens and violations for 11 Jasmine Place Pennsville NJ 08070.
B-3622L-7

no violations from construction Code 11/27/17
no housing, zoning, Fire, health violations. Liens will be answered by tax collector CMW 11/27/17

AGENCY USE ONLY

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

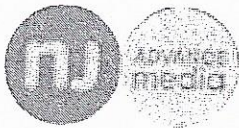
AGENCY USE ONLY

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

In Progress	Open
Denied	Closed
Filed	Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date	11/27/17	Deposit	
Ready Date	11/27/17	Balance Due	
Total Pages	0	Balance Paid	
Records Provided			
Cynthia m. wilson		11/27/17	
E-MAILED			
11/27/17 @ 1:00pm			



PROVIDING SERVICES FOR
NJ ^{COMM} Star-Ledger

* finalized 11/20/17
CRAIG MCCARTHY, REPORTER

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.

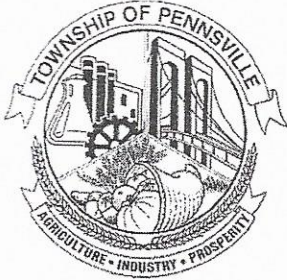
Under penalty of N.J.S.A. 2C:283, I certify that I have not been convicted of any indictable offense under the laws of New Jersey, or any other state, or in the United States.

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.

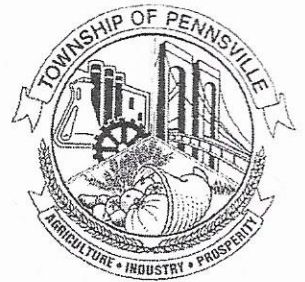
Thank you for your assistance.
CRAIG MCCARTHY



TOWNSHIP OF PENNSVILLE RECORDS REQUEST FORM

90 North Broadway
Pennsville, NJ 08070
Phone: 856-678-3089

FILED



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 RYAN MI K Last Name SEIBER
Company CALMAR ASSOCIATES LLC
Mailing Address 1415 13TH AVE.
City DOROTHY State NT Zip 08317 Email CALMARASSOCIATES@AOL.COM
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up X US Mail On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature PK Seiber Date 08-15-2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: All pages \$0.02 per page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

SITE: 685 S. BROADWAY [BLK 4603, Lot 2]

TANK Removal PERMITS, INSPECTIONS, REPORTS, ETC...

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u>8/15/17</u>	Deposit	<u> </u>
Ready Date	<u>8/15/17</u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided

faxed 8/15/17

Beverly Quano 8/15/17
Custodian Signature Date