

Lower Alloways Creek Tow
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 856-935-1549 Fax: 8569357666

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name <u>Christina</u>	MI <u> </u>	Last Name <u>Mota</u>
E-mail Address <u>data@legalplex.com</u>		
Mailing Address <u>2022 WASHINGTON BLVD</u>		
City <u>ROBBINSVILLE</u>	State <u>NJ</u>	Zip <u>08691</u>
Telephone <u>609-961-1120</u>	FAX <u>609-961-6661</u>	
Preferred Delivery: Pick Up <u> </u> US Mail <u> </u> On-Site Inspect <u> </u> Fax <u>X</u> E-mail <u>X</u>		
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 <u>Christina Mota</u>		Date <u>11/20/2017</u>

Payment Information

Maximum Authorization Cost \$ <u> </u>		
Select Payment Method		
Cash	Check	Money Order

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

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

Start Date 11/12/2017

End Date 11/18/2017

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost	<u> </u>
Est. Delivery Cost	<u> </u>
Est. Extras Cost	<u> </u>
Total Est. Cost	<u> </u>
Deposit Amount	<u> </u>
Estimated Balance	<u> </u>
Deposit Date	<u> </u>

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

In Progress	-	Open	<u> </u>
Denied	-	Closed	<u> </u>
Filled	-	Closed	<u> </u>
Partial	-	Closed	<u> </u>

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	

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 11/13/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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

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

Start Date 11/5/2017

End Date 11/11/2017

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Records Provided

Custodian Signature _____

Date _____

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Requestor Information – Please Print

First Name	Christina	MI	Last Name	Mota	
E-mail Address	data@legalplex.com				
Mailing Address	2022 WASHINGTON BLVD				
City	ROBBINSVILLE	State	NJ	Zip	08691
Telephone	609-961-1120		FAX	609-961-6661	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	X
				E-mail	X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<i>Christina Mota</i>			Date	11/6/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order

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

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

Start Date 10/29/2017

End Date 11/4/2017

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

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

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Requestor Information -- Please Print

First Name	<u>Christina</u>	MI	_____	Last Name	<u>Mota</u>
E-mail Address	<u>data@legalplex.com</u>				
Mailing Address	<u>2022 WASHINGTON BLVD</u>				
City	<u>ROBBINSVILLE</u>	State	<u>NJ</u>	Zip	<u>08691</u>
Telephone	<u>609-961-1120</u>	FAX	<u>609-961-6661</u>		
Preferred Delivery:	Pick Up _____	US Mail	_____	On-Site Inspect	_____
				Fax	<u>X</u>
				E-mail	<u>X</u>
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	<u>Christina Mota</u>			Date	<u>10/30/2017</u>

Payment Information

Maximum Authorization Cost	\$	_____
Select Payment Method		
Cash	Check	Money Order

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

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

Start Date 10/22/2017

End Date 10/28/2017

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 _____
Filled	- Closed _____
Partial	- Closed _____

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

Fax: 8569357666

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Date

OPRA Request (1705.SALEM_LOWER ALLOWAY CREEK TWP)

Larry Higgins

10/21/2017 12:09 PM

To lactwpclerk@comcast.net

- [Quick reply all](#)
- [Reply](#)
- [Forward](#)
- [Delete](#)
-
-

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.

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

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

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

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

PHONE CALLS WILL NOT BE ACCEPTED

Thanks,

Larry Higgins

ORPA@NJPropertyRecords.com

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PUBLIC RECORDS

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Requestor Information – Please Print

First Name Christina MI Last Name Mota
E-mail Address data@legalplex.com
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone 609-961-1120 FAX 609-961-6661
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail X

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

Signature Christina Mota Date 10/9/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Start Date 10/1/2017

End Date 10/7/2017

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

Disposition Notes
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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

Ph: 856-935-1549 Fax: 8569357666

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Date _____

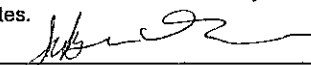
Lower Alloways Creek Tow
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 856-935-1549 Fax: 8569357666

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Jeffrey MI Last Name Devlin
E-mail Address data@legalplex.com
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone 609-961-9524 FAX 609-961-6661
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature  Date 9/25/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

Start Date 9/17/2017

End Date 9/23/2017

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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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			
 <u> </u>		 <u> </u>	
Custodian Signature		Date	

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

The information contained in this email and any attachments may be legally privileged and confidential. If you are not an intended recipient, you are hereby notified that any dissemination, distribution, or copying of this e-mail is strictly prohibited. If you have received this e-mail in error, please notify the sender and permanently delete the e-mail and any attachments immediately. You should not retain, copy or use this e-mail or any attachments for any purpose, nor disclose all or any part of the contents to any other person

9/21/17

Dear Ronald Campbell,
NJ.8038.10634

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

9/21/17

Ph: 856-935-1549 Fax: 8569357666

Important Notice

Requestor Information – Please Print

Date _____

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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

The information contained in this email and any attachments may be legally privileged and confidential. If you are not an intended recipient, you are hereby notified that any dissemination, distribution, or copying of this e-mail is strictly prohibited. If you have received this e-mail in error, please notify the sender and permanently delete the e-mail and any attachments immediately. You should not retain, copy or use this e-mail or any attachments for any purpose, nor disclose all or any part of the contents to any other person

9/3/17

Ph: 856-935-1549 Fax: 8569357666

Important Notice

Requestor Information – Please Print

Signature [Signature] Date 9/11/2017

Cash	Check	Money Order
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End Date 9/9/2017

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

Ph: 856-935-1549 Fax: 8569357666

Important Notice

Requestor Information – Please Print

Date _____

LAC Twp Clerk

From: LAC Twp Clerk <lactwpclerk@comcast.net>
Sent: Monday, August 21, 2017 7:49 AM
To: 'cblanding@smartprocure.us'
Subject: software report by manufacturer
Attachments: LACTWPNJ_POs.xls

SmartProcure is submitting an OPRA request to the Township Of Lower Alloways Creek for any and all purchasing records from 2017-05-19 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 Lower Alloways Creek 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=TownshipOfLowerAllowaysCreek>

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****

Direct: 954-637-0742 | Support: 888-988-6348

Email: cblanding@smartprocure.us |

[www.smartprocure.us](<http://www.smartprocure.us/>)

700 W. Hillsboro Blvd. Suite 4-100, Deerfield Beach, FL 33441

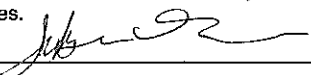
Lower Alloways Creek Tow
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 856-935-1549 Fax: 8569357666

PUBLIC RECORDS

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Requestor Information – Please Print

First Name	<u>Jeffrey</u>	MI	_____	Last Name	<u>Devlin</u>
E-mail Address	<u>data@legalplex.com</u>				
Mailing Address	<u>2022 WASHINGTON BLVD</u>				
City	<u>ROBBINSVILLE</u>	State	<u>NJ</u>	Zip	<u>08691</u>
Telephone	<u>609-961-9524</u>	FAX	<u>609-961-6661</u>		
Preferred Delivery:	Pick Up _____	US Mail	_____	On-Site Inspect	_____
				Fax	<u>X</u>
				E-mail	<u>X</u>
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	<u>8/21/2017</u>

Payment Information

Maximum Authorization Cost	\$ _____	
Select Payment Method		
Cash	Check	Money Order

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

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Start Date 8/13/2017

End Date 8/19/2017

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 _____
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Partial	- Closed _____

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

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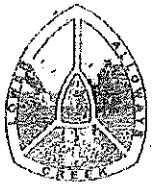
Date _____

Ph: 856-935-1549 Fax: 8569357666

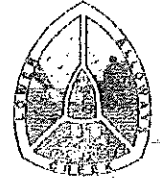
Important Notice

Requestor Information – Please Print

Date



TOWNSHIP OF LOWER ALLOWAYS CREEK
OPEN PUBLIC RECORDS ACT REQUEST FORM
501 Locust Island Road
(856) 935-1549 ext 623
(856) 935-7666 Fax
Ronald L Campbell Sr. Municipal Clerk



Important Notice

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Requestor Information – Please Print

First Name Doreen MI Last Name Frega

E-mail Address dfrega@yahoo.com

Mailing Address 123 Danna Way

City Saddle Brook State NJ Zip 07663

Telephone 201-294-0118 FAX 201-791-1070

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

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

Signature Doreen Frega Date 8/1/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting the following records.

Copies of all current names and addresses
of all dog and cat pet license holders/applications in Lower Alloways Creek, 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.

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

AGENCY USE ONLY

Tracking Information

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