OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

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 William MI C Last Name MacMillan

E-mail Address macmillanb@yahoo.com

Mailing Address PO Box 162

City Haddonfield State NJ Zip 08033

Telephone (856) 429-7656 FAX (856) 429-8577

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

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

Signature _____ Date August 17, 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.

Transcript of Zoning Board Hearing from June 8, 2017 concerning Patel Use Vaiance, Block 186, Lot 3,. 15 S. Burlington Broad, Bridgeton, New Jersey, zoning application number 17-03ZB, or, alternatively, a tape recording of that Hearing from which a transcript can be prepared.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

A Bright New Beginning
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

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 Evangelina MI ____ Last Name Pena

E-mail Address epena@gtaeng.com

Mailing Address 14 Worlds Fair Drive Suite B

City Somerset State NJ Zip 08873

Telephone (732) 271 9301 FAX (732) 271 9306

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

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

Signature Evangelina Pena Date September 11, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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perty Information

Properties of interest are located in the City of Bridgeton, Cumberland County, New Jersey 08302

Tax Parcel: Block 128 Lot 1 Address: 1 Glass Street Owner: Carpenter Realty Corporation
Tax Parcel: Block 128 Lot 2 Address: South Pearl Street Owner: John D. Garton
Tax Parcel: Block 124 Lot 4 Address: South Laurel Street Owner: Carpenter Realty Corporation
Tax Parcel: Block 124 Lot 4.01
Tax Parcel: Block 124 Lot 5 Address: South Laurel Street Owner: Cumberland Co Utilities Authority
Tax Parcel: Block 124 Lot 6 Address: South Laurel Street Owner: Carpenter Realty Corporation

Records of interest include, but are not limited to: tax assessor records, building permits, planning and zoning files, complaints, violations, and any environmental records. The request is due diligence for a Phase I Environmental Site Assessment.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
mated Balance ____
Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

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

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

The last page of this form contains important information related to y

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 8/21/2017

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 8/13/2017

End Date 8/19/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

sit Date _____

AGENCY USE ONLY

Disposition Notes

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In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Dat

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name Christopher MI S Last Name Riley

E-mail Address Riley76086@gmail.com

Mailing Address 211 S woodruff Rd

City Bridgeton State NJ Zip 08302

Telephone 856-558-1236 FAX

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

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 Chris Riley Date 09/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Im Interested in Buying a property Located at 698 n Pearl ST Bridgeton, NJ. 08302. I would like to have Any information on TANKS (oil/fuel) or Any Problems with Property.

Inspection Permits.
Construction Permits.

Tax Liens
Taxes owed on property
Tanks underground
Planning Application if any

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Requestor Information – Please Print

First Name Erika MI ____ Last Name Gandy

E-mail Address Erikabgandy@gmail.com

Mailing Address 811 Landis Ave

City Bridgeton State NJ Zip 08302

Telephone 856-455-8820 FAX 856-455-8044

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

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

Signature ____ Date 9/14/2017

Maximum Allowable Fees

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please verify if 48 Oak St. Bridgeton NJ 08302 has any outstanding Code violations or Municipal Leins. Also are the taxes current and may I obtain the most recent copy of the tax bill?

Thanks

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

CITY OF BRIDGETON
OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ 08302
856 455-3230 #227 PHONE 856451-5321 FAX
Keenk@cityofbridgeton.com
KATHLEEN L. KEEN ,RMC,MUNICIPAL CLERK

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 Cassandra MI A Last Name Dermic

E-mail Address sexyc2003@yahoo.com

Mailing Address 2806 N. Pearl St

City Bridgeton State NJ Zip 08302

Telephone 609-310-2576 FAX 609-451-3925

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

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

Signature [signature] Date 8/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Im request proof of occupancy during 7/16 - 7/17 as well as failed inspection Notices. for 2806 N. Pearl St Bridgeton, NJ 08302

RECEIVED
SEP - 1 2017
By ____

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Calculated Balance ____
Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

CITY OF BRIDGETON

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

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 NIA/Amity Heights Apartments MI ____ Last Name Maria Cruz

E-mail Address niaapts@tmo.com

Mailing Address 130 Pamphylia Ave., Bldg 18

City Bridgeton State NJ Zip 08302

Telephone (856)451-0116 FAX (856)451-2354

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

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

Signature [signature] Date 08/24/2017

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.

Requesting the Incident Report from Bridgeton Fire Department for the unit fire that occured at NIA/Amity Heights Apartments, apartment 122, on 07/22/2017.

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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

JOSEPH J. HOFFMAN, JR.
KENNETH A. DIMUZIO, SR.
ERNEST L. ALVINO, JR.
ROBERT J. WILTSEE
DANTE B. PARENTI
PETER J. BONFIGLIO, III
DONALD CARUTHERS, III
LEONARD L. GRASSO, JR.*
CRAIG W. KUGLER
ROBERT P. GROSSMAN
MICHAEL W. GLAZE
CHRISTINE DIMUZIO SOROCHEN
CRISTIE R. NASTASI
KENNETH A. DIMUZIO, JR.
JAMES M. CARTER
JAMES S. TAYLOR
JEREMIAH J. ATKINS
JOSEPH J. HOFFMAN, III
RICHARD S. HOFFMAN, JR.
JOHN P. CIOCCO*
RYAN S. HOFFMAN
MICHAEL C. DONIO
KRISTYN M. JONES

OF COUNSEL:

CHARLES J. SPRIGMAN, JR.
JOSEPH J. SLACHETKA
J.R. POWELL

*Licensed in NJ & PA

Direct Dial: (856) 694-3940
Facsimile: (856) 694-2243
dparenti@hoffmandimuzio.com

1739-1753 Delsea Drive
Mailing Address: P. O. Box 285
Franklinville, New Jersey 08322

Woodbury, New Jersey 08096
Telephone: (856) 845-8243

4270 Route 42
Turnersville, New Jersey 08012
Telephone: (856) 637-3000

412 Swedesboro Road
Mullica Hill, New Jersey 08062
Telephone: (856) 803-5800

515 Woodbury-Glassboro Road
Post Office Box 482
Sewell, New Jersey 08080
Telephone: (856) 256-9222

1600 Market Street, Suite 1810
Philadelphia, Pennsylvania 19103
Telephone: (215) 279-9555

September 27, 2017

Keenk@cityofbridgeton.com
Kathleen L. Keen, RMC, Municipal Clerk
City of Bridgeton
181 E. Commerce Street
Bridgeton, New Jersey 08302

Re: OPRA Request Form

Dear Ms. Keen:

Please be advised that the undersigned represents Ms. Joanne Johnson as concerns home renovations that she contracted to have done on her home in order to bring it to ADA standards. This matter is currently pending in the Superior Court of New Jersey, Cumberland County, Chancery Division in an action entitled Joanne Johnson v. Red Letter Properties, Docket No. L-882-16.

I am enclosing herewith an OPRA request form, requesting a copy of the file kept by the City of Bridgeton as concerns the renovations being performed on Ms. Johnson's home. Should you require advance payment, please let me know and I will immediately forward a check to cover the copying costs. Thank you for your kind courtesy and attention to this matter.

Very truly yours,

Hoffman DiMuzio

Dante B. Parenti, Esquire

DBP/smw
Enclosure

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

Requestor Information – Please Print

First Name Shenice MI _____ Last Name Lewis

E-mail Address Shenice.Lewis@pzr.com

Mailing Address 1300 S Meridian Ave Suite 400

City Oklahoma City State OK Zip 73108

Telephone 1-800-344-2944 x 4487 FAX 405-547-9508

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

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

Signature Shenice Lewis Date 9/27/2017

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.

Please provide a zoning verification letter, copies of any open/unresolved zoning, building, and fire code violations, copies of certificates of occupancy, variances (special/conditional use permits), and an approved site plan for the Cumberland Dairy located at 10, 15, 23, 27, and 31 Halsford, 49, 61, and 71 Bridgeton, 32 DeBois, and 70, 71, 78, and 80 Edward. Block 9, Lots: 3, 4, 5, 6, 9, 15; Block 10, Lots: 7, 9, 10, 11, 12, 13, 14; Block 11, Lots: 15, 17, 17.01, 18.

Please do not exceed $50 without prior approval.

Attached please find a PZR form outlining the requested information and a list of address with block and lots.

(PZR ref: 106949-1)

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Dat

Telephone 856 455-3230 # 227 & Fax 856 451-5321
Keenk@cityofbridgeton.com
Kathleen L. Keen, RMC, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name Shenice MI _____ Last Name Lewis

E-mail Address Shenice.Lewis@pzr.com

Mailing Address 1300 S Meridian Ave Suite 400

City Oklahoma City State OK Zip 73108

Telephone 1-800-344-2944 x 4487 FAX 405-547-9508

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

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

Signature Shenice Lewis Date 9/27/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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Other materials (CD, DVD, etc) – actual cost of material

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(PZR ref: 106949-1)

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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

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

43 pages
$7.15

Telephone 856 455-3230 # 227 & Fax 856 451-5321
Keenk@cityofbridgeton.com
Kathleen L. Keen, RMC, Municipal Clerk

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Requestor Information – Please Print

First Name Shenice MI _____ Last Name Lewis

E-mail Address Shenice.Lewis@pzr.com

Mailing Address 1300 S Meridian Ave Suite 400

City Oklahoma City State OK Zip 73108

Telephone 1-800-344-2944 x 4487 FAX 405-547-9508

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

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Signature Shenice Lewis Date 9/27/2017

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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Please provide a zoning verification letter, copies of any open/unresolved zoning, building, and fire code violations, copies of certificates of occupancy, variances (special/conditional use permits), and an approved site plan for the Cumberland Dairy located at 10, 15, 23, 27, and 31 Halsford, 49, 61, and 71 Bridgeton, 32 DeBois, and 70, 74, 78, and 80 Edward. Block 9, Lots: 3, 4, 5, 6, 9, 15; Block 10, Lots: 7, 9, 10, 11, 12, 13, 14; Block 11, Lots: 15, 17, 17.01, 18.

Please do not exceed $50 without prior approval.

Attached please find a PZR form outlining the requested information and a list of address with block and lots.

(PZR ref: 106949-1)

9/29/17 87

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages 20

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

1.00 total

Custodian Signature _____ Date _____

CITY OF BRIDGETON

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

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 Meredith MI ____ Last Name Tullo

E-mail Address mtullo@erinj.com

Mailing Address 815 East Gate Dr. Suite 103

City Mount Laurel State NJ Zip 08054

Telephone 856-235-7170 FAX 856-273-9239

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

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

Signature _____ Date 9/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

In search of records for the following parcels:

Block 190, Lots 1, 19, 20, 39

Specifically records relating to ISRA case # 940001, including letters of No Further Action or Underground Storage Tank Closure reports.

RECEIVED
SEP 21 2017
By _____

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. COMMERCE STREET, BRDIGETON, NJ 08302
Telephone 856 455-3230 # 227 & Fax 856 451-5321
Keenk@cityofbridgeton.com
Kathleen L. Keen, RMC, Municipal Clerk

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 Christopher MI S Last Name Riley

E-mail Address Riley76816@gmail.com

Mailing Address 211 s woodruff Rd

City Bridgeton State NJ Zip 08302

Telephone 856 558-1236 FAX

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

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

Signature Christopher Riley Date 09/22/17

Payment Information

Maximum Authorization Cost $

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I would like Information on 569-571 n Pearl ST.

~~* TAX Information~~

* Inspection Report's
* on site oil/fuel tanks
* Zoning Information if its commercial or residential

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Requestor Information – Please Print

First Name Meredith MI _____ Last Name Tulio

E-mail Address mtulio@erinj.com

Mailing Address 815 East Gate Dr. Suite 103

City Mount Laurel State NJ Zip 08054

Telephone 856-235-7170 FAX 856-273-9239

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

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Signature _____ Date 9/21/17

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AGENCY USE ONLY

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Tracking # _____
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Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

...rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Jacquelyn MI A Last Name Fagan

E-mail Address jfagan@cmeusa1.com

Mailing Address 3759 U.S. Highway 1 South- Suite 100

City Monmouth Junction State NJ Zip 08852

Telephone (732)951-2101 FAX (732)951-2106

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect X 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 _____ Date 09/22/2017

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CME is providing the City of Bridgeton Engineer with environmental consulting services related to preparation of certain elements of a HDSRF grant application for eventual completion of a Preliminary Assessment/Site Investigation at the former Bridgeton Clay Pit, aka "Tin Can Site", aka Gateway Family Success Center, aka former Brick Works site. The parcel is designated as Block 142, Lot 11 and the address is 155 Spruce Street in the City of Bridgeton, Cumberland Co., NJ. The parcel is owned by the City of Bridgeton and a recreation center operates on the northern extent of the property. The southern portion of the property is vacant and occupied by a former clay pit that was partially used as a landfill for a period of time. Please provide access to all available solid waste, remedial, permitting, enforcement, and environmental records, including the following:

1. Any documents referring to landfill operations, landfill closure, or DEP enforcement actions at the Site
2. Previous Environmental Investigations, Actions, and/or Reports (Health / Planning/ Eng Depts)
3. Reports of any spills and/or discharges (Health / Hazmat/ Fire Depts)
4. Storage of Hazardous substances, or fires (Health / Hazmat/ Fire Depts)
5. Historical environmental permit applications (Health / Planning/ Eng Depts)
6. Documentation of emergency response actions conducted at the Site (Health / Hazmat/ Fire Depts)
7. Historic development applications / site plans / building permits (Planning / Eng / Building Depts)

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 _____
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Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

Please Print

t Name IRENE MI ___ Last Name REINBOLD

ail Address RESEARCH@BLINJ.COM

ing Address 252 BROADWAY

LONG BRANCH State NJ Zip 07740

phone 732-483-9800 FAX 732-483-9801

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

u are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 8-3, I certify that I HAVE (HAVE NOT) been convicted of any indictable offense under the laws of New y, any other state, or the United States.

ature Irene Reinbold Date 9/21/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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I AND ALL POLICE RECORDS (CAD LOGS, DISPATCH LOGS, ARREST PORTS) FOR INCIDENTS REGARDING [KENTAY SMITHBEY], D.O.B. 1/28/1980:

DATE OF INCIDENT: 11/21/2006 POLICE CASE #626669

DATE OF INCIDENT: 12/22/2006 POLICE CASE # BR2876706

2C:33-2A(1) ← 2C:29-2A(2)

RECEIVED
SEP 21 2017
By ___

THANK YOU.

AGENCY USE ONLY

ument Cost ___
ivery Cost ___
ras Cost ___
t. Cost ___
Amount ___
id Balance ___

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 # ___
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Total Pages ___

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Deposit ___
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Custodian Signature ___ Date ___