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 Frederick MI A Last Name Jacob

E-mail Address marshas@sjtrialfirm.com

Mailing Address 600 W Main St., PO Box 429

City Millville State NJ Zip 08332

Telephone 856-825-0700 FAX 856-825-2441

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 Frederick Jacob Date 10-4-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please forward copies of Deeds for properties located at:

150 Oak Street, Block 270, Lot 1 and 131 South Avenue, Block 144, Lot 9

Owner of record is Jefferies.

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

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

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 Robert MI C. Last Name Litwack

E-mail Address rlitwack@grucciopepper.com

Mailing Address 817 East Landis Avenue

City Vineland State NJ Zip 08360

Telephone 856-691-0100 FAX

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

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

Signature ____ Date 9/22/2017

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.

Last issued Certificate of Occupancy for the first floor, commercial use at 6 N. Pearl Street.
Last issued Zoning Permit for the first floor, commercial use at 6 N. Pearl Street.
Certificates of Occupancy for residential use at City of Bridgeton, Tax Block 85, Lot 15 and Tax Block 85, Lot 20 from 2009 to present.

IN ADDITON TO THIS REQUEST BEING MADE UNDER OPRA, IT IS ALSO BEING MADE UNDER CITY OF BRIDGETON CODE SECTION 3-11B which provides, in relevant part:

§ 3-11 Preservation, inspection and copying of public records.
A. Preservation. All the books, maps, papers, accounts, statements, vouchers and other documents whatsoever acquired or produced in any City department shall be carefully and conveniently filed, kept and preserved and be and remain the sole property of the City . . .
B. Inspection. All such documents and records of the City shall during office hours be open to public search, inspection, examination and photocopying subject to and within the limitations prescribed by law, including N.J.S.A. 47:1A-5 et seq., provided that such search, inspection and examination shall not extend to work papers of any department, nor to materials prepared for the prosecution or defense by the City of any legal action or right, nor to any investigatory reports, and provided that such search, inspection, examination and copying be made under such regulations as the officer, in whose custody such records, books and documents may be, shall establish for the safety and preservation thereof.

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 ____

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

Requestor Information – Please Print

First Name James MI T Last Name Ryan

E-mail Address james@proptaxappeal.net

Mailing Address 350 Passaic Ave

City Fairfield State NJ Zip 07004

Telephone 973-227-1912 FAX 973-227-1925

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 9/22/17

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.

The property record cards for Block 190, Lots 39, 48 and 49.

TA

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 _____

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 MARK MI _____ Last Name SMITH

E-mail Address taxteam@drnds.com

Mailing Address 3240 East State Street

City Hamilton State NJ Zip 08619

Telephone 949-777-5999 FAX 330-319-8600

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 Mark Smith Date 10/02/2017

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.

Hello

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

ADDRESS : 39 Lake St, BRIDGETON, NJ, 08302
NAME : STANFORD, JUDY

Thanks & Regards
MARK SMITH
Contact: 949-777-5999
fax : 330-319-8600

DrNdS
taxteam@drnds.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 # _____
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 your rights concerning government...

Requestor Information – Please Print

First Name Stephen MI L Last Name Mazur

E-mail Address stephen.mazur10@gmail.com

Mailing Address P.O. Box 7877

City Jersey City State NJ Zip 07307

Telephone 908-672-2506 FAX

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

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

Signature [signature] Date 10/12/17

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.

Dear Ms. Keen,

I am doing research on the type of Open Public Records Requests that people in New Jersey make to their towns and cities. To that end, my OPRA request is:

To see what all of the OPRA requests made to Bridgeton were from January 1, 2017 to September 1, 2017.
If it is not too onerous, I would appreciate it if you could also note if the requests were successful or if they were denied.

Please let me know if there is any other information you need from me or if I need to be more specific about the nature of this request.

Thank you for your time.

Sincerely.

Stephen Mazur

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 ____

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 Rebecca MI _____ Last Name Neubauer

E-mail Address rneubauer@tandmassociates.com

Mailing Address 40 Monmouth Park Highway, Suite 2

City West Long Branch State NJ Zip 07764

Telephone 732-676-1743 FAX 732-272-1890

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 *Rebecca Neubauer* Date 9/22/17

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.

T&M Associates (T&M) has been retained by the Cumberland County Empowerment Zone to conduct an Environmental Site Assessment (ESA) for Block 137 Lots 13 & 14, at the approximate address of Ellis St in Bridgeton, NJ which are currently owned by the City of Bridgeton. The Properties are part of the proposed River Grove Development Project. For this ESA, T&M is required to review all Municipal department records for the property and former structures in order to assist in identifying any potentially contaminated conditions, current or former environmental/hazardous material incidents or violations. We respectfully request an opportunity to review ALL files for the property that may be held by the following Municipal Custodians and departments:

- Tax Assessor (lot/block cards/property record cards);
- Building/Code Enforcement/Zoning, Inspections (building subcode permit files, fire subcode, underground storage tanks files, septic system files, potable well files); and,
- Health Department (violations, citations, septic system and potable well permitting).

Respectfully,
Rebecca Neubauer

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 _____

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 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 _____

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 _____

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 Robert MI C. Last Name Litwack

E-mail Address rlitwack@grucciopepper.com

Mailing Address 817 East Landis Avenue

City Vineland State NJ Zip 08360

Telephone 856-691-0100 FAX

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

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

Signature ___ Date 9/22/2017

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.

All Certificates of Occupancy and Zoning Permits for all commercial uses at Tax Block 85, Lot 15 and Tax Block 85, Lot 20, City of Bridgeton issued or in force from 1/1/2006 to the present date.

IN ADDITON TO THIS REQUEST BEING MADE UNDER OPRA, IT IS ALSO BEING MADE UNDER CITY OF BRIDGETON CODE SECTION 3-11B which provides, in relevant part:

§ 3-11 Preservation, inspection and copying of public records.
A. Preservation. All the books, maps, papers, accounts, statements, vouchers and other documents whatsoever acquired or produced in any City department shall be carefully and conveniently filed, kept and preserved and be and remain the sole property of the City . . .
B. Inspection. All such documents and records of the City shall during office hours be open to public search, inspection, examination and photocopying subject to and within the limitations prescribed by law, including N.J.S.A. 47:1A-5 et seq., provided that such search, inspection and examination shall not extend to work papers of any department, nor to materials prepared for the prosecution or defense by the City of any legal action or right, nor to any investigatory reports, and provided that such search, inspection, examination and copying be made under such regulations as the officer, in whose custody such records, books and documents may be, shall establish for the safety and preservation thereof.

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 ___

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 Jeffrey MI A Last Name Daniels

E-mail Address jdaniels@avflawfirm.com

Mailing Address 1415 Route 70 East, Suite 306

City Cherry Hill State NJ Zip 08034

Telephone (856) 429-0020 FAX (856) 429-0070

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 10-17-17

Payment Information

Maximum Authorization Cost $ 5.00

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Regarding 17 Atlantic Street, Bridgeton, NJ, our office represents the seller of said property, PCIREO-1, LLC. Please provide a copy of the vacant property notice that was mailed to owner.

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 _____

First Name Stephen MI L Last Name Mazur

E-mail Address stephen.mazur10@gmail.com

Mailing Address P.O. Box 7877

City Jersey City State NJ Zip 07307

Telephone 908-672-2506 FAX

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

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

Signature _____ Date 10/12/17

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 mate

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.

Dear Ms. Keen,

I am interested in learning about how different towns in New Jersey assess property taxes, and how property taxes have increased over the last twenty years.

Specifically, I would like to know what the effective property tax rate was in Bridgeton on June 30th of every year from 1997 to 2017.

Please let me know if there is any other information you need from me or if I need to be more specific about the nature of this request.

Thank you for your time.

Sincerely,

Stephen Mazur

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 _____

First Name Erika MI D Last Name Handy

E-mail Address Erikabhandy@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 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 Erika Handy Date 10/13/17

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.

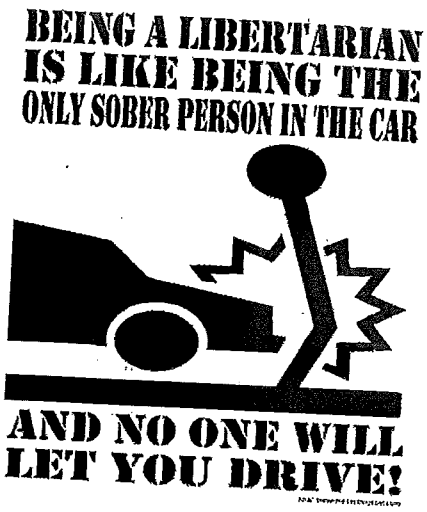
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

174 Giles St

Is there any outstanding municipal liens or code violations on the above mentioned properties.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Records Request



Date: Monday 10/16/2017, 1:27 PM

Requestor: Libertarians for Transparent Government, a NJ Nonprofit Corporation

Agency: City of Bridgeton

Transmitted: Via Fax to 856-451-5321

Instructions: Please accept this as 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 on this request please call 732-873-1251.

Records requested:

1. In Martin v. Edwards, et al, Docket No. CUM-L-250-17, we would like the following documents:

   a. Complaint filed on or about 04/03/2017
   b. Amended complaint filed on or about 05/02/2017.
   c. Edwards' answer, filed on or about 05/09/2017
   d. Edwards' answer, filed on or about 05/16/2017 (there appears to have been two answers filed by Edwards.)
   e. Tri-County's answer, filed on or about 05/15/2017
   f. Eastern Pacific's answer, filed on or about 05/18/17
   g. Certification and Brief filed in Support of Edwards' Motion for Partial Summary Judgment.
   h. Opposition to Edwards' Motion for Partial Summary Judgment.

2. Edwards' "letter of resignation from the Board effective March 10th" that is referenced in the minutes of the April 18, 2017 Work Session.

3. The "original resolution [that] may be found in the Resolution Book" for both J-10 (March 7, 2017) and J-8 (April 18, 2017)

Important Notice

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

Request for Information -- Please Print

First Name Chris MI Last Name Franklin

E-mail Address cfranklin@njadvancemedia.com

Mailing Address 161 Bridgeton Pike

City Mullica Hill State NJ Zip 08062

Telephone 609-819-2343 FAX

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

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

Signature ____ Date 10-20-17

Payment Information

Maximum Authorization Cost $ 0

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.

Hello,

As part of the Common Law Right of Access and OPRA, I would like to request the contract or any other document that shows how much the city of Bridgeton is paying for the Bridgeton Police Department to be part of the New Jersey Interoperability Communications System (NJICS). Thank you very much. Have a good one.

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 ____

Last Name [illegible]

E-mail Address

Mailing Address P.O. Box 456 ~~Chandler, AZ 85244-0456~~

City State Zip

Telephone 800-304-6730 FAX 800-304-0301

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 10/24/11

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.

Structure fire report
160 S. Giles St. Bridgeton, NJ

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 ____

Richmondd@CityofBridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name Julie MI _____ Last Name Urell

E-mail Address jurell@springsted.com

Mailing Address 380 Jackson St, Ste 300

City St. Paul State MN Zip 55101

Telephone 651-223-3041 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 _____ Date 11/1/17

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.

Please email me an Excel spreadsheet listing all employee job titles (job classes) in the organization. For each job class, please provide the number of Full Time Equivalent (FTE) employees in the job class, minimum annual base salary for the job class (assume 1.0 FTE), the maximum annual base salary for the job class, the average actual annual salary for the job class, Fair

In the same email, provide a summary of insurance and time-off benefits provided to Full Time employees. This information can be provided in the body of the email or, preferably, as an attachment to the email.

It should include employee/employer insurance premium contributions (percentage) for each coverage level on all benefit lines, total premium cost per BENEFIT line and coverage level, annual sick/vacation or PTO accrued by tenure in days, and list of paid holidays. Please advise also if you provide paid lunch breaks to staff.

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 _____

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 Larry MI ____ Last Name Higgins

E-mail Address OPRA@NJPropertyRecords.com

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

City Oldwick State NJ Zip 08858

Telephone 908-255-9919 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 ____ Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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 ____

nated 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 ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Requestor Information – Please Print

First Name Michel MI ____ Last Name Don

E-mail Address Rataxes@indecomm.net

Mailing Address 1260 Energy lane

City St.Paul State MN Zip 55108

Telephone 201-355-0433 FAX 866-422-3403

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* X *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Michel Date 10/28/2017

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
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 let us know the property has any open Code Violations, Liens, Permits[open/expired] on the below?
property address: 154 BELMONT AVE, BRIDGETON NJ 08302
Parcel: Block: 206; Lot: 17

property address: 138 BRIDGETON AVE, BRIDGETON NJ 08302

Parcel:"Block: 13; Lot: 39

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 ____