WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 DONALD Mi G Last Name HARDEN

E-mail Address NONE

Mailing Address 227 Vanneman Blvd apt C

City Pauls boro State NJ Zip 08066

Telephone 856-477-1537 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. C: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 Aug 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 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 referred 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.

MVC 17-12073

OK [signature]

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

8/1/17 ND

109

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 JAMES MI A Last Name Buck

E-mail Address jabuckiii@gmail.com

Mailing Address 317 Holly Ave

City Woolwich Twps State NJ Zip 08085

Telephone 302.519.5230 FAX

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

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

Signature [signature] Date 8/1/17

Payment Information

Maximum Authorization Cost $

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 referred 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.

IR 17-12937

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

[signature] ND 8/1/17 10

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085

856-467-2666 fax: 856-467-3545

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 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 /X 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 cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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

I am requesting the following records.

Copies of all current names and addresses
of all dog and cat pet license holders/applications in Woolwich, NJ.
If possible and not to much trouble, to have this request in Excel or Label Format.
Thank You,
Doreen Frega
201-294-0118

Completed 8-2-17 N/C

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

5037803203

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI ____ Last Name _____

E-mail Address _____

Mailing Address _____ Metropolitan Reporting Bureau P.O. Box 926 Wm. Penn Annex Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-6686 FAX 800-343-9047

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 Sandra Knoll Date 08/02/17

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.

Date: 05/25/17 Rept#: 2017009642

Location: CHURCH ST KINGS HIGHWAY WOOLWICH

Involving: Kristen Knoll

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND nle

8/4/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Zachary MI C Last Name Calloway

E-mail Address Zmail427@aol.com

Mailing Address 1031 Russell Mill Road

City Woolwich State NJ Zip 08085

Telephone 856-241-2307 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 Zack Calloway Date 8/3/17

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 referred 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.

MVC 17-1194

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/3/17 10 cl

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Raymond MI ____ Last Name Snyder

E-mail Address Cambridge-Remodel@Comcast.Net

Mailing Address 565 Cambridge Rd

City Townsville State N.J. Zip 08012

Telephone 609-502-5079 FAX 856-727-3470

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

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

Signature [signature] Date 8/2/2017

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 referred 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.

IR 17-13376

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

[signature] ND 8/2/17 554

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Dawn MI J Last Name Ogren

E-mail Address djogren10@gmail.com

Mailing Address 1 Pondview Dr m202

City Woolwich Twp State NJ Zip 08085

Telephone 856-308-2163 FAX

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

Delivery:

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C: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 8/2/17

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 referred 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.

IR-17-12830

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

8/2/17 ND

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Julie MI ____ Last Name Soeung

E-mail Address ____

Mailing Address 179 North Main Street

City Mullica Hill State N-J Zip 08062

Telephone 215 820 5707 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 Julie Date 8/2/17

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.

MVC 17-12350

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

OK Julie 8/2/17 ND 104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 RON MI S Last Name GASIOROWSKI

E-mail Address gasiorowskilaw@gmail.com

Mailing Address 54 Broad Street

City Red Bank State NJ Zip 08050

Telephone (732) 212-9930 FAX (732) 212-9980

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 Aug. 2, 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.

A copy of Ordinance 2014-17, An Ordinance of the Township of Woolwich, County of Gloucester, State of New Jersey Amending the Site Plan and Subdivision Ordinances to Expressly Permit the Joint Land Use Board to Grant General Development Plans, Pursuant to N.J.S.A. 40:55D-45.1 et seq. which was adopted on December 15, 2014.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Marlene MI T Last Name Colquitt

E-mail Address TollColquitt@comcast.net

Mailing Address 121 Robins Run East

City Logan Twp State NJ Zip 08085

Telephone 856 467-1477 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 Marlene Colquitt Date 8-3-17

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.

MVC 17-9632

AGENCY USE ONLY

AGENCY USE ONLY

8/3/17 OK

AGENCY USE ONLY

MD 8/3/17 10:4

Woolwich Township

OPEN PUBLIC RECORDS ACT REQUEST FROM

120 Village Green Dr.
Woolwich Twp., NJ 08085
Phone 856-467-2666 fax: 856-467-3545

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 ___ Last Name Botto

E-mail Address donms217@yahoo.com

Mailing Address 1411 Kings Highway

City Swedesboro State NJ Zip 08085

Telephone 856-467-1733 FAX ___

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

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 8-3-17

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.

MVC 17-12573

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 8/3/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, N.J 08085
856-467-2666 fax: 856-467-3545

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 S'Haron MI A Last Name Calmon-Hess

E-mail Address Sparrow7121@aol.com

Mailing Address 1026 Wesley Ave

City National Park State NJ Zip 08063

Telephone 856-381-8353 FAX 856-405-0350

Pre 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 S'Haron Calmon-Hess Date 8/3/17

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 referred 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.

IR 17-13149

AGENCY USE ONLY

AGENCY USE ONLY

OK 8/3/17

AGENCY USE ONLY

8/3/17 ND

NC

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Haley MI J Last Name De Stefano

E-mail Address haley@haleyshomes.com

Mailing Address 1455 Kings Hwy.

City Swedesboro State NJ Zip 08085

Telephone 856-981-27171 FAX 856-241-9771

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 Haley De Stefano Date 8/3/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

131 Steeplebush Run, Woolwich Twp., NJ 08085
Block 25 Lot 3.04

Were permits closed for a finished basement with a full bathroom?

Responded by email 8-4-17 G.W.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Edward MI ___ Last Name Petrini

E-mail Address e.k.petrini@usa.net

Mailing Address 201 Rosa Dr.

City Vineland State NJ Zip 08360

Telephone 8566968302 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. C: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 8/4/17

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 referred 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.

MVC 17-1174

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/4/17 10

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Michael MI J Last Name Hall

E-mail Address

Mailing Address 1 Oaks Dr. A205

City Swedesboro State NJ Zip 08085

Telephone (856) 535-4224 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. C: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 referred 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.

IR 17-1289

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/4/17

154

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Madison MI M Last Name Lukacz

E-mail Address madison.124@hotmail.com

Mailing Address 13 Arbour Lane

City Sewell State NJ Zip 08080

Telephone 6094578216 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. C: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 Madison Lukacz Date 8/7/17

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.

MVC 17-12892

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8-7-17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Miriam MI Last Name Weiss ESQ

E-mail Address Lavellino@mweisslaw.com

Mailing Address 41 Bayard St. 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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

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

Signature [signature] Date 8.7.17

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.

Copies of all MVA reports from 7.31.17 to 8.6.17

17-~~13440~~
-13450 MN.
~~13452~~
-13531 EG.
~~13532~~
~~13650~~
~~13716~~
~~13711~~

13 pages

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/15/17

654

REQUEST FOR COPY OF ORDINANCE

Farmakis, George <gfarmakis@weirpartners.com>

Mon 8/7/2017 11:06 AM

To:Mignogna, Jessica <JMignogna@woolwichtwp.org>;

Cc:Bateman, Maria <mbatemen@weirpartners.com>;

Good morning Jessica,

Per our phone conversation, I am an associate to Mr. Daniel Rybeck, solicitor for Newfield Township. Please accept this email as my official request for records (OPRA). I would like a copy of the following ordinance:

"Chapter 46: Police Department
[Pursuant to Ord. No. 15-2009, the Mayor and Borough Council of the Borough of Swedesboro abolished its Police Department and contracted police services to the Township of Woolwich. A copy of the ordinance is available in the Clerk's office]"

As we discussed, our office needs a copy of the above mentioend ordinance by today, August 7, 2017. Please advise as to whether a copy can be emailed or faxed to us. I can also pick up a copy of the ordiance in person if needed. Thank you

Georgios Farmakis, Esquire

2nd Floor | 215 Fries Mills Rd. | Turnersville, NJ 08012
Phone: 856-662-1018 | Fax: 856-662-1592 | Email: gfarmakis@weirpartners.com

WP | WEIR & PARTNERS LLP
A PENNSYLVANIA LIMITED LIABILITY PARTNERSHIP
PENNSYLVANIA NEW YORK
NEW JERSEY DELAWARE

Aug 7, 2017 Called George to let him know that he needs to contact Swedesboro's clerk.

530303333

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI ____ Last Name _____

E-mail Address _____

Mailing Address _____ Metropolitan Reporting Bureau P.O. Box 928 Wm. Penn Annex Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-1608Ce FAX 800-343-9047

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 Donna Meath Date 08/08/17

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.

Date: 08/06/17 Rept#: 17-013741

Location: route 322 w warwich

Involving: JAMES QUIGLEY

James Quigley| Pa| 07496908

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND n/c 8/11/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Justin MI W Last Name DeShazo

E-mail Address Justin_DeShazo57@yahoo.com

Mailing Address 26 Mechanic St

City Swedesboro State NJ Zip 08085

Telephone 609-458-4693 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. C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/10/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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 referred 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.

MVC 17-12125

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/10/17 10¢

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Heidi MI R. Last Name Wimberg

E-mail Address hrbarley@comcast.net

Mailing Address 101 Pine Drive

City Swedesboro State NJ Zip 08085

Telephone 856-241-4320 FAX —

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

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

Signature [signature] Date 8/10/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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 referred 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.

MVC 17-12892

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/10/17 104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Michael MI S Last Name Reino

E-mail Address Reinom@bellbh.com

Mailing Address 418 W. Clinton St

City Clayton State NJ Zip 08312

Telephone 856-307-5947 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. C: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 referred 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.

MVC 17-9200

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/10/17 10⁴

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Irene MI F Last Name King-Madden

E-mail Address

Mailing Address 228 Garwin Rd

City Woolwich Twp. State NJ. Zip 08085

Telephone 856-241-1627 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. C: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 Irene King Madden Date 8-14-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your referred 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.

IRM-13610

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/14/17 109

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Joyce MI ____ Last Name Wilson

E-mail Address Blueberry.blue@gmail.com

Mailing Address 1 Westbrook Dr. H-104

City Swedesboro State NJ Zip 08085

Telephone 302-377-6998 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. C: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 Joyce Wilson Date 8-14-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your referred 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.

IR 17-13836

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/14/17

104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Miriam MI ____ Last Name Weiss Esq

E-mail Address Lavellino@mweisslaw.com

Mailing Address 41 Bayard St. 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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

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

Signature [signature] Date 8.14.17

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.

Copies of all MVA reports
from 8.7.17 to 8.13.17

17-[redacted]-LT
17-[redacted]-EC
[redacted]-MN
[redacted]-MN
14044
12895
[redacted]
13900

11 pages

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/1/17 55¢

Woolwich Township

OPEN PUBLIC RECORDS ACT REQUEST FROM

120 Village Green Dr.
Woolwich Twp., NJ 08085
Phone 856-467-2666 fax: 856-467-3545

Important Notice

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

Requestor Information – Please Print

First Name Richard MI P Last Name Glunk, MD

E-mail Address glunkmd@attglobal.net

Mailing Address 289 Spring Rd.

City Malvern State PA Zip 19355

Telephone 610-213-5566 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 ~~AM~~ / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Richard P. Glunk M.D. Date 08/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Case # 17-13741

Case Type: Accident

Ptl. Eric Petroski #2323

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 NP Date 8/15/17

BOROUGH OF SWEDESBORO

OPEN PUBLIC RECORDS ACT REQUEST FORM

1500 Kings Highway
Swedesboro, NJ 08085
Phone: 856.467.0202
Fax:856-467.5767

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 Nancy MI ____ Last Name Gonzalez

E-mail Address nancy.gonzalez@dhs.state.n.j.us

Mailing Address 222 S. Warren St. CDHS/OPIA P.O. Box 700

City Trenton State N.J Zip 08625-0700 0700

Telephone 609-203-9888 FAX 609-341-2385

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 08/15/17

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.

I am requesting a Police Report filled with the Woolrich Township Police Department on 06/20/17 with Patrol Man Matthew Louglin #2317, case number 17-11694. The report was regarding an alleged physical abuse to Lirije Krasniqi, whom resides @ 855 Russel Mill Rd, Woolrich Township, N.J.
Please fax report to: 609-341-2385.

AGENCY USE ONLY

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

[signature] Custodian Signature 8/15/17 Date

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3546

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 Ruth MI L Last Name Kaufthal

E-mail Address rkmullica@comcast.net

Mailing Address 1 Crabapple Court

City Mullica Hill State NJ Zip 08062

Telephone 856-223-0452 FAX

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

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

Signature [signature] Date 8/16/2017

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 referred 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.

MVC 17-7084

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/16/17 - 10¢

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 ORLIN MI J Last Name JESPERSEN

E-mail Address orlinj@cabrini.edu

Mailing Address 133 WESTBROOK DR.

City WOOLWICH TWP State NJ Zip 08085

Telephone (610-662-8460 FAX

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

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

Signature [signature] Date 8/16/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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.

16-236

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

8/16/17 MD SG

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Michael MI T Last Name Leblang

E-mail Address Mike2595@msn.com

Mailing Address 1 Pond View Dr. Apt P-102

City Woolwich Twp State NJ Zip 08085

Telephone 215-901-7245 FAX 856-975-6338

Preferred Delivery: Pick Up V 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. C: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 Michael Leblang Date 8/17/17

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 referred 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.

MVC 17-13416

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/17/17 10⁴

530317208

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI ____ Last Name _____

E-mail Address _____

Mailing Address _____ Metropolitan Reporting Bureau P.O. Box 928 Wm. Penn Annex Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-1608C FAX 800-343-9047

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 08/18/17

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.

Date: 08/16/17 Rept#: 17-14360

Location: In Front Of 16 Willow Pond Dr Woolwich Township

Involving: Blank Owner/driver

Blank Owner/Driver| Nu| Null

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

9/5/17 no nic

Ok JD 9-5-17

530316039

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI _____ Last Name _____

E-mail Address _____

Mailing Address Metropolitan Reporting Bureau
P.O. Box 928 Wm. Penn Annex
Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-606860 FAX 800-343-9047

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 08/18/17

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.

Date: 08/17/17 Rept#: 17-014388

Location: KINGS HWY Mullica Hill

Involving: KEITH VENZOLA

Keith Venzola| Nu| Null

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/25/17 NIC

8-18-17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Neil MI ____ Last Name GARRISON

E-mail Address Neil GARRISON @ Comcast NET.

Mailing Address 196 Rosehayn Ave

City Bridgeton State NJ Zip 08302

Telephone 856 459 5826 FAX ____

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

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

Signature [signature] Date 8-12-17

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.

MVC 17-9929

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/18/17 MC

OPEN PUBLIC RECORDS ACT REQUEST FORM

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 Amy MI ____ Last Name Han

E-mail Address amyhan324@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone 856-383-0803 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 [signature] Date 8/15/17

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.

Can you please provide me with a list of the latest quarter's tax delinquent homes with owner's information (i.e. name, mailing addresss, etc) and the total delinquent amount from current to previous year(s) in excel format via email.

If for any reason, you are unable to provide that list, please state the reason in detail. Thanks in advance.

Instructions on how to generate the report in excel in the Edmund System:
In Edmund Billing/Collection Tax Collections Accounts Tax Custom Reports. On Page 3 Select year and date range you want. Check boxes Utility balance as of date (will be date you put in end of range) and Year/Prd Range balance for Taxes. Page 1 on bottom left corner is check box for excel. On page 2 select all the boxes requested by the requester. (name, property address, mailing address, class, etc.)

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Matthew MI T Last Name Cozza

E-mail Address Cozzamatt@gmail.com

Mailing Address 23 Brighton Place

City Swedesboro State NJ Zip 08085

Telephone 917-841-4282 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 MTC Date 8/21/17

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.

Looking for Construction drawings of my house at the above address.

Thank You
Matt

A-1 A-2 SB-1 SA2

$7.80 $1.95 per page

Pd. to Finance 9-1-17, per Jim.

Request fulfilled at Bellia 9-6-17 G.W.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Tatiana MI V Last Name Abramov

E-mail Address tatiana.abramov@finazzolaw.com

Mailing Address Finazzo Cossolini O'Leary Meola & Hager, 67 East Park Place, suite 901

City Morristown State NJ Zip 07960

Telephone 973-343-4984 FAX 973-343-4970

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

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

Signature [signature] Date 8/21/17

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.

Please see Schedule A

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Responded by e-mail - no files. G.W. 8/24/17

[signature] 8-21-17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Miriam MI ____ Last Name Weiss ESQ

E-mail Address Lavellino@mweisslaw.com

Mailing Address 41 Bayard St. 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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

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

Signature [signature] Date 8.21.17

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.

Copies of all MVA reports

from 8.14.17 to 8.20.17

17-14207 ~~17-14388~~ 14202

14307 ~~14442~~

~~14264 Rejected~~ ~~14475~~

~~14300~~

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

18 pages 90¢

ND 9/20/17

OK D 9-20-17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 MARCELLA MI A Last Name Marshall Correa

E-mail Address

Mailing Address 118 Allen St

City Swedesboro State NJ Zip 08085

Telephone (856) 467-6255 FAX

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C: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 Marcella Marshall Correa Date 8-21-2017

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 referred 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.

R 17-13788

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

8/21/17 nA 204

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Winfield MI C Last Name West

E-mail Address westo25@comcast.net

Mailing Address 38 Salisbury Way

City Swedesboro State N.J. Zip 08085

Telephone 856-467-5255 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 W. Winfield West Date 8.22.17

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.

AR #1299 - (1984)

Ok Jaeden 8-22-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/22/17 104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Shirley MI I Last Name ELDER

E-mail Address

Mailing Address 438 Hummingbird Lane

City BENSALEM State PA Zip 19020

Telephone 215 633 6895 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 Shirley J Elder Date 8/23/17

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 referred 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.

IR 17-1359

OK 8-23-17

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

ND 8/23/17 20

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Anna MI J Last Name Hanson

E-mail Address annajang@hotmail.com

Mailing Address 122 steeplebush Run

City Woolwich State NJ Zip 08085

Telephone 856 294 9488 FAX

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

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

Signature [signature] Date 8/23/17

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.

IR 17-14214

[signature] 8-23-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/23/17 10¢

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

Important Notice

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

Requestor Information – Please Print

First Name BARBARA MI ____ Last Name SMUDA

E-mail Address DIZZYBEAVER@GMAIL.COM

Mailing Address 1 WESTBROOK DR APT F107

City WOOLWICH TWP State NJ Zip 08021

Telephone 856-816-8059 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. C: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 Barbara Smuda Date 8/23/17

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.

MVC 17-13416

AGENCY USE ONLY ____ AGENCY USE ONLY ____ AGENCY USE ONLY ____

OL Dee 8-23-17

NO 8/22/17 - 109

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Pamela A MI ___ Last Name Barr

E-mail Address pamelabarr6@gmail.com

Mailing Address 311 Catawba Dr.

City Logan Twp State NJ Zip 08085

Telephone 856 241-9330 FAX n/a

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C: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 Pamela A. Barr Date 8/23/17

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 referred 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.

MVC 17-12347

OK 8-23-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/23/17 -109

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Tatiana MI V Last Name Abramov

E-mail Address tatiana.abramov@finazzolaw.com

Mailing Address Finazzo Cossolini O'Leary Meola & Hager, 67 East Park Place, suite 901

City Morristown State NJ Zip 07960

Telephone 973-343-4984 FAX 973-343-4070

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

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

Signature *Tatiana Abramov* Date 08/25/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Chack 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.

David + Sons Meats - 120 Center Sq. Rd., Suite 204

Please see Schedule A

Permits #16-295 + #16-326

29 Pages = 1.45

2 Prints = 3.90 - Need P.O. for Bellia

Total 5.35

Request Fullfilled 9-6-17 & mailed G.W.

Pd. CK #10836 - $5.35 - 9-5-17 G.W.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Miriam MI ____ Last Name Weiss ESQ

E-mail Address Lavellino@mweisslaw.com

Mailing Address 41 Bayard St. 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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

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

Signature [signature] Date 8-28-17

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.

Copies of all MVA reports from

8-21-17 to 8-27-17

17-~~14785~~
~~14795~~
~~14850~~
~~14900~~
✓14902 - no Report
✓14973 - R4:2954T

10 pages

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

NO 9/7/17 50¢

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Ramon MI L Last Name Bermudez

E-mail Address

Mailing Address 184 Jordan Rd

City Somers Point State N.J. Zip 08244

Telephone 609-927-7433 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. C: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 Ramon L Bermudez Date 8-28-17

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 referred 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.

ORL 17-1404

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/28/17 104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Shesly MI J Last Name Gonzalez

E-mail Address shesly.gonzalez@gmail.com

Mailing Address 205 Spruce Trl

City Swedesboro State NJ Zip 08085

Telephone 267-250-5466 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. C:28-3, I certify that I *HAVE / I HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/28/17

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.

IR 17-14578

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/28/17 154

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Randy MI H Last Name Benningfield

E-mail Address rbenningfield@gray.com

Mailing Address 200 Happy Acre lane

City Jamestown State Ky Zip 42629

Telephone 859-333-0718 FAX 859 253 5300

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

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

Signature [signature] Date 8-28-17

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 referred 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.

MVC 17-14795

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/28/17 159

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 STEVEN MI J. Last Name AVSEC

E-mail Address SAVSEC-33@Yahoo.Com

Mailing Address 145 Winding WAY

City Woolwich Twp State N.J. Zip 08085

Telephone 467-4221 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 / I HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/28/17

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 referred 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.

MVC 17-14307

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/28/17 154

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Crystal MI L Last Name May

E-mail Address Crystal.may@aecom.com

Mailing Address 625 West Ridge Pk St E100

City Conshohocken State Pa Zip 19428

Telephone 610-832-6261 FAX 610-832-3501

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.

Crystal L May 8/29/2017

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.

cord Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your referred 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.

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

- Route 322 and Stone Meeting House Rd, Swedesboro, Gloucester County, NJ (Block 11 Lot 17),
- Route 322 and Stone Meeting House Rd, Swedesboro, Gloucester County, NJ (Block 11 Lot 20),
- Route 322 and Stone Meeting House Rd, Swedesboro, Gloucester County, NJ (Block 11 Lot 21), and
- 291 Stone Meeting House Rd, Swedesboro, Gloucester County, NJ (Block 11 Lot 23).

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

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Responded by e-mail - 4 files. G.W. 8/29/17

8.29.17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Crystal MI L Last Name May

E-mail Address Crystal.may@aecom.com

Mailing Address 625 West Ridge Pk St E100

City Conshohocken State Pa Zip 19428

Telephone 610-832-6261 FAX 610-832-3501

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 Crystal L May Date 8/29/2017

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.

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

- Route 322 and Stone Meeting House Rd, Swedesboro, Gloucester County, NJ (Block 11 Lot 17),
- Route 322 and Stone Meeting House Rd, Swedesboro, Gloucester County, NJ (Block 11 Lot 20),
- Route 322 and Stone Meeting House Rd, Swedesboro, Gloucester County, NJ (Block 11 Lot 21), and
- 291 Stone Meeting House Rd, Swedesboro, Gloucester County, NJ (Block 11 Lot 23).

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

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 DAVID MI P Last Name HANSGEN

E-mail Address

Mailing Address 6 WILSHIRE BLVD

City SWEDESBORO State NJ Zip 08085

Telephone (610) 417-5821 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 David P Hansgen Date 8/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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.

IR 17-14469

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

8/29/17 ND 109

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, N.J 08085
856-467-2666 fax: 856-467-3545

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 Dante MI S Last Name Maccarone

E-mail Address Dxmacc10@gmail.com

Mailing Address 334 Oak Grove Rd

City Woolwich State NJ Zip 08085

Telephone 856/472 3959 FAX

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

Preferred Delivery:

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C: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 8-29-2017

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.

MVC 17-14207

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

ND 8/29/17 10⁴

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2665 fax 856-467-3545

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 Shirley MI D Last Name Carter

E-mail Address Shirley Carter 228@gmail.com

Mailing Address # 1 Oaks Dr. Apt C201

City Swedesboro State NJ Zip 08085

Telephone _____ 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. C: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 Shirley D. Carter Date 8-30-17

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 referred 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.

IR 17-13981

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/30/17 20 FSA

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

Important Notice

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

Requestor Information – Please Print

First Name Alexandria MI ____ Last Name Brown

E-mail Address Alexandria.brown@pemco-limited.com

Mailing Address 4600 S Ulster St, Suite 530

City Denver State CO Zip 80237

Telephone 720-509-3238 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 6/30/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

In search of any open code violations for property address 36 Fredrick Blvd, Swedesboro, NJ, 08085.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

5037860957

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI ____ Last Name _____

E-mail Address _____

Mailing Address Metropolitan Reporting Bureau P.O. Box 928 Wm. Penn Annex Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-6080 FAX 800-343-9047

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 Paula Meath Date 08/30/17

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.

Date: 08/28/17 Rept#:

Location: ROUTE 322 / STONEMEETINGHOUS PENNS GROVE

Involving: Roy Miller

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/1/17 NR

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 John MI ____ Last Name Cresenzi

E-mail Address wipeout71@msn.com

Mailing Address 106 Kirschling Dr.

City Woolwich State NJ Zip 08085

Telephone 215 499 0617 FAX ____

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

If your are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C: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 8/30/17

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 referred 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.

MVC 17-14307

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/31/17 15

5037866655

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI _____ Last Name _____

E-mail Address _____

Mailing Address _____ Metropolitan Reporting Bureau P.O. Box 926 Wm. Penn Annex Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-6080 FAX 800-343-9047

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 Sandra Meath Date 08/31/17

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.

Date: 08/30/17 Rept#: 17-15131

Location: KINGS HIGHWAY SWEDESBORO

Involving: Breanna Long

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

9/5/17 np

nk

9-5-17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 Fax: 856-467-3545

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 Vallie MI ____ Last Name Sams

E-mail Address Valliesams@yahoo.com

Mailing Address 215 W. Hedgerow Drive

City Swedesboro State NJ Zip 08085

Telephone 609-770-1370 FAX 856-241-9130

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. C: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 Vallie Sams Date Sept. 01, 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 referred 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.

MVC 17-14795

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/1/17 - 154

5037868803

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI ____ Last Name _____

E-mail Address _____

Mailing Address _____ Metropolitan Reporting Bureau P.O. Box 926 Wm. Penn Annex Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-6080 FAX 800-343-9047

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 Natasha Moore Date 09/01/17

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.

Date: 08/31/17 Rept#:

Location: KINGS HWY SWEDESBORO

Involving: Natasha Moore

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

9/8/17 ND NK

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Luz MI N Last Name Marx

E-mail Address palmbch66@aol.com

Mailing Address 856 Ashburn Way

City Woolwich State NJ Zip 08085

Telephone (H) 856-294-9414 Cell/FAX 609-202-8380

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. C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/5/2017

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.

MC 17-13900

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/5/17 5:59

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Linda MI Last Name Neary

E-mail Address hlq12345678@yahoo.com

Mailing Address 144-63 28th AVE Fl 1

City NY State NY Zip 11354

Phone 9293491295 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. C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Linda Neary Date 9/5/2017

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.

MNC 17-15365

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/5/17 10

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 A Last Name George

E-mail Address RumpelForeskin420@gmail.com

Mailing Address 404 Werner Ave.

City Glenolden State PA Zip 19036

Telephone 610-521-9053 FAX

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

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

Signature [signature] Date 9-5-2017

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 referred 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.

NR 17-12801

OK 9-5-17
[signature]

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

NP 9/5/17 154

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Antonella MI ____ Last Name Suriano

E-mail Address Suriano NJ@comcast.net

Mailing Address 122 Laurel Trail

City Swedesboro State NJ Zip 08085

Telephone 856-304-3926 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 Antonella Suriano Date 8/5/17

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.

MVC 17-1513 I

OK
8-25-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 8/5/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Joe MI ____ Last Name Salamone

E-mail Address Salamone.55@yahoo.com

Mailing Address 7 Pond view Drive N301

City Woolwich State NJ Zip 0808

Phone 856-472-2171 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 J Salamone Date 9-5-17

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.

IR 17-13087

ok
9-5-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/5/17 2pm

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Miriam MI ____ Last Name Weiss ESQ

E-mail Address Lavell.rno@mweisslaw.com

Mailing Address 41 Bayard St. 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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

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

Signature [signature] Date 9-5-17

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.

Copies of all motor vehicle accident reports from 8.28.17 to 9.3.17

17-15022
~~15035~~
~~15131~~
~~15227~~
~~15249~~
~~17-15250~~
~~15305~~

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

13 pages $5.4

ND 9/20/17

OK D 9.20.17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 David MI ____ Last Name BROWN

E-mail Address ____

Mailing Address PO BOX 1342

City Camden State NJ Zip 08105

Telephone 609-865-4030 FAX ____

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. C: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 David Brown Date 9/6/2017

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 referred 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.

MVC 17-14785

OPRA 9.7.17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/6/17 154

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Valerie MI ____ Last Name Daberkow

E-mail Address valerie@envirosureinc.com

Mailing Address 319 Sawmill High Street, 1st Floor

City West Chester State PA Zip 19382

Telephone 610-696-8980 FAX 610-696-8984

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 Valerie Daberkow Date 9/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

EnviroSure is conducting a Phase I ESA at 1041 US Route 322 (Block 14; Lot 4.01). In that regard, we are requesting a search of all files pertaining to the property. Especially, underground storage tanks, environmental concerns and ownership records.

No records found.
Completed 9-11-17 via e-mail N/C
9-11-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Michael MI C Last Name Smith

E-mail Address micjacsmith1@comcast.net

Mailing Address 8 Quaker Rd.

City Mickleton State NJ Zip 08056

Telephone 856-430-4995 cell FAX —

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 9-8-17

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 referred 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.

MVC 17-1390

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND nc 9/8/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Brilli MI ____ Last Name Martinez

E-mail Address ____

Mailing Address 110 B. church street

City Swedesboro State NJ Zip 08085

Telephone 856 418 8133 FAX ____

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. C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/8/17

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 referred 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.

MVC 17-15249

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/8/17 20

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Michele MI L Last Name Chatman

E-mail Address N/A

Mailing Address 1800 Kings Highway (Apt. C)

City Swedesboro State N.J. Zip 08085

Telephone (856) (228-1980) FAX N/A

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. C: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 Michele Chatman Date 9-11-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am Requesting (ALL) Public Records on Tyeka Jackson her address is (1800 Kings Highway (Apt. B.) Swedesboro, New Jersey 08085). I am Requesting everyone their Public Record in that household. Thank-You Michele Chatman

AGENCY USE ONLY | AGENCY USE ONLY | 86 pages AGENCY USE ONLY

+4.30 ND 9/12/17

5037885541

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI ____ Last Name _____

E-mail Address _____

Mailing Address _____ Metropolitan Reporting Bureau P.O. Box 928 Wm. Penn Annex Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-606860 FAX 800-343-9047

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

Signature Sandra Meade Date 09/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Date: 06/22/17 Rept#:

Location: KINGS HWY SWEDESBORO

Involving: Corey Gray

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND nk 9/13/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3645

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 Miriam MI ____ Last Name Weiss ESQ

E-mail Address Lavellno@mweisslaw.com

Mailing Address 41 Bayard St. 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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

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

Signature [signature] Date 9.11.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of all motor vehicle accident reports from 9-4-17 to 9-10-17

~~17-15511=Acc~~ ~~15547=HN~~

~~15547~~ 15526 n/a

~~15544~~

~~15542~~

RECEIVED
OCT 12 2017
WOOLWICH TWP.
CLERK

Copies

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/12/17 304

530342094

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI ____ Last Name _____

E-mail Address _____

Mailing Address Metropolitan Reporting Bureau P.O. Box 926 Wm. Penn Annex Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-1080 FAX 800-343-9047

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 Paula Meath Date 09/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Date: 09/05/17 Rept#: 17-15544

Location: Oldmans Creek Rd Woolwich Township

Involving: THOMAS SORBELLO

Thomas Sorbello| Nj| S65607400010362

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND n/c 9/18/17
OK. 9-18-17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

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 Natasha MI L Last Name Moore

E-mail Address Natasha.Moore80@gmail.com

Mailing Address 420 Broad St

City Swedesboro State NJ Zip 08085

Telephone 856-275-4605 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 Natasha Moore Date 9/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MVC 17-15249

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/11/17 - 204

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

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 David MI ____ Last Name Rosier

E-mail Address Dbrod@gmail.com

Mailing Address 107 Somerfield Rd

City Swedesboro State NJ Zip 08085

Telephone 609-367-6429 FAX ____

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

If your 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 David Rosier Date 9/12/17

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 referred 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.

MVC 17-14360

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/12/17 10d

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 ____ Last Name Long

E-mail Address ____

Mailing Address 278 Sessups Mill Rd

City Clarksboro State NJ Zip 08020

Tel 856-423-5767 FAX ____

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

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

Signature [signature] Date 9-13-17

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.

MVC 17-15131

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/13/17 10d

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 Fax 856-467-3545

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 Denise MI M Last Name Gravatt

E-mail Address dgravatt@yahoo.com

Mailing Address 540 Tomlin Station Rd

City Gibbstown State NJ Zip 08027

Telephone 856 466 6654 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. C: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 Denise Gravatt Date 9/12/17

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 referred 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.

MVC 17-14360

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/13/17 10:04

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 Fax: 856-467-3545

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 Jacqueline MI C Last Name Mackay

E-mail Address JLmack83@gmail.com

Mailing Address 423 Broad St

City Swedesboro State NJ Zip 08085

Tel. 856-283-7794 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 Jacq Mac Date 9-13-17

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.

Any reports for 423 Broad St.

Any reports involving J. Bryant

Any reports involving J. Mackay

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/13/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 David MI W. Last Name Fassett

E-mail Address fassett@af-lawfirm.com

Mailing Address 560 Main Street

City Chatham State NJ Zip 07928

Telephone (973) 635-3366 FAX (973) 635-0855

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 September 13, 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.

Any and all documents (including without limitation applications, agreements, permits and reports) related to the development of the property located in Woolwich Township adjacent to Route 322 at Block, 60, Parcel 60-1; Block 57, Parcels 57-5, 57-8, 57-9 and 57-10; and/or Block 61, Parcel 61-6., including without limitation documents related to the provision, connection or treatment of sewer services to, from or at the property by or through the Logan Municipal Utilities Authority and/or any proposed expansion or modification of the Logan Township Sewer Plant. This request includes is limited to such documents generated or received since October 3, 2013, on which date the Woolwich Township Joint Land Use Board granted preliminary and final site plan approval for the development of a Walmart shopping center on a portion of the property.

• $43.85 Rec'd - Sent via FedEx 9-19-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

State of New Jersey
Department of State
GOVERNMENT RECORDS REQUEST FORM

The reverse of this form contains important information related to your rights to request government records. Please read it carefully. In addition please note that you may complete and submit this form electronically at www.nj.gov/opra.

Requestor Information (Please Print - see reverse side for important information)

First Name:	Kanchan	MI:		Last name:	Agarwal
Company:	CORELOGIC TAX SERVICES				
Mailing Address:	3001 Hackberry Road, Irving TX 75063-0156.				
City:	Westlake	State:	TX	Zip Code:	76262
e-mail Address:	agarwalkanchan@corelogic.com				
Business Hours Telephone #:	(877) 296 - 6794	Ext.	499141		
Fax # (if applicable):	(817) 826 1519	Ext.			
Fax # (if applicable):	( )	Ext.			
Preferred Delivery:	FAX X	US Mail		On site Inspection	
Circle one:	Under penalty of N.J.S.A. 2C:28-3, I certify that I *Have / Have Not* been convicted of any indictable offense under the laws of New Jersey or any other state or the United States.				
Signature:		Date:			

Payment Information

Maximum Authorized Cost: $

Select Payment Method:

Cash
Check
Money Order

Fees:
Pages 1 - 10 @ $0.75 per
Pages 11 - 20 @ $0.50 per
Pages 21 + @ $0.25 per

Delivery: Delivery/postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

Records Requested (To expedite your request be as specific as possible in describing the records requested.)

Tax Lien Redemptions with interest calculated through 10/31/2017 for the following parcels:

DOS-2002-

Block	Lot	Qualifier	Block	Lot	Qualifier
06	27				

Agency Use Only

Estimated Document Cost:	$
Estimated Delivery Cost:	$
Estimated Extra Cost:	$
Total Estimated Cost:	$
Deposit	$

Disposition Notes:

Custodian: if any part of request cannot be delivered in seven (7) business days detail reasons here; attach additional notes if necessary.

Finalized Cost:

Tracking Info:		Total:	$
Tracking #:		Deposit:	$
Received Date:		Balance Due:	$
Ready Date:		Balance Paid:	$
Total Pages:			

Records Provided (attach additional notes if necessary):

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Gina Marie MI _____ Last Name Santore

E-mail Address gina_marie_santore@yahoo.com

Mailing Address 501 Lexington Mews

City Woolwich State NJ Zip 08085

Telephone 609-230-2328 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. C: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 9/14/17

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.

Any correspondence, email or otherwise, between any representatives of Woolwich Twp and any representatives of Kingsway Regional High School regarding School Resource Officer topics during the period 1/1/2017 and 9/1/2017.

Filled Via e-mail 9-19-17
9-19-17 NIC

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 Fax 856-467-3545

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 Prakash MI P Last Name Patel

E-mail Address Pnandni@gmail.com

Mailing Address 229 Westbrook Dr

City Swedesboro State NJ Zip 08085

Telephone 856-264 2206 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 PPatel Date 9-14-17

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.

IR 17-1477

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/13/17 104

530346712

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI _____ Last Name _____

E-mail Address _____

Mailing Address Metropolitan Reporting Bureau
P.O. Box 926 Wm. Penn Annex
Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-1608 FAX 800-343-9047

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

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

Signature _____ Date 09/14/17

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.

Date: 05/03/17 Rept#:

Location: Kings Highway Woolwich Township

Involving: William C Dennon

William C Dennon| Pa| 10323290

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

OK 9-19-17

Reply | Delete Junk |

SmartProcure OPRA Request Woolwich Township For PO/Vendor Information

cblanding@smartprocure.us
Today, 7:25 AM
DiBella, Jane

Reply |

Inbox

To help protect your privacy, some content in this message has been blocked. To re-enable the blocked features, click here.

To always show content from this sender, click here.

Preprogrammed Softwa...
44 KB

e-mailed reply N/C
9-14-17

Show all 1 attachments (44 KB) Download

Action Items

Dear Jane or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Woolwich Township for any and all purchasing records from 2017-06-12 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 Woolwich Township stores the records using any of the pre-programmed software reports, but the records

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

Important Notice

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

Requestor Information – Please Print

First Name Andrew MI J. Last Name Rossetti

E-mail Address info@Rossettidevoto.com

Mailing Address 20 Brace Road

City Cherry Hill State NJ Zip 08034

Telephone 856-354-0900 FAX 856-354-0920

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 9/18/2017

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.

1. The site plan or property plot plan for 1911 Oldmans Creek Rd block 2 lot 11.
2. Any site plan or plot plan that memorializes what the site triangle should be on the corner of 1911 Oldmans Creek Rd.
3. The deed for 1911 Oldmans Creek Rd.
4. Any and all correspondence between the township and the property owner of 1911 Oldmans Creek Rd.
5. Minutes of the Woolwhich township meetings where in the intersection of Oldmans Creek Road and Auburn Road were discussed. Including the minutes of meetings where in the accident at that intersection were discussed.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

5037894504

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI _____ Last Name _____

E-mail Address _____

Mailing Address _____ Metropolitan Reporting Bureau P.O. Box 926 Wm. Penn Annex Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-6086 FAX 800-343-9047

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

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

Signature _____ Date 09/14/17

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.

Date: 09/13/17 Rept#: 17-15987

Location: ROUTE 322 WOOLWICH TOWNSHIP

Involving: DEBORAH RIVERA

OL 9.21.17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

9/21/17 no n/c

530347326

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI _____ Last Name _____

E-mail Address _____

Mailing Address Metropolitan Reporting Bureau P.O. Box 926 Wm. Penn Annex Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-1060 FAX 800-343-9047

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

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

Signature _____ Date 09/14/17

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.

Date: 09/13/17 Rept#: 17-15987

Location: ROUTE 322 AND THE TURN PIKE ENTRENCE SWEDESBORO

Involving: Ellen Frank

Ellen Frank| Nj| F71902137461582

OC 9-21-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

9/21/17 n/c ND

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Dale MI W Last Name Kleimeyer

E-mail Address DWK34@drexel.edu

Mailing Address 315 Woodstown Rd

City Swedesboro State NJ Zip 08085

Telephone 215-768-1371 FAX

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 Dale Kleimeyer Date 9-14-17

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.

Subdivision resolution for Block 40 Lot 8.01

-no record of document

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Miriam MI ____ Last Name Weiss ESQ

E-mail Address Lavellino@mweisslaw.com

Mailing Address 41 Bayard St. 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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 9.18.17

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.

Copies of all motor vehicle accident reports from 9-11-17 to 9-17-17

17-~~10210~~-Logan

~~10098~~
~~10028~~
~~15987~~
~~15943~~
~~15926~~
~~15897~~
~~15851~~

RECEIVED
OK OCT 12 2017
WOOLWICH TWP.
CLERK

15 pages

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/12/17 754

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2668 fax: 856-467-3545

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

Name: Ellen M Last Name: Frank

Mail Address: elliefrank78@yahoo

Mailing Address: 110 N. Railroad Ave

Pedricktown State: NJ Zip: 08067

Phone: 609-202-3881 FAX:

Certified 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: Ellen M Frank Date: 9-19-17

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.

MVC 17-15897

RECEIVED
OK OCT 19 2017
WOOLWICH TWP
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

Important Notice

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

Requestor Information – Please Print

First Name Barbara MI R Last Name Haynes

E-mail Address barbara.haynes@pemco-limited.com

Mailing Address 820 Bear Tavern Road.

City W trenton State nj Zip 08628

Telephone 720-509-3249 FAX 3032848026

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

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

Signature [signature] Date 9-19-17

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.

Is there any notice of open permits/code violations currently pending on the referenced property address to date:
87 LICCIARDELLO DRIVE
Also, has this property been previously registered with the Vacant Property Registration program?
If so who registered it?
when was it ?
and what is the next fee due for this?

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

5037904865

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI ____ Last Name _____

E-mail Address _____

Mailing Address Metropolitan Reporting Bureau
P.O. Box 926 Wm. Penn Annex
Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-6086 FAX 800-343-9047

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

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

Signature _____ Date 09/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Date: 09/11/17 Rept#: 1715851

Location: KING HWY/UNK SWEDESBORO

Involving: KIMBERLY SNOOK

RYAN BUSHBY

N/C
OL 9-22-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/22/17 n/c

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Pam MI ____ Last Name Bigelow

E-mail Address pbigelow@nobleweb.com

Mailing Address 1817 Olde Homestead Lane Suite 101

City Lancaster State PA Zip 17601

Telephone 717-859-3311 x124 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 Pam Bigelow 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.

Requesting any open construction permits for 7 Georges Landing Swedesboro, NJ 08085.

Thank you.

No open Permits

Bl. 24
Lot. 3.14

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Reply | Delete Junk |

OPRA

Kate Baker <k.zielsdorf18@gmail.com> Reply |
Thu 9/21/2017 2:48 PM
To: DiBella, Jane

Inbox

You forwarded this message on 9/21/2017 3:12 PM

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

74 Pages - sent via e-mail 9-26-17 N/C

Jane DiBella, Administrator / Clerk 9-26-17

Completed

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Kelly MI ____ Last Name Elm

E-mail Address KELM@Comcast.net

Mailing Address 15 Georges Lndg

City Woolwich State NJ Zip 08085

Telephone 856-745-6522 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 K Elm 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.

MVC 17-14475

OC D 9-21-17 NC

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/21/17 104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

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 A Last Name Viereck

E-mail Address bviereck20@Gmail.com

Mailing Address 23 Back Creek Rd

City Woolwich Twp State NJ Zip 08085

Telephone 856 889 8818 FAX

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

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

Signature [signature] Date 9/22/17

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.

MVC 17-1589

RECEIVED
SEP 25 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/22/17 10

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 Fax: 856-467-3546

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 Michael MI ____ Last Name Gerakios

E-mail Address Mikeeqm3@Gmail.com

Mailing Address 884 Ash Burn Way

City Swedesboro State N.J. Zip 08085

Phone 267-312-8217 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 Michael Gerakios 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.

IR 17-13193

9-22-17
OK NC

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/22/17 104

State of New Jersey

GOVERNMENT RECORDS REQUEST FORM

OPRA REQUEST

Important Notice

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

Requestor Information – Please Print

First Name **Sandy** MI _____ Last Name **Vasta**

Company **Decker Associates**

Mailing Address **125 Sixth Avenue, Suite 3**

City **Mount Laurel** State **NJ** Zip **08054** Email svasta@deckerclaims.com

Business Hours Telephone: Area Code **856** Number **780-4085** Extension _____

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

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

Signature Sandy Vasta Date 3/27/2017 and 9/22/2017

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees:	Letter size pages (per page)	$0.05
	Legal size pages (per page)	$0.07
	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: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

This office represents the **New Jersey Skylands Insurance** in connection with the claim referenced below.

We understand that a report of this occurrence was filed with your department and we are requesting a copy of the **Fire Report** for our records. **Please email the report to svasta@deckerclaims.com *or* fax to 856-234-3050.** Should you wish to mail the report we have enclosed a self-addressed return envelope for your convenience.

We appreciate your prompt response in this matter.

CASE #: **Unknown**

Our File Number: **DE-1755772-PS**
Insured: **Paul & Shana Redkoles**
Loss Location: **61 Longleaf Lane, Swedesboro, NJ 08085**

Date of Loss: **3/24/2017**
Cause of Loss: **Fire**
Policy Number: **2003687946**
Claim Number: **2749999**

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 9-22-17
Ready Date 9-25-17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Referred to Gl. County Fire Marshall

Custodian Signature 9-25-17 Date

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2668 fax: 856-467-3545

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 Jeremy MI R Last Name Brock

E-mail Address

Mailing Address 617 Ronald Ave

City Glassboro State NJ Zip 08028

Telephone (484) 334-5614 FAX

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 Jeremy R Brock Date 09/25/17

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.

MVC 17-16028

RECEIVED
OK SEP 25 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND SA 9/25/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 DAMION MI ____ Last Name SCOTT

E-mail Address DAYHOOD2@GMAIL.COM

Mailing Address 105 WATERVIEW

City SWEDESBORO State NJ Zip 08085

Phone ____ 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. C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/25/17

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.

IR 17-1530?

RECEIVED
SEP 25 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/25/17 109

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 YUSKA MI Last Name JACKSON

E-mail Address 1800 KINGS Highway Apt B

Mailing Address

City SWEDESBORO State N.J. Zip 08085

Telephone FAX

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 Date mail POR a report

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.

NEIGHBOR ASSAULTED ME WITH A GUN

IR 17-15196

OK D

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

9/25/17 NB 15¢

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

Important Notice

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

Requestor Information – Please Print

First Name Joseph MI L Last Name Motles

E-mail Address rocky-08069@yahoo.com

Mailing Address

City Carneys Point State NJ Zip 08069

Telephone 6092540215 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. C: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 9.25.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Property loss list for 14-12919

OK D

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/25/17 SO

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3546

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 TyeKia MI ____ Last Name JACKSON

E-mail Address ____

Mailing Address 1800 Kings Hwy B

City Swedesboro State N.J. Zip 08085

Fax Phone ____ FAX ____

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

If your 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 9/25/2017

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 referred 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.

CAD 17-16095

OK D 9-26-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/25/17 - 10P

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Miriam MI ____ Last Name Weiss ESQ

E-mail Address Lavellino@mweisslaw.com

Mailing Address 41 Bayard St. 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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

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

Signature [signature] Date 9-25-17

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.

Copies of all motor vehicle accident reports from 9-18-17 to 9-24-17

17-16545 rejected

~~17-16602~~

~~17-16234~~

RECEIVED
OK OCT 12 2017
WOOLWICH TWP.
CLERK

8 pages

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/12/17 404

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3546

Important Notice

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

Requester Information – Please Print

First Name Meng MI ____ Last Name Wang

E-mail Address LUCID_CRYSTAL@YAHOO.COM

Mailing Address 5 Meadowlark Dr.

City Swedesboro State NJ Zip 08085

Telephone 2158733668 FAX ____

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

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

Signature [signature] Date 9/26/2017

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.

CAD Report

RECEIVED
SEP 26 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/26/17 10:04

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-457-3545

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 Debra MI L Last Name Bushby

E-mail Address dbushby1@hotmail.com

Mailing Address 323 Kings Hwy

City Clarksboro State NJ Zip 08020

Telephone 609-634-8963 FAX

Preferred Delivery: Pick Up ___ US Mail X 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 Debra L Bushby Date 9-26-17

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 referred 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.

MVC 17-1585

RECEIVED
SEP 26 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

OP 9/26/17 10¢

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 DAVID MI B Last Name CRAIGON

E-mail Address KARTINGFAMILY4@VERIZON.NET

Mailing Address 5 JERICHO RD

City SALEM State NJ Zip 08079

Phone 856-457-0736 FAX —

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

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

Signature [signature] Date 9-27-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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.

MVC 17-14388

RECEIVED
SEP 28 2017
WOOLWICH TWP
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

9/27/17 NB 109

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

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 Marlena MI G Last Name Lynch

E-mail Address marlenalynch@yahoo.com

Mailing Address 753 Farmhouse Rd

City Mickleton State NJ Zip 08056

Tel 847-907-0559 FAX

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. C: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 Marlena Lynch Date 9-27-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MVC 17-15612

RECEIVED
SEP 28 2017
WOOLWICH TWP.
CLERK
ok

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/27/17 10⁴

Flipmansells@yahoo.com

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Michael MI J Last Name DeFillippis

E-mail Address Flipmansells@yahoo.com

Mailing Address 184 Somerset ct. Manture

City _____ State _____ Zip _____

Telephone 856-207-9077 FAX _____

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 9/27/17.

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

requesting about any underground gas tanks

in woolw. Mc Cormick

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

9/27/17 No records found on underground gas tanks WM

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Mimose MI J Last Name Fleury

E-mail Address

Mailing Address 29 E. Lime ST

City Cassey's PT State NJ Zip 08069

Phone 856 381 5168 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 M Fleury Date 9/28/17

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 referred 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.

MVC 17-13042

RECEIVED
OK SEP. 29 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/28/17

5037922455

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI ____ Last Name _____

E-mail Address _____

Mailing Address Metropolitan Reporting Bureau P.O. Box 928 Wm. Penn Annex Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-6068 FAX 800-343-9047

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

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

Signature _____ Date 09/28/17

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.

Date: 09/26/17 Rept#: 17-16719

Location: OLS MAN CREEK RD SWEDSBORO

Involving: DEVON SEENEY

OK 10.2.17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND
10/2/17
n/c

Download Full screen Show email

WOODBURY TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 CORTLAND APPRAISALS, LLC Last Name
E-mail Address P.O. BOX 532
Mailing Address MARLTON, NJ 08053
PH: 856-596-8600 FAX: 856-596-8884
City State Zip
Telephone 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 PM Date 28 Sept 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.

Blk 25 * Lot 3.09 - 140 Steeplebush Run
Property Record Cards & Construction Permits

AGENCY USE ONLY AGENCY USE ONLY

The Cortland Group, LLC
Real Estate Real Estate Services
Paul M Cortland, SCRREA
Appraisal & Tax Appeal Services
PO Box 532, Marlton NJ 08053
Certified Residential Appraiser
New Jersey & Pennsylvania
856 596 8600 - phone
856 596 8884 - fax
TheCortlandGroup@comcast.net
TheCortlandGroup.com

Blk 25 Lot 3.09
Rec'd 9-28-17 Completed 9-29-17
Completed via e-mail N/C
9-29-17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 EDWARD MI ____ Last Name JOHNS

E-mail Address ____

Mailing Address 105 SECOND ST

City SWEDESBORO State NJ Zip 08085

Phone 856-832-4758 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. C: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 Edward Johns Date 9/28/17

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 referred 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.

MVC
17-15926

RECEIVED
SEP 28 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/27/17 104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3546

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 Timothy MI L. Last Name Snook

E-mail Address 896 Ashburn WAY

Mailing Address

City Swedesboro State NJ Zip 08085

Telephone 856.649.2490 FAX

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

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

Signature [signature] Date 9.29.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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.

MVC 17-1589

OK 9.29.17 MC

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 9/29/17 10.4

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Miriam MI ____ Last Name Weiss ESQ

E-mail Address Lavellfno@mweisslaw.com

Mailing Address 41 Bayard St. 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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 10.2.17

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.

Copies of all Motor Vehicle accident reports from 9.25.17 to 10.1.17

17- ~~H0950 EG~~
~~H0862 N/A~~
~~H0719~~
~~H0718~~
~~H0712~~
~~H0708~~
H07
~~H0693~~
~~H0678 - Logan~~
~~H0669 - Logan~~

RECEIVED
OK OCT 13 2017
WOOLWICH TWP.
CLERK

10 pages

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

504

ND 10/13/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3546

Important Notice

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

Requester Information – Please Print

First Name JOHN MI Last Name CENTONZO

E-mail Address

Mailing Address 35 LAKE AVE

City SWEDESBORO State NJ Zip 08085

Tel 856-467-3094 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 John Centonzo Date 10-2-17

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 referred 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.

MVC 17-15544

Ok 10-2-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/2/17 10A

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 Fax: 856-467-3546

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 Angela MI L Last Name Carroll

E-mail Address angeecarroll@gmail.com

Mailing Address 321 Bryant Ave.

City Oaklyn State NJ Zip 08107

Telephone 856-448-3988 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. C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Angela Carroll Date Oct. 2, 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 referred 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.

CAD from 9/29 for 45 47+55 Fredrick Blvd

OK 10-2-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/21/17 154

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

Important Notice

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

Requester Information – Please Print

First Name Mary MI R Last Name Maurer

E-mail Address ma.maurer@comcast.net

Mailing Address 40 Lenape Dr.

City Pennsville State NJ Zip 08070

Tel (609)221-6600 FAX

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 Mary R. Maurer Date 10/02/17

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.

MVC 17-10233

OK 10-2-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/2/17 10¢

5037933733

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI ____ Last Name _____

E-mail Address _____

Mailing Address _____ Metropolitan Reporting Bureau P.O. Box 826 Wm. Penn Annex Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-345-1068 e FAX 800-343-9047

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 Linda Meath Date 10/03/17

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.

Date: 09/26/17 Rept#: 17-16683

Location: RT 322 SWEEDSBORO

Involving:

ok

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/11/17 n/c

RECEIVED
ok OCT 11 2017
WOOL... TWP.
CLERK

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

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 Michael M P Last Name Toomey JR

E-mail Address Mike2meJR@yahoo.com

Mailing Address 43 Jefferson Rd

City Pennsville State NJ Zip 08070

Telephone 856-893-0656 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 10/3/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

IR 17-15525

RECEIVED
OK OCT 04 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

10/3/17 ND: 10

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

Important Notice

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

Requester Information – Please Print

First Name Pery MI ____ Last Name Sykes

E-mail Address PerySykes1@gmail.com

Mailing Address 804 Lexington Mews

City Swedesboro State NJ Zip 08085

Phone 856-269-6319 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. C: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 Pery Sykes Date 10-3-17

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.

MVC 17-15926

RECEIVED
OCT 04 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/3/17 104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

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 L Last Name Ross Jr

E-mail Address bmrossfamily@comcast.net

Mailing Address 403 Weatherby Ave

City Swedesboro State NJ Zip 08085

Telephone 856-241-1074 FAX

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 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.

Accident Report from Sept. 20, 2017 at Woolwick Fm Co.
1517 Kings Hwy Swedesboro

RECEIVED
OCT 04 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

NP 10/4/17 NK

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Gina Marie Last Name Santore

E-mail Address gina_marie_santore@yahoo.com

Mailing Address 521 Lexington Lane

City Swedesboro State NJ Zip 08085

Telephone 609-230-2328 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 10/5/2017

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.

Woolwich Twp municipal budgets
Years 2002 -> 2017

Thank you,
Gina

RECEIVED
OK OCT 11 2017
WOOLWICH TWP.
CLERK

Budgets 2010-2017 are on Website.
Applicant was informed.
Budgets 2002-2009 were sent via e-mail
on 10-11-17 10-11-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY N/C

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3546

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 Ranbir MI Last Name Singh

E-mail Address Swedesboro.shell322@gmail.com

Mailing Address 1111 Rt 322

City Swedesboro State NJ Zip 08085

Telephone 856 467 0944 FAX 856 467 0955

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. C: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 Ranbir S Date 10/5/17

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.

MVC 17-16508

10-5-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/5/17 - 104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Nicole MI _____ Last Name Huber

E-mail Address Nicole.Huber@Redfin.com

Mailing Address 50 Harrison Street, 303

City Hoboken State NJ Zip 07030

Telephone 609-757-1456 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 Nicole Huber Digitally signed by Nicole Huber DN: cn=Nicole Huber, o=Redfin, ou, email=Nicole.Huber@redfin.com, c=US Date: 2017.10.10 11:58:50 -05'00' Date 10/10/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting ALL closed for construction, plumbing & electrical for transfer of sale.- From the last 5 years.
Property - 155 Erica Ct., Woolich Twp., Gloucester County, NJ 08085

RECEIVED
OCT 11 2017
WOOLWICH TWP.
CLERK

Responded by e-mail 10-11-17 GW.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 Fax 856-467-3545

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 Walter MI ____ Last Name Neira

E-mail Address ____

Mailing Address 124 spring Garden st

City Woodstown State NJ Zip 08098

Phone 8564733395 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 Walter Neira Date 10-10-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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 referred 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.

MVC 17-14795

RECEIVED
OCT 10 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/10/17 154

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

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 Tammy MI ____ Last Name Rode

E-mail Address tammy.lyn.rode@gmail.com

Mailing Address 507 Lakeview Dr.

City Swedesboro State NJ Zip 08085

Phone 856-467-5172 FAX ____

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. C: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 10/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your referred 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.

IR 17-14574

RECEIVED
OK OCT 11 2017
WOOLWICH TWP.
CLERK

OK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/11/17 15¢

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 D. Max MI ____ Last Name Friedman

E-mail Address mfriedman@HFSLaw.com

Mailing Address Madison Professional Center, 3221 Route 38 West, Suite 300

City Mount Laurel State NJ Zip 08054

Telephone 856-281-7230 FAX 856-242-3761

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

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 10/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any and all documents related to Troy C. Oglesby, Sr. of LAB Builders, Inc. relating to an incident on or around 10/15/2015 in Woolwich Twp., NJ

RECEIVED
OCT 11 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

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 BENEDICT MI J. Last Name CARTAFALSA

E-mail Address BJCARTA@AOL.COM

Mailing Address 1707 N. GLEN DR

City GLEN MILLS State PA Zip 19342

Phone 610.361.1981 FAX

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. C: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 Benedict J. Cartafalsa Date 10-11-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your referred 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.

MVC 17-1685

RECEIVED
OK OCT 12 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

ND 10/11/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 Fax 856-467-3545

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 EDDIE MI M Last Name DISZ

E-mail Address lsj310@yahoo.com

Mailing Address 3953 N Marshall St

City Philadelphia State PA Zip 19140

Phone 856-652-2176 FAX

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 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.

MVC #17-16683

RECEIVED
OCT 12 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/11/17 10:4

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Kelly MI E Last Name Giles

E-mail Address kelly@renovaenviro.com

Mailing Address 3417 Sunset Avenue

City Ocean Township State NJ Zip 07712

Telephone 732-659-1000 FAX 732-659-1034

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 Kelly Giles Date 10/12/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

All records related to the environmental history and historic use of the property located at Block 14, Lot 4 on Paulsboro Road (Nike PH-58 former Launch Area). We are looking for permits, liens, violations or any documentation that discusses use of former buildings at the property.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

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 Steven MI M Last Name Sacali

E-mail Address

Mailing Address 1 Westbrook Dr Apt 0105

City Swedesboro State NJ Zip 08085

Telephone 856 975 6260 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

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.

RECEIVED
OCT 12 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

10/12/17 50

WOOLWICH TOWNSHIP Police

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Suzanne MI Last Name Huffman

E-mail Address inbox@prspublicrecords.com

Mailing Address PRS, Inc. P.O. Box 4516

City Chandler State AZ Zip 85244

Telephone 800-304-6730 FAX 800-304-0801

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

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 10/13/17

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 dependant 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.

Auto accident report 17-17215.

RECEIVED
OK OCT 17 2017 JM
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND n/c 10/16/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

Important Notice

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

Requester Information – Please Print

First Name Jennifer MI M Last Name Delmonte

E-mail Address jenn.delmonte@yahoo.com

Mailing Address 135 Jockey Hollow Run

City Woolwich State NJ Zip 08085

Phone 856-534-7813 FAX

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 Jennifer Delmonte Date 10/19/17

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 referred 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.

MVC 17-17205

RECEIVED
OCT 19 2017
WOOLWICH TWP
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

10¢ ND 10/19/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Sharon MI ____ Last Name Ritchie

E-mail Address cls@slkgroup.com

Mailing Address 2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234

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

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ___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 / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Sharon Date 10/19/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please check and advise if there are any open or expired building permits any open code violations, any liens/ citation for lot mowing; removal of debris/junk or for property maintenance for the below mentioned address:

Address: 4 JUDYS HOMEPLACE Woolwich NJ 08085
County: Gloucester
Parcel: Block: 24 Lot: 3.31
File#: 614556

No open or expired permits

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3546

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 Melvin MI Last Name Rowden

E-mail Address melvin.rowden@pfizer.com

Mailing Address 103 Harbor Drive

City Woolwich State Twp Zip 08085

Tele 856-472-3414 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. C: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 10/23/17

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.

MVC
17-17721

OK D 10.23.17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/23/17 10

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

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 MICHAEL MI W Last Name DAIFONSO

E-mail Address mudfish@msn.com

Mailing Address 7 ERIC RD

City MULLICA HILL State NJ Zip 08062

Phone 609 405-0144 FAX —

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 10/23/17

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.

MVC 17-1721

OK 10-23-17 D

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/23/17 10¢

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 Fax 856-467-3545

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 MARYANN MI ____ Last Name BAKEY

E-mail Address marebakey@aol.com

Mailing Address 226 Allens Lane

City Mullica Hill State NJ Zip 08062

Phone 856-506-9057 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 Maryann Bakey Date 10/23/17

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.

CAP 17-15387

OK 10.23.17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/23/17 5⁴

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Brandi MI L Last Name Hascak

E-mail Address brandih@oclenderservices.com

Mailing Address Orange Coast Lender Services Title: 1000 Commerce Drive Suite 520

City Pittsburgh State PA Zip 15275

Telephone 412-788-2923 ext 6097 FAX 412-788-2925

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

Signature Brandi L Hascak Date 10/23/17

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.

OPEN permits: building, electrical, plumbing, construction

ONLY NEED COPIES IF PERMITS ARE STILL OPEN

Property address: 119 South Avenue, Swedesboro, NJ 08085

Time frame to search: 8/20/2009-present

No open permits. Responded by email. G.W. 10/25/17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2665 fax: 856-467-3545

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 Deneen MI M Last Name Lezotte

E-mail Address deneen65@comcast.net

Mailing Address 300 Copper RD #305

City Woolwich State NJ Zip 08085

Fe (856) 278-0315 FAX

Prefe Pick Up ✓ US Mail On-Site Inspect Fax E-mail

rred Delivery:

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C: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 Deneen M Lezotte Date 10-24-17

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 referred 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.

CAD 17-1830

RECEIVED
OCT 24 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/24/17 54

Reply | Delete Junk |

OPRA Request (0824.GLOUCESTER_WOOLWICH TWP)

Larry Higgins <opra@njpropertyrecords.com> Reply |

Fri 10/20, 6:21 PM

DiBella, Jane

Inbox

Completed on 10-24-17
to www.stateinfoServices.com/OPRA
N/C

0824.GLOUCESTER_WO...
78 KB

Show all 1 attachments (78 KB) Download

Action Items

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. ~~6-28-15~~ 2-12-15

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. 6-28-15

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

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 Fax 856-467-3546

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 JO ANN MI A Last Name LAUGHLIN

E-mail Address joannlaughlin@icloud.com

Mailing Address 538 Kings Hwy

City Woolwich State NJ Zip 08085

Phone 856-467-2889 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. C: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 Jo Ann Laughlin Date 10/24/17

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.

1R17-

RECEIVED
OCT 24 2017
WOOLWICH TWP.
CLERK

RECEIVED
OCT 24 2017

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/24/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2665 fax 856-467-3545

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 JULIANA MI Last Name GALLEGO G

E-mail Address JULIGALLEGOGG@GMAIL.COM

Mailing Address 17 - HILLSIDE DRIVE

City SWEDESBORO State NJ Zip 08085

Phone 856-924-9560 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 JULIANA GALLEGO G Date 10-24-17

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 referred 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.

IR 17-17964

RECEIVED
OCT 24 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/24/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Mellen MI ____ Last Name Theodore

E-mail Address manish.kumar@slkgroup.com

Mailing Address 2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234

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

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

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

Signature Mellen theodore Date 10/24/2017

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.

Please check and advise if there are any open or expired building permits any open code violations, any liens/ citation for lot mowing; removal of debris/junk or for property maintenance for the below mentioned address:

Address: 53 FREDRICK BLVD SWEDESBORO NJ 08085
Parcel: Block: 3.22 Lot: 11
Ref#615248

No open permits in Construction Dept. - Responded by email. G.W. 10/25/17

NO CODE VIOLATIONS FROM ZONING DEPT.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

Important Notice

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

Requestor Information – Please Print

First Name Joseph M J Last Name Parker

E-mail Address jay.Parker@myccmortgage.com

Mailing Address 109 Quaker Rd

City Mickleton State NJ Zip 08056

Telephone 856 761 5255 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 10/26/17

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.

MVC-17-17903

RECEIVED
OCT 26 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/26/17 10

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

Important Notice

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

Requester Information – Please Print

First Name Christine MI M Last Name Argo

E-mail Address Cmargo127@hotmail.com

Mailing Address 101 Wiltshire Blvd

City Woolwich Twp State NJ Zip 08085

Phone 856-430-2334 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 Christine Argo Date 10/26/17

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.

IR 17-17476

RECEIVED
OCT 26 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/26/17

530404632

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI _____ Last Name _____

E-mail Address _____

Mailing Address Metropolitan Reporting Bureau P.O. Box 928 Wm. Penn Annex Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-6086 FAX 800-343-9047

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 Linda Meith Date 10/26/17

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.

Date: 10/25/17 Rept#: 17-18375

Location: kings hwy and old mans creek Woolwich Township

Involving: ALEC BORZIO

Alec Borzio| Nu| Null

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

no n/c 11/2/17

RECEIVED
OK NOV 2 2017
WOOLWICH TWP.
CLERK

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

Important Notice

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

Requestor Information – Please Print

First Name Barbara MI E Last Name Price

E-mail Address bep716@gmail.com

Mailing Address P.O. Box 234 1744 Kings Hwy

City Swedesboro State NJ Zip 08085

Phone (856) 491-7740 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 Barbara E Price Date 10-27-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

IR 17-15060

RECEIVED
OCT 27 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/27/17 3:04

Woolwich Township

OPEN PUBLIC RECORDS ACT REQUEST FROM

120 Village Green Dr.
Woolwich Twp., NJ 08085
Phone 856-467-2666 fax: 856-467-3545

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

NJH TRANSPORT ESC - Safety clerk

First Name Stella MI M Last Name Tyler

E-mail Address stella@njhtrans.com

Mailing Address 2 Fish House Rd

City Kearny State NJ Zip 07032

Telephone 201-246-6352 FAX 201-246-6354

Preferred Delivery: Pick Up ___ US Mail ___ On-Site Inspect ___ Fax ___ Email 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 [signature] Date 10/27/2017

Payment Information

Minimum 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.

Motor Vehicle Incident Case Type: Property Damage

Case 17-15022

RECEIVED
OCT 27 2017
WOOLWICH TWP.
CLERK

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 [signature] Date 10/27/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

Important Notice

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

Joe Grazer
Sales Manager

Daniels BMW
4600 Crackersport Road
@ Routes 22 & 309
Allentown, PA 18104

Tel. (610) 821-2525
Fax (610) 820-2990

zer@danielsbmw.com
v.danielsbmw.com

Fax____ E-mail ____

your are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New ersey, 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 referred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not e jeopardized by such method of delivery.

17-017118

JGRAZER@DANIELSBMW.COM

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

10/30/17 nfi

5037988904

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI _____ Last Name _____

E-mail Address _____

Mailing Address Metropolitan Reporting Bureau P.O. Box 926 Wm. Penn Annex Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-6686 FAX 800-343-9047

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 Tonyall Shotter Date 10/30/17

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.

Date: 10/25/17 Rept#: 17-~~18325~~ 18352

Location: RT 322 WOOLWICH

Involving: LISA CAIN

Tonyall Shotter

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

11&17 no n/c

RECEIVED
NOV 9 2017
WOOLWICH TWP.
CLERK

5037990245

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 _____ MI _____ Last Name _____

E-mail Address _____

Mailing Address Metropolitan Reporting Bureau
P.O. Box 926 Wm. Penn Annex
Philadelphia, PA 19105

City _____ State _____ Zip _____

Telephone 800-245-6086 FAX 800-343-9047

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 Sandra Meath Date 10/30/17

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.

Date: 10/28/17 Rept#: 17-18567

Location: BROAD STREET AND SCEONS STREET SWEDESBORO

Involving: chintan shah

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

no nlc 11/2/17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Nicole MI _____ Last Name Huber

E-mail Address Nicole.Huber@Redfin.com

Mailing Address 50 Harrison Street, 303

City Hoboken State NJ Zip 07030

Telephone 609-757-1456 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 Nicole Huber Digitally signed by Nicole Huber DN: cn=Nicole Huber, o=Redfin, ou, email=Nicole.Huber@redfin.com, c=US Date: 2017.10.31 15:58:59 -05'00' Date 10/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting ALL permits closed for construction, plumbing & electrical for transfer of sale.- From the last 5 years
Property - 158 Tara Run, Swedesboro NJ 08085 Block- 27.04 Lot- 8

Responded by e-mail 10/31/17 -G.W. -See attached.

OK 10-2-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

Important Notice

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

Requester Information – Please Print

First Name Jill MI A Last Name Brzozowski

E-mail Address jillbrz@comcast.net

Mailing Address 402 Kings Highway

City Mickleton State NJ Zip 08056

Telephone 609-980-0537 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 10/31/17

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.

MVC 17-17902

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 10/31/17 104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3546

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 Ivan MI Last Name Loi

E-mail Address ivan.loi@yahoo.com

Mailing Address 5 Meadowlark Drive

City Swedesboro State NJ Zip 08085

Telephone 215 313 3329 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 Ivan Loi 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.

Requesting All records & photos for police case # 2016-10600

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

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 Nashima MI L Last Name Thompson

E-mail Address rockpink_20@live.com

Mailing Address 1419 Cologne dr

City Port Norris State NJ Zip 08349

Telephone (856)558-1722 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 Nashima Thompson Date 11/2/17

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.

MVC 17-15987

RECEIVED
NOV 2 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 Fax 856-467-3545

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 Alec MI J Last Name Borzio

E-mail Address ajborzio@yahoo.com

Mailing Address 248 Bertha Ave

City Woodstown State N.J. Zip 08098

Tel (856) 472-1462 FAX

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 Alec Borzio Date 11/3/17

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.

MVC 17-18375

RECEIVED
NOV 3 2017
WOOLWICH TWP.
CLERK
OK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 11/3/17 10¢

Download Full screen Show email

Woolwich Township

OPEN PUBLIC RECORDS ACT REQUEST FROM

120 Village Green Dr.
Woolwich Twp., NJ 08085
Phone 856-467-2665 fax: 856-467-3545

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: Nancy MI: A Last Name: Bowen
E-mail Address: [illegible]
Mailing Address: 26 Hamilton STREET
City: Swedesboro State: NJ Zip: 08085
Telephone: 856 340 5211 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: [signature] Date: 11/3/17

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.

Accident Report for Kaitlyn Bowen on 10/27

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

NP n/c 11/3/17

Custodian Signature

RECEIVED
NOV 3 2017
WOOLWICH TWP. CLERK
[initials] OK

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

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 Courtney MI L Last Name Juhring

E-mail Address Cjuhring6@yahoo.com

Mailing Address 11 Kaylas Way

City Mullica Hill State NJ Zip 08062

Telephone 856-308-7354 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 Courtney Juhring Date 11/3/17

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.

IR 17-7063

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 11/3/17 20

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Laureen MI ____ Last Name Dopre

E-mail Address ____

Mailing Address 235 Juniper Lane

City Woolwich State NJ Zip 08085

Telephone 215 760-3828 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 Laureen Dopre Date 11-6-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Resolution # 2015-24
JLUB

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

5038004957

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Marcia MI ____ Last Name Pierce

E-mail Address ____

Mailing Address Metropolitan Reporting Bureau P.O. Box 926 Wm. Penn Annex Philadelphia, PA 19105

City ____ State ____ Zip ____

Telephone 800-245-6086 FAX 800-343-9047

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 MPierce Date 11/06/17

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.

Date: 10/23/17 Rept#: 17-18204

Location: AUBURN RD AND SOMERFIELD SWEDESBORO

Involving: ALEXUS SRISBY

RECEIVED
OK NOV 9 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND NE 11/9/17

Swedesboro Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-4670202 Fax: 8564675767

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 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 11/6/2017

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 10/22/2017

End Date 11/4/2017

17-18204, 18288, 18352, 18355, 18368, 18375, 18387, ~~18400~~, 18511, 18507, 18574, ~~18585~~, ~~18666~~, 18692, 18706, ~~18823~~, ~~18857~~, 18882, ~~18963~~

31 pages

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated 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 11-6-17

Denied - Closed

Filled - Closed 11-13-17

Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 11-6-17

Ready Date 11-13-17

Total Pages _____

Final Cost

Total 1.55

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

NG

Custodian Signature

11/13/17

Date

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

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 Huy MI ____ Last Name TRinh

Mail Address 7 Lawrence lane

Billing Address ____

City Turnersville State NJ Zip 08012

Phone ____ 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 11/8/17

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.

MVC 17-17049

RECEIVED
NOV 9 2017
WOOLWICH TWP.
CLERK

104

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

DD 11/8/17

104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 Fax 856-467-3546

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 Susan MI ____ Last Name Patti

Mail Address 11 Cedar Pl

Billing Address Swedesboro

City ____ State NJ Zip 08085

Telephone 609-315-2450 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 Susan Patti Date 11-8-17

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.

MVR 17-1846O

RECEIVED
OK NOV 9 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

DD 11/8/17

104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3546

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 ALYSSA MI M Last Name Fenner

Email Address ALYSSAMARIEE@GMAIL.COM

Mailing Address 339 N MAIN ST APT C

City Woodstown State NJ Zip 08098

Telephone (757) 581-1524 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 11/8/17

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.

MVC 17-1851

RECEIVED
NOV 9 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 11/8/17 10

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 Fax: 856-467-3545

Important Notice

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

Requester Information – Please Print

First Name Joe MI ____ Last Name Salamone

Email Address 7 Pond View Dr Woolwich

Mailing Address ____

City ____ State NJ Zip 08085

Phone 856-472-2171 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 / I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11-13-17

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.

IR 17-18764

11-13-17 [signature]

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

11/13/17 MD

004

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Stephanie MI ____ Last Name Taylor

E-mail Address stephanietaylor622@aol.com

Billing Address 361 Nicklaus Ct

City Woolwich State NJ Zip 08085

Telephone 2152606763 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 11-13-17

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.

R 17-17337

11-13-17 [signature]

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

MD 11/13/17 204

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

Important Notice

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

Requester Information – Please Print

First Name Shawna MI L Last Name Gilroy

E-mail Address gilroyshawna@gmail.com

Mailing Address 312 Back Creek Rd.

City Swedesboro State NJ Zip 08085

Tel. 484-347-4755 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 Shawna Gilroy Date 11/13/17

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.

IR 17-1769

11-13-17 Shawna Gilroy

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 11/13/17

10

WOOLWICH Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3545

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 Jennifer MI A Last Name Espinoza

Email Address tripletoeloop2ca01.com

Billing Address 5439 Pinehurst Dr.

City Wilmington State DE Zip 19808

Phone (729) 686-5447 FAX n/a

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 11/13/17

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.

MVC 17-18006

11-13-17 [signature]

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 11/13/17

154

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 Fax 856-467-3545

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 JOAN MI W Last Name ROBINSON

Email Address

Mailing Address 109 Somerfield Rd

City Woolwich Twp State NJ Zip 08085

Telephone 609-863-1643 FAX

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 11/14/17

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.

Special 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.

IR 17-18555

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 25¢ 11/14/17

BOROUGH OF SWEDESBORO

OPEN PUBLIC RECORDS ACT REQUEST FORM

1500 Kings Highway
Swedesboro, NJ 08085
Phone: 856.467.0202
Fax:856-467.5767

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 Nicole MI R Last Name Huber

E-mail Address

Mailing Address Nicole.Huber@redfin.com 50 Harrison Street, Suite 303

City Hoboken State NJ Zip 07030

Telephone 609-216-7035 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 Nicole Huber HAVE NOT Date 11/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting all closed permits for electrically, plumbing & construction from the last 5 years for the sale of:

62 GLEN ECHO AVE is Block 31, Lot 1.08 in Swedesboro

Responded by email - no records. G.W. 11-16-17

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

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

Records Provided

e-mailed

Custodian Signature 11-16-17 Date

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3545

RECEIVED
NOV 16 2017
WOOLWICH TWP.
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 MACK MI R Last Name STEWART

E-mail Address 7 CHEW LN

Billing Address

City SEWELL State NJ Zip 08080

Phone 856-264-4509 FAX N/A

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

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

Signature Mack R. Stewart Date 11/15/17

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 requested 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.

17-19360

Thorn Cuners

REQUESTING BOTH DASH CAM & BODY CAM VIDEO OF MY STOP ON 11/11/17 BY SGT THORN @ APPROXIMATELY 6:55 PM.

SGT. THORN CALLED MY HOME @ APPROXIMATELY 16:00 PM AFTER I SPECIFICALLY ASKED DISPATCHER I DID NOT WANT TO EVER SPEAK TO ON SITE THAN SGT THORN CALLED MY HOME. HE LET ME TALK @ LENGTH BEFORE HE SAID HE NEEDED MY BLOOD ON FILE BECAUSE HE HAD BEEN SEEN BY A DOCTOR

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

11/15/17 MP MC

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3546

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 Beverley MI K Last Name LEVARI

E-mail Address Beverley.K.LeVARI@Buccaneer-atlantic.Edu

Mailing Address 194 Wheat RD

City RUEWA State NJ Zip 08310

Telephone 856 305 3876 FAX N/A

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 11-17-17

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.

MVC 17-18857

RECEIVED
NOV 17 2017
WOOLWICH TWP.
CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ND 11/17/17

164