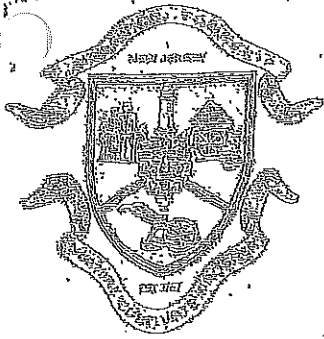
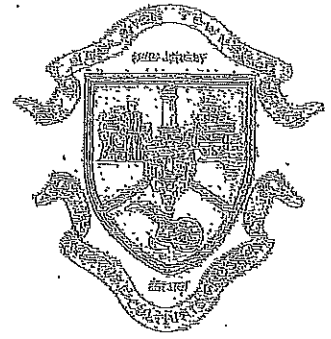




WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
120 Village Green Drive
Woolwich Township, NJ 08035
856-467-2666 fax: 856-467-3545



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
Email Address HONG
Mailing Address 227 Vannemen Blvd apt C
City Paulsboro State NJ Zip 08066
Telephone 856-472-1537 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 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 17-12673

[Signature]

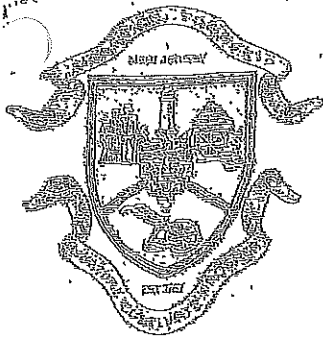
AGENCY USE ONLY

AGENCY USE ONLY

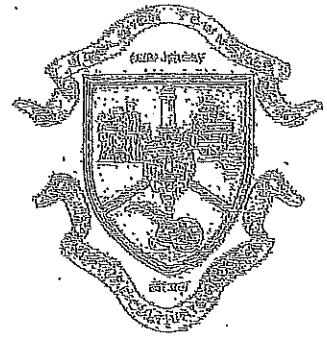
AGENCY USE ONLY

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

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Requester Information -- Please Print

First Name JAMES MI A Last Name Brick
E-mail Address jabucknj@qwest.com
Mailing Address 317 HOLLY AVE
City Woolwich, NJ State NJ Zip 08097
Telephone 302.514.5230 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. 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 8/1/17

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.

IR 17-12937

AGENCY USE ONLY

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AGENCY USE ONLY

[Signature] ND 8/1/17 104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085

856-467-2868 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 ☒

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  NIC

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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 _____
 Telephone **800-245-1068** 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 *[Signature]* 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

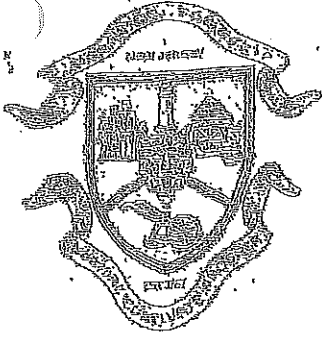
AGENCY USE ONLY

AGENCY USE ONLY

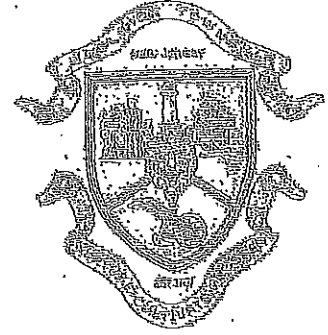
ND

n/c

8/4/17



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3546



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 Zachary MI C Last Name Calloway
E-mail Address Zmail127@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. 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 Zachary 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 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 17-11994

AGENCY USE ONLY

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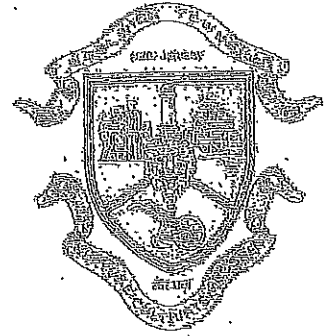
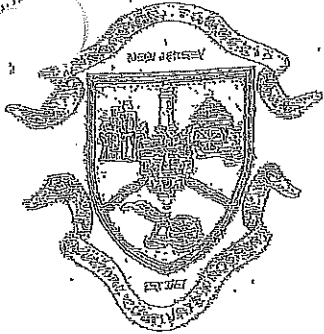
AGENCY USE ONLY

NO 8/3/17 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 Remond MI MI Last Name Snyder
E-mail Address Cambridge - Remond @ Comcast.net
Mailing Address 565 Cambridge Rd
City Trentonville State N.J. Zip 08612
Telephone 609-502-5879 FAX 856-227-3470
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. 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 8/2/2017

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.

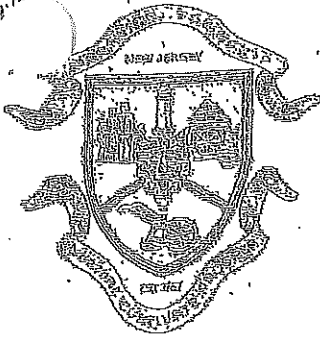
IR 17-13376

AGENCY USE ONLY

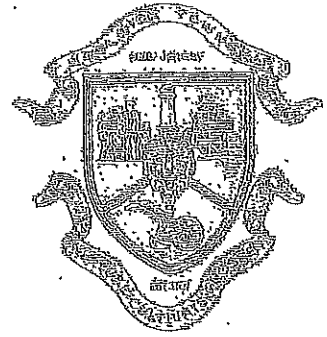
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AGENCY USE ONLY

[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

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Requestor Information -- Please Print

First Name Dawn MI J Last Name Ogren
E-mail Address djogren1@gmail.com
Mailing Address 1 Pondview Dr 1202
City Woolwich Twp State NJ Zip 08085
Telephone 856-308-2143 FAX _____
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:2B-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 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.

1R-17-12830

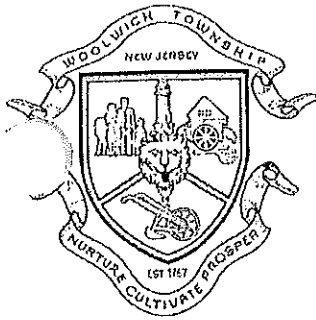
AGENCY USE ONLY

AGENCY USE ONLY

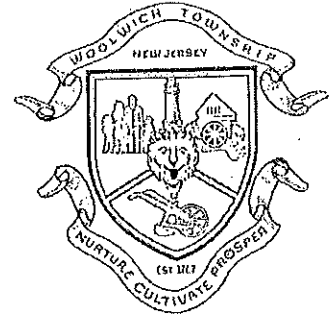
AGENCY USE ONLY

[Signature]

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

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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 ☒
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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	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.	

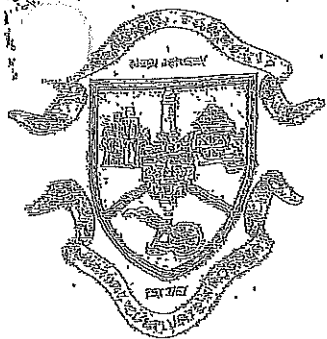
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

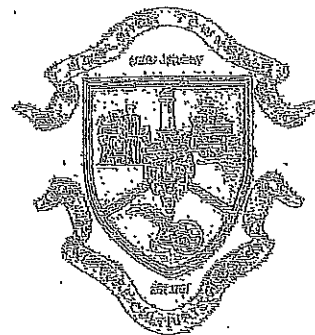
AGENCY USE ONLY

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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

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Requester Information - Please Print

First Name Marlene MI I Last Name Colquitt
E-mail Address TollColquitt@comcast.net
Mailing Address 121 Robins Run East
City Hogan Twp State NJ Zip 08085
Telephone 856 467-1477 FAX _____
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 8-3-17

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

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AGENCY USE ONLY

[Signature]

8/3/17

OR

MVC

8/3/17

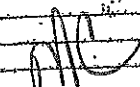
104

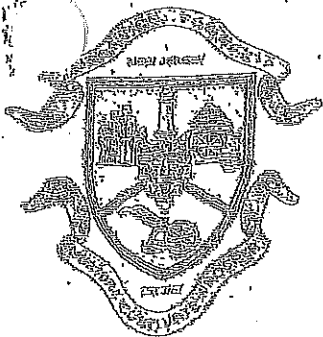
The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

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.	

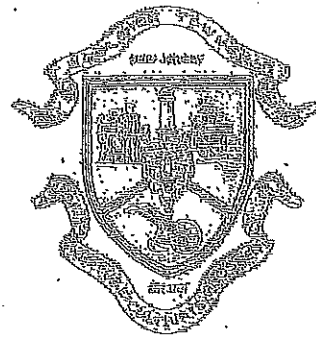
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

MVC 17- 12573

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information Tracking #: _____ Rec'd Date: _____ Ready Date: _____ Total Pages: _____		Final Cost Total: _____ Deposit: _____ Balance Due: _____ Balance Paid: _____
Est. Delivery Cost	_____		Records Provided: _____		
Est. Extras Cost	_____				
Total Est. Cost	_____				
Deposit Amount	_____				
Estimated Balance	_____				
Deposit Date	_____	In Progress _____ Denied _____ Filled _____ Partial _____	Open _____ Closed _____ Closed _____ Closed _____		
				Custodian Signature: _____ Date: 8/3/17	



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

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Requestor Information - Please Print

First Name J. Aaron MI A Last Name Cahoon-Hess
E-mail Address Sparrow 7121@aol.com
Mailing Address 1026 Wesley Ave
City National Ave State NJ Zip 08063
Telephone 856-381-8353 FAX 856-405-0350
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 John Cahoon-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 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.

112 17-13149

AGENCY USE ONLY

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AGENCY USE ONLY

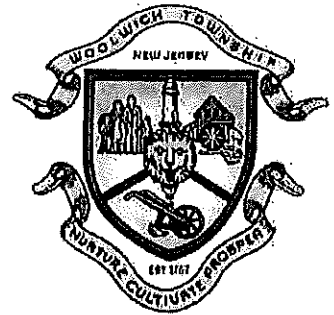
OK 8/3/17

8/3/17 ND

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 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 DeStefano 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

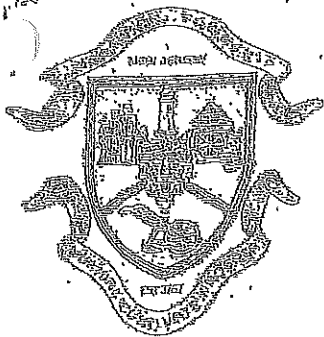
Were permits closed for a finished basement with a full bathroom?

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

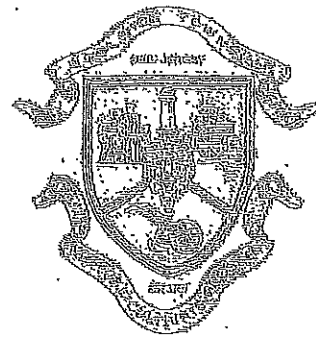
AGENCY USE ONLY

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 MI Last Name Petrini
E-mail Address E.K. Petrini @ USA.NET
Mailing Address 201 PENOSA DR
City Vineyard State NJ Zip 07360
Telephone 8566468302 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 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 17-1174

AGENCY USE ONLY

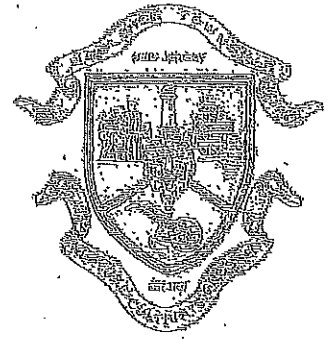
AGENCY USE ONLY

AGENCY USE ONLY

ND 8/4/17 10⁰⁰



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 Chiano MI J Last Name Hall

E-mail Address _____

Mailing Address 1 Oaks Dr. A205

City Sweedsboro State NJ Zip 08085

Telephone (956) 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:2B-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.

IR 17-12896

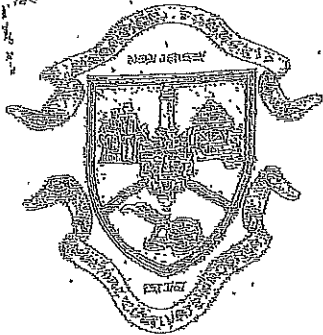
AGENCY USE ONLY

AGENCY USE ONLY

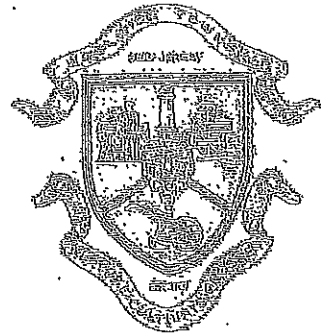
AGENCY USE ONLY

AD 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

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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 609 457 8216 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



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 120 Village Green Drive
 Woolwich Township, NJ 08086
 856-467-2666 fax: 856-467-3545



Important Notice

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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 \$ _____

Selected 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-~~13416~~
~~13450~~ MN.
~~13458~~
~~13531~~ EG
~~13532~~
~~13656~~

~~13716~~
~~13711~~

13 pages

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

no

8/15/17

654

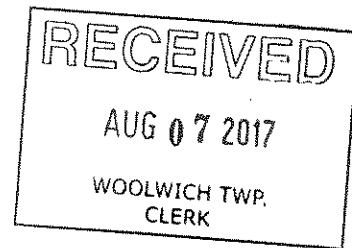
REQUEST FOR COPY OF ORDINANCE

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:

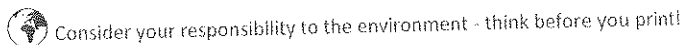
"Chapter 46: Police Department
[Pursuant to Ord. No. 15-2009, the Mayor and Borough Council of the Borough of Swedesboro abolished its Police Department and contracted police services to the Township of Woolwich. A copy of the ordinance is available in the Clerk's office]"

As we discussed, our office needs a copy of the above mentioned 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 ordinance 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



Consider your responsibility to the environment - think before you print!

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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 _____		
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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.		
Signature _____	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

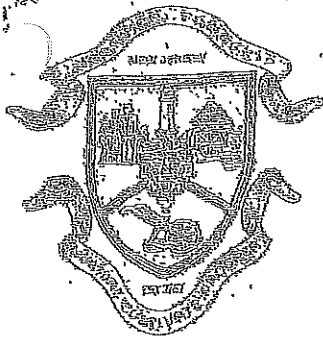
James Quigley | Pa | 07496908

AGENCY USE ONLY

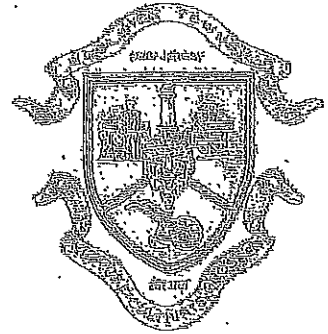
AGENCY USE ONLY

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

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Requestor Information - Please Print

First Name Justin MI W Last Name DeShazo
E-mail Address Justin - DeShazo5@yahoo.com
Mailing Address 26 Mechanic St
City Sweedenboro 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 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.

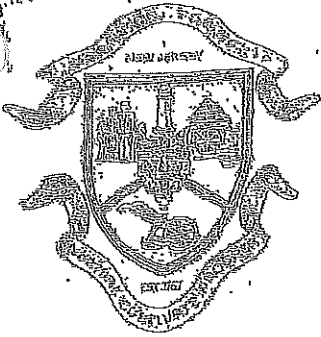
MVL 17-12125

AGENCY USE ONLY

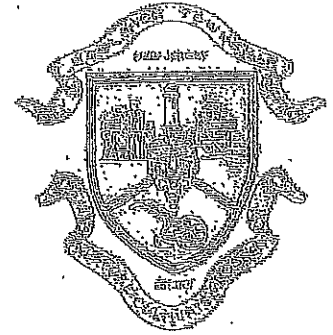
AGENCY USE ONLY

AGENCY USE ONLY

NO 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

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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. C:2B-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 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.

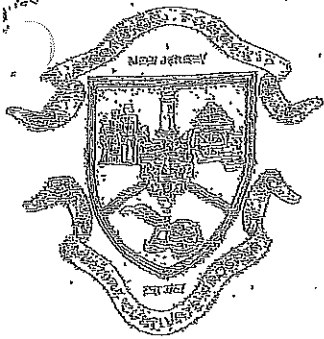
MVC 17-12892

AGENCY USE ONLY

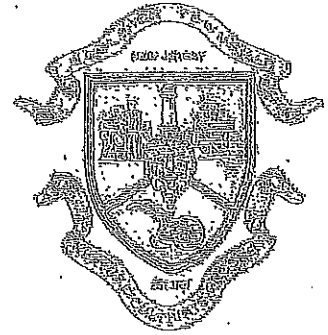
AGENCY USE ONLY

AGENCY USE ONLY

NJ 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

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Requestor Information -- Please Print

First Name Michael MI 5 Last Name Reino
E-mail Address Reino@bllbh.com
Mailing Address 484 W. Clinton St
City Clayton State NJ Zip 08312
Telephone 856-500-5947 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
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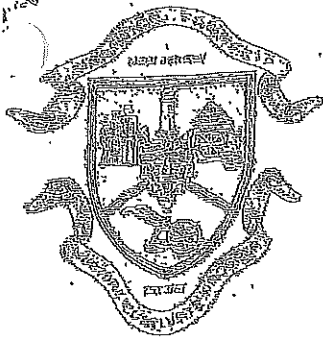
MVC 17-9200

AGENCY USE ONLY

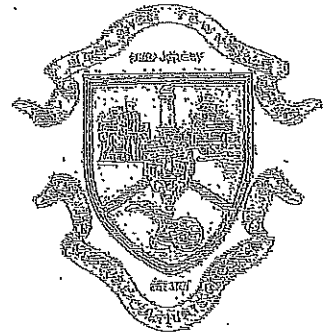
AGENCY USE ONLY

AGENCY USE ONLY

NO 8/10/17 104



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
120 Village Green Drive
Woolwich Township, NJ 08025
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-Maddes
E-mail Address _____
Mailing Address 228 Garwin Rd
City Woolwich Twp. State NJ Zip 08055
Telephone 856-241-1627 FAX _____
Preferred Delivery: Ptk 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-Maddes 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 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.

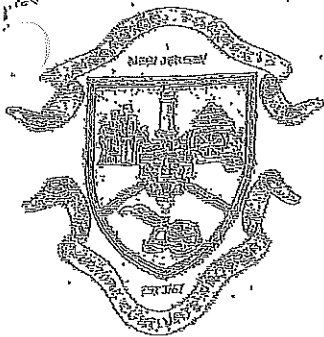
12 17-13610

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

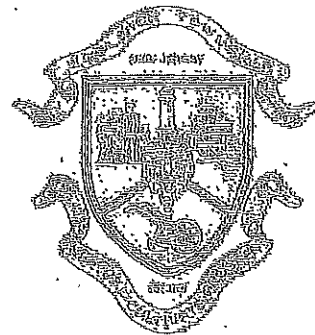
NO 8/14/17 104



WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08035
856-467-2666 fax: 856-467-3545



Important Notice

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Requestor Information - Please Print

First Name Joyce MI Last Name Wilson
E-mail Address blurbabyblue@aol.com
Mailing Address 1 West Break Dr. 14-104
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 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.

1R 17-13832

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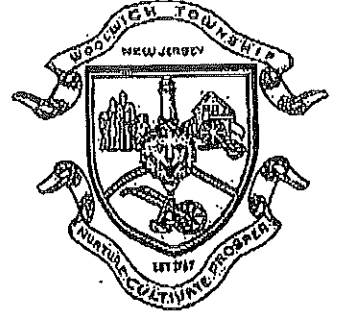
AGENCY USE ONLY

AGENCY USE ONLY

NO 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**

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Requestor Information - Please Print

First Name Miriam MI Last Name WEISS ESQ
 E-mail Address Lavellino@muweislaw.com
 Mailing Address 41 Bayard St. 2nd Fl
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.
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Copies of all MVA reports
from 8-7-17 to 8-13-17

17-13783
17-13783 - EB
17-13783 - MN
13895
13895
13900

17-13783 - LT
17-13783 - MN
14044

11 pages

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AGENCY USE ONLY

NO 9/1/17 SSR

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

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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 _____ Fax _____ Email ☒ _____
 If you are requesting records containing personal information, please check 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 Richard P. Glunk, M.D. Date 08/14/2017

Payment Information

Maximum Authorization Cap. \$ _____
 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
 Pt1. Eric Petroski # 2323

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress _____ Open _____ Quoted _____ Closed _____ Filled _____ Closed _____ Partial _____ Closed _____	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ Records Provided _____		Final Cost Total _____ Deposit _____ Balance Due <u>A/C</u> Balance Paid _____
Est. Delivery Cost	_____				
Est. Extras Cost	_____				
Total Est. Cost	_____				
Deposit Amount	_____				
Estimated Balance	_____				
Deposit Date	_____			<u>MD</u> Custodian Signature	<u>8/15/17</u> Date

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.nj.us
 Mailing Address 222 S. Warren St. (DHS/OPIA) Apt 600
 City Trenton State N.J. Zip 08625-0700
 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 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.

I am requesting a Police Report filed with the Woolrich Township Police Department on 06/20/17 with Patrol Man Matthew Loughlin #2317, case number 17-11694. The report was regarding an alleged physical abuse to Lirije Krasnigi, 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. Extra 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 _____

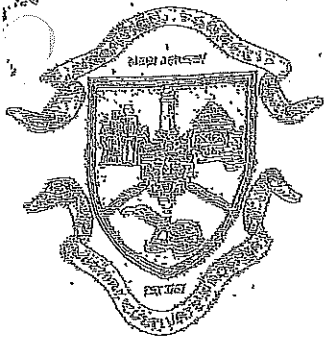
Final Cost

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

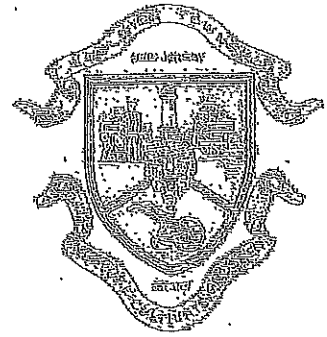
Records Provided

[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: 856-467-3545



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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 Kaufman
Email Address rkmullica@comcast.net
Mailing Address 1 Crabapple Court
City Mullica Hill State NJ Zip 08062
Telephone 856-223-0456 FAX _____
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 Ruth Kaufman 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 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.

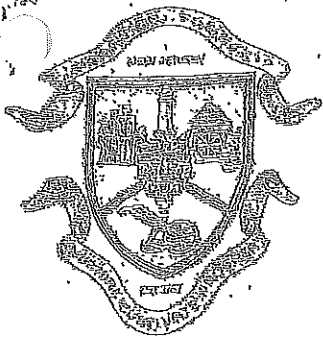
MVC 17-7684

AGENCY USE ONLY

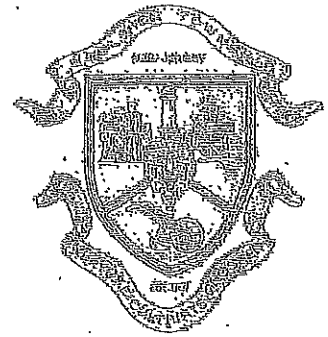
AGENCY USE ONLY

AGENCY USE ONLY

ND 8/16/17 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 ORLIN MI J Last Name JESPersen
E-mail Address orlinj@cabinnj.edu
Mailing Address 133 Westwood Dr
City Woolwich Twp State NT 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. 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 8/16/17

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.

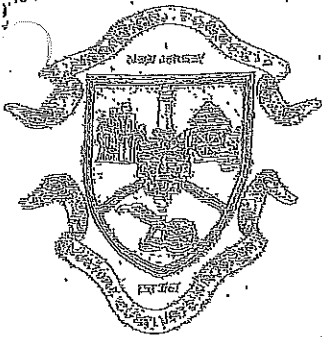
10-236

AGENCY USE ONLY

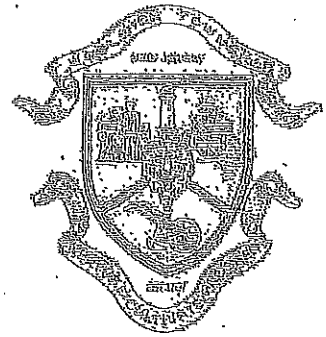
AGENCY USE ONLY

AGENCY USE ONLY

8/16/17 MD 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 Michael MI I Last Name Leblang
E-mail Address Mike2595@msn.com
Mailing Address 1 Pond View Apt P-102
City Woolwich Twp State NJ Zip 08085
Telephone 215-901-7245 FAX 856-975-6338
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 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 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

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 **800-245-1008** FAX **800-343-9047**
 Preferred Delivery: ☐ Pick Up ☒ US Mail ☐ On-Site ☐ 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 **08/18/17**

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:

OK JD 9-5-17

9/5/17 no nic

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 828 Wm. Penn Annex
Philadelphia, PA 19105
 City _____ State _____ Zip _____
 Telephone **800-245-1068** 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 *[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

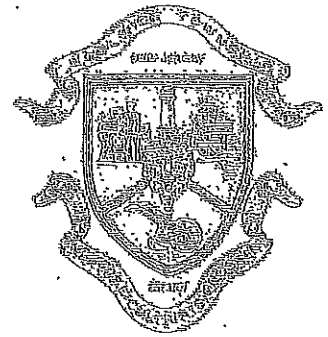
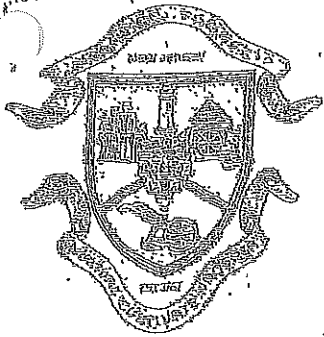
ND 8/25/17 nlc

[Signature]
 8-18-17

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08035
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. 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 8-18-17

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.

MVC 17-9929

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ND 8/18/17 nlc

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.

In 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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	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 Cozzz
 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 ☒
 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 MTT Date 8/21/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.06 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.

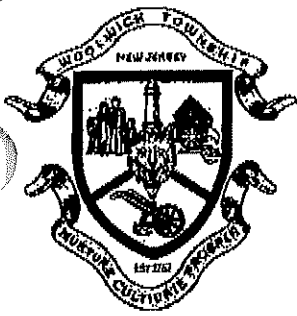
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

Looking for Construction drawings of my house at the above address.
 Thank You A-1- A-2- SB-1 SA2
 Matt
 \$7.80 \$1.95 per page
 Pd. to Finance 9-1-17, per Jim.
 Request fulfilled at Bellia 9-6-17 G.W.

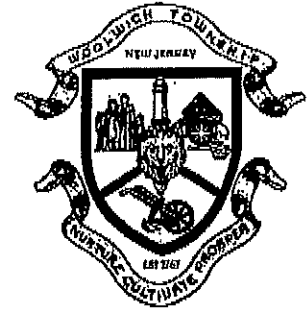
AGENCY USE ONLY

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 801
 City Morristown State NJ Zip 07960
 Telephone 973-343-4984 FAX 973-343-4970
 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.

Please see Schedule A

AGENCY USE ONLY

AGENCY USE ONLY

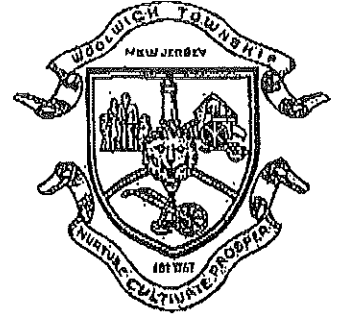
AGENCY USE ONLY

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

OK [Signature] 8-21-17



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 120 Village Green Drive
 Woolwich Township, NJ 08085
 856-467-2686 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 8-26-17

17-14207

17-14388

14202

14301

14442

-1425442101

14475

14300

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

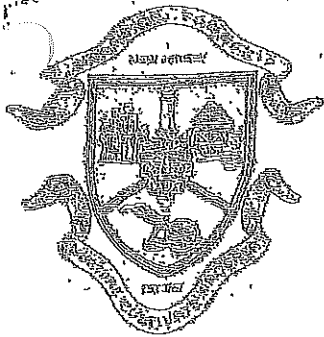
18 pages

904

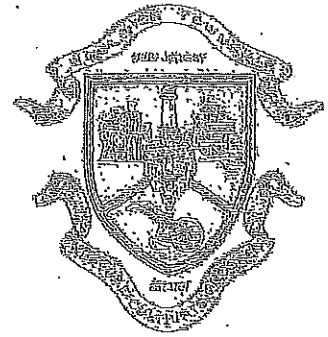
NO 9/20/17

9-20-17

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

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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) 467-6855 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 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 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.

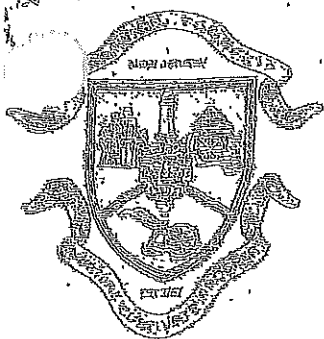
12 17-13788

AGENCY USE ONLY

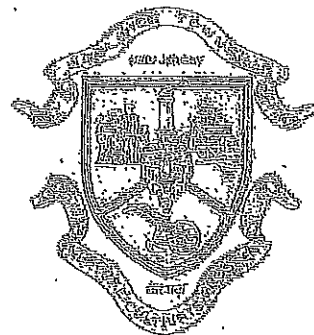
AGENCY USE ONLY

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.

Requester Information - Please Print

First Name Winfield MI C Last Name West
E-mail Address westoas@comcast.net
Mailing Address 38 Salisbury Way
City Swedesboro State N.J. Zip 08085
Telephone 856-467-5285 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 8-22-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.06 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)

GK Jader
8-22-17

AGENCY USE ONLY

AGENCY USE ONLY

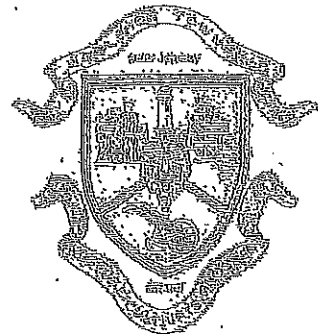
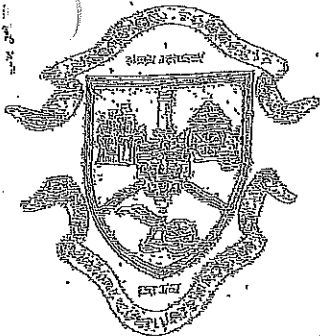
AGENCY USE ONLY

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 BENSALLEN State PA Zip 19020
Telephone 215 6336895 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 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 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.

12 17-13591

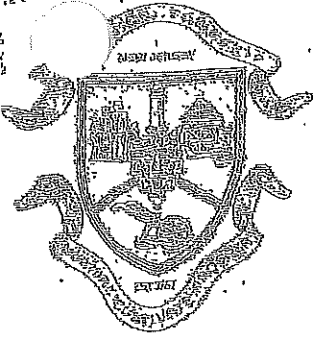
Shirley Elder 8-23-17

AGENCY USE ONLY

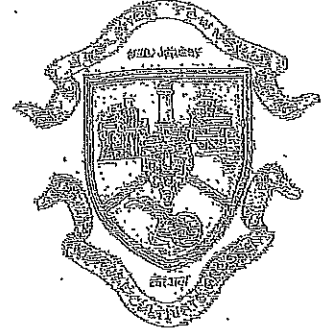
AGENCY USE ONLY

AGENCY USE ONLY

NO 8/23/17 2017



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 08005
Telephone 856 294 9488 FAX _____
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. 17-28-3, 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

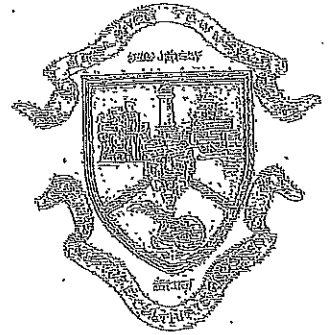
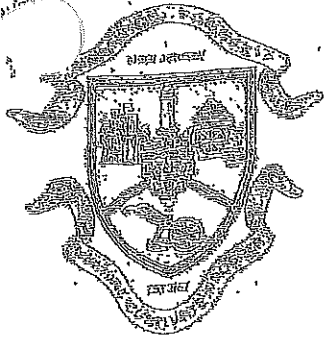
AGENCY USE ONLY

NO 8/23/17 104

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 BARBARA MI MI Last Name SMITH
E-mail Address DIZZYBEANER@GMAIL.COM
Mailing Address 1 WESTBROOK DR APT F107
City WOOLWICH TWP State NJ Zip 08021
Telephone 856-816-8059 FAX _____
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 Smith 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 17-13414

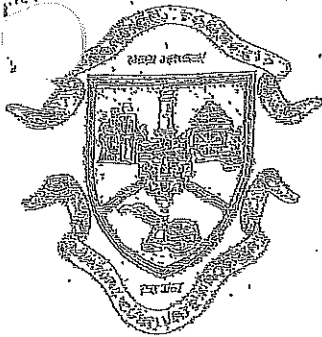
62 J. Dee 8-23-17

AGENCY USE ONLY

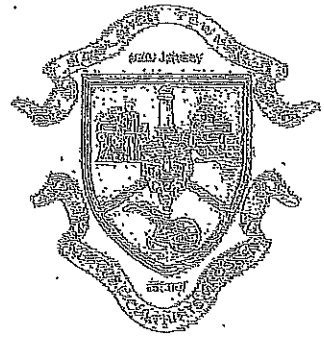
AGENCY USE ONLY

AGENCY USE ONLY

NID 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

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Requester Information - Please Print

First Name Pamela MI A Last Name Barr
Email Address pamela.barr@gmail.com
Mailing Address 311 Catawba Dr.
City Logan Twp State NJ Zip 68085
Telephone 856 241-9330 FAX N/A
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 P. 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 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 17-12347

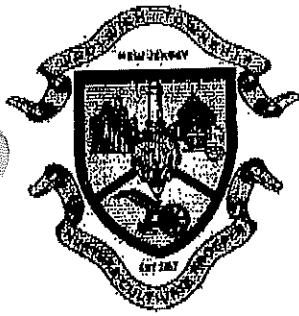
OK Dee
8-23-17

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

NID 8/23/17 104



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 120 Village Green Drive
 Woolwich Township, NJ 08085
 856-467-2866 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 Morrislown State NJ Zip 07960
 Telephone 973-343-4984 FAX 973-343-4870
 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 Tatiana Abramov Date 08/25/17

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.

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Please see Schedule A

David + Sons Meats - 120 Center Sq. Rd., Suite 204
 Permits #16-295 + #16-326
 29 Pages = 1.45
 2 Prints = 3.90 - Need P.O. for Bellia
 Total 5.35

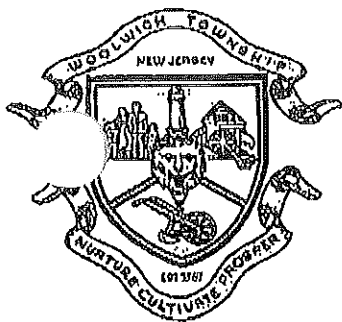
Request Fulfilled 9-6-17 & mailed G.W.

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

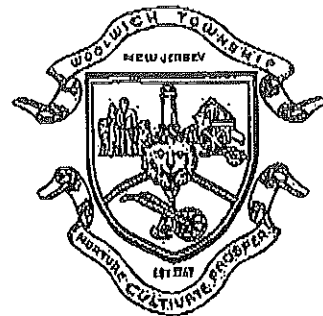
AGENCY USE ONLY

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

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Requestor Information - Please Print

First Name Miriam MI W Last Name Weiss ESQ
 E-mail Address Lavellino@murisslaw.com
 Mailing Address 41 Bayard St. 2nd Fl
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 \$
 Selected 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

✓14962 - NO Report

✓14973 - 21.2954

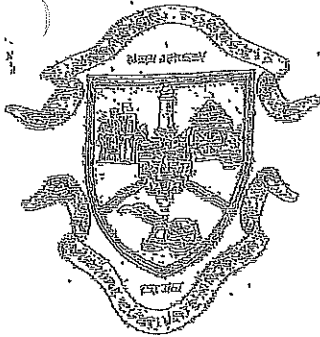
10 pages

AGENCY USE ONLY

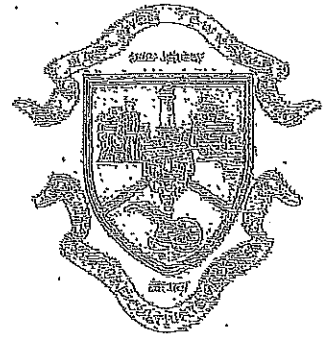
AGENCY USE ONLY

AGENCY USE ONLY

no 9/7/17 504



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

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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.
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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.

MR 17-1404

AGENCY USE ONLY

AGENCY USE ONLY

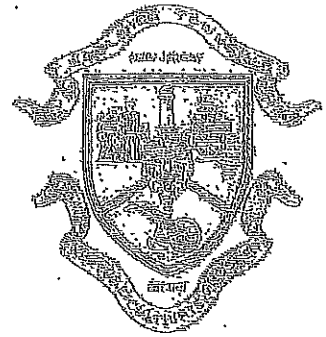
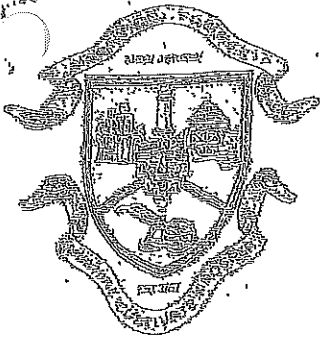
AGENCY USE ONLY

NO 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

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Requester Information - Please Print

First Name Shesly MI J Last Name Gonzalez
E-mail Address sheslygonzalez@gmail.com
Mailing Address 205 Spruce Trl
City SWEDENBORO 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 ~~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.

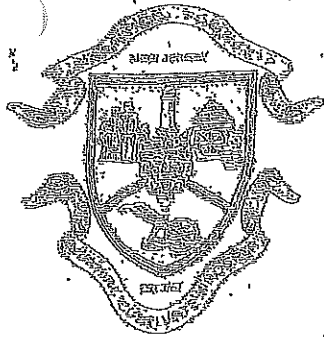
IR 17-14578

AGENCY USE ONLY

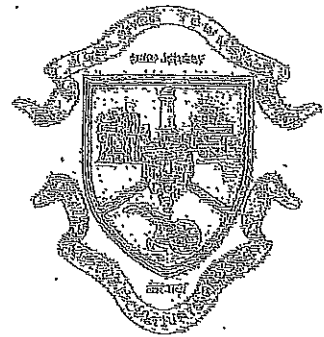
AGENCY USE ONLY

AGENCY USE ONLY

NO 8/28/17 154



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax: 856-467-3546



Important Notice

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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 Jameson State Ky Zip 42629
Telephone 859-333-0718 FAX 859 252 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. 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 8-28-17

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.

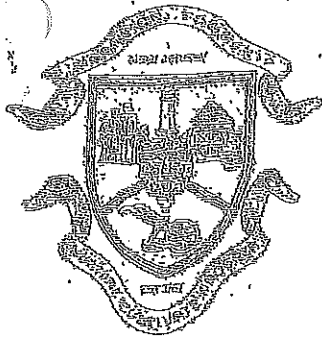
MVC 17-14795

AGENCY USE ONLY

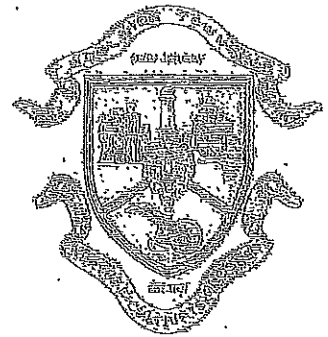
AGENCY USE ONLY

AGENCY USE ONLY

MO 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 STEVEN MI J. Last Name AVSE C
E-mail Address SAVSEC-33@Yahoo.com
Mailing Address 145 Winding Way
City Woolwich Twp State N.J. Zip 08085
Telephone 467-4241 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 8/28/17

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
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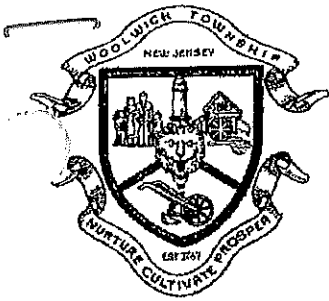
MVC 17-14307

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

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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 ☒ 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 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
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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.

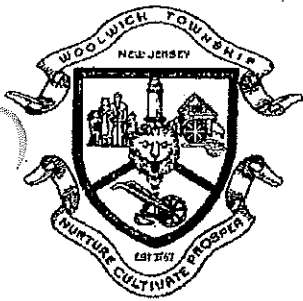
AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

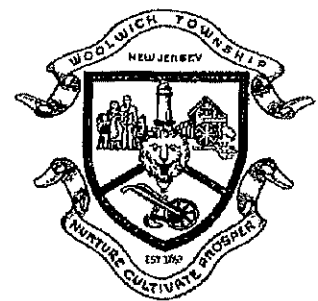
Responded by e-mail - 4 files. G.W. 8/29/17

OK 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



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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 ☒ US Mail ☐ On-Site ☐ 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
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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).

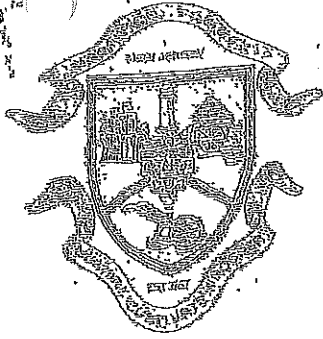
I am specifically interested in any information you may have relating to underground and aboveground storage tanks, hazardous material usage/storage, hazardous waste generation, parcel number, prior site usage, existing/expired permits, documented violations, septic fields/systems, wells, asbestos/lead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

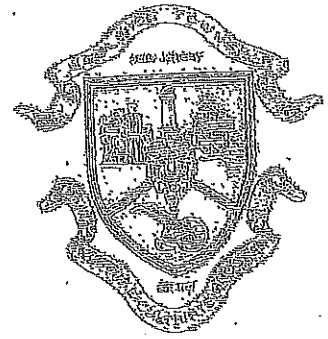
AGENCY USE ONLY

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

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Requester Information -- Please Print

First Name DAVID MI P Last Name MANSSEN

E-mail Address _____

Mailing Address 6 WILSHIRE BLVD

City SWEDENBORO 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. 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 Manssen 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

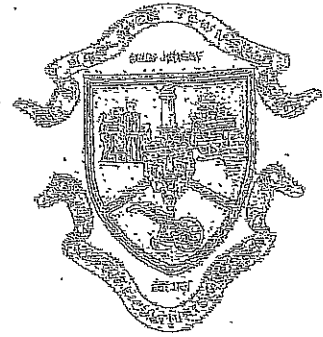
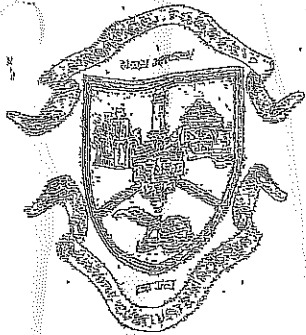
AGENCY USE ONLY

8/29/17 N.D. 100

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 Dante MI S Last Name Maccarone
E-mail Address DX macc10@gmail.com
Mailing Address 334 Oak Grove Rd
City Woolwich State NJ Zip 08085
Telephone 856/472-3959
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 8-29-2017

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.

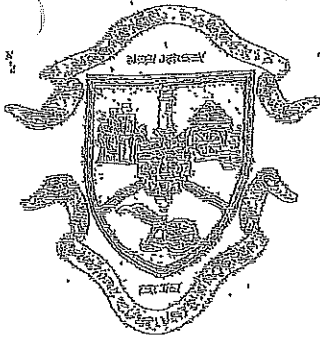
MVC 17-14207

AGENCY USE ONLY

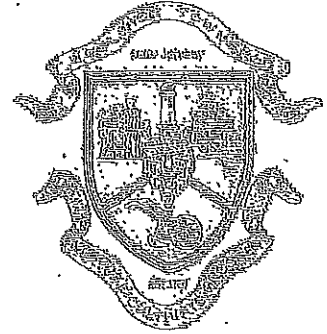
AGENCY USE ONLY

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

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Requestor Information - Please Print

First Name Shirley MI D Last Name CARTER
E-mail Address Shirley.Carter228@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 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 17-13981

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AGENCY USE ONLY

AGENCY USE ONLY

NO 8/30/17 200 130



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

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Requestor Information - Please Print

First Name Alexandria MI 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 8/30/2017

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

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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		
City	State	Zip
Telephone	FAX	
Preferred Delivery:	Pick Up	US 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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.		
Signature	Date	

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

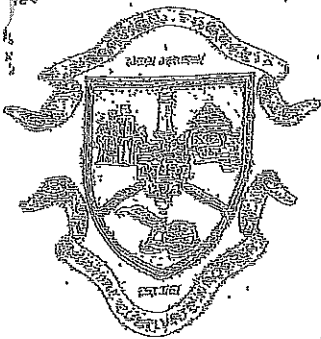
Involving: Roy Miller

AGENCY USE ONLY:

AGENCY USE ONLY:

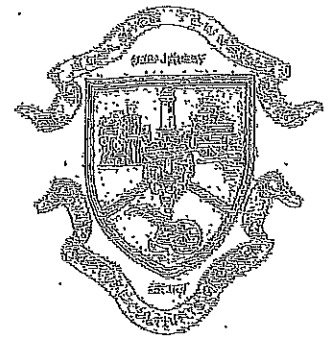
AGENCY USE ONLY:

NO 9/1/17
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.

Requester Information - Please Print

First Name John MI Last Name Crescenzi
Email Address wjproct71@msn.com
Mailing Address 106 KIRSCHLING DR.
City Woolwich State NJ Zip 08085
Telephone 215 499 8617 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 8/30/17

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.

MVC 17-14307

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

ND 8/31/17 151

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 928 Wm. Penn Annex
Philadelphia, PA 19105
 City _____ State _____ Zip _____
 Telephone **800-245-1008** 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 *Santo 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

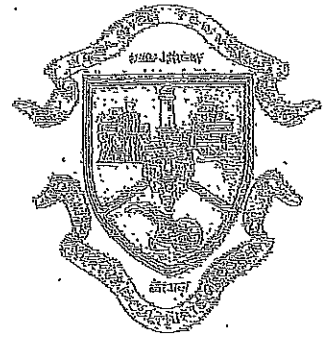
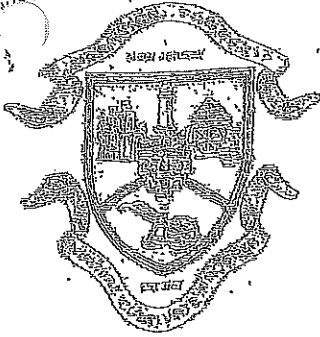
AGENCY USE ONLY

9/5/17 NK
 OK *[Signature]*
 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

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Requester 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 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 17-14795

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

no 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 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 *[Signature]* 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

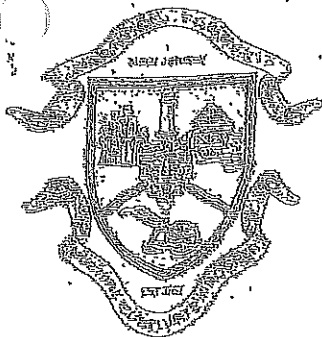
Involving: Natasha Moore

AGENCY USE ONLY

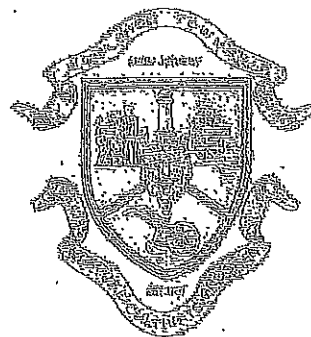
AGENCY USE ONLY

AGENCY USE ONLY

9/8/17 ND n/c



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

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Requestor Information -- Please Print

First Name Luz MI N Last Name Marx
E-mail Address palmbch16@aol.com
Mailing Address 856 Ashburn Way
City Woolwich State NJ Zip 08085
Telephone (H) 856-294-9414 Cell 609-702-8380
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.

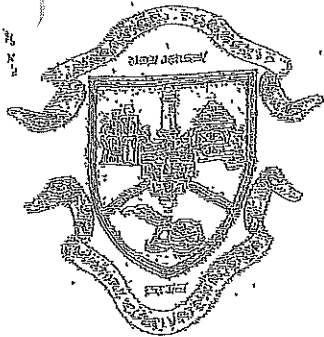
MNC 17-13900

AGENCY USE ONLY

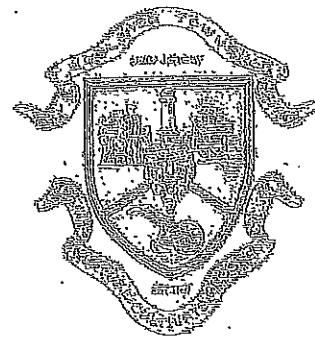
AGENCY USE ONLY

AGENCY USE ONLY

NO 9/5/17 554



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

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Requestor Information - Please Print

First Name Wendy MI Last Name Wynn
E-mail Address hla12345678 @ 94-Com
Mailing Address 144-63 28th Ave F.L.I.
City NY State NY Zip 11354
Phone 924.341.9245 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 Wendy Wynn 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.

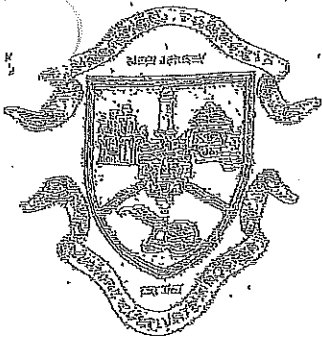
MNC 17-15305

AGENCY USE ONLY

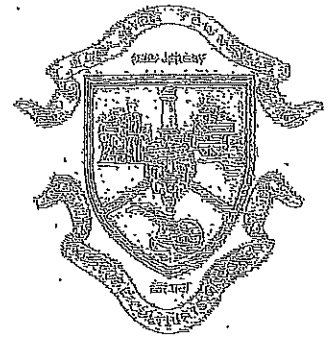
AGENCY USE ONLY

AGENCY USE ONLY

no 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

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Requester Information - Please Print

First Name Christopher MI A Last Name George
E-mail Address RumpelPoreskin420@gmail.com
Mailing Address 404 Werner Ave.
City Glendora State PA Zip 19036
Telephone 610-321-9653 FAX _____
re. 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.

AR 17-12801

OK 9-5-17
[Signature]

AGENCY USE ONLY

AGENCY USE ONLY

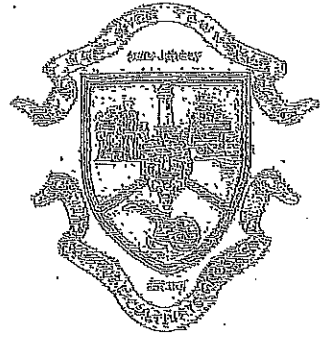
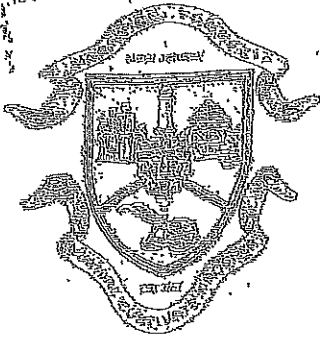
AGENCY USE ONLY

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 MI Last Name Surianni
 Email Address Surianni HQ@a.comcast
 Mailing Address 122 Laurel Trail
Sweethorbo State NJ Zip 08085
 Phone 856-364-3926 FAX 856-364-3926
 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 Antonella Surianni Date 8/5/17

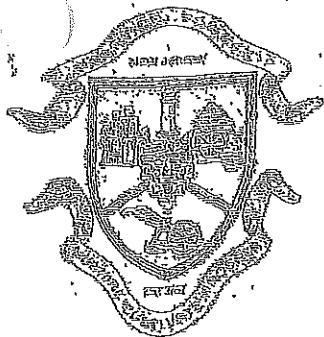
Payment Information

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.

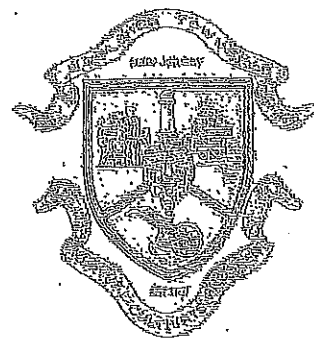
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

MVC 17-15131

OK [Signature]
 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 Joe MI _____ Last Name Salamone
E-mail Address Salamone.JS@yahoo.com
Mailing Address 2 Pondview Drive N301
City Woolwich State NJ Zip 08085
Phone 856-472-2171 FAX _____
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:2B-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.

IR 17-13087

OK [Signature]
9-5-17

AGENCY USE ONLY

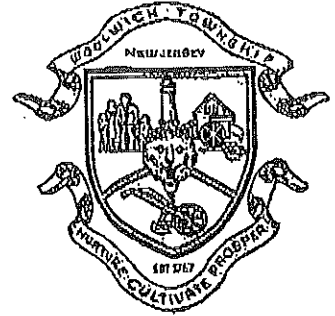
AGENCY USE ONLY

AGENCY USE ONLY

NO 9/5/17 204



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 Miriam MI Last Name Weiss ESQ
 E-mail Address Lavellino@munislaw.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 \$
 Selected 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
15345

AGENCY USE ONLY

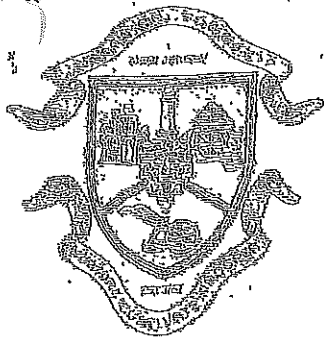
AGENCY USE ONLY

AGENCY USE ONLY

13 pages US4

NO 9/20/17

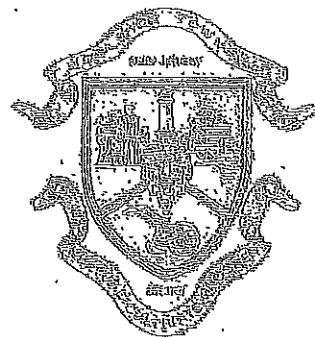
OK 9-20-17



WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woodwich Township, NJ 08025
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 David MI MI Last Name Brown

E-mail Address

Mailing Address PO Box 1342

City Camden State NJ Zip 08105

Telephone 609-895-4030 FAX _____

Pre-Paid Delivery: ☒ Pick Up ☒ US Mail ☐ On-Site ☐ 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 11/6/2017

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

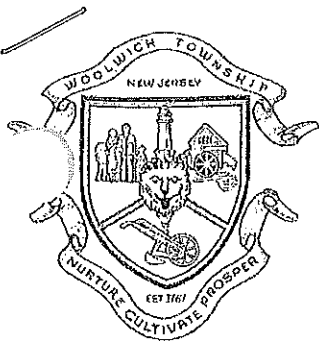
9.7.17

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

NO 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 Daberkoe
E-mail Address valerie@envirosureinc.com
Mailing Address 319 South 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 ☒ 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 Valerie Daberkoe Date 9/10/17

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.

EnviroSure is conducting a Phase I EBT at 11041 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.

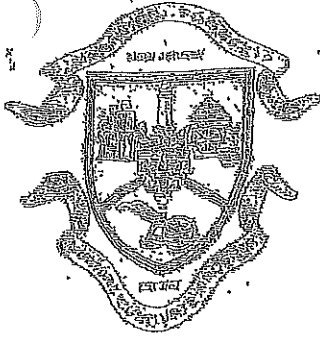
Completed 9-11-17 via e-mail N/C

9-11-17

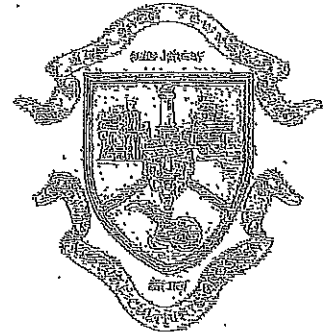
AGENCY USE ONLY

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 ☒ 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 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.

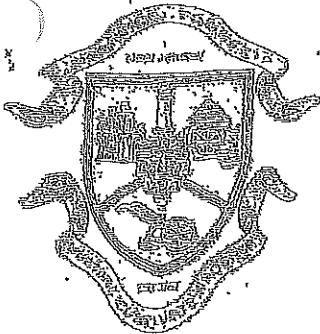
MVC 17-13900

AGENCY USE ONLY

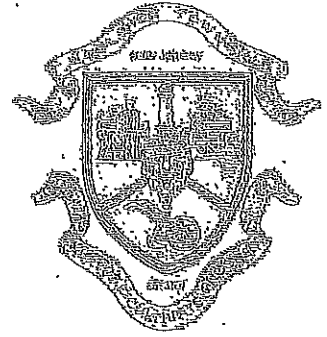
AGENCY USE ONLY

AGENCY USE ONLY

no n/c 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 MI Last Name Martinez
E-mail Address _____
Mailing Address 110 B Church Street
City Sweedsboro State NJ Zip 08085
Telephone 856-418-8133 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:2B-9, 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 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.

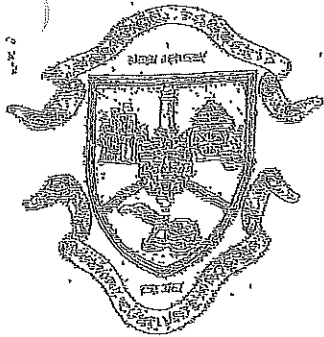
MVC 17-15249

AGENCY USE ONLY

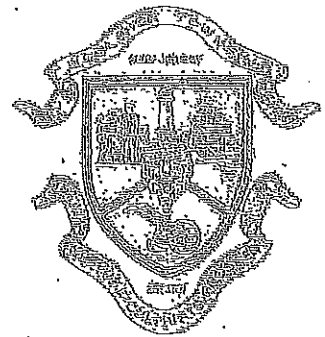
AGENCY USE ONLY

AGENCY USE ONLY

ND 9/8/17 200



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 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 ☐ 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:28-9, 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

no

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

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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 **800-245-1008** 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 *[Signature]* Date **09/11/17**

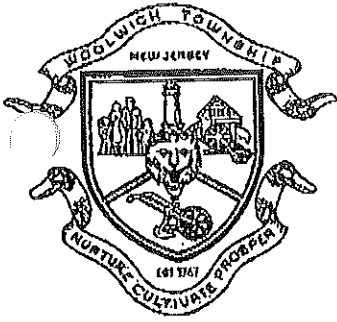
Payment Information

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.

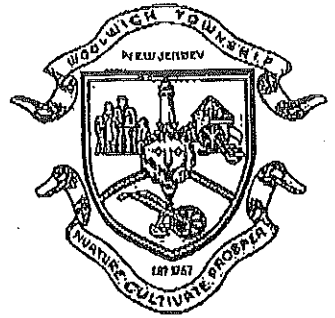
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

Date: 06/22/17 Rept#: _____
Location: KINGS HWY
Involving: Corey Gray
SWEDESBORO

AGENCY USE ONLY: _____ AGENCY USE ONLY: _____ AGENCY USE ONLY: _____
no nk 9/13/17



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 120 Village Green Drive
 Woolwich Township, NJ 08085
 856-467-2666 fax: 856-467-3545

**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@muratisslaw.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 - \$0.06 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-Deer

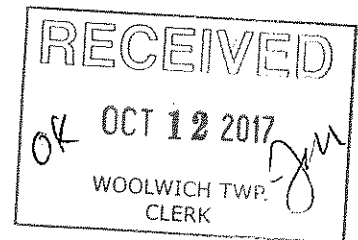
15671-11N

15547

15526 11A

15544

15612



AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

NO 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 _____		
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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.		
Signature _____	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

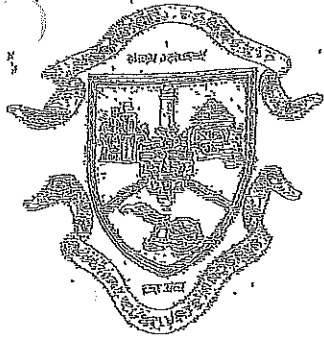
Thomas Sorbello | Nj | S65607400010362

AGENCY USE ONLY

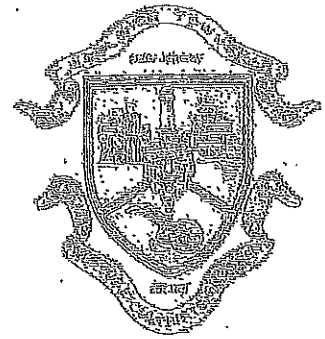
AGENCY USE ONLY

AGENCY USE ONLY

NP 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

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Requester Information -- Please Print

First Name Natasha MI L Last Name Moore
E-mail Address NAASH.Natasha.moore.80@gmail.com
Mailing Address 420 Broad St
City Swedesboro State NJ Zip 08085
Telephone 856-275-4665 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:2B-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

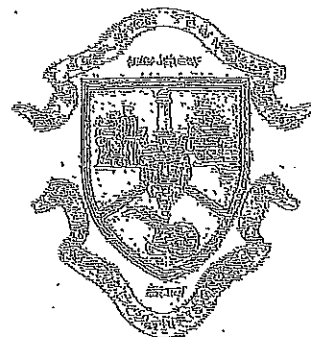
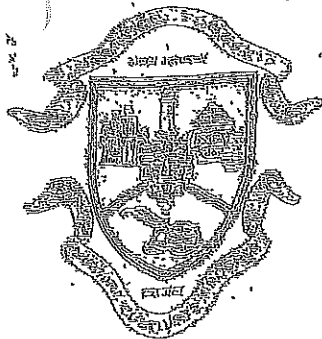
AGENCY USE ONLY

NO 9/11/17 204

WOOLMECH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
 Woolmech 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 David MI MI Last Name Ross
 E-mail Address Dhond@gmail.com
 Mailing Address 107 Somerfield Rd
 City Swoodesboro State NJ Zip 08085
 Phone 609-367-6429 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 Samuel Ross Date 9/12/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.06 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 17-14360

AGENCY USE ONLY

AGENCY USE ONLY

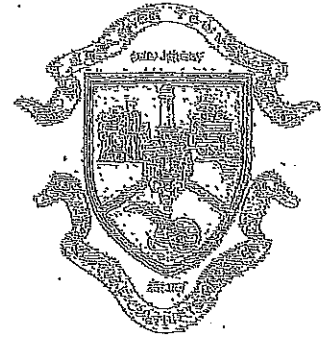
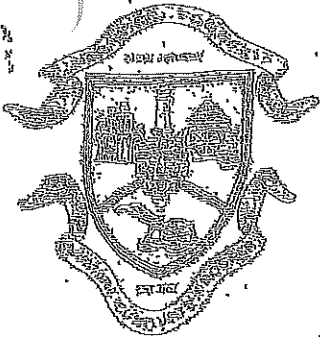
AGENCY USE ONLY

ND 9/12/17 104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08025
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 MI Last Name Long
Email Address _____
Mailing Address 278 Jessups Hill Rd
City Clarksboro State NJ Zip 08020
Tel 856-423-5167 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. 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 9-13-17

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

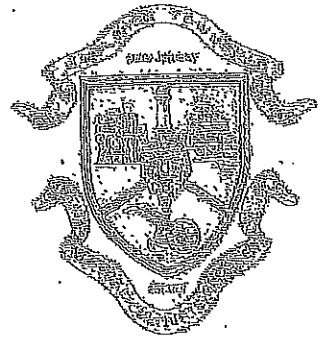
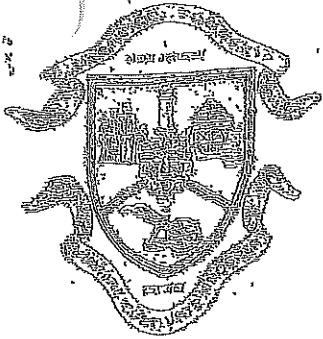
AGENCY USE ONLY

ND 9/13/17 104

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.

Requester Information -- Please Print

First Name Denise MI M Last Name Gravatt
E-mail Address dgravatt@yahoo.com
Mailing Address 540 Danlin St Rd
City Gibbstown State NJ Zip 08027
Tel 856 466 6664 FAX _____
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspection ☐ Fax ☐ Email _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C28-3, 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 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 17-14360

AGENCY USE ONLY

AGENCY USE ONLY

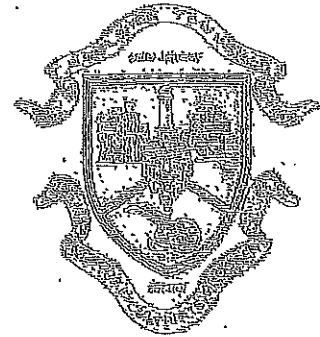
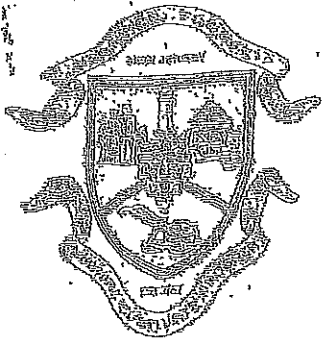
AGENCY USE ONLY

NO 9/13/17 104

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.

Requester Information - Please Print

First Name Jacqueline MI L 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. 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 Jacq Mackay 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

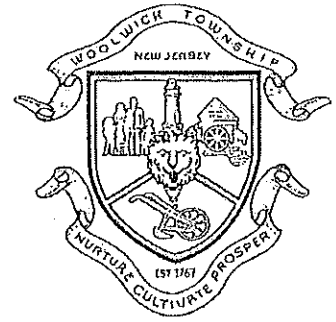
AGENCY USE ONLY

AGENCY USE ONLY

NO 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 [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

[Signature]

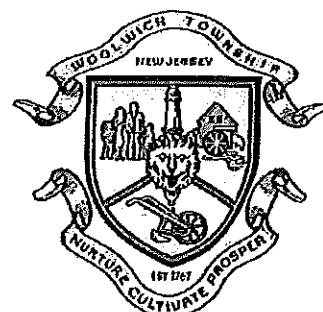


The reverse of this form contains important information related to your rights to request government records. Please read it carefully. In addition please note that you may complete and submit this form electronically at www.nj.gov/opra.

Disposition Notes:			Tracking Info:		Finalized Cost:	
Estimated Document Cost:	\$		Custodian: If any part of request cannot be delivered in seven (7) business days detail reasons here; attach additional notes if necessary.	Tracking #:		Total: \$
				Received Date:		Deposit: \$
Estimated Delivery Cost:	\$			Ready Date:		Balance Due: \$
				Total Pages:		Balance Paid: \$
Estimated Extra Cost:	\$			Records Provided (attach additional notes if necessary):		
Total Estimated Cost:	\$					
Deposit:	\$					



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 Guia Marie MI Last Name Santore
E-mail Address guia-marie-santore@yahoo.com
Mailing Address 501 Lexington NewB
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 [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 Kingway Regional High School regarding School Resource Officer topics during the period 1/1/2017 and 9/1/2017.

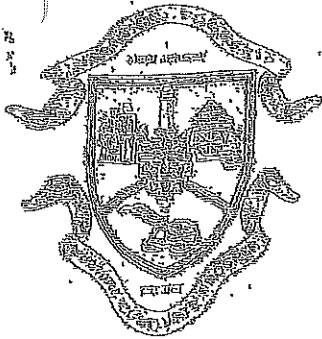
Filed via email 9-19-17

9-19-17 NIC

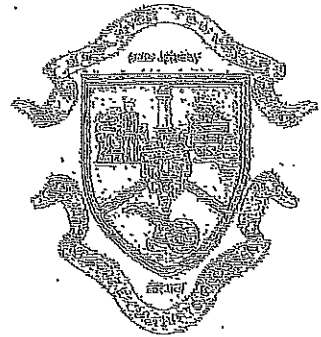
AGENCY USE ONLY

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 856-467-3546



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 Pranish MI P Last Name Patel
E-mail Address pranish@ gmail.com
Mailing Address 229 Westbrook
City Swedesboro State NJ Zip 08085
Telephone 856-266-2206 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. 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 PPR 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 17-14771

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AGENCY USE ONLY

NR 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 <u>800-245-100810</u>		FAX <u>800-343-9047</u>
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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.		
Signature <u>[Signature]</u>		Date <u>09/14/17</u>

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

[Show all 1 attachments \(44 KB\)](#) [Download](#)

Handwritten note:
e-mailed reply N/C
9-14-17 [Signature]

Action Items

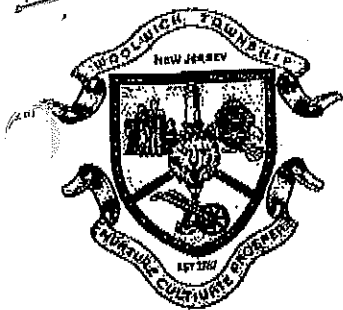
Dear Jane or Custodian of Public Records,

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 [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. ²/₃ block ~~26~~ 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 Woolwich 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.

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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 928 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 *[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

06 9-21-17 D

AGENCY USE ONLY

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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		
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 <u>HAVE</u> <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.		
Signature	Date	

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

OK 9-21-17

AGENCY USE ONLY

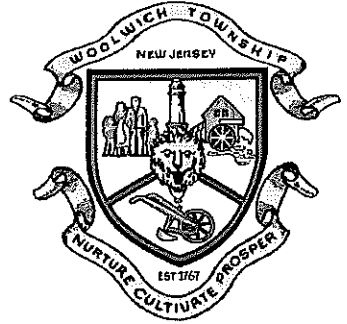
AGENCY USE ONLY

AGENCY USE ONLY

9/21/17 n/c NO



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 ☒ 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.

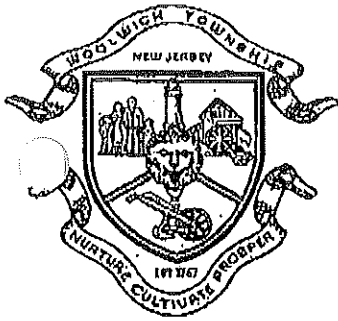
Subdivision resolution for Block 40 Lot 8.01

-no record of document

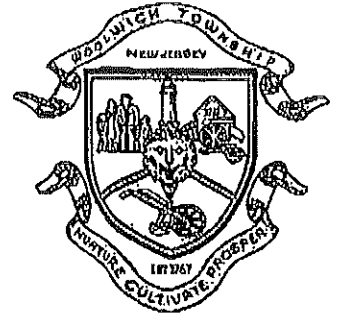
AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 120 Village Green Drive
 Woolwich Township, NJ 08088
 856-467-2686 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@munislaw.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 9-18-17

Payment Information

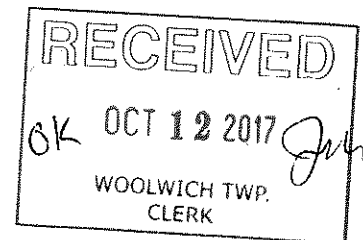
Maximum Authorization Cost \$
 Selected Payment Method
 Cash Check Money Order
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: 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~~

~~15920~~
~~15897~~
~~15851~~



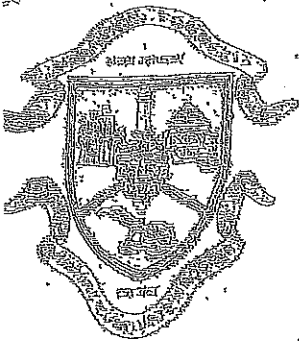
15 pages

AGENCY USE ONLY

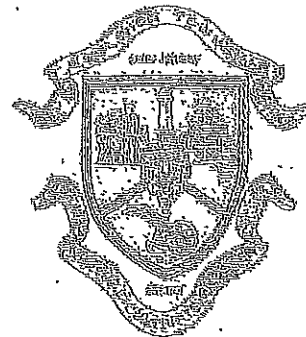
AGENCY USE ONLY

AGENCY USE ONLY

NO 10/12/17 754



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
130 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.

Requester Information -- Please Print

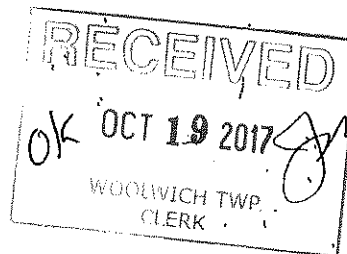
Name Ellen MI M Last Name Frank
Email Address elliefrank78@yahoo
Mailing Address 110 N. Railroad Ave
Pedricktown State NJ Zip 08067
Phone 609-202-3881 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
I am requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 1-3, 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 17-13897





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

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

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5037904865



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
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 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 _____		
City _____ State _____		
Telephone <u>800-245-6686</u>	FAX <u>800-343-9047</u>	
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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.		
Signature _____	Date <u>09/20/17</u>	

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
 OK 9-20-17

AGENCY USE ONLY

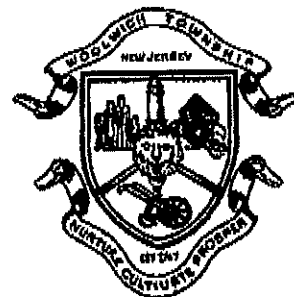
AGENCY USE ONLY

AGENCY USE ONLY

n/c 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

OPRA

Reply | Delete Junk |

OPRA



Kate Baker <k.zielsdorf18@gmail.com>

Thu 9/21/2017 2:48 PM

To: DiBella, Jane

Reply |

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:

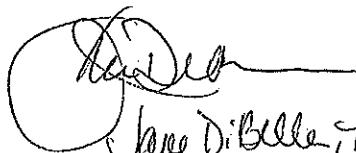
1. All Complaints (lawsuits) filed against the municipality by attorney, Jacqueline M. Vigilante, Esq., 99 N. Main Street, Mullica Hill, NJ 08062.
2. All Settlement Agreements or Memorandum of Understanding relating to a municipal employee wherein Jacqueline M. Vigilante, Esq. represented the employee 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



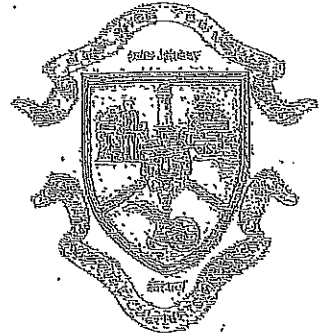
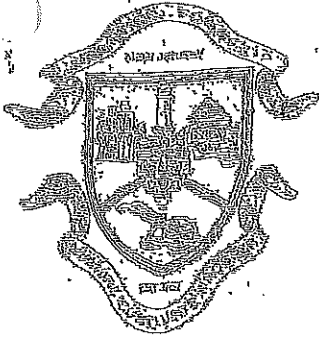
Jane DiBella, Administrator / Clerk 9-26-17

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.

Requester 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 856-74576522 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 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

OK D 9-21-17 NC

AGENCY USE ONLY

AGENCY USE ONLY

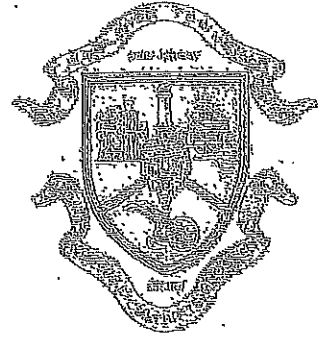
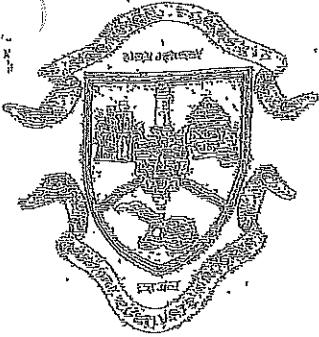
AGENCY USE ONLY

NO 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

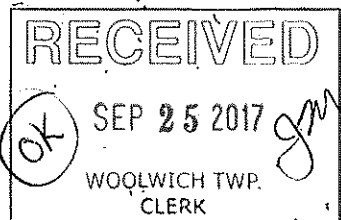
First Name Robert MI A Last Name Viereck
E-mail Address rviereck20@gmail.com
Mailing Address 23 Back Creek Rd
City Woolwich Twp State NJ Zip 08085
Telephone 856 889 8818 FAX _____
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☐ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 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 9/22/17

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



AGENCY USE ONLY

AGENCY USE ONLY

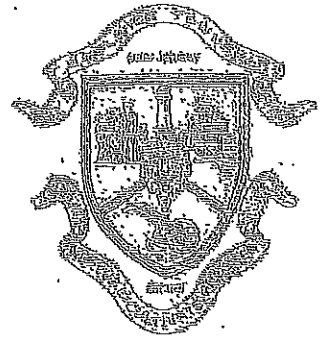
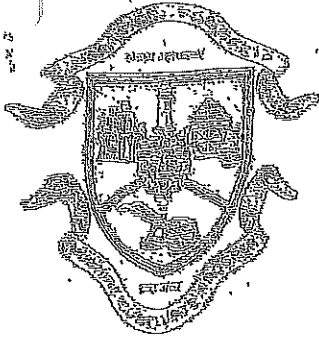
AGENCY USE ONLY

ND 9/22/17 104

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

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



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

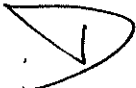
First Name Michael MI Last Name Gerakios
E-mail Address Mikeeqm3@gmail.com
Mailing Address 884 Ash Burn Way
City Swedesboro State N.J. Zip 08085
Phone 267-312-8217 FAX
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 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 Gerakios Date 9-22-17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$1.05 per page
Legal size pages - \$3.07 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.

12 17-13193

OK  9-22-17
WC

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

NO 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 \$0.05 (per page)
 Legal size pages \$0.07 (per page)
 Other materials Actual cost of material (CD, DVD, etc.)
 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 Marshal

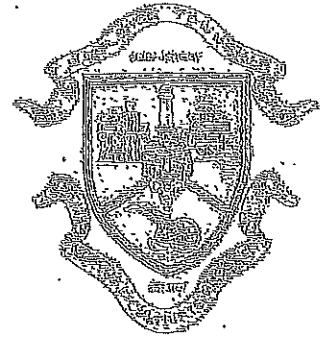
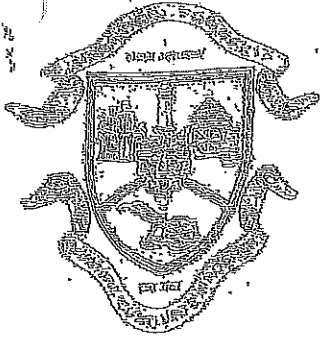
Custodian Signature

Date 9-28-17

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

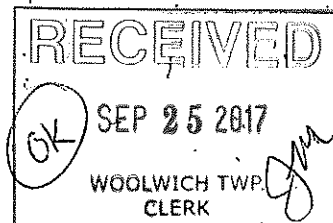
First Name Jeremy MI R Last Name Brock
Email Address _____
Mailing Address 617 Ronald Ave
City Glassboro State NJ Zip 08028
Phone (484) 334-5614 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, 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 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



AGENCY USE ONLY

AGENCY USE ONLY

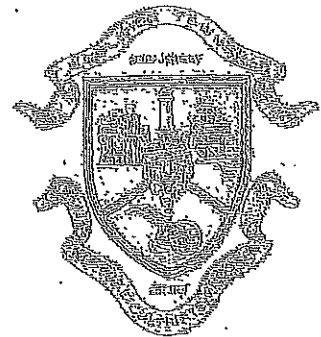
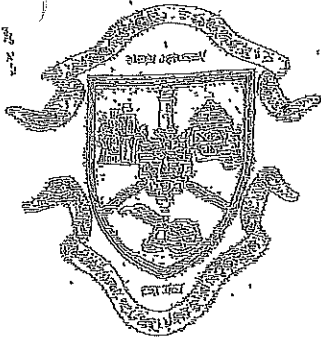
AGENCY USE ONLY

ND 54 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.

Requester Information - Please Print

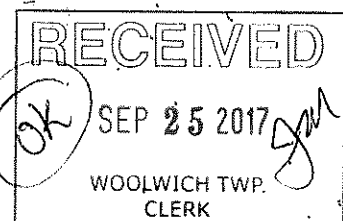
First Name DANION MI SCOTT
E-mail Address DAYHOOD2@6-mail.com
Mailing Address 105 WATERVIEW
City SWENESBORO State NJ Zip 08085
Phone FAX
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C:2B-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 17-15307



AGENCY USE ONLY

AGENCY USE ONLY

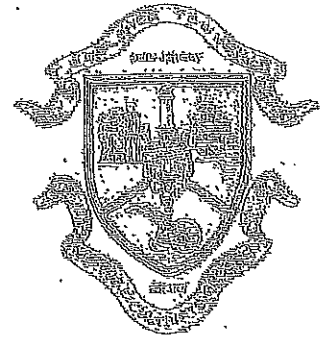
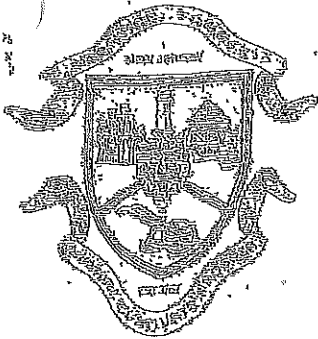
AGENCY USE ONLY

NO 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.

Requester Information - Please Print

First Name Yvonne MI MI Last Name JACKSON
Email Address 1800 KINGS HIGHWAY APT B
Mailing Address _____
City SWEDENBORO State N.J. 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 March 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.

Neighbor Assaulted me with a Gun

IR 17-15196

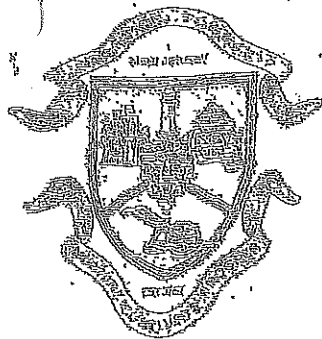
[Signature]

AGENCY USE ONLY

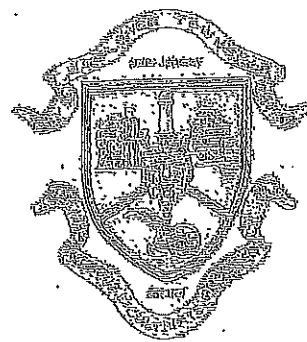
AGENCY USE ONLY

AGENCY USE ONLY

9/25/17 NA 15C



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 Joseph MI L Last Name Motley
Email Address rocky-08069@yahoo.com
Mailing Address _____
City Carneys Point State NJ Zip 08069
Tel. Home 609 254 0215 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

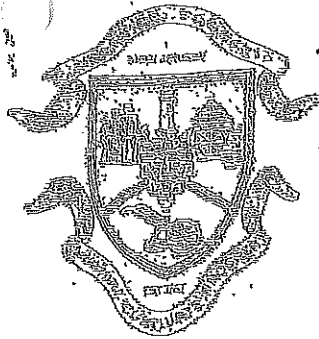
OK

AGENCY USE ONLY

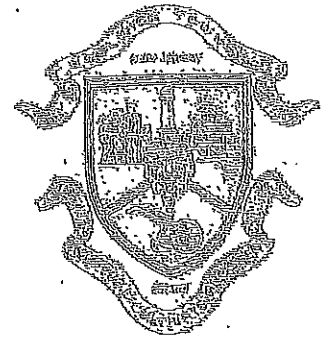
AGENCY USE ONLY

AGENCY USE ONLY

ND 9/25/17 54



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
120 Village Green Drive
Woolwich Township, NJ 08095
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 Tyeka MI _____ Last Name JACKSON

E-mail Address _____

Mailing Address 1800 Kings Hwy B

City SWEDENBORO State N.J. Zip 08065

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:28-9, 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 - \$0.06 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 17-10095

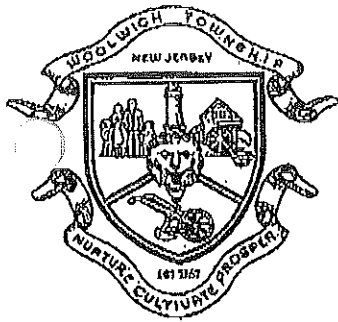
OK ID 9-26-17

AGENCY USE ONLY

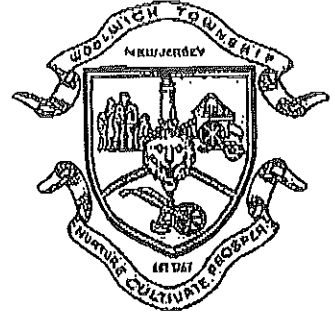
AGENCY USE ONLY

AGENCY USE ONLY

ND 9/25/17 - 10P



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 120 Village Green Drive
 Woolwich Township, NJ 08066
 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@muettisslaw.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

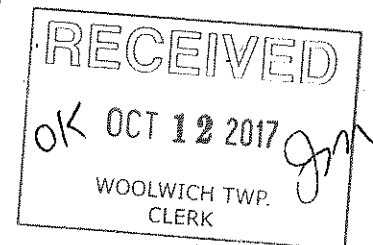
Payment Information

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
~~110502~~
~~110233*~~



8 pages

AGENCY USE ONLY

AGENCY USE ONLY

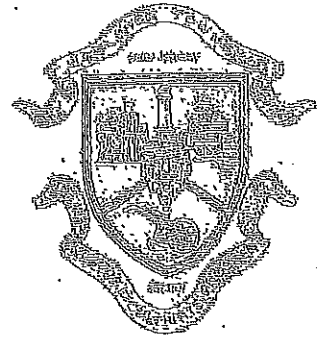
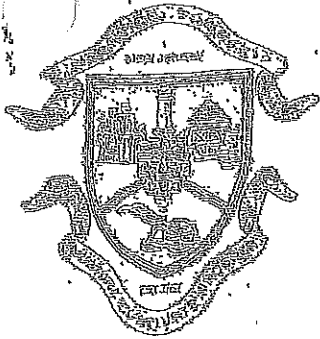
AGENCY USE ONLY

AD 10/12/17 404

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08035
856-467-2665 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

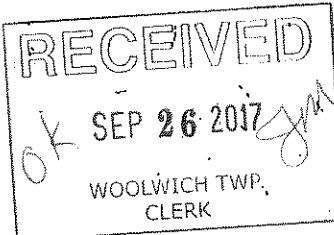
First Name Meng MI MI Last Name Wang
E-mail Address LUCID_CRYSTAL@YAHOO.COM
Mailing Address 5 Meadowlark Dr.
City Swedeboro State NJ Zip 08085
Tel 215-873-3668 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal 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 9/26/2017

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



AGENCY USE ONLY

AGENCY USE ONLY

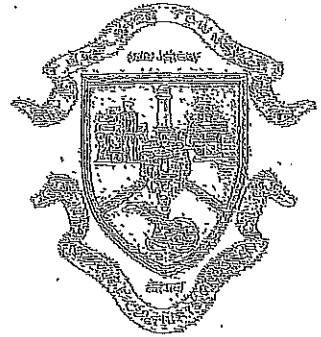
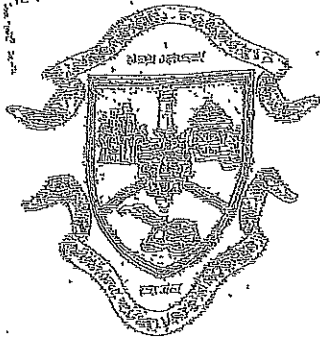
AGENCY USE ONLY

ND 9/26/17 109

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.

Requester Information - Please Print

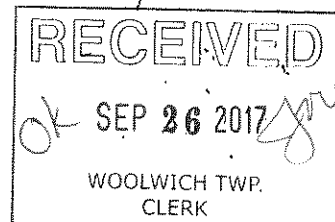
First Name Debra MI L Last Name Bushby
E-mail Address dbushby1@hotmail.com
Mailing Address 323 Kings Hwy
City Clarksboro State NJ Zip 08020
Telephone 609-634-8963 FAX _____
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail _____
If you are requesting records containing personal 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 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 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.

MV L 17-1589



AGENCY USE ONLY

AGENCY USE ONLY

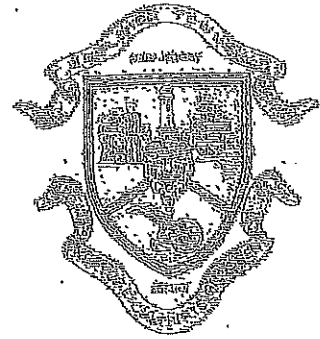
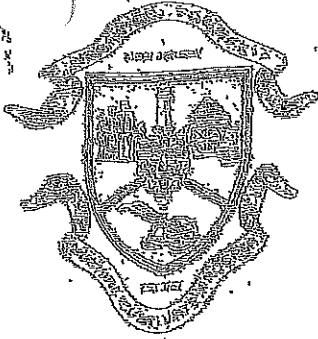
AGENCY USE ONLY

NO 9/26/17 104

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.

Requester Information -- Please Print

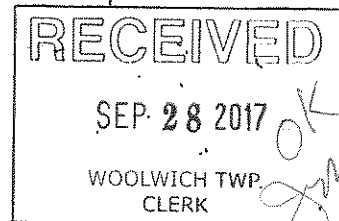
First Name DAVID MI B Last Name CRAIG OR
E-mail Address KARTINGFAMILY@VERIZON.NET
Mailing Address 5 JERICHO RD
City SALEM State NJ Zip 08079
Phone 856-457-0736 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C:2B-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.

MVE 17-14388



AGENCY USE ONLY

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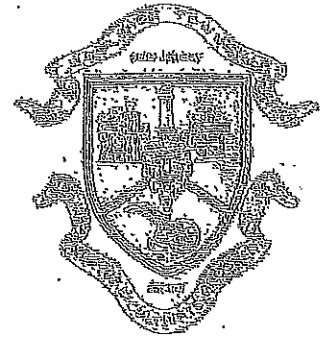
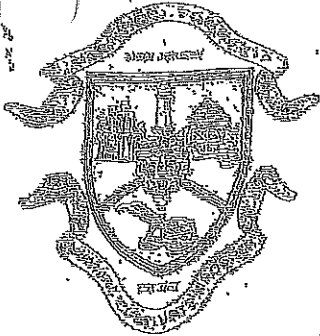
AGENCY USE ONLY

9/27/17 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

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Requester Information -- Please Print

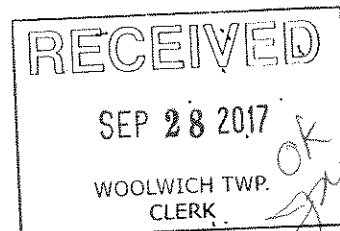
First Name Marlena Last Name Lynch
E-mail Address marlenalynch@yahoo.com
Mailing Address 753 Fairhouse Rd
City Mickleton State NJ Zip 08054
Tel 847-907-0559 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal 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 Marlena Lynch Date 9-27-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.06 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



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AGENCY USE ONLY

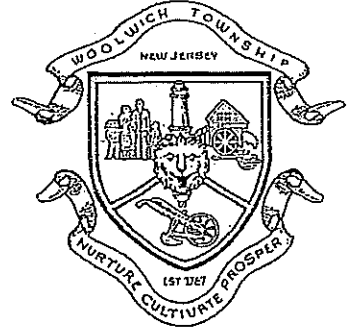
ND 9/27/17 104

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 DeFilippis
E-mail Address Flipmansells@yahoo.com
Mailing Address 184 Spartan Court Mantua
City _____ State _____ Zip _____
Telephone 856-207-9077 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 9/27/17

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.

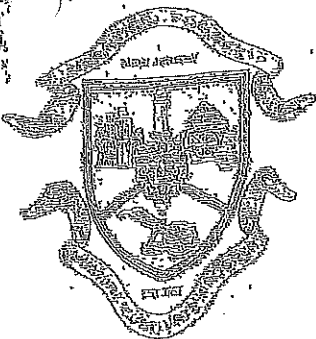
Reports about any under ground gas tanks
Ward. Mc Cormick

AGENCY USE ONLY

AGENCY USE ONLY

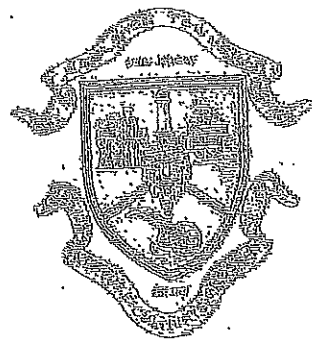
AGENCY USE ONLY

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 08035
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 Mimose MI J Last Name Fleury
E-mail Address _____
Mailing Address 29 E. Line St
City Carmen's Pt State N.J. 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. 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 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 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 17-13042

RECEIVED
OK SEP 29 2017
WOOLWICH TWP.
CLERK

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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 **800-245-6081** 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 *[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

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NO #
 10/2/17
 n/c

Download Full screen Show email



WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

150 Village Green Drive
Woolwich Township, NJ 08085
856-467-2658 fax: 856-467-3545



Important Notice

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Requestor Information - Please Print

First Name CORTLAND APPRAISALS, LLC

Email Address PO BOX 532 MARLTON, NJ 08053

Mailing Address PH: 856-596-8800 FAX: 856-596-8804

City Marlton State NJ Zip 08053

Telephone 856-596-8800 FAX 856-596-8804

Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspection ☐ 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 advised of any individual's rights under the laws of New Jersey and other state, or the United States.

Signature [Signature] Date 9/28/17

Payment Information

Minimum Authentication Cost: \$

Select Payment Method

Cash	Check	Money Order
------	-------	-------------

Fees: Letter size pages - \$0.25 per page
Legal size pages - \$0.50 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery & postage fees additional depending upon delivery type.
Editor: Special edit on 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 - No Steeplebush Run
Robert Nelson Law & Construction Services

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AGENCY USE ONLY

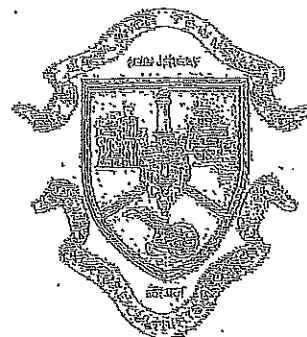
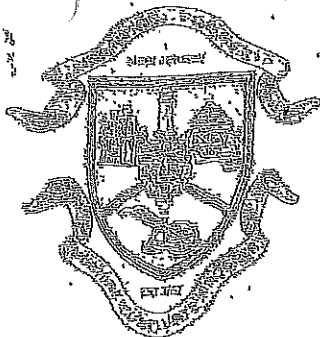
The Cortland Group, LLC
Records & Real Estate Services
Paul M. Cortland, SCRRFA
Appraisal & Tax Appraisal Services
PO Box 532, Marlton NJ 08053
Certified Residential Appraiser
New Jersey & Pennsylvania
200 596 8800 - phone
856 596 8801 - fax
TheCortlandGroup.com and me
TheCortlandGroup.com

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

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Requester Information - Please Print

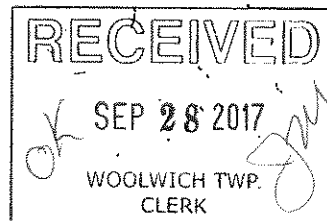
First Name EDWARD MI Last Name JOHNS
Email Address _____
Mailing Address 105 SECOND ST
City SWEDENBORO State NJ Zip 08085
Phone 856-832-4758 FAX _____
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail _____
If you are requesting records containing personal information, please circle 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 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
17-15924



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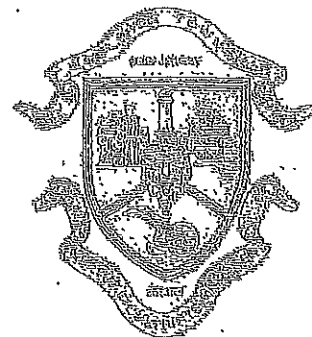
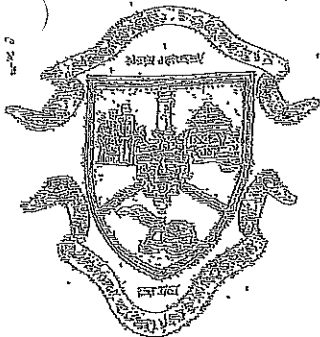
AGENCY USE ONLY

NO 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
Tel. Home 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. C-2B-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 ✓ N/C

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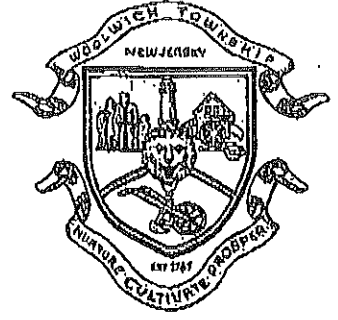
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AGENCY USE ONLY

NO 9/29/17 10.4



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 120 Village Green Drive
 Woolwich Township, NJ 08086
 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 Miriam MI Last Name WEISS ESQ
 E-mail Address Lavellino@muweislaw.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

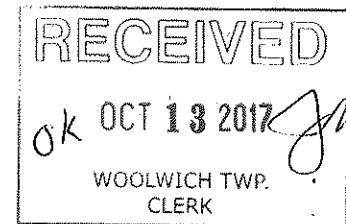
Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special 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- ~~16950-EG~~
~~16862-N/A~~
~~16719~~
~~16718~~
~~16712~~
~~16708~~

~~167~~
~~16683~~
~~16678~~ - Logan
~~16669~~ - Logan



10 pages

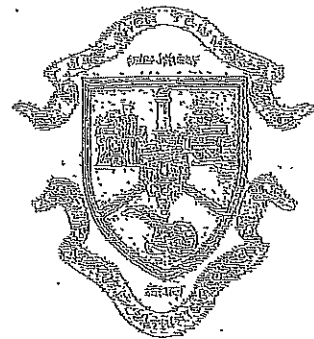
AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

504

NO 10/13/17



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

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

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. Date 10-7-17

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.

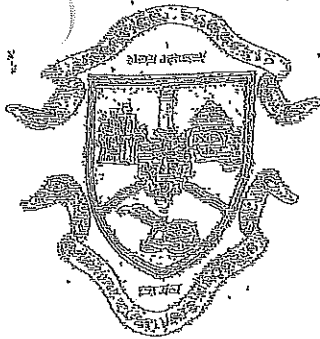
Maximum Authorization Cost \$	
Select Payment Method	
Cash	Check
Money Order	
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) -- actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request

AGENCY USE ONLY

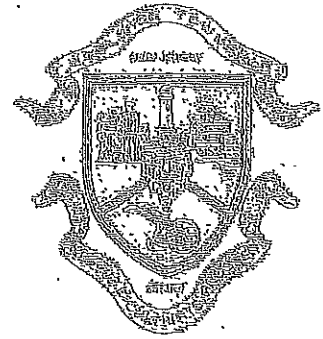
AGENCY USE ONLY

~~AGENCY USE ONLY~~

NO 109215 100



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 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 _____
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 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 from 9/29 for 4547+SS
Fredrick Blvd

OK 10-2-17 [Signature]

AGENCY USE ONLY

AGENCY USE ONLY

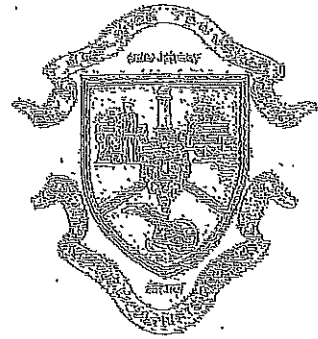
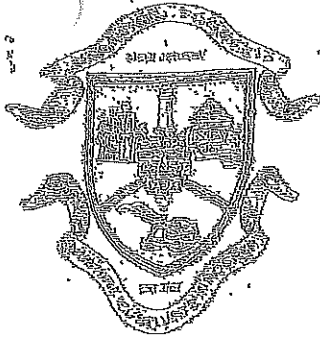
AGENCY USE ONLY

NO 9/21 10/21/17 154

WOOLWACH 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 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 ☒ 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 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

NO 10/2/17 104

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 828 Wm Penn Annex
Philadelphia, PA 19105
 City _____ State _____ Zip _____
 Telephone **800-245-1008** 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 *[Signature]* 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

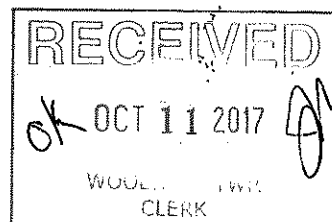
Involving:

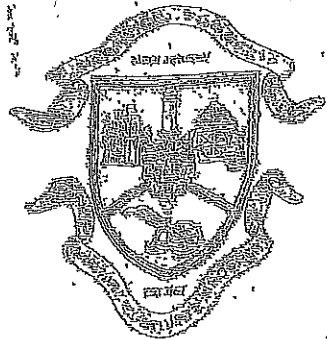
AGENCY USE ONLY:

AGENCY USE ONLY:

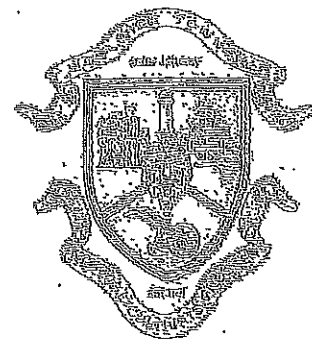
AGENCY USE ONLY

AD 10/11/17 n/c





WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-467-3546



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

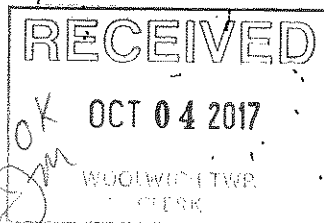
First Name Michael MI P Last Name Toomey JR
Email Address Mike2mejr@yahoo.com
Mailing Address 43 Jefferson Rd
City Pennsville State NJ Zip 08070
Tel. 856-893-0656 FAX _____
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☐ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C:2B-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 - \$0.06 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



AGENCY USE ONLY

AGENCY USE ONLY

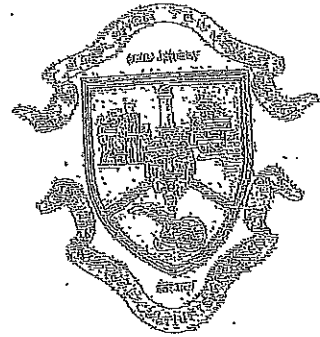
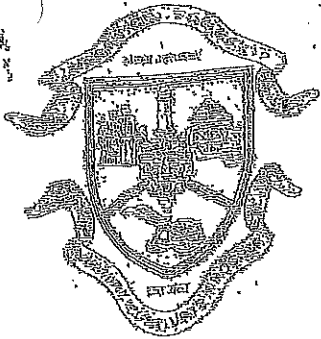
AGENCY USE ONLY

10/3/17 ND 104

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.

Requester Information - Please Print

First Name Perry MI Last Name Sykes

E-mail Address PerrySykesiv@gmail.com

Mailing Address 804 Lexington Meadows

City Swedesboro State NJ Zip 08085

Phone 856-269-6319 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. C:2B-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 Perry Sykes Date 10-3-17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

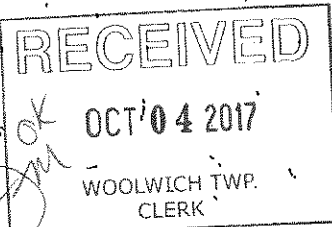
Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.06 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



AGENCY USE ONLY

AGENCY USE ONLY

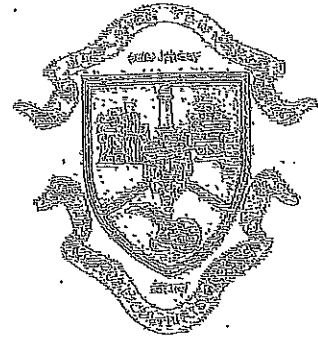
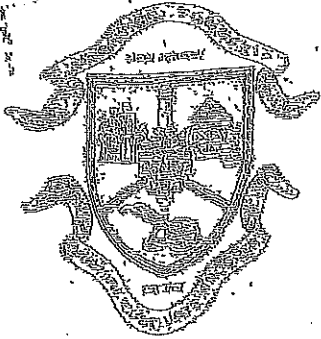
AGENCY USE ONLY

NO 10/3/17 109

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.

Requester Information - Please Print

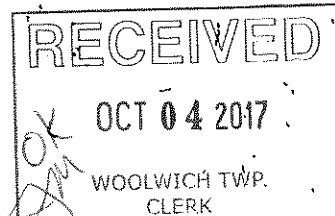
First Name William MI L Last Name Ross Jr
E-mail Address bmrossfamily@comcast.net
Mailing Address 403 Weatherby Ave
City Swedesboro State NJ Zip 08085
Phone 856-241-1074 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing 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 10/4/17

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 Woolwich Fire Co.
1517 Kings Hwy Swedesboro

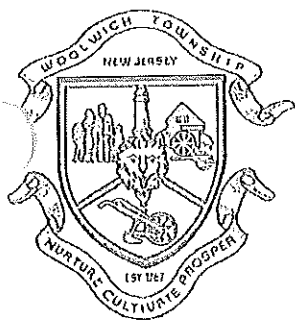


AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

AP 10/4/17 nlc



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 Ginamaria MI Last Name Santore
E-mail Address gina_maria_santore@yahoo.com
Mailing Address 501 Lexington House
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. 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 10/15/2017

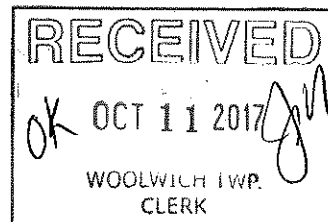
Payment Information

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,
GMS



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

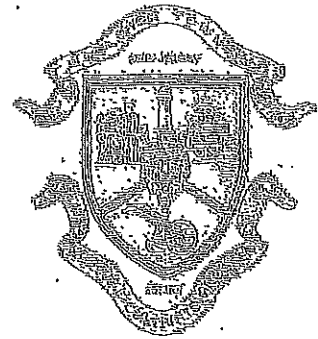
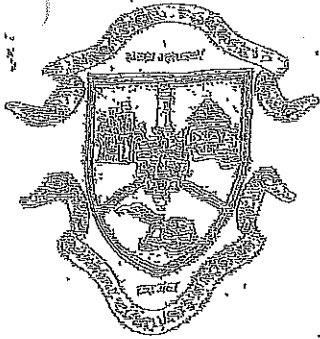
AGENCY USE ONLY

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.

Requester Information - Please Print

First Name Ranbir MI Last Name Singh
E-mail Address Swedoshoro.Shell322@gmail.com
Mailing Address 1111 Rt 322
City Swedoshoro State NJ Zip 08085
Tel. 856 467 0944 FAX 856 467 0955
Preferred Delivery: Pick Up ☒ On-Site ☐ US Mail ☐ Fax ☐ Email ☐
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 Singh 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

[Signature]

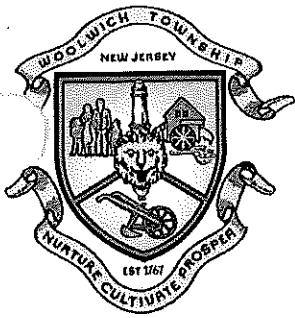
10-5-17

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

AD 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

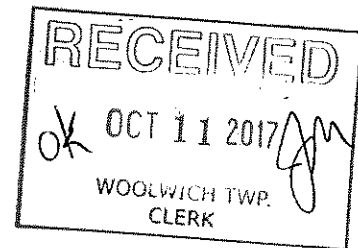
First Name Nicole MI Last Name Huber
E-mail Address Nicole.Huber@Redfin.com
Mailing Address 50 Harrison Street, 303
City Hoboken State NJ Zip 07030
Telephone 609-757-1456 FAX
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X
If you are requesting records containing personal information, 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 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



Responded by e-mail 10-11-17 G.W.

AGENCY USE ONLY

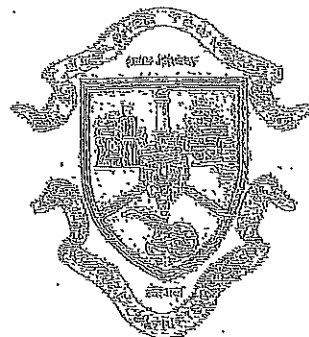
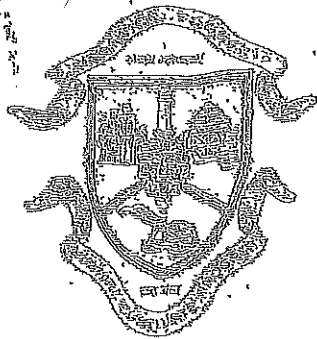
AGENCY USE ONLY

AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

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



Important Notice

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Requestor Information -- Please Print

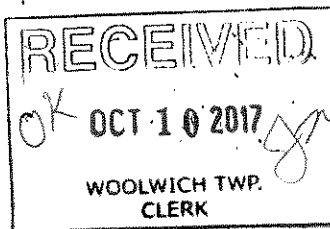
First Name Walter MI MI Last Name Neira
E-mail Address _____
Mailing Address 124 Spring Garden St
City Woodstown State NJ Zip 08098
Phone 856 472 3395 FAX _____
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail _____
If you are requesting records containing personal information, 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 10-10-17

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.

MVC 17-14795

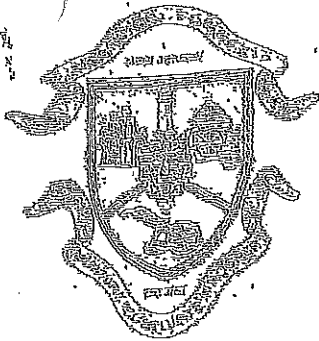


AGENCY USE ONLY

AGENCY USE ONLY

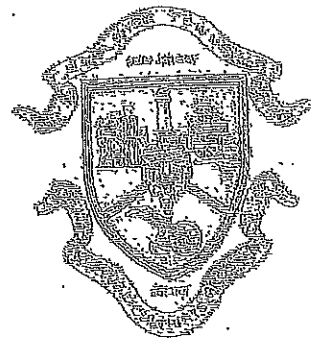
AGENCY USE ONLY

NO 10/10/17 154



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

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



Important Notice

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Requestor Information -- Please Print

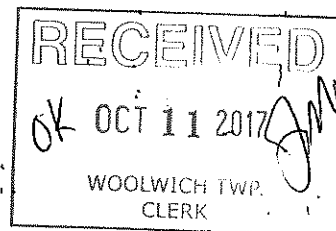
First Name Timmy MI code Last Name code
E-mail Address timmy.tyn.rod@gmail.com
Mailing Address 507 Lakeside Dr.
City Duxbury State MA Zip 01828
Phone 856-467-5172 FAX On-Site
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ Inspect ☐ Fax ☐ E-mail ☐
If you are requesting records containing personal information, 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 - \$0.06 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 17-14574



[Signature]

AGENCY USE ONLY

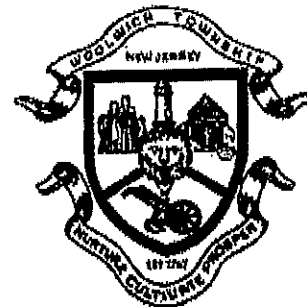
AGENCY USE ONLY

AGENCY USE ONLY

NO 10/11/17 150



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 [Signature] Date 10/11/17

Payment Information

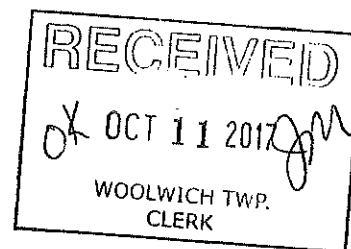
Maximum Authorization Cost \$

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 10/15/2016 in Woolwich Twp., NJ



AGENCY USE ONLY

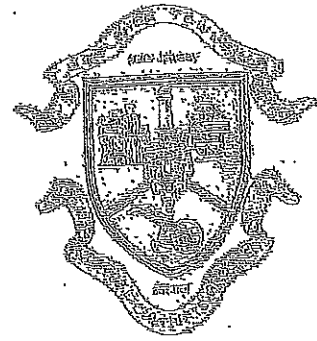
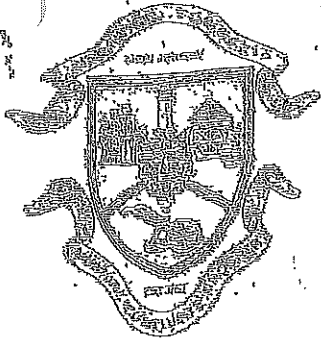
AGENCY USE ONLY

AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, MI 48085
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

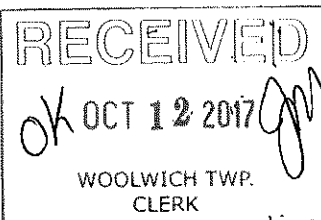
First Name BENEDICT MI J. Last Name CARTAFALSA
E-mail Address BJ CARTA @ AOL . COM
Mailing Address 1707 N. GLEN DR
City GLEN MILLS State PA Zip 19342
Phone 610.361.1981 FAX _____
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail _____
If you are requesting records containing personal 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 Benedict 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 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 17-10545



AGENCY USE ONLY

AGENCY USE ONLY

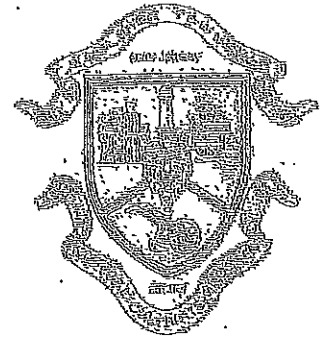
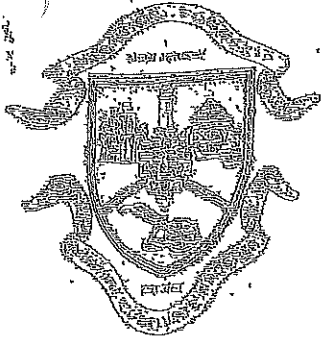
AGENCY USE ONLY

NO 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.

Requester Information - Please Print

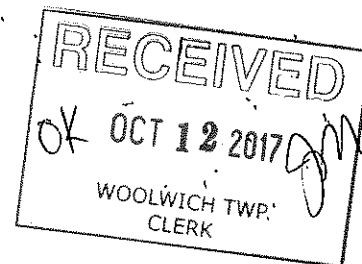
First Name EDDIE MI 14 Last Name D'S2
Email Address 15j310@yahoo.com
Mailing Address 3953 W Marshall St
City PHILADELPHIA State PA Zip 19140
Phone 856-652-2176 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal 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 - \$0.06 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 # 17-106083



AGENCY USE ONLY

AGENCY USE ONLY

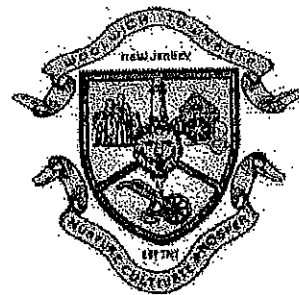
AGENCY USE ONLY

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 <u>HAVE</u> / 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

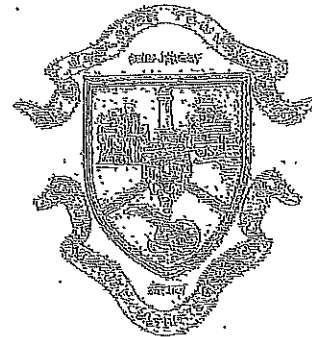
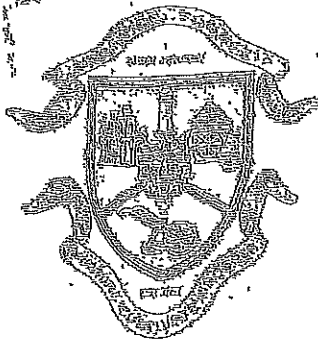
AGENCY USE ONLY

AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

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



Important Notice

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

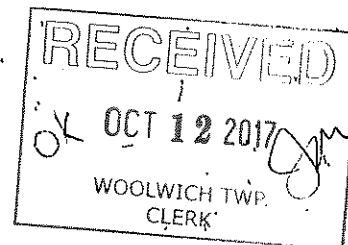
Requester Information - Please Print

First Name Steven MI M Last Name Sacalis
Email Address _____
Mailing Address 1 Westbrook Dr Apt D105
Swedesboro State NJ Zip 08088
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. C:2B-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10-12-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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



MD 10/12/17 500

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 Luzanne MI Last Name Huffman
E-mail Address inbox@prs.publicrecords.com
Mailing Address PPS, Inc. P.O. Box 456
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
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 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.

Auto accident report 17-17215.

RECEIVED

OK OCT 17 2017 Jm

WOOLWICH TWP.
CLERK

AGENCY USE ONLY

AGENCY USE ONLY

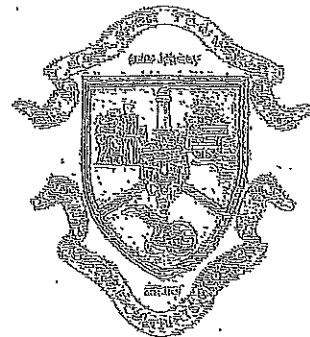
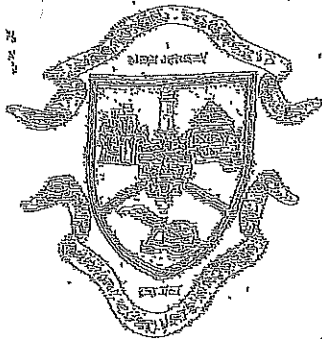
AGENCY USE ONLY

no 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 856-467-3546



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

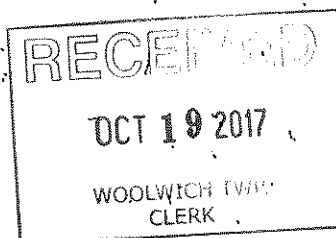
First Name Jennifer MI M Last Name Delmonte
 E-mail Address jenn.delmonte@yahoo.com
 Mailing Address 135 Jockey Hollow Run
 City Woolwich State NJ Zip 08085
 Phone 856-534-7813 FAX _____
 Preferred Delivery: Pick Up ☒ US Mail _____ On-Site ☐ Inspect _____ Fax _____ E-mail _____
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C:2B-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 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.

MVE 17-17265

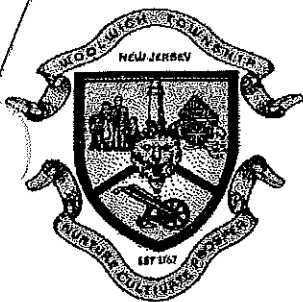


AGENCY USE ONLY

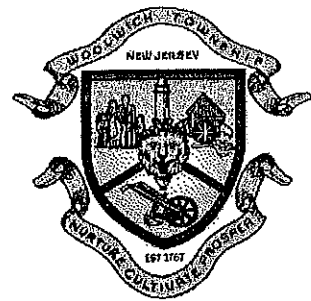
AGENCY USE ONLY

AGENCY USE ONLY

104 NO 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		
Pic		On-Site		Fax	☒ X
Preferred Delivery:	Up	US Mail		Inspect	
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

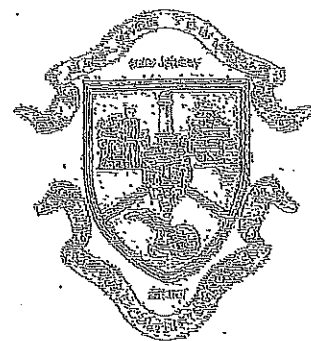
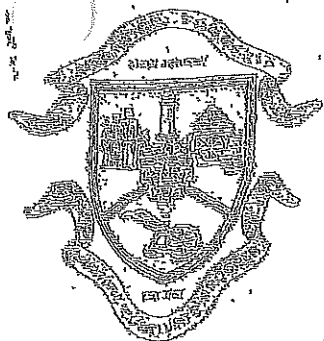
No open or expired permits

AGENCY USE ONLY

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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

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Requester Information - Please Print

First Name Melvin MI Last Name Rouder
E-mail Address melvin.rouder@Pfizer.com
Mailing Address 103 Harbor Drive
City Woolwich State TN Zip 08085
Tel 856-472-3414 FAX
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site ☐ Fax ☐ Email ☐
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 Melvin Rouder 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

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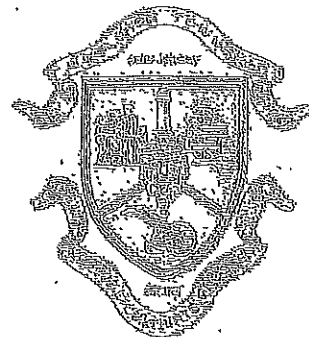
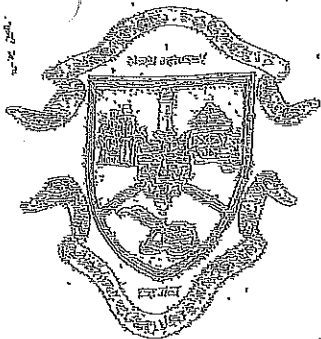
AGENCY USE ONLY

OK D 10/23/17
ND 10/23/17 10A

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

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Requester Information - Please Print

First Name Michael MI W Last Name DAFONSO
E-mail Address mwdfish@msn.com
Mailing Address 7 ERIC RD
City Mullica Hill State NJ Zip 08062
Tel 609 405-0144 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:2B-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 10-23-17 D

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AGENCY USE ONLY

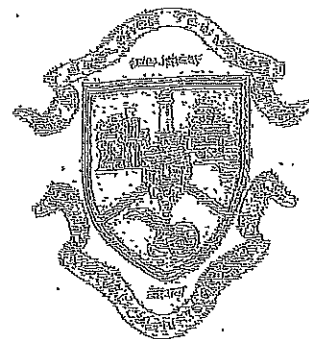
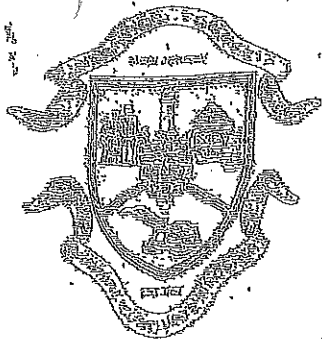
AGENCY USE ONLY

ND 10/23/17 104

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 MARIANNA MI BAKEY
E-mail Address marebaKey@aol.com
Mailing Address 226 Allens Lane
City Mullica Hill State NJ Zip 08062
Phone 856-5067 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. C:2B-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 - \$0.08 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 17-15387

AC 10-23-17

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

ND 10/23/17 04



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 Brandi MI L Last Name Hascak
E-mail Address brandih@oclerservices.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 ☒ 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 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

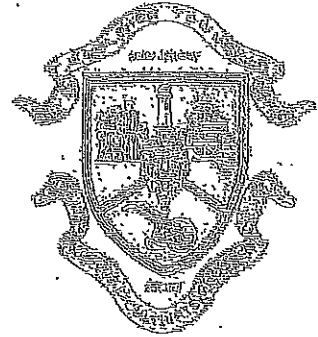
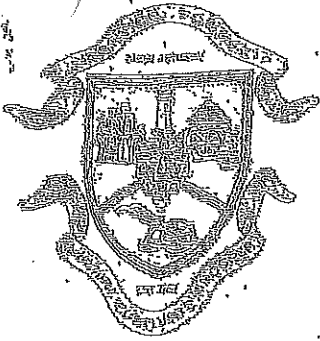
AGENCY USE ONLY

AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2668 fax 856-467-3546



Important Notice

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Requester Information - Please Print

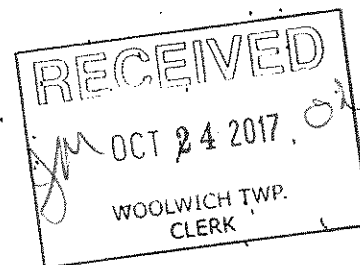
First Name Deneen MI M Last Name Lezotte
E-mail Address deneen_65@comcast.net
Mailing Address 300 Copper Rd #305
City Woolwich State NJ Zip 08085
Tel: (856) 278-0315 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site _____
Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C-2B-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 - \$0.06 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 17-18130



AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

NO 10/24/17 54

Reply | Delete Junk |

OPRA Request (0824.GLOUCESTER_WOOLWICH TWP)



Larry Higgins <opra@njpropertyrecords.com>

Fri 10/20, 6:21 PM

DiBella, Jane

Reply |

Inbox

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?

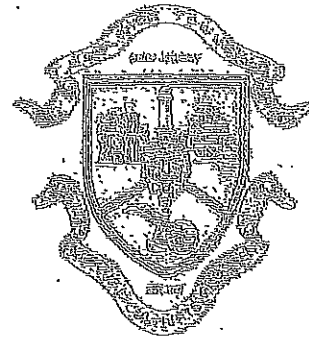
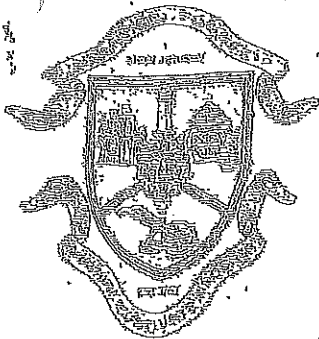
NOTE: Fulfil this OPRA easily by visiting our website www.StateInfoServices.com/opra

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

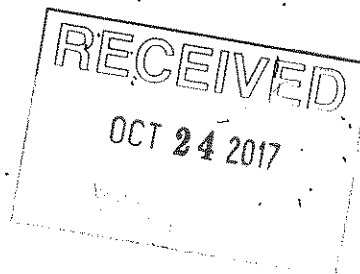
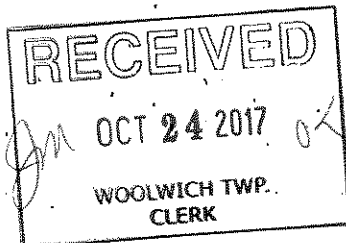
First Name Jo Ann MI A Last Name LAUGHLIN
Email Address joannlaughlin@icloud.com
Mailing Address 538 Kings Hwy
City Woolwich State NJ Zip 08085
Phone 856-467-2889 FAX _____
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail
If you are requesting records containing personal information, 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 - \$0.06 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.

11217-



AGENCY USE ONLY

AGENCY USE ONLY

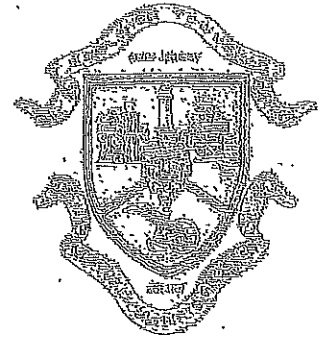
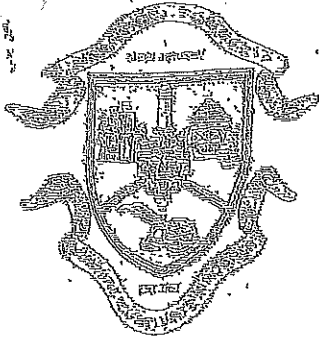
AGENCY USE ONLY

NO 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

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Requestor Information -- Please Print

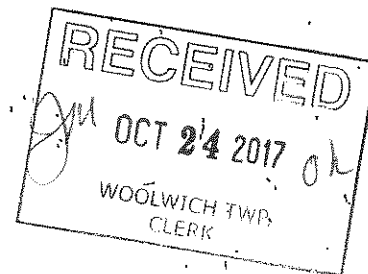
First Name JULIANA MI GALEGO G
Email Address JULI@GALEGO.GG@GMAIL.COM
Mailing Address 17 HILLSIDE DRIVE
City SWEDSBORO State NJ Zip 08085
Phone 856-924-9560 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 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 JULIANA GALEGO 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 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 17-17964

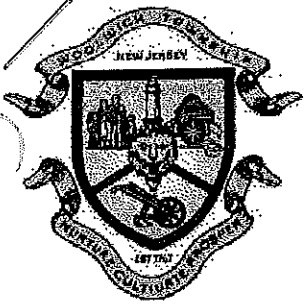


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AGENCY USE ONLY

AGENCY USE ONLY

nro 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.
 NO CODE VIOLATIONS FROM ZONING DEPT.
 G.W. 10/25/17

AGENCY USE ONLY

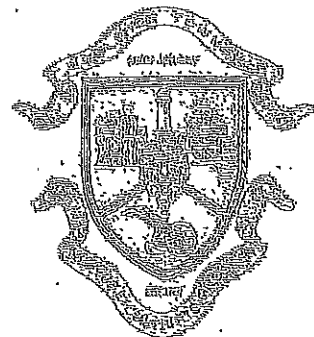
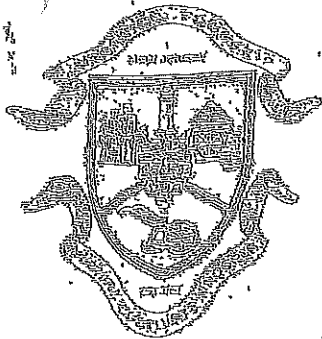
AGENCY USE ONLY

AGENCY USE ONLY

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

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



Important Notice

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Requestor Information - Please Print

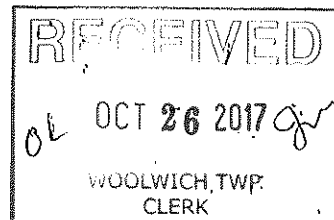
First Name Joseph MI J Last Name Parker
E-mail Address jay.Parker@myccmortgage.com
Mailing Address 109 Quaker Rd
City Mickleton State NJ Zip 08056
Phone 856 761 5255 FAX _____
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 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 10/26/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.06 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



AGENCY USE ONLY

AGENCY USE ONLY

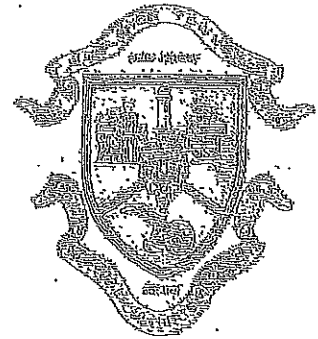
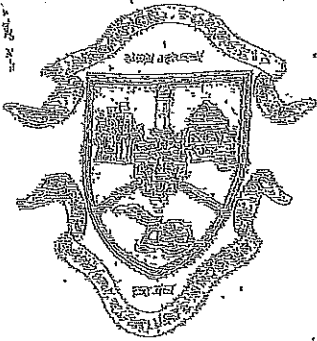
AGENCY USE ONLY

NO 10/26/17 104

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

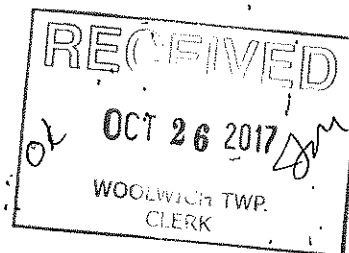
First Name Christine MI m Last Name Argo
E-mail Address Cmargo127@hotmail.com
Mailing Address 101 Wilshire Blvd
City Woolwich Twp State NJ Zip 08085
Phone 856-430-2334 FAX _____
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☐ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2:28-3, 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.

12 17-17476



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 828 Wm. Penn Annex
Philadelphia, PA 19105
 City _____ State _____ Zip _____
 Telephone **800-245-1008** 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 *[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.

Date: 10/25/17

Rept#: 17-18375

Location: kings hwy and old mans creek

Woolwich Township

Involving: ALEC BORZIO

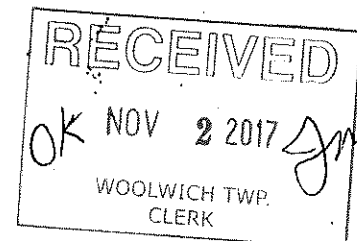
Alec Borzio | Nu | Null

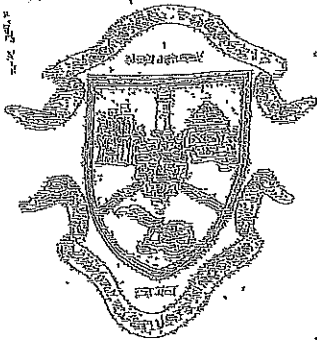
AGENCY USE ONLY

AGENCY USE ONLY

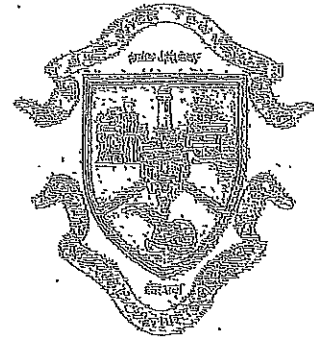
AGENCY USE ONLY

no n/c 11/2/17





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

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Requester Information - Please Print

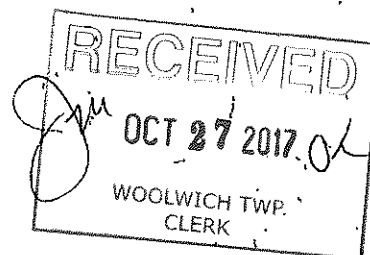
First Name Barbara MI E Last Name Price
E-mail Address bep716@gmail.com
Mailing Address P.O. Box 234 1744 Kings Hwy
City Swedesboro State NJ Zip 08085
Phone (856) 491-7740 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 22B-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.

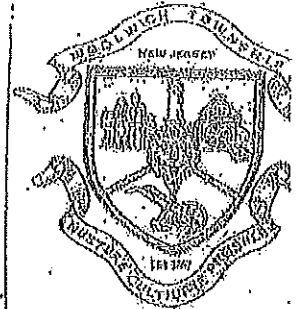
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

IR 17-15660



ND 10/27/17 234

Woolwich Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
 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

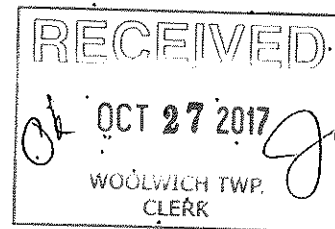
First Name Stella MI M Last Name Tyler Safety Clerk
 E-mail Address Stella @ djmtrans.com
 Mailing Address 2 Fish House Rd
 City Keanny State NJ Zip 07032
 Telephone 201-246-6352 FAX 201-246-6354
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ Email ☒
 If you are requesting records 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 [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



AGENCY USE ONLY

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

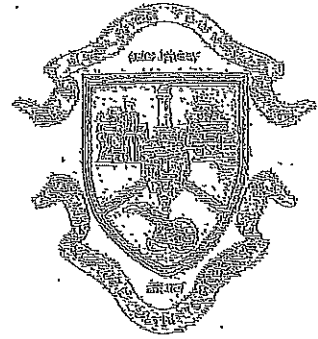
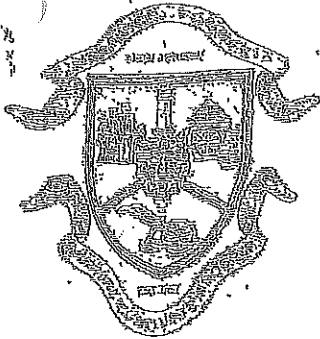
Custodian Signature

Date

WOOLWACH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2666 fax 856-457-3546



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

er@danielsbmw.com
v.danielsbmw.com



Fax _____ E-mail _____

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

17-017118

JGRAZER@DANIELSBMW.COM

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

10/30/17 no nk

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**

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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 **800-245-6686** 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 *[Signature]* 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

Location: RT 322

18352 WOOLWICH

Involving: LISA CAIN

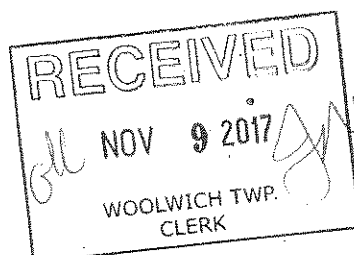
Tonyall Shotter

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

11/8/17 no 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

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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 *[Signature]* 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 n/c 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

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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 Date 10/31/17
Digitally signed by Nicole Huber
DN: cn=Nicole Huber, o=Redfin, ou=Redfin, email=Nicole.Huber@redfin.com, c=US
Date: 2017.10.31 15:56:50 -0500

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

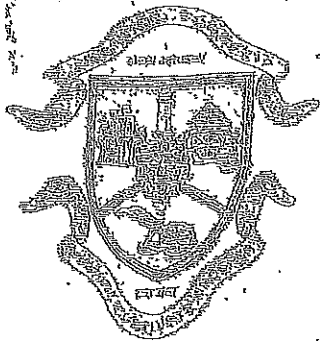
Responded by e-mail 10/31/17 - G.W. - See attached.

OK 10-2-17

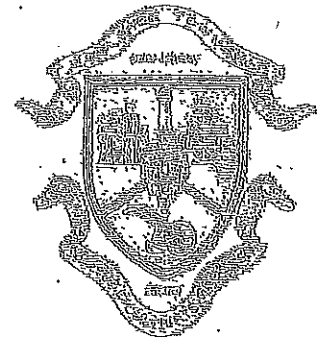
AGENCY USE ONLY

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 856-467-3546



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

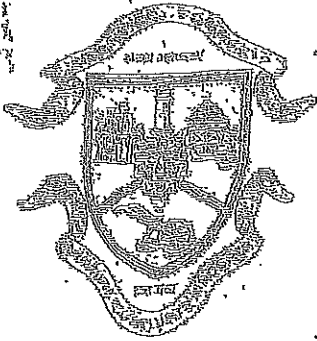
First Name Jill MI A Last Name Brzozowski
E-mail Address jillbrz@comcast.net
Mailing Address 402 Kings Highway
City Mickleton State NJ Zip 08056
Phone 609-980-0537 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17:28-3, 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

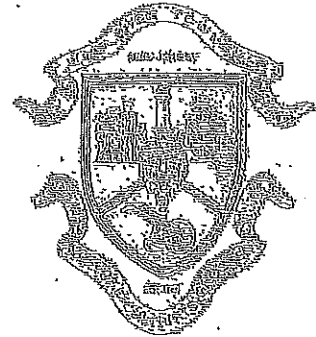
Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: 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



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 Ivan MI MI Last Name Loi
E-mail Address ivan.loi@yahoo.com
Mailing Address 5 Meadowlark Drive
City Swedeshboro State NJ Zip 08085
Phone 215 313 3329 FAX _____
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site ☐ Fax ☐ E-mail ☐
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 22B-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 # 2010-10600

WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08885
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

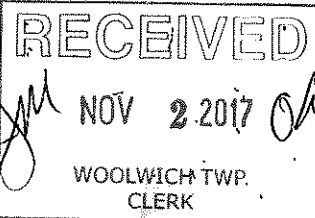
First Name Nashima MI L Last Name Thompson
E-mail Address rockpink_20@live.com
Mailing Address 1419 Cologne dr
City Ort Norris State NJ Zip 08349
Telephone (856) 558-1722 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2:28-3, 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



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 Alec MI J Last Name Borzio

E-mail Address ajborzio@yahoo.com

Mailing Address 248 Bertha Ave

City Woodstown State N.J. Zip 08098

Alt. Phone (856) 472-1462 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. 228-3, 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

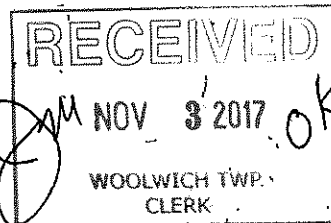
Other materials (CD, DVD, etc) - actual cost of material

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



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NO 11/3/17 104

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Woolwich Township
OPEN PUBLIC RECORDS ACT REQUEST FROM
 120 Village Green Dr.
 Woolwich Twp., NJ 08095
 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.

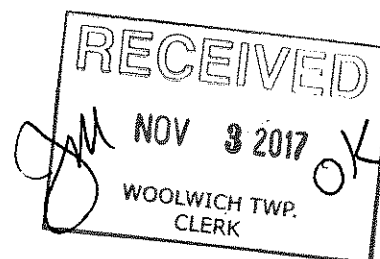
Requestor Information - Please Print	Payment Information
First Name <u>Alonso</u> Last Name <u>Bowen</u> Email Address <u>albowen@ponte.com</u> Mailing Address <u>26 Hammonton Street</u> City <u>Succasunna</u> State <u>NJ</u> Zip <u>08075</u> Telephone <u>856 840 5211</u> FAX _____ Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ Express ☐ Fax ☒ Email If you are requesting records containing personal information, please circle one: Under penalty of U.S.A. 52-203, I certify that I do not intend to use the information for any purpose other than that for which it was provided, and I will not disclose the information to any third party. Signature <u>[Signature]</u> Date <u>11/3/17</u>	Maximum Amount Due: \$ _____ Please 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 materials Delivery: Delivery / postage fees additional depending upon delivery type. Extra: 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.

Revised Report for Kaitlyn Bowen on 10/27

AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost _____ Est. Delivery Cost _____ Est. Return Cost _____ Total Est. Cost _____ Deposited Amount _____ Estimated Balance _____ Deposit Date _____	Custodian: If any part of request cannot be delivered to meet the above dates, please state here: _____ In Progress ☐ Done ☐ Denied ☐ Closed ☐ Filed ☐ Closed ☐ Partial ☐ Closed ☐	Tracking Information: Received Date _____ Ready Date _____ Total Pages _____ Remarks Provided: _____ Total Cost _____ Deposit _____ Balance Due _____ Balance Paid _____	Date Rec'd _____ Signature _____ Title _____

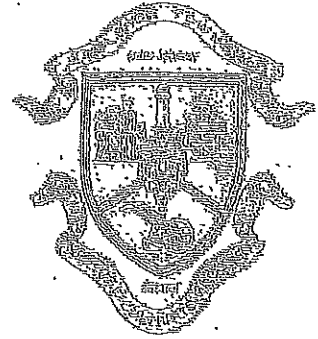
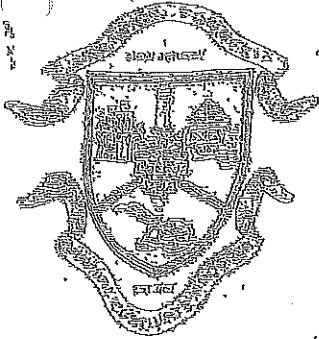
no n/c 11/3/17



WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-467-2866 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

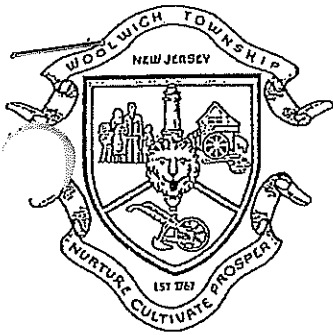
First Name Courtney MI L Last Name Juhring
 E-mail Address Cjuhring8@yahoo.com
 Mailing Address 11 Kaylas way
 City Mullica Hill State NT Zip 08062
 Phone 856 308 7354 FAX _____
 Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17-28-3, 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

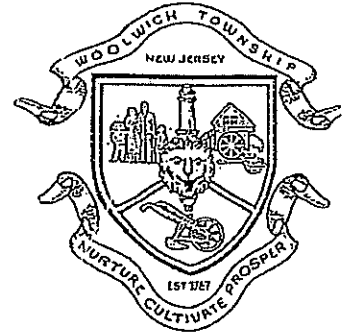
Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 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 17-17063



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 Lauren MI MI Last Name Depp
E-mail Address _____
Mailing Address 235 Juniper Lane
City Woolwich State NT 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 Lauren Depp 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
JLVB

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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 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 800-245-6686 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 M. Pierce 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.

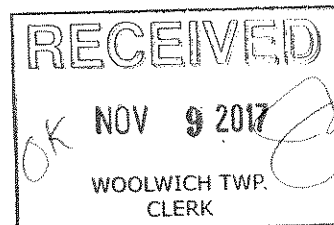
Date: 10/23/17

Rept#: 17-18204

Location: AUBURN RD AND SOMERFIELD

SWEDSBORO

Involving: ALEXUS SRISBY



AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

NO OK 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.

	17-18204	18387	18666	18983
	18288	18460	18692	
Start Date	10/22/2017	18511	18706	
	18352	18507	18823	
End Date	11/4/2017	18574	18857	
	18368	18585	18882	31 pages
	18375			

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

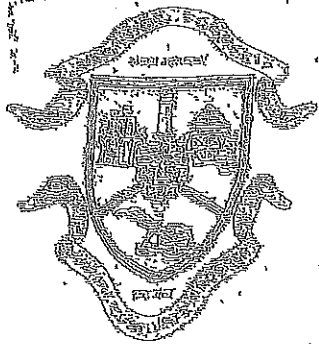
Final Cost

Total 1.55
 Deposit
 Balance Due
 Balance Paid

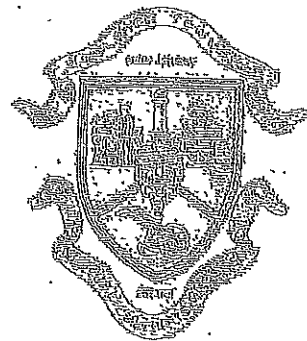
Records Provided

no [Signature]
 Custodian Signature

11/13/17
 Date



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
120 Village Green Drive
Woolwich Township, NJ 08093
856-467-2666 fax 856-467-3545



Important Notice

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Requestor Information - Please Print

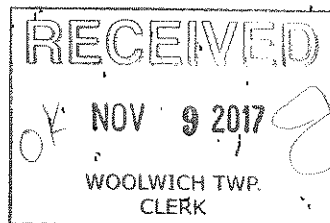
First Name Huy MI TP Last Name inh
Email Address 7 Lawrence lane
Billing Address Turnersville State NJ Zip 08012
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site ☐ Fax ☐ Email ☐
I am requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17-28, I certify that 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

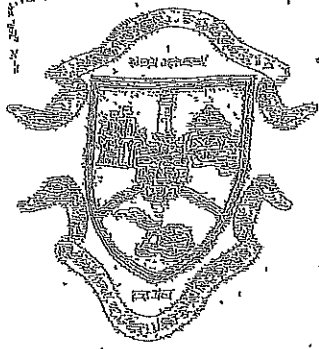
Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special 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.

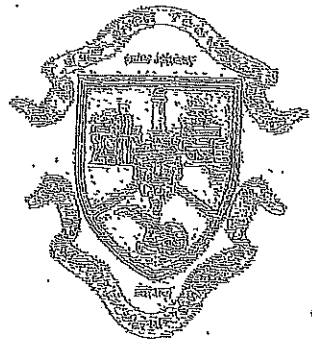
MVC 17-17049



104
104



WOOLWICH TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
120 Village Green Drive
Woolwich Township, NJ 08065
856-467-2665 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 Pat Last Name Pat
Mailing Address 11 Cedar St
Billing Address Swedesboro
City Swedesboro State NJ Zip 08085
Phone 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. 17-27, 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 Pat Date 11-8-17

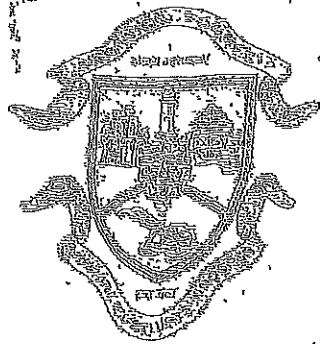
Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$1.07 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

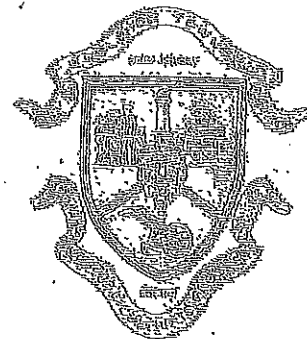
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

MVA 17-18460

RECEIVED
08 NOV 9 2017
WOOLWICH TWP.
CLERK



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.

Requester Information -- Please Print

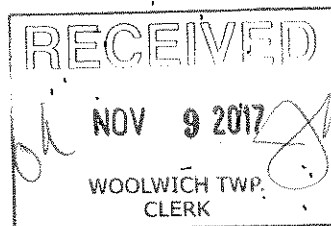
First Name ALISSA MI M Last Name Fenner
Email Address lyssimariee@gmail.com
Billing Address 339 N Main St Apt C
Woodstown State NJ Zip 08098
Phone (857) 591 1524 FAX _____
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☐ E-mail ☐
I am requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 18-3, 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

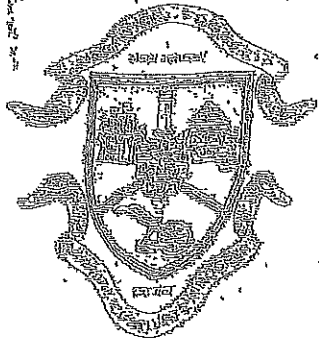
Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.06 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request

3rd 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



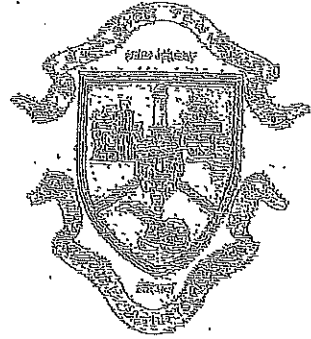
NOV 11/8/17 104



WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

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



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 MI Last Name Salamon
mail Address 2 Pond View Dr Woolwich
Billing Address _____
City Woolwich State NJ Zip 08085
Phone 856-472-2171 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ Email _____
I am requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17-3, 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

3rd 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

AGENCY USE ONLY

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11/13/17

MA

604

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 Stephanie MI Last Name Taylor
 Email Address Stephanie.taylor622@aol.com
 Mailing Address 351 Nicklaus Ct
Woolwich State NJ Zip 08085
 Phone 2152606763 FAX
 Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☐ E-mail ☐
 If we are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17-28, 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

Additional 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 17-17337

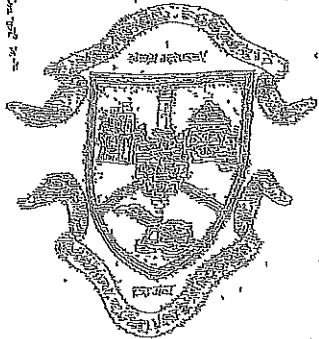
11-13-17 [Signature]

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

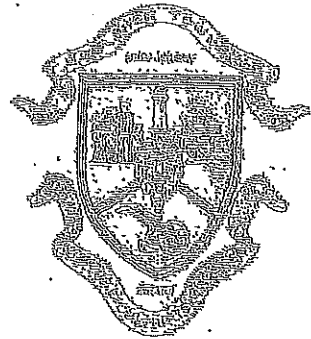
MA 11/13/17 204



WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

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



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 Shawna MI L Last Name Gilroy
Email Address gilroyshawna@gmail.com
Billing Address 312 Back Creek Rd.
City Swedesboro State NJ Zip 08085
Phone 484-397-4755 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. 17-27, 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. Gilroy Date 11/13/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
☒ Cash ☐ Check ☐ Money Order
Fees: Letter size pages - \$0.06 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

Additional 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 17-17769

11-13-17

[Signature]

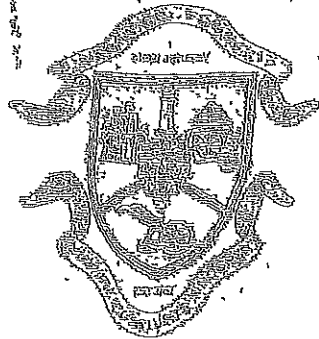
AGENCY USE ONLY

AGENCY USE ONLY

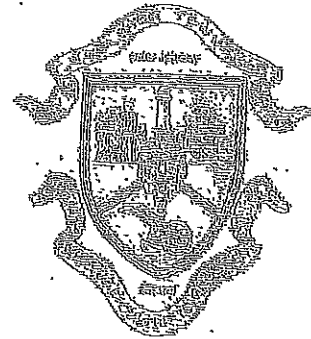
AGENCY USE ONLY

NO 11/13/17

104



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

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Requester Information - Please Print

First Name Jennifer MI A Last Name Espinoza
Email Address tripletoeloo2@aol.com
Billing Address 5439 Pinehurst Dr.
Wilmington State DE Zip 19808
Phone (727) 686-5447 FAX n/a
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site ☐ Fax ☐ E-mail ☐
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17-3, 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]

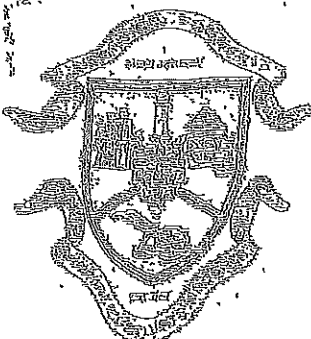
AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

NO 11/13/17

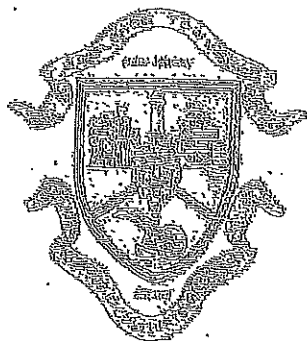
154



WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

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



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 JOAN MI W Last Name ROBINSON
mail Address _____
Billing Address 109 Scherfield Rd
Woolwich Twp State NJ Zip 08085
phone 609-803-1643 FAX _____
Preferred Delivery: Pick Up ☒ On-Site ☐ US Mail ☐ Inspect ☐ Fax ☐ E-mail ☐
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17-23, 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.

and 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

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.

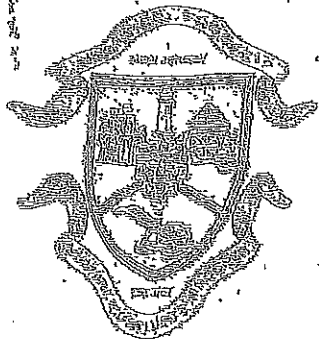
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

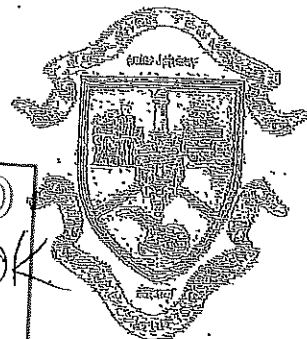
AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ E-_____ Balance _____ Deposit Date _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress _____ Open _____ Denied _____ Closed _____ Filled _____ Closed _____ Partial _____ Closed _____	Tracking Information Tracking # _____ Rec'd Date <u>11-16-17</u> Ready Date <u>11-16-17</u> Total Pages _____ Records Provided <i>e-mailed</i>  Custodian Signature	Final Cost Total _____ Deposit _____ Balance Due <u>N/A</u> Balance Paid _____ Date <u>11-16-17</u>		



WOOLWICH TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

120 Village Green Drive
Woolwich Township, NJ 08085
856-267-2665 fax 856-467-3545



RECEIVED

NOV 16 2017

WOOLWICH TWP.
CLERK

Important Notice

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Requester Information - Please Print

First Name Black MI R Last Name STEWART
mail Address 7 CHEW LN
Billing Address PO BOX 1234
City NEWELL State NJ Zip 08080
Phone 856-267-4509 FAX N/A
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☐ E-mail ☐
I am requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17-28, 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 [Signature] 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.

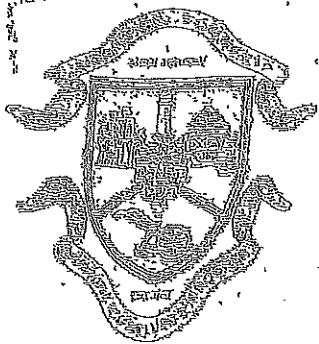
Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of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

17-19360

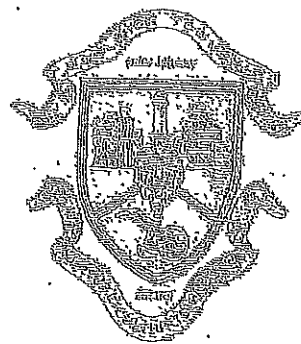
Thorn Camera

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 10:00 PM AFTER I SPECIFICALLY WAS DISPATCHED TO DASH. I WANT TO FULLY SPEAK TO ON SCENE WITH HIM. HE LET ME TALK & LEAVE BEFORE HE SAID HE WOULD ME. I AM VERY BRO NERD BECAUSE HE HAD BEEN BLOWN ON HIGH



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

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Requester Information - Please Print

First Name Beverley MI K Last Name LEVARI
Email Address Beverley K Levari @ Buccaneer-atlantic.edu
Billing Address 194 Wheat RD
City Ruewila State NJ Zip 08310
Phone 856 305 3876 FAX N/A
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site ☐ Fax ☐ Email ☐
If requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17-27, 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

Additional 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

