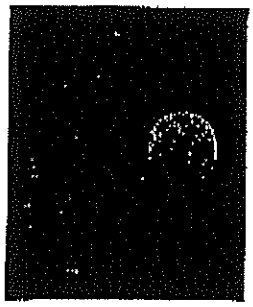
#105



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217

Phone: 609-561-7070 / Fax: 609-561-3031

Email: kjohnson@mullicatownship.org

Kimberly Johnson, RMC, Custodian of 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 BEN MI ____ Last Name Lynovsky

E-mail Address BENlynovsky2@gmail.com

Mailing Address 80 US Highway 9, Suite 202

City Marmora State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5250

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

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 5/29/17 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.

Motor vehicle accident ~~Reports~~

From 7/31/17 Through 8/6/17

AGENCY NAME HERE

Place Logo Here

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address
Agency Telephone Number & Fax Number
Agency e-mail address
Name of Agency Custodian

OPRA 10.6.2017

Place Logo Here

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 Jim MI _____ Last Name O'Donnell

E-mail Address James.O'Donnell@nbcuni.com

Mailing Address 10 Monument Road

City Bala Cynwyd State PA Zip 19004

Telephone 215-913-0273 FAX 610-668-5649

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 James O'Donnell Date 08/09/2017

Payment Information

Maximum Authorization Cost $ 1

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 attached 3 pages

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

Mullica Township

#107

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-652-2037 Fax:

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 Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 8/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 7/30/2017

End Date 8/12/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

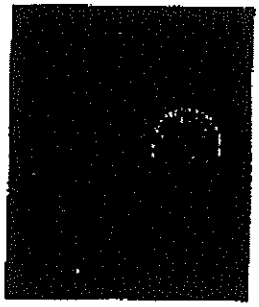
Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of 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 Ben MI ____ Last Name Lyhovsky

E-mail Address BenLyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Marmora State NJ Zip 08251

Telephone 732-490-5800 FAX 732-536-5550

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

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 5/29/17 Date 8/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

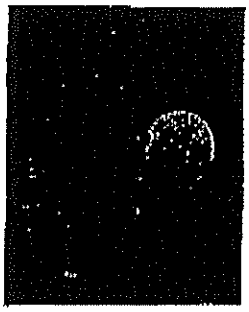
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

Motor vehicle accident reports

from 8/7/17 Through 8/13/17

received 8/14/17

#109-2017



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of 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 BEN MI ____ Last Name Lymovsky

E-mail Address BENlymovsky@gmail.com

Mailing Address 500 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5250

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

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 5/29/17 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.

Motor vehicle accident reports
from 8/14/17 Through 8/16/17

TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of 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 BEN MI ____ Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Marmora State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5250

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

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 5/29/17 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.

Motor vehicle accident ~~Reports~~

from 8/21/17 Through 8/27/17

Mullica Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-652-2037 Fax:

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 Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 8/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/13/2017

End Date 8/26/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

eposit 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

Kim Johnson #112

From: Michael Hawthorne <figcop@yahoo.com>
Sent: Thursday, August 31, 2017 8:16 PM
To: Kim Johnson
Subject: OPRA request

Good morning Ms. Johnson,

Please accept this email as my request for government records pursuant to the Open Public Records Act and the common law right of access. If you would please respond to this request and send all responsive documents to me at figcop@yahoo.com or I will pick them up if easier. I understand that some information on the requested documents may be redacted.

- A copy of the paper fax, or stored electronic fax sent to the Wildwood Crest Police on or about July 5, 2017 requesting that they apprehend John Robinson (DOB 6/29/1954).

- A copy of any document, note, recording, memo or any other writing surrounding the arrest, apprehension and investigation of John Robinson that includes my address (102 East Preston Ave. Wildwood Crest NJ 08260) or any other address in Cape May County.

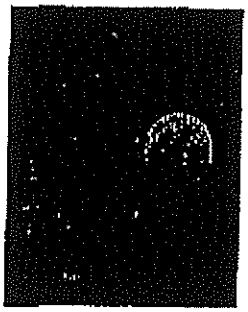
I am very concerned that my home address is now attached to a known felon. The information that John Robinson lived at my residence was erroneously and maliciously supplied in an attempt to harass me. I require the requested information to research how it was obtained and ultimately correct whatever data bases it my be stored in.

Thank you,

Michael Hawthorne
102 East Preston Ave
Wildwood Crest, NJ 08260
#609-231-5997

Sent from my iPhone

#113



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of 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 BEN MI ____ Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 W Highway 9, Suite 202

City Marmora State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5250

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

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

Signature [signature] Date 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Motor vehicle accident reports

From 8/28/17 Through 9/4/17

Mullica Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-652-2037 Fax:

PUBLIC RECORDS #114

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 9/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/27/2017

End Date 9/9/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

eposit 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 _____

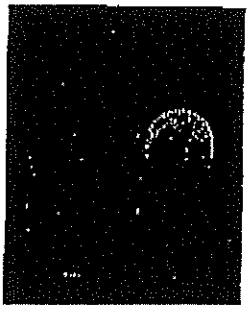
Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

#115



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of 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 BEN MI ____ Last Name Lynovsky

E-mail Address BENlynovsky@gmail.com

Mailing Address 50 US Highway 9, suite 202

City Marlboro State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5250

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

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 5/29/17 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.

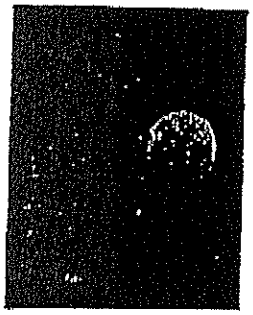
Extras: Special service charge dependent upon request.

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.

Motor vehicle accident Reports

From 9/4/17 Through 9/10/17

#116



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of 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 BEN MI ____ Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 5015 Highway 9, Suite 202

City Marmora State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5250

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

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 5/29/17 Date 9/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Motor vehicle accident reports

From 9/11/17 Through 9/17/17

#117

TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of 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 Ben MI ____ Last Name Lynovsky

E-mail Address BenLynovsky@gmail.com

Mailing Address 500 US Highway 9, suite 202

City Marlton State NJ Zip 08053

Telephone 732-490-5800 FAX 732-536-5250

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

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 5/29/17 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.

Motor vehicle accident Reports

from 9/18/17 Through 9/24/17

Mullica Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-652-2037 Fax:

#118

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 Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 9/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/10/2017

End Date 9/23/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

eposit 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 _____

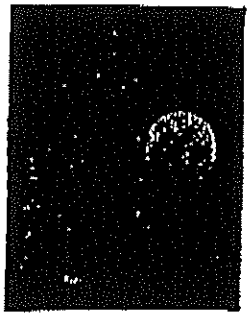
Balance Paid _____

Records Provided

Custodian Signature

Date

#119



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of 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 BEN MI ____ Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 80 US Highway 9, Suite 202

City Marmora State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5250

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

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 5/29/17 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.

Motor vehicle accident reports

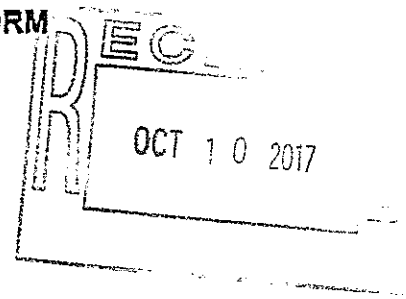
From 9/25/17 Through 10/1/17

OPRA 100

TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of Records



Important Notice

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Requestor Information – Please Print

First Name BEN MI ____ Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 5015 Highway 9, Suite 202

City Marmora State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5250

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

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Signature 5/29/17 Date 10/9/17

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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Motor vehicle accident reports
from 10/2/17 Through 10/8/17

Mullica Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-652-2037 Fax:

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/9/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/24/2017

End Date 10/7/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

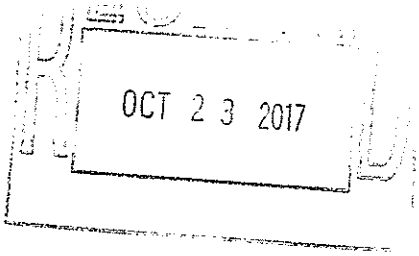
Custodian Signature _____ Date _____

OPRA 12.2017

TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4526 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of Records



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Requestor Information – Please Print

First Name BEN MI ____ Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 NJ Highway 9, suite 202

City Marmora State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5250

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

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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

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Motor vehicle accident reports

from 10/16/17 through 10/22/17

16th 22nd

OPRA 123 2017

Mullica Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-652-2037 Fax:

PUBLIC RECORDS

OCT 23 2017

Important Notice

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/8/2017

End Date 10/21/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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In Progress - Open _____

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Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

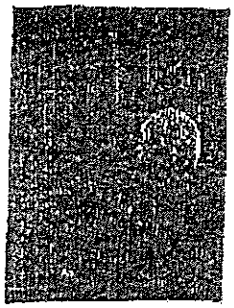
Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of 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 Ben MI ____ Last Name Lynowski

E-mail Address benlynowski@gmail.com

Mailing Address 50 N Highway 9, suite 2a2

City Mougnville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5250

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

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 5/29/17 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

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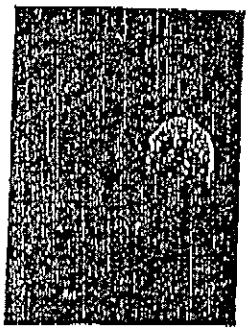
Motor vehicle accident Reports

From 10/23/17 Through 10/29/17



TOWNSHIP OF MULLICA

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Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
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Requestor Information – Please Print

First Name BEN MI ____ Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Marlboro State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5250

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

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Signature [signature] 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.

Motor vehicle accident reports

from 10/29/17 Through 11/5/17

Mullica Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-652-2037 Fax:

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 11/6/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/22/2017

End Date 11/4/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

#127

PROVIDING SERVICES FOR nj.com Star-Ledger

CRAIG MCCARTHY, REPORTER
732-372-2078
cmccarthy@njadvancemedia.com
Woodbridge Corporate Plaza
485 Route 1 South, Building E, Suite 300
Iselin, NJ 08830-3009

OPRA

11/07/2017

Dear Custodian,

Please consider this a formal OPRA request for the unredacted Use of Force reports for incidents occurring for the calendar years 2012, 2013, 2014, 2015 and 2016. We have received some from your prosecutor's office but the records appear incomplete. Redactions should be made for juvenile names and HIPAA.

We are entitled to these unredacted reports under N.J.S.A. 47:1A3(b) as a result of the state Supreme Court ruling on July 11, 2017, in the case North Jersey Media Group v. Lyndhurst.

The court wrote in its opinion, "The law calls for disclosure of 'the identity of the investigating and arresting personnel' and adds that the exception on which defendants rely 'shall be narrowly construed.'"

Under that ruling, the court also ruled that "OPRA's criminal investigatory records exception does not apply to records that are "required by law to be made, maintained or kept on file." N.J.S.A. 47:1A-1.1. As a result, the exemption does not cover Use of Force Reports, which the Attorney General requires officers to prepare after the use of deadly force."

Therefore, this request cannot be denied under the exemption of an "ongoing investigation" since they are required under the Attorney General's Use of Force Policy, which has "the force of law for police entities." (NJMG v. Lyndhurst)

If your agency chooses to deny, citing safety concerns, please provide a statement for each incident stating why officer or officers' names "will jeopardize the safety of any person . . . or any investigation in progress" or "would be harmful to a bona fide law enforcement purpose or the public safety." (NJMG v. Lyndhurst)

Please email scanned digital copies of the unredacted original Use Of Force forms as PDFs. If the file is too large, we will accept a CD with the requested documents mailed to the address above.

Under penalty of N.J.S.A. 2C:283, I certify that I have not been convicted of any indictable offense under the laws of New Jersey, or any other state, or in the United States.

Please note, this request clearly notes New Jersey's Open Public Record Act, therefore does not need to be on local OPRA forms.

We reserve the right to appeal your decision to withhold any information.

I look forward to your reply via email. We request all correspondence referencing this OPRA be via email.

Thank you for your assistance.
CRAIG MCCARTHY

Sent 11.16.17

Mullica Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-652-2037 Fax:

128

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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Signature Christina Mota Date 11/10/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 06/25/2017

End Date 07/01/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

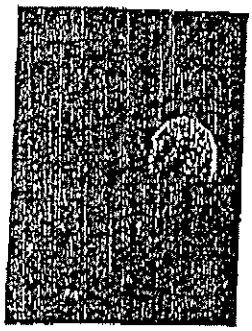
Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

129



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of Records

Important Notice

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Requestor Information – Please Print

First Name Ben MI ____ Last Name Lynovsky

E-mail Address BenLynovsky@gmail.com

Mailing Address 520 N Highway 9, suite 202

City Molgmville State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5230

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

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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

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Motor vehicle accident reports

from 11/6/17 Through 11/12/17

#130

Mullica Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-652-2037 Fax:

PUBLIC RECORDS

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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Signature Christina Mota Date 11/20/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 11/5/2017

End Date 11/18/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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In Progress - Open _____

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AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

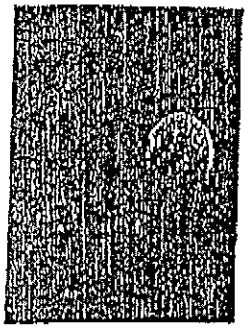
Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

PD OPRA 131-2017



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Phone: 609-561-7070 / Fax: 609-561-3031
Email: Kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of Records

RECEIVED
NOV 20 2017

Important Notice

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Requestor Information – Please Print

First Name BEN MI ____ Last Name Lynovsky

E-mail Address BENlynovsky@comcast.com

Mailing Address 50 W Highway 9, suite 202

City Manahawkin State NJ Zip 08050

Telephone 732-490-5800 FAX 732-536-5250

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

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Signature [signature] Date 11/20/17

Payment Information

Maximum Authorization Cost $

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Cash Check Money Order

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

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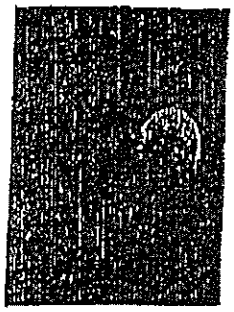
Motor vehicle accident Reports

from 11/13/17 Through 11/19/17



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217

Phone: 609-561-7070 / Fax: 609-561-3031

Email: kjohnson@mullicatownship.org

Kimberly Johnson, RMC, Custodian of Records

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Requestor Information – Please Print

First Name BEN MI Last Name Lyhovsky

E-mail Address BENlyhovsky@gmail.com

Mailing Address 504 S Highway 9, Suite 2a2

City Marmora State NJ Zip 07751

Telephone 732-490-5800 FAX 732-536-5570

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

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 5/29/17 Date 11/27/17

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.

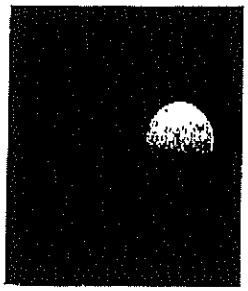
Extras: Special service charge dependant upon request.

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.

Motor vehicle accident reports

From 11/20/17 Through 11/26/17

#133



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of 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 LAW OFFICES OF Last Name
E-mail Address ANDREW A. BALLERINI
Mailing Address ~~CHERRY TREE CORPORATE CENTER~~ 535 ROUTE 38, SUITE 328
City ~~State~~ CHERRY HILL, NJ ~~Zip~~ 08002
Telephone FAX
Preferred Delivery: Pick Up ____ US Mail X On-Site Inspect ____ Fax ____ E-mail ____

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

Signature [signature] Date 11-28-17

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.

Our Client: Joyce Weir
D/A: 08/09/17 @ approximately 5:40 p.m.
MVA Location: Nasco Road at or near Hankins Road, Mullica Township, NJ

Copies of any and all 911 audio calls and CAD.
The incident report and any code sheet to assist in reading the incident report.
Names, addresses, and telephone numbers of any and all witnesses who contacted 911.
Names, addresses, and telephone numbers for any emergency personnel contacted to go to the incident scene.
Camera records.
Police transmissions.
Police individual records

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

#582

AUG - 2 2017

Open Record Officer
MULLICA TWP
4528 White Horse Pike
Elwood, NJ 08037

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

Under the provisions of the NJ Open Records Law. We are requesting access to the following information: We are asking for information about your **mail machine**, or postage equipment from Manufacturers Neopost, Hasler, MailFinance, Francotyp Postalia (FP Mailing), or Pitney Bowes

A copy of the MOST RECENT, CURRENT lease agreements or Most Recent Purchase Order for your current mailing equipment which shows lease commencement date and term of contract for mail machine from vendors Neopost, Hasler, Pitney Bowes, FP Mailing

Or

If the equipment was purchased, we are requesting a copy of your MOST RECENT meter rental bill, equipment rental bill, and maintenance / service contract bill or bill from last service call.

We will entertain suggestions you feel will make my request more responsive and thereby ensure that you can meet our request. If possible we would like to have the data sent to us at the address below.

Please email your request to me at adorward@printandmailing.net or mail to my attention at:

Print Management Solutions
Attn: Amy Dorward
P O Box 350
Trexlertown, PA 18087

If all or any part of this request is denied, please cite the specific exemption(s) that you think justifies your refusal to release the information, and inform me of the appeal procedures available to me under the law.

We would appreciate you handling this request as quickly as possible, and look forward to hearing from you.

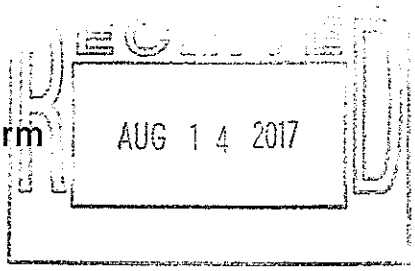
Respectfully,

Amy Dorward
P O Box 350
Trexlertown, PA 18087

583 2017

State of New Jersey Standard

Open Public Records Act Request Form



Requestor Information – Please Print

Payment Information

First Name Jenita MI ____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

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

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

Signature Jenita Burgess Date August 9, 2017

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information:

Please provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in July 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

Bert Emailed 8-16-17 10:07

OPRA 584 2017

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Amy MI ____ Last Name Han

E-mail Address amyhan324@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone 856-383-0803 FAX ____

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

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

Signature [signature] Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

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

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

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

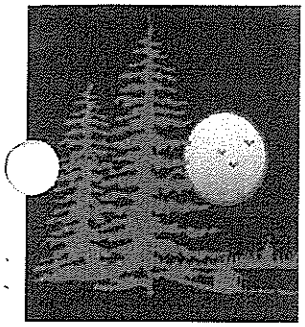
Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

#585



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of 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 Aimee MI K Last Name Pacheco

E-mail Address aimee.pacheco@pemco-limited.com

Mailing Address 4600 S Ulster St. Ste 530.

City Denver State CO Zip 80237

Telephone 720-509-3245 FAX 303-284-8026

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.

nature Aimee Pacheco Date 08/16/2017

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.

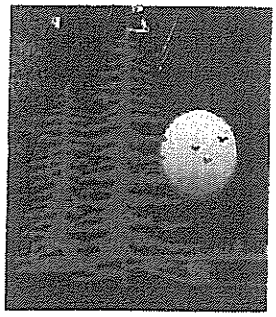
Extras: Special service charge dependent upon request.

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.

I need to know if there are any open / outstanding code violations on the following property. Please e-mail me a copy of these files once found.

3388 Moores Ave, Mullica Township, NJ
Block 1601 / Lot 5

Thank you!



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of Records

RECEIVED
AUG 17 2017

Amended

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 Ernest MI A. Last Name Aponte

E-mail Address ernestaaponte@justice.com

Mailing Address 511 Locust Street

City Hammonton State NJ Zip 08037

Telephone 609-317-6116 FAX 609-345-2916

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 E.A. Date 8/17/2017

Payment Information

Maximum Authorization Cost $ 500 five hundred

Select Payment Method

Cash (Check) Money Order

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

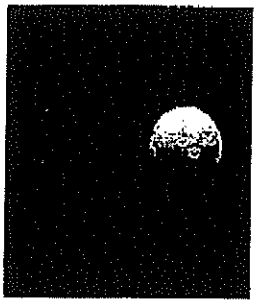
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 Any and ALL Citizen Inquiry – Complaint forms (to include complaint and results of investigations)
*Note: I have No Objection to the name of the Complaintant being reducted, but I do want to know the name and address of the Property being complained of.
The request is from todays date back to last 5 five years. i.e. 8/17/17 to 8/17/12.

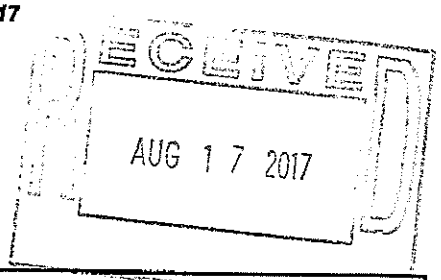
OPRA 586-2017



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of 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 Ernest MI A. Last Name Apante

E-mail Address ernestaapante@justice.com

Mailing Address 511 Locust Street

City Hammonton State NJ Zip 08037

Telephone 609-317-6116 FAX 609-345-2916

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 E.A. Date 8/16/2017

Payment Information

Maximum Authorization Cost $ 500 Five hundred

Select Payment Method

Cash (Check) Money Order

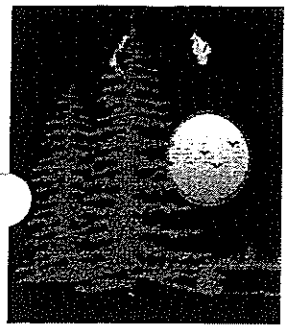
Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 Any and ALL Citizen Inquiry - Complaint forms (to include complaint and results of investigation)
*Note: I have No Objection to the name of the Complaintant being redacted, but I do want to know the name and address of the Property being complained of.
The request is from todays date back to last 3 years. i.e. 8/16/17 to 8/16/12.



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of Records

OPRA 587-2017

RECEIVED
AUG 23 2017

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 Sue MI ____ Last Name Curran

E-mail Address curranappraisal@gmail.com

Mailing Address 930 Piper Lane

City Yardley State PA Zip 19067

Telephone 215 630 3310 FAX 215 321 3370

Preferred Delivery: Pick Up ____ US Mail ~~X~~ On-Site Inspect Possibly * 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 Suzanne M Curran 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.

Any building permits for 2841 7th Avenue property, Block 4301 Lot 1. Preferred if possible → any permits issued since JAN. 2008,

* may be able to see records on 8/29/17. Otherwise email or fax please. Thank You!

CPRA 588-2017

RECEIVED SEP - 1 2017

Place Logo Here

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address
Agency Telephone Number & Fax Number
Agency e-mail address
Name of Agency Custodian

Place Logo Here

Important Notice

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

Requestor Information – Please Print

First Name James MI ____ Last Name Roberts

E-mail Address tristateoffice19034@gmail.com

Mailing Address 134 E Chestnut Ave

City Worth Wildwood State NJ Zip 08260

Telephone ____ FAX ____

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

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

Signature ____ Date 9/1/17

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.

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

Mailroom records relating to office equipment, specifically mail machine lease information and relevant documents regarding supplies, service and rental of mailing equipment (postage meters, folder/inserter letter openers, etc) ... Package tracking software if applicable. Records for the 2017 tax year!

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

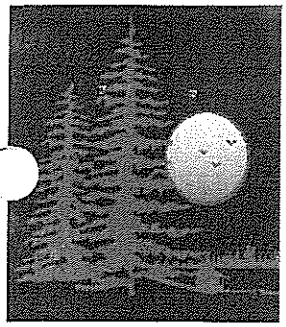
Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of Records

#389

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 Anastasia MI _____ Last Name Trout

E-mail Address anastasia.trout@pemco-limited.com

Mailing Address 4600 S Ulster st Ste 530

City Denver State CO Zip 80237

Telephone 720-509-3265 FAX 303-284-8026

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 Anastasia Trout Date 9/8/2017

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.

My name is Anastasia Trout I am with Pemco-Limited working on behalf of Fannie Mae and I am in charge of maintaining the following property: 5520 Moss Mill Rd.
1. Are there any current open code violations or open permits? If so,
-Date of violation and fine amount?

2. 2. Has this property been through Vacant property registration? If so,
- Date of registration?
-Name of person/ company who registered the property?
-Amount paid
- Date of registration/ next due date

#590 - 2017

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI _____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

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

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

Signature Jenita D Burgess Date September 13, 2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information:

Please provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in August 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

Kim Johnson #5947

From:	Kim Johnson
Sent:	Thursday, September 21, 2017 10:58 AM
To:	'cblanding@smartprocure.us'
Subject:	RE: SmartProcure OPRA Request Township Of Mullica For PO/Vendor Information
Attachments:	RE: SmartProcure OPRA Request Township Of Mullica For PO/Vendor Information

In reply to your OPRA Request, please see the attached.

From: cblanding@smartprocure.us [mailto:cblanding@smartprocure.us]
Sent: Tuesday, September 19, 2017 7:57 AM
To: Kim Johnson <kjohnson@mullicatownship.org>
Subject: SmartProcure OPRA Request Township Of Mullica For PO/Vendor Information

Dear Kimberly or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Township Of Mullica for any and all purchasing records from 2017-06-14 to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

1. Purchase order number. If purchase orders are not used a comparable substitute is acceptable, i.e., invoice, encumbrance, or check number
2. Purchase date
3. Line item details (Detailed description of the purchase)
4. Line item quantity
5. Line item price
6. Vendor ID number, name, address, contact person and their email address

The attached document may be helpful as a reference to fulfill this request if the Township Of Mullica stores the records using any of the pre-programmed software reports, but the records request is not limited to the reports listed.

Please email the information or use the following web link. There is no file size limitation:
http://upload.smartprocure.us/?st=NJ&org=TownshipOfMullica

If this request was misrouted, please forward to the correct contact person and reply to this communication with the appropriate contact information.

If you have any questions, please feel free to respond to this email or I can be reached at 954-637-0742.

Regards,

Curtis Blanding
Data Acquisition Specialist

Kim Johnson 592

From: Kim Johnson
Sent: Thursday, September 28, 2017 1:04 PM
To: 'michelle@datarole.com'
Subject: RE: Mullica township Building Permits - Public Records Request
Attachments: PDF FILE

Michelle, please note that the law requires that an applicant must specifically describe identifiable records sought. Since your request was open-ended we have done the best to comply with your request. Please see the attached.

From: michelle@datarole.com [mailto:michelle@datarole.com]
Sent: Monday, September 25, 2017 8:21 AM
To: Kim Johnson <kjohnson@mullicatownship.org>
Subject: Mullica township Building Permits - Public Records Request

Dear Kimberly Johnson,

NJ.8037.10709

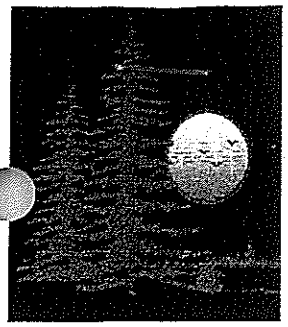
Pursuant to New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I am requesting copies of public records for your building permit report or log dating back as many years as you have on file. Ideally, this report or log would contain the physical addresses, issue dates, type/category of work, description of work, contractor, and other items for **all** building permits.

An electronic copy in Excel or CSV format is preferred, but we will accept the report in whatever format you have it and for all information fields you have available. Please feel free to contact me with any questions or concerns.

Thank you very much for your time,

Michelle Farris
Data Specialist - Datarole
513-276-2088
Michelle@datarole.com

Should you deny any part of this request, you must state in writing the basis for the denial, including the exact statutory citation authorizing the denial as required by as required by New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., Your office has 7 days to respond and 30 days (21 business days) to satisfy this request.



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528White Horse Pike, PO Box 317, Elwood, NJ 08217

Phone: 609-561-7070 / Fax: 609-561-3031

Email: kjohnson@mullicatownship.org

Kimberly Johnson, RMC, Custodian of Records

OPRA 593-2017

RECEIVED SEP 28 2017

Important Notice

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

Requestor Information – Please Print

First Name Richard MI ____ Last Name Suthard

E-mail Address suthardrealestate@gmail.com

Mailing Address 1001 Tilton Road

City Northfield State NJ Zip 08225

Telephone 609-646-1900 FAX 609-677-4477

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 9/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

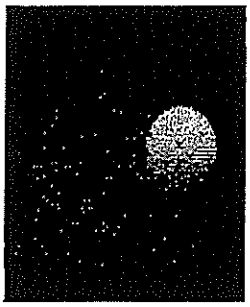
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

2100 Elwood Road:

Survey Plan/Info

Septic Plan/Info

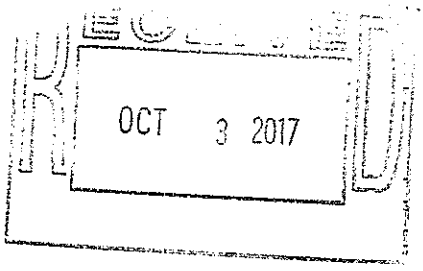
594-2017



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of 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 Aimee MI K Last Name Pacheco

E-mail Address aimee.pacheco@pemco-limited.com

Mailing Address PEMCO Limited, 820 Bear Tavern Rd

City West Trenton State NJ Zip 08628

Telephone 720-509-3245 FAX 303-284-8026

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 09/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
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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.

Please e-mail my response to this OPRA request.

I need a copy of any 1. open permits and 2. code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party.

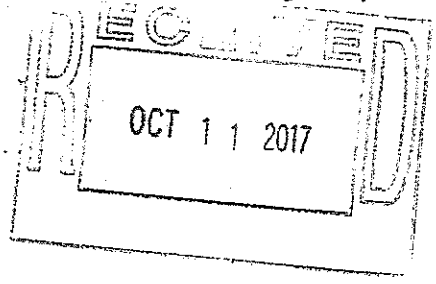
4510 Anderson Ave, Hammonton, NJ
Block 3301 / Lot 3

Thank you!

OPRA 595 2017

State of New Jersey Standard

Open Public Records Act Request Form



Requestor Information – Please Print

First Name Jenita MI _____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

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

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

Signature Jenita Burgess Date October 11, 2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information:

Please provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in September 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions permitted.

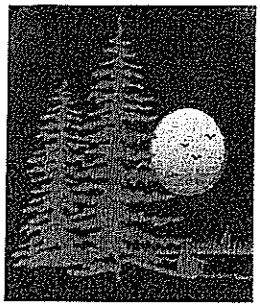
Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

OPRA 596-2017

4528 White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of 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 Larry MI ____ Last Name Higgins

E-mail Address OPRA@NJPropertyRecords.com

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

City Oldwick State NJ Zip 08858

Telephone 908-255-9919 FAX ____

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

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

Signature ____ Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

There's not enough space here to write the records being requested. Please view the attached document.

Note for clerk: Please forward this request to your engineering department as they will be the BEST source for the requested documents and information.

The clerk or engineer can fulfill this OPRA easily by visiting our website www.StateInfoServices.com/opra - We've built this website to avoid sending 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 the requested files and information so you can close the OPRA request.

Attention Municipal Engineer:

I'm requesting the following information and documents in any electronic format. We've built a website where you can submit all the requested information online and easily. www.StateInfoServices.com/opra

Requested Information:

1.a) A complete set of your municipalities **MOST CURRENT** tax maps.

1.b) The date the tax maps were last modified/updated.

1.c) The approximate date to check back for newer/updated tax maps.

1.d) What is the Engineers Name, email, and phone number?

2.a) The **MOST CURRENT** municipality zoning map(s).

2.b) The date the zoning map(s) was last modified/updated.

2.c) The approximate date to check back for newer/updated zoning map(s).

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

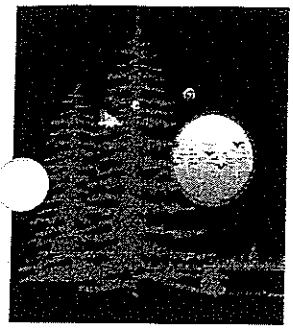
If you have any questions, please email ORPA@NJPropertyRecords.com –

PHONE CALLS WILL NOT BE ACCEPTED

Thanks,

Larry Higgins

OPRA@NJPropertyRecords.com



TOWNSHIP OF MULLICA

OPRA 5.17.2017

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of Records

RECEIVED
OCT 19 2017

Important Notice

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

Requestor Information – Please Print

First Name Melvin MI K. Last Name Young

E-mail Address

Mailing Address 787 Bellvue Ave.

City Hammonton State NJ Zip 08037

Telephone (609) 204-3466 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 10-19-17

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.

OATh of office For Judge
Carol N. GoloFF

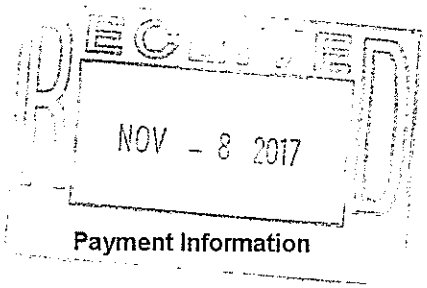
OATh OF OFFice FOr ~~[illegible]~~O Prosecutor
Rick DeMichele

P/U
10/23/17
2:40pm

OPRA 598-2017

State of New Jersey Standard

Open Public Records Act Request Form



Requestor Information – Please Print

Payment Information

First Name Jenita MI ____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

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

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

Signature Jenita Burgess Date November 8, 2017

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information:

Please provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in October 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions permitted.

Copies can be faxed or emailed using the information above.

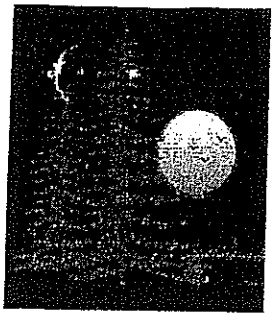
I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

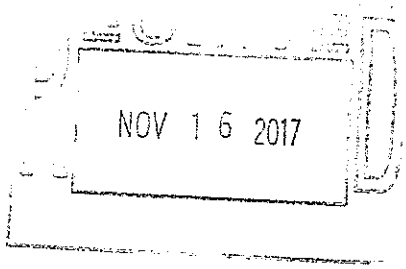
599-2017



TOWNSHIP OF MULLICA

OPEN PUBLIC RECORDS ACT REQUEST FORM

4528White Horse Pike, PO Box 317, Elwood, NJ 08217
Phone: 609-561-7070 / Fax: 609-561-3031
Email: kjohnson@mullicatownship.org
Kimberly Johnson, RMC, Custodian of Records



Important Notice

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Requestor Information – Please Print

First Name William MI S. Last Name Cappuccio, Esquire

E-mail Address cappesq@netscape.net

Mailing Address P.O. Box 107 650 S. White Horse Pike

City Hammonton State N.J. Zip 08037

Telephone 609-561-4700 FAX 609-561-7635

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

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

Signature _____ Date 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.

Copies of: Any and all written or electronic communications, i.e. emails, (printed out in original form) regarding the subject premises to wit: Block 7505, Lots 10 and 11, and/or concerning decision to sell said premises to Mr. and Mrs. Anthony Merlino, including but not limited to "property sale or Land File Committee" file and any and all communications with Green Acres, D.E.P. and/or its employees and the Township of Mullica, including ceritified copy of Resolution authorizing sale thereof by Township of Mullica in 2011 with votes indicated for and/or against sale, including full name and addresses of Committee Members voting thereon.

#600

Kim Johnson

From: ASK NJ Media Co. <opra+request-274-8e39cefb@requests.opramachine.com>
Sent: Monday, November 20, 2017 5:14 PM
To: Kim Johnson
Subject: Open Public Records Act request - OPRA Requests

[ar Mullica Township,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message.
Records requested:

I'm requesting copies of all OPRA requests from August 1, 2017 to November 20, 2017.

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-274-8e39cefb@requests.opramachine.com

Is kjohnson@mullicatownship.org the wrong address for Open Public Records Act requests to Mullica Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=mullica_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

If you find this service useful as an OPRA officer, please ask your web manager to link to us from your organisation's OPRA page.
