Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

1988. - 2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

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

Requestor Information – Please Print

First Name Giancarlo MI ____ Last Name D'Ocazio

E-mail Address ____

Mailing Address ____

City ____ State ____ Zip ____

Telephone ____ FAX ____

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

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

Signature [signature] Date 8/1/17

Revised 8-2016 lfs

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request

Record Request Information

To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address ____ **Block** ____ **Lot** ____

____ **Review Public Records (Specify plans, maps, contracts, department)** ____

____ **Copy of Minutes (specify board, date, topic, or other identifying information)** ____

____ **Ordinance or Resolution (specify date, number, or other identifying information)** ____

____ **Municipal Lien Search/200 Foot List** ____

____ **Other** DVD July 26 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

Given #.66

[signature] 8/1/17
Custodian Signature Date

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

299-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

Important Notice
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Requestor Information – Please Print

First Name Paul MI ____ Last Name Howard

E-mail Address [redacted]

Mailing Address 80 Barclay Center Suite 4A

City Cherry Hill State NJ Zip 08034

Telephone [redacted] FAX ____

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

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

Signature *Paul Howard* 08/02/2017 08:34 AM EDT Date 08/01/2017

Revised 8-2016 lls

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also,please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 116 rolling Acre dr, Washington Twp NJ 08028 Block 00084 Lot 00004

____Review Public Records (Specify plans, maps, contracts, department) property records: Permits with open/closed indication and violations

____Copy of Minutes (specify board, date, topic, or other identifying information) ____

____Ordinance or Resolution (specify date, number, or other identifying information) ____

____Municipal Lien Search/200 Foot List ____

____Other ____

AGENCY USE ONLY

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

Deposit Date 08/01/2017

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 08/01/2017
Filed Closed 08/01/2017
Partial Closed 08/01/2017

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

08/01/2017
Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

Mailing address:
WASHINGTON TOWNSHIP
PO Box1100
Sewell, NJ 08080

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

#300 - 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 JUNE MI I Last Name YERKES

E-mail Address —

Mailing Address [redacted]

City TURNERSVILLE State NJ Zip 08012-1925

Telephone [redacted] 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 June Yerkes Date 8-01-17

Revised 8-2016 ls

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also,please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address ____ Block ____ Lot ____

____ Review Public Records (Specify plans, maps, contracts, department) ____

____ Copy of Minutes (specify board, date, topic, or other identifying information) ____

____ Ordinance or Resolution (specify date, number, or other identifying information) ____

____ Municipal Lien Search/200 Foot List ____

✓ Other 2 July 26 Council meetings DVD

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 ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

9734928378 09:18:36 a.m. 08-01-2017 1/1

856 327 9177

OPEN PUBLIC RECORDS ACT REQUEST FORM

#301-2017

Mailing address:
WASHINGTON TOWNSHIP
PO Box1108
Sewell, NJ 08080

ATTN: C. CIALELLA

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

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

Requestor Information – Please Print

First Name SUSANA MI ____ Last Name WALLACE/CLS

E-mail Address [redacted]

Mailing Address 170 KINNELON ROAD

City KINNELON State NJ Zip 07405

Telephone [redacted] 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 S Wallace Date 8/1/17

Revised 9-2016 fb

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address ____ Block ____ Lot ____

____ Review Public Records (Specify plans, maps, contracts, department) ____

____ Copy of Minutes (specify board, date, topic, or other identifying information) ____

____ Ordinance or Resolution (specify date, number, or other identifying information) ____

____ Municipal Lien Search/200 Foot List ____

____ Other Copy of PLANNING BOARD AGENDA FOR JULY & AUG. 2017

THANK YOU

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

#34-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

Important Notice

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Requestor Information – Please Print

First Name ~~Gabe~~ Anthony MI F Last Name Gabest

E-mail Address [illegible]

Mailing Address 410 Greenview DR.

City Blackwood State NJ Zip 08012

Telephone [illegible] 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 7-31-17

Revised 8-2016 lfs

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also,please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address _____ **Block** _____ **Lot** _____

____ **Review Public Records (Specify plans, maps, contracts, department)** _____

____ **Copy of Minutes (specify board, date, topic, or other identifying information)** _____

____ **Ordinance or Resolution (specify date, number, or other identifying information)** _____

____ **Municipal Lien Search/200 Foot List** _____ 11.06/15

____ **Other** ~~Blueprints to Home~~ / Survey / All permits

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.

04-1755 ✓
07-0018 ✓
13-1205
15-0346 ✓
16-0800 ✓

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 _____

TOWNSHIP OF WASHINGTON
HOUSING OFFICE

JUL 31 2017

RECEIVED

8/1/17

Custodian Signature Date

Mailing address:
WASHINGTON TOWNSHIP
PO Box1105
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

#303-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

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

Requestor Information – Please Print

First Name Alexandria MI ____ Last Name Brown

E-mail Address [redacted]

Mailing Address 4600 S. Ulster ST. Suite 530

City Denver State CO Zip 80237

Telephone [redacted] 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 [redacted] Date 8/5/2017

Revised 8-2016 lls

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 46 Libra LN, Swell, NJ, 08080 **Block** 82.93 **Lot** 12

____ **Review Public Records (Specify plans, maps, contracts, department)** ____

____ **Copy of Minutes (specify board, date, topic, or other identifying information)** ____

____ **Ordinance or Resolution (specify date, number, or other identifying information)** ____

____ **Municipal Lien Search/200 Foot List** ____

____ **Other** In search of any open code violations for property address 46 Libra LN, Swell, NJ, 08080

AGENCY USE ONLY

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

Deposit Date 8/5/2017

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 8/5/2017
Filed – Closed 8/5/2017
Partial – Closed 8/5/2017

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 WASHINGTON
CONSTRUCTION OFFICE 8/5/2017
Custodian Signature Date

AUG 07 2017

RECEIVED

7/17-NO permits/violations

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

304-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

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

Requestor Information – Please Print

First Name Andrew MI ____ Last Name Dobson

E-mail Address [redacted]

Mailing Address 4600 South Ulster Street, Ste 530

City Denver State CO Zip 80237

Telephone [redacted] FAX [redacted]

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 08/05/2017

Revised 6-2016 ts

Payment Information

Maximum Authorization Cost $ 0.00

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: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 153 McKinley Avenue, South Amboy, NJ, 08879 Block 179 Lot 2

____ **Review Public Records (Specify plans, maps, contracts, department)** ____

____ **Copy of Minutes (specify board, date, topic, or other identifying information)** ____

X **Ordinance or Resolution (specify date, number, or other identifying information)** Vacant property registration ordinance

____ **Municipal Lien Search/200 Foot List** ____

X **Other** Any notice of open permits/code violations currently pending on the referenced property address

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date 08/05/2017

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 08/05/2017
Filed - Closed 08/05/2017
Partial - Closed 08/05/2

AGENCY USE ONLY

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

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

Records Provided

Denied W/my Attorneys W/H Twp

[signature] 08/05/2017

Custodian Signature Date

From: Karlés Austin
To: lselb@twp.washington.nj.us
Subject: OPRA REQUEST
Date: Monday, August 07, 2017 3:11:06 AM

305-2017

Karlés M. Austin
655 Washington Street
Camden, NJ 08103
[redacted]

August 7, 2017

Leo Selb
Washington Township Clerk
523 Egg Harbor Road
Sewell, NJ 08012

Dear Leo Selb,

Under the New Jersey Open Public Records Act, N.J.S.A. 47:1A et seq. I am requesting an opportunity to inspect or obtain copies of public records that display a list of **tax delinquent properties, including all tax delinquent houses listed in Washington Township, New Jersey. Below are the specifications for this request:**

- **No lots, commercial buildings, businesses, or LLC's.**
- **List should be sent electronically to this email address (2017kaustin@gmail.com) IN AN EXCEL (.XLS) FILE**
- **List should be limited to homeowners who are currently delinquent on their property taxes and still owned by their respective owners.**
- **List should include mail addresses and property addresses (Street Address, City, State, Zip Code) for the respective owners**
- **Bill year range should be from 2014-2017 (Delinquent for 3 years at the minimum)**
- **Balances greater than $2,000**

If there are any fees for searching or sending these records, please inform me.

The New Jersey Open Public Records Act requires a response time of seven business days. If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you deny any or all of this request, please cite each exemption you feel justifies the refusal to release the information and notify me the appeal procedures available to me under the law.

Thank you for considering my request.

Sincerely,

Karlés M. Austin
K&K Real Estate Solutions
[redacted]

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

306-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

Important Notice
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Requestor Information – Please Print

First Name Terri MI ____ Last Name Fanfarillo

E-mail Address ____

Mailing Address 107 Lakeside Drive

City Glassboro State NJ Zip 08028

Telephone ____ FAX ____

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

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

Signature Terri Fanfarillo Date 8/7/2017

Revised 8-2016 ES

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: *To expedite the request, be as specific as possible in describing the records being requested.* Also,please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 111 Chadds Ford Court Block 54.02 Lot 57

____ **Review Public Records (Specify plans, maps, contracts, department)** ____

____ **Copy of Minutes (specify board, date, topic, or other identifying information)** ____

____ **Ordinance or Resolution (specify date, number, or other identifying information)** ____

____ **Municipal Lien Search/200 Foot List** ____

XXX **Other** All permits issued on property, Certificate of Occupancy, & Inspections performed for the last 20 years along with any leins/violations

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date 8/7/2017

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 8/7/2017
Filed – Closed 8/7/2017
Partial – Closed 8/7/2017

AGENCY USE ONLY

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

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

8/28/17

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

Custodian Signature AUG 28 2017 Date 8/7/2017

8/21/17- all records in current program.

RECEIVED

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

307-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

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

Requestor Information – Please Print

First Name VINCENT MI ____ Last Name LAMONICA

E-mail Address [redacted]

Mailing Address 43 STEEPLECHASE DRIVE

City SEWELL State NJ Zip 08080

Telephone [redacted] FAX ____

Preferred Delivery: Pick Up X 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 Vince Lamonica Date 8/4/17

Revised 9-2016 ls

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also,please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address ____ **Block** ____ **Lot** ____

____ **Review Public Records (Specify plans, maps, contracts, department)** ____

____ **Copy of Minutes (specify board, date, topic, or other identifying information)** ____

____ **Ordinance or Resolution (specify date, number, or other identifying information)** ____

____ **Municipal Lien Search/200 Foot List** ____

X **Other** SEE ATTACHED

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 ____

Washington Township OPRA request – August 7, 2017:

1. Police Department Key fob records for entry/exit for Vincent Lamonica October 1, 2016 through January 31, 2017.
2. Key fob activity for Police Lt Vincent Lamonica for December 11, 2017.
3. Invoices for Maintenance and repair of Police Department key fob system from October 1, 2016 through June 1, 2017
4. Records for repair and maintenance of Police Department key fob system 2016 to August 4, 2107
5. Video records for internal police department camera/surveillance system for December 11, 2016.
6. Video records for external police department camera/surveillance system for December 11, 2017.
7. Records regarding Police Department key fob system failure between October 1, 2016 and June 2, 2017.
8. Records regarding Police Department key fob system repairs between October 1, 2016 and June 2, 2017.
9. Records related to grievance and resolution thereof regarding Rolando promotion to lieutenant and captain.
10. General orders pertaining to scheduling of lieutenants.

309-2017

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 Jim MI _____ Last Name O'Donnell

E-mail Address [redacted]

Mailing Address 10 Monument Road

City Bala Cynwyd State PA Zip 19004

Telephone [redacted] FAX [redacted]

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

Pick On-Site

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 08/10/2017

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

Mailing address:
WASHINGTON TOWNSHIP
PO Box1108
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

310-2017-

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 T. Last Name DiSinto

E-mail Address [redacted]

Mailing Address 279 Egg Harbor Rd Suite 5

City Sewell State NJ Zip 08080

Telephone [redacted]

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 8/14/17

Revised 8-2016 lls

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also,please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 28 Mango Ct Sicklerville Block 110.07 Lot 14

_____ Review Public Records (Specify plans, maps, contracts, department) _____

_____ Copy of Minutes (specify board, date, topic, or other identifying information) _____

_____ Ordinance or Resolution (specify date, number, or other identifying information) _____

_____ Municipal Lien Search/200 Foot List _____

_____ Other _____

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 _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

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

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

8/14/17 No records in current computer system.
Check Vault.

NO PERMITS IN Vault

OPEN PUBLIC RECORDS ACT REQUEST FORM

#311A 2017 Closed - sent 8-16-17

Sent to Leo 8/16/17

Important Notice

The last 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 [redacted]

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone [redacted] 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 ____

Mailing address:
WASHINGTON TOWNSHIP
PO Box#108
Sewell, NJ 08080

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lsc@twp.washington.nj.us
Leo F Salb Jr, TownshipClerk

OPEN PUBLIC RECORDS ACT REQUEST FORM

311B-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 Erin MI ____ Last Name Franzini

E-mail Address [redacted]

Mailing Address ____

City ____ State ____ Zip ____

Telephone [redacted] FAX [redacted]

Preferred Delivery: Up ____ UB Mail ____ On-Site Inspect ____ Fax 6 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 Erin M. Franzini Date 8-10-17

Revised 6-2016 BS

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 32 Clearbrook Ln Block 19.19 Lot 17

____ Review Public Records (Specify plans, maps, contracts, department) ____

____ Copy of Minutes (specify board, date, topic, or other identifying information) ____

____ Ordinance or Resolution (specify date, number, or other identifying information) ____

____ Municipal Lien Search/200 Foot List ____

X Other need to know if there are any code violations for behalf of the bank

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 # ____
Receipt Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

Sent Back ~~Sent No Contract~~ 8-16-17.

OPEN PUBLIC RECORDS ACT REQUEST FORM

312-2017

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

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

Requestor Information – Please Print

First Name Hans MI Last Name Millienet

E-mail Address

Mailing Address Weichert Realtors 284 Rt 10 W

City Randolph State NJ Zip 07869

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 ____

Revised 8-2016 ls

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 50 E Springtown Rd Block 23 Lot 8.1

✓ Review Public Records (Specify plans, maps, contracts, department) TAX collector/Assessor Full year 2017

____ Copy of Minutes (specify board, date, topic, or other identifying information) ____

____ Ordinance or Resolution (specify date, number, or other identifying information) ____

____ Municipal Lien Search/200 Foot List ____

✓ Other Building Dept: copies of all opened, closed or pending permits / Health Dept: Any abandoned oil tank Septic clearance or Removal, Any offsite conditions affecting property

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 ____

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

AUG 21 2017

RECEIVED

313-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
tselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

Important Notice

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

Requestor Information – Please Print

First Name Linda MI ____ Last Name Buffington

E-mail Address ____

Mailing Address 10 Penn Ave

City Cherry Hill State NJ Zip 08002

Telephone ____ FAX ____

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

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

Signature Linda Buffington Date 08/15/2017

Revised 6-2016 ls

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also,please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 28 Mango Court, Sicklerville NJ 08081 Block 110.07 Lot 14

X ***Review*** Public Records (Specify plans, maps, contracts, department) permits for installation/removal of oil tanks; permit to convert to gas

____ Copy of Minutes (specify board, date, topic, or other identifying information) ____

____ Ordinance or Resolution (specify date, number, or other identifying information) ____

____ Municipal Lien Search/200 Foot List ____

____ Other ____

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date 08/15/2017

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 08/15/2017
Filed - Closed 08/15/2017
Partial - Closed 08/15/2

AGENCY USE ONLY

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

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

Records Provided

Closed 8-28-17

Custodian Signature 08/15/2017 Date

8/21/17 - No records in current program for tank removal or conversion.

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

Sent to Custodian 8-16-17

313-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

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

Requestor Information – Please Print

First Name Linda MI ____ Last Name Buffington

E-mail Address [illegible]

Mailing Address 10 Penn Ave

City Cherry Hill State NJ Zip 08002

Telephone [illegible] FAX [illegible]

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

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

Signature Linda Buffington Date 08/15/2017

Revised 8-2016 lb

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 28 Mango Court, Sicklerville NJ 08081 Block 110.07 Lot 14

X Review Public Records (Specify plans, maps, contracts, department) permits for installation/removal of oil tanks; permit to convert to gas

____ Copy of Minutes (specify board, date, topic, or other identifying information) ____

____ Ordinance or Resolution (specify date, number, or other identifying information) ____

____ Municipal Lien Search/200 Foot List ____

____ Other ____

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date 08/15/2017

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 08/15/2017
Filed - Closed 08/15/2017
Partial - Closed 08/15/2

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 08/15/2017 Date

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

Mailing address:
WASHINGTON TOWNSHIP
PO Box1105
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

314-2017

AUG 22 2017

RECEIVED

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
leefb@twp.washington.nj.us
Lee F Seib Jr, TownshipClerk

Important Notice
The last 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 J Last Name DiCintio

E-mail Address

Mailing Address 279 Egg Harbor Rd, Suite 7

City Sewell State NJ Zip 08080

Telephone

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

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

Signature [signature] Date 8/17/17

Revised 8-2016 BL

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: *To expedite the request, be as specific as possible in describing the records being requested.* Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 28 MANGO CT, SICKLERVILLE Block 110.07 Lot 14

____ Review Public Records (Specify plans, maps, contracts, department) ____

____ Copy of Minutes (specify board, date, topic, or other identifying information) ____

____ Ordinance or Resolution (specify date, number, or other identifying information) ____

____ Municipal Lien Search/200 Foot List ____

✓ Other all permits pulled since house was built for conversion of heat source (oil, electric, 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 ____
Filed ____ Closed ____
Partial ____ Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # ____
Recd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

[signature] 8/28/17

Custodian Signature Date

8/22/17- Still open. Needs final inspections for Elec, Fire & Plumbing.

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FOR TOWNSHIP OF WASHINGTON CONSTRUCTION OFFICE

315-2017

AUG 21 2017

RECEIVED

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

Important Notice

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

Requestor Information – Please Print

First Name Joseph MI W Last Name Schonewolf Jr.

E-mail Address

Mailing Address 2309 Sesame Street

City Atco State NJ Zip 08004

Telephone ~~(856)~~ Pick Up 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 Joseph W Schonewolf Jr. Date 8/17/17

Revised 8-2016 EJ

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 511 Independence Pl Turnersville NJ 08012 Block 250 Lot 1

X Review Public Records (Specify plans, maps, contracts, department) Electrical, plumbing, building, roof permits

____ Copy of Minutes (specify board, date, topic, or other identifying information) ____

____ Ordinance or Resolution (specify date, number, or other identifying information) ____

____ Municipal Lien Search/200 Foot List ____

X Other Purchasing Property, requesting any and all permits available.

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

8-28-17

Custodian Signature ____ Date ____

8

Mailing address:
WASHINGTON TOWNSHIP
PO Box1108
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

316-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lseib@twp.washington.nj.us
Leo F Seib Jr, TownshipClerk

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

Requestor Information – Please Print

First Name Lisa MI _____ Last Name Aberman

E-mail Address [redacted]

Mailing Address 3120 Fire Road

City Egg Harbor Twp State NJ Zip 08234

Telephone [redacted] FAX [redacted]

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 8/14/17

Revised 6-2016 lls

Payment Information

Maximum Authorization Cost $ 30.00

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 materiel

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also,please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address _____ Block _____ Lot _____

_____ **Review Public Records (Specify plans, maps, contracts, department)** _____

_____ **Copy of Minutes (specify board, date, topic, or other identifying information)** _____

_____ **Ordinance or Resolution (specify date, number, or other identifying information)** _____

_____ **Municipal Lien Search/200 Foot List** _____

x **Other** Regarding MVA case No: 2017025778, please provide CAD log, 911 calls and DIVR/body camera footage

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 _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

3/8-2017

REQUESTOR INFORMATION: PLEASE PRINT

First Name **Bob** Last Name **Alvarez**

Mailing Address **11 Bainbridge Lane**

City **Sewell** State **NJ** Zip **08080**

Email Address: [redacted]

Phone Number: [redacted]

Preferred Delivery: Pick Up _____ US Mail ____ On Site ____ Inspect ___X_ E-Mail

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 law of New Jersey or any other state of the United States

Signature: Robert A. Alvarez

INFORMATION REQUESTED

____ Copy of Minutes (specify board or entity, date, topic or other identifying information)

____ Copy of Ordinance or Resolution (specify date, number, or other identifying information)

__X__ Other Type of Report (specify)

Description of Information being requested

A Copy of the Mayor's Marketing Strategy and Information Guide – 2017.

As described at the 7/23/2017 Township Council Meeting. (See E-mail Description)

Payment Information:

In House Copy: $0.05 a page

Request that requires copying to be sent out of house will be charged the exact rate from the out of house copy center

Cost of OPRA _____ Payment Type _____

Date OPRA Date OPRA

was Picked Up _____ was Mailed _____

None exists at of this date. Wrong date of meeting — 8/2/17

318-2017

REQUESTOR INFORMATION: PLEASE PRINT

First Name **Bob** Last Name **Alvarez**

Mailing Address **11 Bainbridge Lane**

City **Sewell** State **NJ** Zip **08080**

Email Address: [redacted]

Phone Number: [redacted]

Preferred Delivery: Pick Up _____ US Mail ____ On Site ____ Inspect ___X_ E-Mail

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 law of New Jersey or any other state of the United States

Signature: Robert A. Alvarez

INFORMATION REQUESTED

____ Copy of Minutes (specify board or entity, date, topic or other identifying information)

____ Copy of Ordinance or Resolution (specify date, number, or other identifying information)

__X__ Other Type of Report (specify)

Description of Information being requested

Resolution 242 - http://www.twp.washington.nj.us/DocumentCenter/View/5785

https://cdn2.hubspot.net/hubfs/2857984/GovPilot_Apr2017/PDFs/GovPilot-Brochure.pdf?t=1503079193828 **BROCHURE**

Request the Names of the Modules Purchased from GovPilot, and cost of maintenance of the proprietary computer hardware and software.

Payment Information:

In House Copy: $0.05 a page

Request that requires copying to be sent out of house will be charged the exact rate from the out of house copy center

Cost of OPRA _____ Payment Type _____

Date OPRA Date OPRA

was Picked Up _____ was Mailed _____

Sent 8/24/17 Copy of Contract

3/9-2017

REQUESTOR INFORMATION: PLEASE PRINT

First Name **Bob** Last Name **Alvarez**

Mailing Address **11 Bainbridge Lane**

City **Sewell** State **NJ** Zip **08080**

Email Address:

Phone Number: [redacted]

Preferred Delivery: Pick Up _____ US Mail ____ On Site ____ Inspect ___X_ E-Mail

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 law of New Jersey or any other state of the United States

Signature: Robert A. Alvarez

INFORMATION REQUESTED

____ Copy of Minutes (specify board or entity, date, topic or other identifying information)

____ Copy of Ordinance or Resolution (specify date, number, or other identifying information)

__X__ Other Type of Report (specify)

Description of Information being requested

A Copy of the Most Recent Amended Washington Township Policies and Procedures Manual as approved by Township Council Ordinance O017-2017 signed by the Mayor on July 12, 2017.

Payment Information:

In House Copy: $0.05 a page

Request that requires copying to be sent out of house will be charged the exact rate from the out of house copy center

Cost of OPRA _____ Payment Type _____

Date OPRA Date OPRA

was Picked Up _____ was Mailed _____

Document Sent 8/21/17

#320

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

AUG 22 2017

RECEIVED

Important Notice

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

Requestor Information – Please Print

First Name Michael MI J Last Name Coppola

E-mail Address

Mailing Address 421 Paddock Court

City Sewell State NJ Zip 08080

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 N/A Date

Revised 8-2016 ls

Payment Information

Maximum Authorization Cost $

Select Payment Method

(Cash) Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 5 Hunter Court Block 17.02 Lot 36

____ Review Public Records (Specify plans, maps, contracts, department)

____ Copy of Minutes (specify board, date, topic, or other identifying information)

____ Ordinance or Resolution (specify date, number, or other identifying information)

____ Municipal Lien Search/200 Foot List

✓ Other Open and/or Closed permits, violations, penalties

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
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

8/28/17

Custodian Signature Date

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

321-2017

Physical address:
WASHINGTON TOWN
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213
FAX
lselb@twp.washington.
Leo F Selb Jr, Townsh

Important Notice

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

Requestor Information – Please Print

First Name BRADFORD MI ____ Last Name GOSA

E-mail Address [redacted]

Mailing Address 210 WOODLAWN AVENUE

City SEWELL State NJ Zip 08080

Telephone [redacted] 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 Bradford Gosa Date 8/23/2017

Revised 8-2016 lls

Payment Informat

Maximum Authorization Cost $

Select Payment Meth

Cash Check Money

Fees: Letter size pages - per page
Legal size pages - per page
Other materials (CD etc) – actual cost of

Delivery: Delivery / postage f additional dependin delivery type.

Extras: Special service cha dependent upon re

Record Request Information: *To expedite the request, be as specific as possible in describing the records being requested.* Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 206 or 210 Woodlawn Avenue Sewell 08080 Block ____ Lot ____

____ Review Public Records (Specify plans, maps, contracts, department) ____

____ Copy of Minutes (specify board, date, topic, or other identifying information) ____

____ Ordinance or Resolution (specify date, number, or other identifying information) ____

____ Municipal Lien Search (200 Foot List ____

X Other ALL official recorded media for case [illegible] @ [illegible]hrs - ALL emergency 911 calls / dispatch / radio transmissions - ALL officer body cam foo

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date 8/23/2017

AGENCY USE ONLY

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

In Progress - Open ____
Denied - Closed 8/23/2017
Filed Closed 8/23/2017
Partial Closed 8/23/20

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

8/23/2017

Custodian Signature Date

Mailing address:
WASHINGTON TOWNSHIP
PO Box1199
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

322-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

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

Requestor Information – Please Print

First Name Badia MI ____ Last Name McGlaun

E-mail Address [redacted]

Mailing Address 2727 LBJ Fwy Ste

City Dalla State TX Zip 75234

Telephone [redacted] FAX [redacted]

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 Badia H McGlaun Date 8/22/201

Revised 8-2016 lls

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also,please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 403 Firethorne Ct Block 85.15 Lot 1

____ Review Public Records (Specify plans, maps, contracts, department) ____

____ Copy of Minutes (specify board, date, topic, or other identifying information) ____

____ Ordinance or Resolution (specify date, number, or other identifying information) ____

X Municipal Lien Search/200 Foot List Code violations, open/expired permits, and special assessment for tal

____ Other grass, weed cutting, 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 ____

323-2017

PETROLEUM TRADERS CORPORATION
7120 Point Inverness Way
Fort Wayne, IN 46804-7928
[redacted]

August 11, 2017

Washington Township, NJ
522 Egg Harbor Road
Sewell, NJ 08080
Email: lselb@twp.washington.nj.us

Re: Open Records Request

Dear Mr. Selb,

Petroleum Traders Corporation would like to formally request under the state open records law the following items:
- Two (2) invoices per month of your current contract (from the past 12 months or the life of your contract, whichever comes first) delivered by your current vendor(s) and corresponding bill of ladings of each gasoline & gasoline.

Our request is not intended to imply any wrongdoing on anyone's behalf. Diligence in research is essential to providing equitable and competitive bid submissions.

If you would, we please ask that you provide the requested documents to us via facsimile at (260)203-2828 or via email at [redacted]

Should there be any charges or fees assessed to my request, ***please let me know an estimated cost prior to compiling the requested information for approval***. Once the cost is finalized, I will have a check issued for the proper amount. Please let me know to whom the check should be made out to and the amount.

I sincerely appreciate your time and efforts involved with providing the requested documents. Should you have any questions or concerns, please do not hesitate to contact me via email or at [redacted]
Thank you for your assistance with this request.

Respectfully,

Alysha Waldren
Petroleum Traders Corporation

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

#324-2017

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 Alexandria MI ____ Last Name DiVirgilio

E-mail Address [illegible]

Mailing Address 33 Twin Ponds Drive

City Sewell State NJ Zip 08080

Telephone [illegible] 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 Alexandria DiVirgilio Date 8/28/17

Revised 8-2016 lfs

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 24 Lombardy Rd Blackwood 08012 Block 111.07 Lot 20

____ **Review Public Records (Specify plans, maps, contracts, department)** ____

____ **Copy of Minutes (specify board, date, topic, or other identifying information)** ____

____ **Ordinance or Resolution (specify date, number, or other identifying information)** ____

____ **Municipal Lien Search/200 Foot List** ____

____ **Other** Looking for any open permits on the house for construction or inspections.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

8/28/17 - No open permits in current system.

8/28/17 - spoke to Requestor - She is aware [illegible]

Mailing address:
WASHINGTON TOWNSHIP
P O Box 1105
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

325-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lsalb@twp.washington.nj.us
Leo F Salb Jr, TownshipClerk

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

Requestor Information – Please Print

First Name Mark MI A Last Name Scarpa

E-mail Address

Mailing Address 279 Egg Harbor Road Ste A

City Sewell State NJ Zip 08080

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 Mark Scarpa Date 8/29/17

Revised 6-2016 SS

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: *To expedite the request, be as specific as possible in describing the records being requested.* Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 14 Sherry Court, Turnersville NJ 08012 Block 19802 Lot 13

____ Review Public Records (Specify plans, maps, contracts, department) _____

____ Copy of Minutes (specify board, date, topic, or other identifying information) _____

____ Ordinance or Resolution (specify date, number, or other identifying information) _____

____ Municipal Lien Search/200 Foot List _____

✓ Other Garage conversion, Shower install downstairs To Room

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 ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature 8-29-17 Date

8/29/17. All permits from current program ws

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

AUG 29 2017

RECEIVED

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM
TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

AUG 21 2017

RECEIVED

wh 32e-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

Important Notice

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

Requestor Information – Please Print

First Name Drew MI ____ Last Name Jackson

E-mail Address ____

Mailing Address 59 Sheccy Rd.

City Tuckahoe State NJ. Zip 08012

Telephone [illegible] 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 Drew Jackson Date 8-21-17

Revised 6-2016 ls

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also,please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 58 Sheccy Rd. Block ____ Lot ____

____ **Review Public Records (Specify plans, maps, contracts, department)** Copy of Permit for Construction/plumbing/electric

____ **Copy of Minutes (specify board, date, topic, or other identifying information)** ____

____ **Ordinance or Resolution (specify date, number, or other identifying information)** ____

____ **Municipal Lien Search/200 Foot List** ____

____ **Other** ____

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 ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

8-28-17

Custodian Signature Date

327-2017

From: Brian McBride
To: Leo Selb
Subject: OPRA Request
Date: Wednesday, August 30, 2017 12:34:53 PM

Dear Leo,

It was good seeing you at the dry cleaners yesterday. Under the OPRA, I request the most recent resume on file, copies of all certifications, copies of any and all licenses, and copies of any and all training on file for John DiStefano. Please provide these in electronic format.

Sincerely,

Brian McBride
86 Goodwin Parkway
Sewell, NJ 08080

Sent from my iPhone
Dictated by by Siri, if not read please excuse typographical or dictation errors.

SHINGTON TOWNSHIP POLICE DEPARTMENT
POLICE ADMINISTRATION BUILDING
1 McCLURE DRIVE
SEWELL, NJ 08080
RECORDS BUREAU 856-589-0764

TOWNSHIP OF WASHINGTON
P.O. Box 1106
Turnersville, New Jersey 08012
856-589-0520 – fax #856-589-9177

OPEN PUBLIC RECORDS ACT REQUEST FORM

328-2017

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 BENJAMIN MI M Last Name DeGROOT-SIED

E-mail Address [illegible]

Mailing Address 54 LONGBOW DR

City Sewell State NJ Zip 08080

Telephone [illegible] 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 B. DeGroot-Sied Date 8/30/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

RQ'S

Officers Duty Cam

ALL Video, Recording (ALL Discovery)

Di Ambrusie'

17-31482

Closed 9/30/17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

OPEN PUBLIC RECORDS ACT REQUEST FORM

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

TOWNSHIP OF WASHINGTON
HOUSING OFFICE

AUG 3 0 2017

RECEIVED

329-2017

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 Jennifer MI ____ Last Name Goodwin

E-mail Address ____

Mailing Address 2003 Exposition Drive

City Williamstown State NJ Zip 08094

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 Jennifer Goodwin Date ____

Revised 8-2016 lfs

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information – ***To expedite the request, be as specific as possible in describing the records being requested.*** Also, please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 521 COACH ROAD **Block** ____ **Lot** ____

____ **Review Public Records (Specify plans, maps, contracts, department)** ____

____ **Copy of Minutes (specify board, date, topic, or other identifying information)** ____

____ **Ordinance or Resolution (specify date, number, or other identifying information)** ____

____ **Municipal Lien Search/200 Foot List**

X **Other** Copy of CO. LANDLord Registration, INSpection Rec

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

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

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

AGENCY USE ONLY

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

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

Records Provided

8-31-17

Custodian Signature Date

8.30.17 gave copy to Requestor.

Mailing address:
WASHINGTON TOWNSHIP
PO Box1166
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

#330

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Leo F Selb Jr, TownshipClerk

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

Requestor Information – Please Print

First Name Vincent MI R Last Name Morabito

E-mail Address [redacted]

Mailing Address 5 Sickler Court

City Sewell State NJ Zip 08080-2564

Telephone [redacted] FAX X

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 Vincent R. Morabito Date 8/31/2017

Revised 6-2016 BI

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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Record Request Information: ***To expedite the request, be as specific as possible in describing the records being requested.*** Also,please include the type of access requested (copying or inspection), and if data, the medium requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Specific Property Information: Address 5 Sickler Court Block 7.02 Lot 31

✓ Review Public Records (Specify plans, maps, contracts, department) ____

____ Copy of Minutes (specify board, date, topic, or other identifying information) ____

____ Ordinance or Resolution (specify date, number, or other identifying information) ____

____ Municipal Lien Search/200 Foot List ____

____ Other ____

AGENCY USE ONLY

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

AGENCY USE ONLY

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Denied – Closed ____
Filed – Closed ____
Partial – Closed ____

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

8-31-17 - VICTORIA GAVE HIM COPIES.

Christine Ciallella

From:
Sent: Thursday, August 31, 2017 9:35 AM
To: Leo Selb
Cc: Chrissy Ciallella
Subject: OPRA - DVD

#338 2017

Leo,
Please accept this note as an OPRA request for a copy of the DVD of the 8/23 council meeting.
Please let me know when is ready for pick up.
Thank you,
Giancarlo.