Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

332-2017

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 Pemco Limited c/o Business Filings Inc 820 Bear Tavern Rd

City West Trenton State NJ Zip 08628

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 _____ Date 8/29/2017

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 28 Mango CT, Sicklerville, NJ, 08081 **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** In search of any open code violations on the property listed above.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date 8/29/2017

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 8/29/2017
Filed - Closed 8/29/2017
Partial - Closed 8/29/2017

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 _____ Date 8/29/2017

As of 8-22-2017 Still Open Permit. Needs final Inspections for Electric, Fire and Plumbing

#333-2017

TOWNSHIP OF WASHINGTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

P.O. Box 1166
Turnersville, New Jersey 08012
856-589-6520 – fax #856-589-9177

Important Notice

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

Requestor Information – Please Print

First Name Jose MI G Last Name Mancilla

E-mail Address [redacted]

Mailing Address 3191 maguire blvd. #200

City Orlando State Florida Zip 32803

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 Jose Mancilla Date 8/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

ZONING

copies of currently existing Certificates of Occupancy and or building permits.
For address: 5401 State Road 42, Turnersville, NJ 0812.

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

SEP 06 2017

RECEIVED

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CC - Construction

#334-2017

TOWNSHIP OF WASHINGTON
CONFIDENTIAL OFFICE

SEP 07 2017

RECEIVED

PUBLIC RECORD REQUEST FORM
TOWNSHIP OF WASHINGTON
GLOUCESTER COUNTY

Approval

REQUESTOR INFORMATION: PLEASE PRINT

First Name Jennifer Last Name Roy

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Phone Number _____

Preferred Delivery Pick Up FAX US Mail _____ On Site Inspect _____

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

Signature Jennifer Roy

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)

____ Other Type of Report (specify)

Description of Information being requested

Please advise if there are any open code violations; open/expired building permits and liens/special assessmen such as weeds or tall grass a for the property listed below:

Address: 5 Samantha Court

Parcel: Block :199.01 Lot : 56 ATR#: 605382

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 was Picked Up _____ Date OPRA was Mailed _____

9/7/17 - Construction

9/7/17 - NO open permits. us

9/8/17 - Responded via e mail to requestor

#335-2017

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

SEP 08 2017

RECEIVED

PUBLIC RECORD REQUEST FORM
TOWNSHIP OF WASHINGTON
GLOUCESTER COUNTY

Approval:

REQUESTOR INFORMATION: PLEASE PRINT

First Name Pam Last Name Bigelow

Mailing Address 1817 Olde Homestead Lane Suite 101

City Lancaster State PA Zip 17601

Email Address [redacted]

Phone Number [redacted]

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

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 Pam Bigelow

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

Requesting any open construction permits for 12 Pembrook Rd Blackwood, NJ 08012.

Thank you.

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 was Picked Up _____ Date OPRA was Mailed _____

9/7/17 - CC to Construction
9/8/17 - All permits from current program wh

Mailing address:
WASHINGTON TOWNSHIP
PO Box1108
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

#336-2017

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE
SEP 08 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 Brandi MI ____ Last Name Hascak

E-mail Address [illegible]

Mailing Address 1000 Commerce Drive Suite 520

City Pittsburgh State PA Zip 15275

Telephone ____ FAX 4

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

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

Signature Brandi L Hascak Date 9/1/17

Revised 8-2018 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 817 Jamestown Road Turnersville, NJ 08012 **Block** 235 **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** ____

x **Other** open code violations, open permits

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date 9/1/17

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 9/1/17
Filed Closed 9/1/17
Partial Closed 9/1/17

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 9/1/17 Date

9/8/17 - NO permits in current program. ls
9/8/17 - Responded via email - closed

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

#337-2017

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 JUNE MI I Last Name YERKES

E-mail Address ——

Mailing Address 65 WHITE BIRCH RD

City TURNERSVILLE State NJ Zip 08012-1925

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 June Yerkes Date 9-27-17

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.

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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 9-22-17 DVDs Council meeting 9/23/17

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 ____

9/18 - $2.64 cash

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

#338.2017

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 PATRICK MI G Last Name BAUTISTA
E-mail Address [redacted]
Mailing Address 14 DAYTONA AVE
City SEWELL State NJ Zip 08080
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 Patrick G Bautista Date 9/8/2017

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 14 DAYTONA AVE SEWELL, NJ Block 194.26 Lot 7

_____ 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 SURVEY ON FILE IN VAULT

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

#339-2017

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 Jonathan ____ MI A Last Name Govender

E-mail Address vgrue [illegible]

Mailing Address 1026 Atsion Rd

City Atco State NJ Zip 08004

Telephone [illegible] FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail 8

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

Signature [signature] Date 9-8-17

Revised 6-2016 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 1 Hydra Lane, Sewell 08080 Block ____ Lot ____

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

____ 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.

9/13/17

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 ____
Records Provided

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE
SEP 11 2017
RECEIVED

Custodian Signature ____ Date ____

9/8/17 - cc to construction

9/11/17 - NO open records in current program. WK

Mailing address:
WASHINGTON TOWNSHIP
PO Box1100
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

340-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
leelb@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 Brandi MI ____ Last Name Hascak

E-mail Address [redacted]

Mailing Address 1000 Commerce Drive Suite 520

City Pittsburgh State PA Zip 15275

Telephone [redacted] FAX [redacted]

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

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

Signature Brandi L Hascak Date 9/1/17

Revised 8-2015 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 817 Jamestown Road Turnersville, NJ 08012 **Block** 235 **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** ____

x **Other** open code violations, open permits

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date 9/1/17

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 9/1/17
Filed – Closed 9/1/17
Partial – Closed 9/1/17

AGENCY USE ONLY

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

Final Cost
Total
Deposit
Balance Due
Balance Paid

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE
SEP 11 2017
RECEIVED

Custodian Signature 9/1/17 Date

9/11/17 - NO record of any permits or violations in current program. ld

341-2017

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, TownchipClerk

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

Requestor Information – Please Print

First Name Cheryl MI ____ Last Name Dare

E-mail Address ____

Mailing Address 381 Egg Harbor Rd.

City Sewell State NJ Zip 08080

Telephone ____ FAX ____

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

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

Signature ____ Date 9/7/17

Revised 6-2016 ltr

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, 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 207 Salina Rd. Sewell NJ 08080 **Block** 19 24 **Lot** 4 01

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

____ **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** Code compliance verification

AGENCY USE ONLY

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

Deposit Date 9/7/17

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 9/7/17
Filed – Closed 9/7/17
Partial – Closed 9/7/17

AGENCY USE ONLY

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

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

Records Provided

____ 9/7/17
Custodian Signature Date

Mailing address:
WASHINGTON TOWNSHIP
PO Box1105
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

341-2017

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 Cheryl MI _____ Last Name Dare

E-mail Address [redacted]

Mailing Address 381 Egg Harbor Rd.

City Sewell State NJ Zip 08080

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 9/7/17

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 207 Salina Rd, Sewell NJ 08080 **Block** 19 24 **Lot** 4 01

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

_____ **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** Code compliance verification

AGENCY USE ONLY

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

Deposit Date 9/7/17

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 9/7/17
Filed Closed 9/7/17
Partial Closed 9/7/17

AGENCY USE ONLY

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

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

Records Provided

_____ 9/7/17
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

#342-2017

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 Patricia MI ____ Last Name Verna

E-mail Address [illegible]

Mailing Address 516 Coach Road

City Blackwood 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 Patricia Verna Date 9/11/17

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 516 Coach Rd Block 247 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 Land survey

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 ____

*No information in vault.

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

343-2017

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 Ashley MI ____ Last Name Stasio

E-mail Address [redacted]

Mailing Address 100 Matawan Road Suite 320

City Matawan State NJ Zip 07747

Telephone ____ 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 9/12/17

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 269 Hurffville-Crosskeys Road **Block** 115 **Lot** 3.03

____ **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)** For any approvals to build on property

____ **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 9/12/17

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 9/12/17
Filed - Closed 9/12/17
Partial - Closed 9/12/17

AGENCY USE ONLY

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

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

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE
SEP 15 2017
RECEIVED 9/12/17

Custodian Signature Date

9/18/17 None found

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

344-2017

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 ADAM MI ____ Last Name SMITH

E-mail Address ____

Mailing Address 3240 East State Street

City Hamilton State NJ Zip 08619

Telephone ____ FAX 330-319-8600

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

If 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 ADAM SMITH Date 09/14/2017

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 190 Dorado Ave, SEWELL, NJ, 08080 **Block** 194.24 **Lot** 15

____ **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 09/14/2017

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 09/14/2017
Filed – Closed 09/14/2017
Partial – Closed 09/14/2

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
SEP 15 2017

Custodian Signature ____ Date 09/14/2017

RECEIVED
9/18/17

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

345-3027

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 Jose MI ____ Last Name Mancilla

E-mail Address [illegible]

Mailing Address 3191 maguire blvd. #200

City Orlando State Florida Zip 32803

Telephone [illegible] FAX ____

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

If 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 offence under the laws of New Jersey, any other state, or the United States.

Signature Jose Mancilla Date 09/13/2017

Revised 6-2016 ifs

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, 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 5401 state road 42, Turnersville, NJ APN: 18-00111-09-00005-03 Block ____ Lot ____

✓ Review Public Records (Specify plans, maps, contracts, department) Certificates of Occupancy , Approved Site Plan, Any pertaining 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 ____

____ Other ____

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____
Deposit Date 09/13/2017

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 09/13/2017
Filed Closed 09/13/2017
Partial Closed 09/13/2

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 09/13/2017 Date

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE
SEP 15 2017
RECEIVED

9/15/17 - No record of any current wd permits. wd

9-18-17

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

346-2017

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 MICHAEL MI _ Last Name DOUGHERTY

E-mail Address [illegible]

Mailing Address 51 MABSEY DR

City SEWELL State NJ Zip 08080

Telephone [illegible] FAX 856 933 5104

Preferred Delivery: Pick Up ✓ US Mail _ 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 9/15/17

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 _____ 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 TENTH COMPLAINT & SANCTION ON COMPLAINTS UNDER W/I

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

[signature] 9/29/17

Custodian Signature Date

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

347-2017

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 Sandra MI L Last Name Blake

E-mail Address [illegible]

Mailing Address 342 Egg Harbor Rd; Suite A-1

City Sewell State NJ Zip 08080

Telephone [illegible] FAX 856-437-5599

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

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

Signature [signature] Date 9/18/17

Revised 6-2013 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 23 FOAL TRAIL Block 1199.11 Lot 30

X Review Public Records (Specify plans, maps, contracts, department) RENTAL REGISTRATION

____ 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 RENTAL PROPERTY REGISTRATION / TENANT REGISTRATION

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 ____

9/20/17 Not Listed as a Rental

9-20-17

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

348-2017

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 Mervyn MI S Last Name Daniel

E-mail Address [redacted]

Mailing Address SLK Global Solutions America - 2727 LBJ Freeway Suite

City Dallas State TX Zip 75234

Telephone [redacted] FAX [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 Mervyn Samson Daniel Date 08/11/2017

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 6 Churchill Way Block 84.10 Lot 46

_____ **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** Please advise if there are any Open Code Violations or Open/Expired Building Permits for property address : 6 Churchill Way Block 84.10 Lot 46

AGENCY USE ONLY

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

Deposit Date 08/11/2017

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 08/11/2017
Filed - Closed 08/11/2017
Partial - Closed 08/11/2

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

SEP 21 2017

Custodian Signature 08/11/2017 Date

From: Kate Baker
To: lselb@twp.washington.nj.us
Subject: OPRA
Date: Thursday, September 21, 2017 2:47:37 PM

349-2017

Dear Municipal Clerk,
Pursuant to the provisions of the New Jersey Open Public Records Act ("OPRA"), I am requesting copies of the following documents for the timeframe January 1, 2014 – September 20, 2017:

1. All Complaints (lawsuits) filed against the municipality by attorney, Jacqueline M. Vigilante, Esq., 99 N. Main Street, Mullica Hill, NJ 08062.
2. All Settlement Agreements or Memorandum of Understanding relating to a municipal employee wherein Jacqueline M. Vigilante, Esq. represented the employee of the municipality.
3. All correspondence from Jacqueline M. Vigilante, Esq. wherein she advised of her attorney representation of an employee of the municipality.
4. All claims or correspondence by Jacqueline M. Vigilante, Esq. for attorney fees to be paid the municipality.
5. All payments made to Jacqueline M. Vigilante, Esq. from the municipality, the municipality's Joint Insurance Fund or insurance carrier.

I am requesting the documents and information be provided in electronic format. If there is any costs for reproduction, please immediately advise.
Thank you for your assistance. If you have any questions, please contact me at [redacted]

Kate Zielsdorf

Mailing address:
WASHINGTON TOWNSHIP
PO Box1108
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

350-2017

SEP 25 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: Paul MI: _____ Last Name: Howard

E-mail Address: [redacted]

Mailing Address: 80 Barclay Center Suite 4A

City: Cherry Hill State: NJ Zip: 08034

Telephone: 856 [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 offence under the laws of New Jersey, any other state, or the United States.

Signature *Paul Howard* 09/11/2017 02:08 PM EDT Date 9/10/17

Revised 8-2016 DL

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, 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 Heather Rd, Washington Twp NJ 08012 Block 00912 13 Lot 00003

_____ **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** Permit records and whether open or closed, also current violations records if any

AGENCY USE ONLY

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

Deposit Date 9/10/17

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 9/10/17
Filed Closed 9/10/17
Partial Closed 9/10/17

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Paul 9/25/17

Custodian Signature

9/10/17
Date

9-25-17 No records on file; Check Vault

192.13/3

OPEN PUBLIC RECORDS ACT REQUEST FORM

Mailing address:
WASHINGTON TOWNSHIP
PO Box1166
Sewell, NJ 08080

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

#351

SEP 2 5 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.

RECEIVED

Requestor Information – Please Print

First Name Lori MI ____ Last Name Russell

E-mail Address [illegible]

Mailing Address 56 Wendee Way

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 Lori G Russell Date 9-25-17

Revised 9-2016 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 18 Halo Avenue, Sewell, NJ 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 Survey $3.04/9

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

Closed 9-25-17 LG

Custodian Signature Date

There is no valid survey in our files.

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE
SEP 27 2017

352-2017

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

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 Denis MI Last Name Cummings

E-mail Address [redacted]

Mailing Address 560 Benigno Boulevard, 2nd Floor

City Bellmawr State NJ Zip 08031

Telephone _____ 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 9/25/2017

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 268 Hurffville Crosskeys Rd **Block** 86 **Lot** 1.02

_____ **Review Public Records (Specify plans, maps, contracts, department)** Seeking property records from the Tax Assessor and all records from the Construction Dept

_____ **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 9/25/2017

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 9/25/2017
Filed - Closed 9/25/2017
Partial - Closed 9/25/20

AGENCY USE ONLY

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

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

Records Provided

[signature] 9/25/2017
Custodian Signature Date

9/27/17- No record of any permits. WS

Mailing address:
WASHINGTON TOWNSHIP
PO Box1166
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

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

353-2017

SEP 27 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 CHERYL MI _____ Last Name GOLDSMITH

E-mail Address cherylgoldsmithhomes@gmail.com

Mailing Address 222 MT AIRY RD

City BASKING RIDGE State NJ Zip 07920

Telephone 570-470-8439 FAX 908-766-2254

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 9/26/2017

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 date, 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 7 CIDER LANE WASHINGTON TWP NJ 07882 **Block** 15 **Lot** 8.21

_____ **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 OPEN & CLOSED CONSTRUCTION PERMITS FROM 2006-2017

AGENCY USE ONLY

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

Deposit Date 9/26/2017

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 9/26/2017
Filed - Closed 9/26/2017
Partial - Closed 9/26/20

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

9/26/2017 Date

9/27/17- Don't have a 7 Cider Lane. wb

Mailing address:
WASHINGTON TOWNSHIP
PO Box1108
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

354-2017

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 Kathleen MI ____ Last Name Healey (Appraisal One)

E-mail Address [illegible] com

Mailing Address 150 Cooper Rd. Suite A 3

City West Berlin State NJ Zip 08091

Telephone [illegible] FAX [illegible]

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

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

Signature Kathleen M Healey Date 9-19-17

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 389 Ganttown Rd. Washington Twp Block 192 Lot 4 + 4.01

X 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) _____

____ Municipal Lien Search/200 Foot List _____

X Other Requesting copy of Final Approvals and Final Site Plan Pertaining to Block 192 Lots 4 + 4.01 (Specifically number of approved pad sites)

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 ____

9.27.17 All files in vault

9/29/17 - Sent email packet to Requestor

OPEN PUBLIC RECORDS ACT REQUEST FORM

355-2017

Mailing address:
WASHINGTON TOWNSHIP
PO Box1166
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 Liz MI _____ Last Name Johnson

E-mail Address [redacted]

Mailing Address 23 N. Clark St.

City Chicago State IL Zip 60602

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 Liz Johnson Date 9.27.17

Revised 9-2016 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 3501 Rt 3501 Rt. 42 42 Block _____ Lot _____

X Review Public Records (Specify plans, maps, contracts, department) Building permit date, contractor, value, CO date (if issued)

_____ 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 9 27 17

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	9.27.17
Filed	-	Closed	9.27.17
Partial	-	Closed	9.27.17

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

9.27.17

Custodian Signature Date

Mailing address:
WASHINGTON TOWNSHIP
PO Box1168
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

356-2017 SEP 27 2017 wh

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

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 STEVE MI Last Name SMITH

E-mail Address

Mailing Address 3240 East State Street

City Hamilton State NJ Zip 08619

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 STEVE SMITH Date 9/27/2017

Revised 6-2016ltr

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, 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 215 CLAIBORNE WAY, SEWELL, NJ 08080 Block 19.11 Lot 8

____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 ____
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 9/27/17 Date

9/27/17- All permits from current program. Needs final inspection. wh

Sent via Email

Mailing address:
WASHINGTON TOWNSHIP
PO Box1196
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

#357-2017

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 JUNE MI I Last Name YERKES

E-mail Address

Mailing Address 65 White Birch Rd

City Turnersville State NJ Zip 08012-1725

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 [signature] Date 9-28-17

Revised 6-2016 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 ____ Block ____ Lot ____

✓ Review Public Records (Specify plans, maps, contracts, department) 2 DVDs 9-27-17 Council meeting

____ 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

$1.24

Custodian Signature ____ Date ____

10/3/17 LM-

Mailing address:
WASHINGTON TOWNSHIP
PO Box1100
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

358 - 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
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Requestor Information -- Please Print

First Name Niall MI J. Last Name O'Brien

E-mail Address

Mailing Address Archer & Greiner, P.C., One Centennial Square

City Haddonfield State NJ Zip 08033

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 October 1, 2017

Revised 6-2016 fh

Payment Information

Maximum Authorization Cost $ 50.00

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 484 Hurfville-Cross Keys Road, Sewell Block 82.110 Lot 20.05

____ 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) Any and all Planning Board or Zoning Board of Adjustment Resolutions of Approval for Rte 55 to Rte 55

____ 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

10-3-17

Custodian Signature Date

213294881v1

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

359-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lselb@twp.washington.nj.us
Lee 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 Laurie MI F Last Name Clune

E-mail Address [illegible]

Mailing Address 6 South Olympia Drive

City Waretown State NJ Zip 08758

Telephone [illegible] FAX [illegible]

Preferred Delivery: Pick Up ____ US Mail ____ 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 L Clune Date 9.27.17

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 de-Indirect to such method of delivery.

Specific Property Information: Address [illegible] Block 51.01 Lot 23 (pt of C2)

____ 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 Regarding Villages @ Park Place - Copy of the Bond - Copy of any Bond release, Copy of any punchlist, any correspondence referring to drainage issues - P.B resolution redevelopment plan for this specific 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 ____
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

Clune 9/3/17 sent

Custodian Signature ____ Date ____

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

CONSTRUCTION OFFICE

OCT 03 2017

RECEIVED

360-2017

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 Marion MI D. Last Name Rott

E-mail Address

Mailing Address 791 Tabernacle Rd

City Cape May State NJ Zip 08204

Telephone 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 MRott Date Oct 3, 2017

Revised 8-2016 ltr

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, 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 7 Sawyer Ct Sewell, NJ Block 54.15 Lot 12

X 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 permits on property in past (addition, roof, building)

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

10/4/17

Custodian Signature Date

yet to pick up or 10/5/17

10/3/17 - CC - construction

Mailing address:
WASHINGTON TOWNSHIP
PO Box1100
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

361-2017

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 Matt MI ____ Last Name Gray

E-mail Address [redacted]

Mailing Address ____

City Mullica Hill State NJ Zip 08062

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 Oct. 3, 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 ____ Block ____ Lot ____

____ Review Public Records (specify plans, maps, contracts, documents) ____

____ 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 Seeking copies of all lawsuit settlements reached since January 2012 in which Washington Twp. Police Department was named as a defendant, including dollar figures of settlements.

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 ____
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 ____

362-2017

Teri Appice

From: Leo Selb
Sent: Wednesday, October 04, 2017 9:48 AM
To: Teri Appice
Subject: FW: OPRA - escrow account

Just Bill amounts not actual bills.
Thanks

From: [redacted] [mailto:[redacted]]
Sent: Wednesday, October 04, 2017 8:48 AM
To: Leo Selb <lselb@twp.washington.nj.us>
Cc: Chrissy Ciallella <cciallella@twp.washington.nj.us>
Subject: OPRA - escrow account

Leo,
Please accept this email as an OPRA request for all bills (just the list, not details) submitted and/or payed to the following ~~professionals of the zoning~~ board and planning board out of the escrow account from July 1, to September 30, 2017:
Zoning Board: Stephen Altamuro, ~~Solicitor;~~ ~~Joseph Petrongolo~~ (Remington & Vernick), Planner; Thomas Cundey (Remington & Vernick), Engineer; Richard Fini (Bach Associated), Environmental Engineer; Michael Angelastro (Remington & Vernick), Traffic Engineer.
Planning Board: Timothy D. Scaffidi, Solicitor; Thomas Cundey (Remington & Vernick), Engineer; Joseph Petrongolo (Remington & Vernick), Planner; Rich Fini (Bach Associates), Environment Engineer.
Thank you in advance for your help. Please notify me when they are ready to pick up.
Giancarlo D'Orazio
11 Buckingham Ct.
08080
[redacted]

P. S. I would prefer receiving them via email, or please let me know when they are ready for pick up. Thank you.

Altamuro
R&V
Bach
Scaffidi

10/5/17

363-2017

From: [redacted]
To: Leo Seib
Cc: Chrissy Ciallella
Subject: OPRA - Bill lists
Date: Wednesday, October 04, 2017 8:53:42 AM

Leo,
Please accept this email as an OPRA request.
Please provide me (electronically) all bill lists adopted by Council from July 1 to September 30, 2017.
Thank you,
Giancarlo D'orazio.
[redacted]

P. S. Please note that I requested to receive them electronically (via email) to avoid any charges.

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 080

OPEN PUBLIC RECORDS ACT REQUEST FORM

A364-2017

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

Important Notice
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Requestor Information – Please Print

First Name GIANCARLO MI _____ Last Name D'ORAZIO

E-mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

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

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

Signature [signature] Date 10/4/17

Revised 9-2015 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 COPIES REQUEST 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

Cash .63

OPEN PUBLIC RECORDS ACT REQUEST FORM

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

 # 365-2017

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 JACCO MI Last Name VIITKIN

E-mail Address [redacted]

Mailing Address 128 32nd STREET APT 3Q

City UNION CITY State NJ Zip 07087

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 J. Viitkin Date 8/7/17

Revised 8-2016fs

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal 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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Specific Property Information: Address _____ Block _____ Lot _____

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_____ 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 _____
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Ready Date _____
Total Pages _____

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

Records Provided

Custodian Signature _____ Date _____

I WOULD LIKE TO GET INFORMATION ON PROPERTY ADDRESSES WHO ARE:
1) BEHIND ON PROPERTY TAXES 2-5 YEARS - Robin
2) UN PAID VIOLATIONS (LIKE UN CUT GRASS ETC.) - Nine - twenty-eight
3) LIST OF VACANT PROPERTIES - J. Mucci) - NJ THANK YOU

September 29, 2017 **366-2017**

Mary Ellen Rose, Esq.
Managing Shareholder
Capehart and Scatchard
8000 Midlantic Dr., Ste 300S
P.O. Box 5016
Mt. Laurel, NJ 08054-5016

RE: Notice of FDCPA Violations by Carmen Saginario, Jr. Esq.

Dear Ms. Rose,

Your firm is employed as the conflict solicitor for the Township of Washington, Gloucester County, New Jersey. Attorney Carmen Saginario, Jr., employed by your firm, has been initially corresponding with me and then my general counsel, John Zohlman, Esq. of Cherry Hill regarding a purported zoning violation. Mr. Saginario is attempting to collect a debt your client, the Township of Washington, alleges is owed and that I dispute. Mr. Saginario has ignored my attorney's letter dated September 22 and subsequent telephone call. Therefore, I am putting you on notice that I have taken the matter back from Mr. Zohlman hands and filed a formal complaint against your firm for its blatant violations of the Federal Fair Debt Collection Practices Act (FDCPA). Your firm's executive committee was recently served or will be served with the complaint by the Consumer Financial Protection Bureau (CFPB).

Briefly, the dispute between myself and the Township of Washington is over a Notice of Violation sent by John DiStefano, the construction official for the Township of Washington. The dispute is because the "Notice of Violation" sent by your client includes no objective proof that a pool exists or did exist on my property. The inspector provided no objective proof to support his allegation that the alleged pool exceeded the maximum size for a temporary above ground swimming pool. Thus, there is no evidentiary basis to support his notice of violation other than the testimony of the construction official. Nonetheless, the alleged violation was cured regardless of my perception of the impropriety of the notice and its poor grammar. As is usually the case, when a homeowner cures the violation, no penalty is due—a fact confirmed in writing by the Clerk of the Township of Washington and codified in the very state law citied in the original notice of violation. Unless your client can produce photographs or video of said pool and Mr. DiStefano measuring said pool's surface area and depth, I suggest you tell your client to go pick on some other politically active citizen.

Pursuant to my rights germane to debt validation under the FDCPA and the New Jersey Open Public Records Act (OPRA), I hereby demand that your client, the Township of Washington produce all photographic and videographic evidence of John DiStefano on my property taking pictures of the alleged swimming pool and measuring it's surface area and the depth of the water. As you know, such evidence will be essential to proving your client's claim, in court, that a debt is due and owing.

Setting aside any lack of evidence from the construction official, said official's salary increase was the subject of public debate and a citizen's petition led by me in March 2017. The petition froze his salary increase until July of 2017. Barely two days after the petition was denied for the November ballot and my opinion piece critical of his boss, Mayor Joann Gattinelli was published in the South Jersey Times, DiStefano official sent me the Notice of Violation attached to Saginario's August 28th letter. Do you find that just a bit coincidental? I do.

What I find even more disturbing is Mr. Saginario joining in on the political retaliation and doing so on your letterhead. Mr. Saginario's actions are reckless, unethical, and completely unbecoming for an attorney of his pedigree and your firm. They are, however, reminiscent of the tactics of a leg breaker for a cheap, second rate loan shark in South Philadelphia. As a fellow Italian American (with an Irish surname) Mr. Saginario's tactics are reminiscent of the stereotypes my family has worked very hard to overcome. The tactics, described below, are very personally insulting to me as a fellow Italian American.

First and foremost, Saginario is demanding that I remit the sum of $2,000 as written in the notice of alleged violation. This is false and misleading. The code for the Township of Washington, which Saginario is supposed to know cold as the solicitor, clearly state that the maximum fine is $1,000 and not $2,000 alleged to be due under the New Jersey law cited by Saginario in his August 28 letter. Please refer to paragraph 16 of chapter 224 of the municipal code of the Township of Washington, attached to this letter, which describes the penalties for violations of the provisions of chapter 224. Please also refer to paragraph 4 of chapter 1 which described the maximum penalty, upon conviction, is $1,000. Please also refer to NJAC 5:23-2.30(b)2, also attached here which states in pertinent part: "Unless an immediate hazard to health and safety is posed, the construction official or appropriate subcode official shall permit such time period for correction as is reasonable within the context of the situation. Saginario admits, in writing that the purported violation was cured.

Collectively, Mr. Saginario's actions have caused your firm to violate the Fair Debt Collection Practices Act. The wantonly false and misleading statement about the amount owed constitutes a violation of the Federal Fair Debt Collection Practices Act at 15 USC 1692e paragraph 807 (2)(A). The initial letter from Saginario to me dated August 28, 2017 also threatens legal action that he can not legally take or is not intended to be taken. Specifically, legal action can not be filed by Saginario or the Township of Washington against me without authorization from the city council. Minutes of council meetings since July 20, 2017 do not show my name on the agenda. Therefore, this is a violation of the Federal Fair Debt Collection Practices Act at 15 USC 1692e paragraph 807 (5). As if that wasn't enough, Saginario's August 28 letter did not contain, nor was it followed within five days by a letter validating the debt. This is also a violation of the Federal Fair Debt Collection Practices Act at 15 USC 1692e paragraph 809 (4) and (5). In addition, Saginario's letter dated September 11 fails to state that he is attempting to collect a debt, which constitutes a second violation of the FDCPA.

Accordingly and for your firm's willful and continued violations of the Federal Fair Debt Collection Practices Act (FDCPA), I have filed a complaint against your firm with the Consumer Financial Protection Bureau. In addition, I may retain counsel specializing in the FDCPA to prosecute your firm for these heinous violations. To end this dispute, I hereby demand that your firm remit the sum of $2,000 in statutory damages in accordance with the Federal Fair Debt Collection Practices Act at 15 USC 1692e paragraph 813(2) (A) plus $3,500 in legal fees for the work of John Zohlman, Esq. pursuant to the Federal Fair Debt Collection Practices Act at 15 USC 1692e paragraph 813 (3).

I reserve the right to file an ethics complaint against Saginario with the Office of Attorney Ethics, Supreme Court of New Jersey and a complaint before the New Jersey Attorney General for unlawful debt collection practices. I also reserve the right to file criminal complaints against John DiStefano for Official Misconduct under the New Jersey Criminal Code 2C:30-2.

As to your client and is required under OPRA, please direct your client to provide all objective evidence related to the alleged notice of violation within five business days. As to your firm's violation of the FDCPA, please provide payment of my statutory damages and legal fees and/or a proposed draft release of all claims directly to me within 5 business days.

Be guided accordingly,

Dr. Brian McBride
86 Goodwin Parkway
Sewell, NJ 08080

PS: I also have videographic evidence of DiStefano at home during the workday. My tax dollars are not paying for him to sit on his couch. Pursuant to the aforementioned OPRA, please direct your client to provide time cards and all requests for leave for John DiStefano from the period of January 1, 2017 to the date on this letter. Moreover, please provide all records showing DiStefano's permissions to take home a Township owned vehicle.

Cc:
Matt Gray; South Jersey Times

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

367-2017

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 Joyce MI _____ Last Name Patterson

E-mail Address [redacted]

Mailing Address 58 Lafayette Ave

City Voorhees State NJ Zip 08043

Telephone [redacted] FAX n/a

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 Joyce Patterson Date 10/4/17

Revised 9-2016 SV

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, 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 _____

xx Other How much did the last liquor license sell for and when? What are you renewed fees? Finally are there any pocket license 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 _____
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

368-2017

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 Cheryl MI _____ Last Name Cooper, Esquire

E-mail Address [redacted]

Mailing Address 342 Egg Harbor Road, Suite A-1

City Sewell State NJ Zip 08080

Telephone [redacted] FAX [redacted]

Prefered 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 Cheryl A. Cooper Date 10/9/17

Revised 8-2016 ns

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, 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 23 Foals Trial, Sewell, NJ 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** 1) Property tax records for March 2017 to present; 2) Name of present owner of record; 3) Name of mortgage holder for 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

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Denied - Closed _____
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AGENCY USE ONLY

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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 Box1105
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

369-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lsalb@wp.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 David MI A Last Name Thatcher, Esq

E-mail Address [redacted]

Mailing Address 128 Grantown Rd

City Turnersville State NJ Zip 08012

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 _____ Date 10.5.17

Revised 8-2016 ts

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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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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 Copy of check to Municipal Code Enforcement Agency and cooresponding June bill for plumbing inspections and plan review _____

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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Deposit _____
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Records Provided

_____ Custodian Signature

_____ Date

Mailing address:
WASHINGTON TOWNSHIP
PO Box1100
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

370-2017

Physical address:
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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 Rebekah MI ____ Last Name Koehler

E-mail Address ____

Mailing Address 2809 East Harmoney Road #100

City Fort Collins State CO Zip 80528

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 10/17/2017

Revised 9-2016 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
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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 13 Timber Hill Drive Block 116.20 Lot 19

____ 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 Please list out any and all fees fins and liens associated with this property. only need copies if there are any

X Other Please list all open Code violations and open/expired permits only need copies if there is anything open.

AGENCY USE ONLY

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

Deposit Date 10/17/2017

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 10/17/2017
Filed - Closed 10/17/2017
Partial - Closed 10/17/2

AGENCY USE ONLY

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

Final Cost
Total
Deposit
Balance Due

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE
OCT 19 2017
RECEIVED

Custodian Signature Date 10/17/2017

10/26/17

\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

371-2017

Important Notice

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

Requestor Information – Please Print

First Name Conshea MI Last Name Jackson

E-mail Address [redacted]

Mailing Address 2212 Tanyard Dakso

City Sewell State NJ Zip 08080

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 Conshea Jackson Date 10-13-17

Payment

Maximum Authorize

Select Pa

Cash Check

Fees: Letter si per pag Legal si per pag Other m etc) – ac

Delivery: Delivery additiona delivery

Extras: Special s depende

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please no referred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the e jeopardized by such method of delivery.

Please release my police report Im pressing charges on ~~Jakeo~~ Anna

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

Mailing address:
WASHINGTON TOWNSHIP
PO Box1100
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

372-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
leelb@twp.washington.nj.us
Lee P 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 Amber MI ____ Last Name Hamilton
E-mail Address [redacted]
Mailing Address 1026 Alsion Rd
City Brig State NJ Zip 08004
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 [signature] Date 10/17/17

(Revised 6-2016 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 1 Hydra Lane 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 or any liens at all
____ 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 ____

Ilana Frier
The Lenzner Firm, P.C.
815 Connecticut Ave NW
Suite 730
Washington, DC 20006

373-2017

October 18, 2017

Washington Township Police Department
Attn: Records Division

Re: New Jersey Open Public Records Act Request

Dear Open Records Officer:

Pursuant to the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I request copies of the following public records:

- Copies of all records of 911 calls for service to 340 Hurffville Cross Keys Road in Swell, New Jersey since November 1, 2004.
- Copies of all arrest, incident or other reports filed in association with 340 Hurffville Cross Keys Road in Sewell, New Jersey since November 1, 2004.
- Copies of all arrest, incident, traffic or other reports filed in association with: "Gina Bombara," "Gina Joie," "Danielle Bombara" or "Danielle Griffith" since 1985.

In the event that portions of certain materials are exempt from disclosure, please provide any reasonably segregable non-exempt portions. Additionally, if the Washington Township Police Department believes any records are exempt from disclosure, please provide a detailed justification specifically identifying the reason each record is withheld.

The New Jersey Open Public Records Act requires a response to this request within seven 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 there are fees for searching or copying records, please notify me if the costs will exceed $20. I also request that, if possible, responsive records be electronically transmitted to me at [redacted]

Thank you in advance for your assistance. Please contact me at [redacted] or [redacted] if you have any questions or concerns about my request.

Best,

Ilana Frier

Mailing address:
WASHINGTON TOWNSHIP
PO Box 1195
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

374-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
(856-853-8020, ext. 213 Office
FAX
lhills@twp.washington.nj.us
Lee F Sells 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: Amber MI: ___ Last Name: Hamilton

E-mail Address: [illegible]

Mailing Address: 1 Hydra Lane

City: Atco State: NJ Zip: 08004

Telephone: [illegible] FAX: ___

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

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

Signature: [signature] Date: 10/27/17

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: *To expedite the request, be as specific as possible in describing the records being requested.* Also, please indicate the type of access requested (copying or inspection), and if date, 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 record will not be jeopardized by such method of delivery.

Specific Property Information: Address: 1 Hydra Lane Block: ___ Lot: ___

___ Review Public Records (Specify place, 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 Line Search/300 Foot List ___

✓ Other: Permits issued, open + closed violations – construction / ZONING

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 ___

10.27.17

NO Zoning/Building Permit for Deck

Property is Current on Property Registration for being Vacant.

10-27-17- LETT. V.M.

Christine Ciallella

From: Leo Selb
Sent: Monday, October 23, 2017 3:37 PM
To: cciallella@twp.washington.nj.us
Subject: Fwd: OPRA request for building plans

Please handle **375-2017**

Sent from my iPhone

Begin forwarded message:

From: Brian McBride [redacted]
Date: October 23, 2017 at 2:28:33 PM EDT
To: Leo Selb <lselb@twp.washington.nj.us>
Cc: [redacted]
Subject: OPRA request for building plans

Dear Leo,

I respectfully submit here a request for records related to building plans for my model of home. The purpose of the request is begin the process of building a fourth bedroom over my garage.

The model name of my home is the "Rider." It sits in the Wedgwood Forest section of Washington Township. The builder was Sam Paprone, who has now been succeeded by Bruce Paparone, his son. It was built in 1984 without a room over the garage (i.e. single story garage).

My neighbor, with whom I do not have a relationship and have never met, lives at 18 John Drive and has the same "Rider" model but with a room over the garage.

Under the Open Public Records Act, I seek a floor plan of the second floor of this model with and without the addition. The purpose is to give a copy to my contractor so we can replicate the second story above the garage.

Because these records may be in storage, I am expecting you will need more than seven business days.

I request only a photograph of the second floor plans with the addition over the garage. They may be delivered to me by electronic mail or I can come in and view it myself.

Sincerely,

Brian McBride
86 Goodwin Parkway
Sewell, NJ 08080

10/25/17

Mailing address:
WASHINGTON TOWNSHIP
PO Box 1100
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

376-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213-Office
FAX
hello@wtp.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: Gladys MI: ____ Last Name: Robinson - Realtor

E-mail Address: [redacted]

Mailing Address: ReMax Perferred

City: 90 W Old Marlton Pk State: Marlton Zip: 08053

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: Gladys Robinson Date: 10/23/17

Revised 8-2016 lb

Payment Information

Maximum Authorization Cost $ 1.00

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 426 Aldeberan Dr, Sewell, NJ 08080 Block 0008295 Lot 00015

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

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

X Ordinance or Resolution (specify date, number, or other identifying information) Violations - Back taxes.

X 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 ____

10/25/2017 - per Robin everything is current

FAX NUMBER - 856-589-9177

377-2017

TOWNSHIP OF WASHINGTON
HOUSING OFFICE
OCT 26 2017
RECEIVED

PUBLIC RECORD REQUEST FORM
TOWNSHIP OF WASHINGTON
GLOUCESTER COUNTY

Approved

REQUESTOR INFORMATION: PLEASE PRINT

First Name Pam Last Name Bigelow

Mailing Address 1617 Olde Homestead Lane Suite 101

City Lancaster State PA Zip 17601

Email Address

Phone Number

Preferred Delivery Pick Up _____ US Mail _____ On Site Inspect _____ Email X

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 Pam Bigelow

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

Requesting any open construction permits for 522 Cascade Street Sewell, NJ 08080.

Thank you.

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 was Picked Up _____ Date OPRA was Mailed _____

CC - Construction
10.27.17 - No Open construction permits
10-27-17 - CALLED - LEFT V.M.

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

$1.32

378-2017

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 JUNE MI I Last Name YERKES

E-mail Address —

Mailing Address 65 WHITE BIRCH RD

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 M Yerkes Date 10-16-17

Revised 8-2016dlr

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, 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 date, 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 council meetings DCD 10-11-17 & 10-25-17

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

Called to pick up - 11/3/16 - LJ

Custodian Signature ____ Date ____

Mailing address:
WASHINGTON TOWNSHIP
PO Box1105
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

379-2017

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 JUNE MI I Last Name YERKES

E-mail Address ———

Mailing Address 65 WHITE BIRCH RD

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 10-23-17

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 ____ 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 site plans, developer's name Rienzo

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

580 -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 Samuel MI M Last Name Lundstrom
E-mail Address
Mailing Address 8505 Freeport Parkway, Suite 390
City Irving State TX Zip 75063
Telephone 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 Samuel M. L Date 10/26/2017

Revised 8-2016 lfs

Payment Information

Maximum Authorization Cost $ 100

Select Payment Method
(Cash) Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, 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 ____

X Review Public Records (Specify plans, maps, contracts, department) (1) CBAs with police dating back to 2010

____ 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 (2) police salary, overtime and holiday pay records dating back to 2005 by Department overall, and by individual officer.

AGENCY USE ONLY

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

10/30/2017 - WRONG TOWN

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

TOWNSHIP OF WASHINGTON
CLERK'S OFFICE

OPEN PUBLIC RECORDS ACT REQUEST FORM

381-2017

OCT 31 2017

RECEIVED

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0520, ext. 213 Office
FAX
lcelb@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: Michel MI: ____ Last Name: Don

E-mail Address: Rataxes@Indecomm.net

Mailing Address: 1260 Energy lane

City: St.Paul State: MN Zip: 55108

Telephone: [redacted] FAX: [redacted]

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

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

Signature: [redacted] Date: 10/30/2017

Revised 5-2015 dh

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, 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: 508 GREEN VALLEY ROAD, TURNERSVILLE , NJ 8012 Block: 111.10 Lot: 18

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

[redacted] 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: Please let us know the property has any liens/code Violations/permits[open/expired] on the 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: [redacted] Date: 11/2/17

10/31/17 - All permits from current & old program. dh

382-2017

From: g
To: Leo Scilla
Cc: Chrissy Ciallella
Subject: OPRA - Meeting videos
Date: Monday, October 30, 2017 12:08:53 PM

Leo,
Please accept this email as an OPRA request for a copy of the DVD of the October 11 Council meeting and a DVD copy of the October 25 Council meeting.
Thank you,
Giancarlo D'Orazio.

P. S. Please let me know when they are available for pick up.

Giancardo - notified 11/4/17 to pickup videos - [illegible]

pd # 1.32

Mailing address:
WASHINGTON TOWNSHIP
PO Box1100
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

383.2017

OCT 30 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 Rocco MI ____ Last Name DeTo

E-mail Address [illegible]

Mailing Address P.O. Box 373

City Newonah State N.J. Zip 08090

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 [signature] Date 10/30/17

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 116 SALINA Rd **Block** 17.11 **Lot** 57.13

____ **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** ____

X **Other** Check for PERMITS Pulled, ALSO ANY info on OIL TANK? ANY

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 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

384-2017

OCT 30 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 Matt MI ____ Last Name Eaton

E-mail Address ____

Mailing Address 19 Chatham Rd

City Summit State NJ Zip 07901

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 Matt Date 10-27-17

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 ____ **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** Please see attached letter re: 450 & 498 Blackwood Barnsboro Rd.

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 ____

10/31/17 - NO permits in current or old program.

11/2/17 - Left voicemail - CO

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

#385-2017

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 LOUIS MI ____ Last Name CESARO

E-mail Address L [illegible] 7

Mailing Address 29 BIRMINGHAM COURT

City FELTON State DE Zip 19943

Telephone [illegible]3 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 L. Louis Cesaro Date 11-1-17

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 805 WESTMINISTER BLVD **Block** 116.10 **Lot** 3

____ **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 PERM. TS, ROOF, HEATING SYS, HOT WATER HEATER

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

11/6/17

Custodian Signature Date

11-2-17 Permit 2001 1404 - IN vault: JN
No other records according to our current computer system.

Mailing address:
WASHINGTON TOWNSHIP
PO Box 1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

WASHINGTON TOWNSHIP
CONSTRUCTION OFFICE

NOV 03 2017

RECEIVED

386-2017

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 Kathleen MI _____ Last Name Baxter

E-mail Address [redacted]

Mailing Address 112 Water Street, 5th Floor

City Boston State MA Zip 02109

Telephone 1 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 othe

Signature Kathleen Baxter Date 11-2-17

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 5880 NJ 42, Turnersville, NJ 08012 **Block** 196 **Lot** 5.05

_____ **Review Public Records (Specify plans, maps, contracts, department)** Assessor cards, Building Dept- building permits, certificates of occupancy

_____ **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** Planning Dept (evidence of activity and use limitation; Fire Department -tank registrations, records of storage/release of oil or hazardous materials

AGENCY USE ONLY

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

Deposit Date 11-2-17

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 11-2-17
Filed - Closed 11-2-17
Partial - Closed 11-2-17

AGENCY USE ONLY

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

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

Records Provided

Closed out 11/5/17

Custodian Signature 11-2-17 Date

11/3/17 - all Constr. in current program. wh

Mailing address:
WASHINGTON TOWNSHIP
PO Box1166
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

387-2017

Physical address:
WASHINGTON TOWNSHIP
522 Egg Harbor Rd.,
Sewell, NJ 08080
856-589-0320, 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 Scott MI K Last Name Hutton

E-mail Address

Mailing Address 70 N Broadway

City Pennsville State NJ Zip 08070

Telephone 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 Scott K Hutton Date 10/27/17

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 dependant 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 1 Preakness Pl Block 84 Lot 6

____ Review Public Records (Specify plans, maps, contracts, department) 18-00084 13-00006 tax ID

____ 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 Any Tax Liens

X Other Code Violations - Open -

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 # ____
Rcvd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Closed
11/10/17

Custodian Signature ____ Date ____

Taxes Current - No liens 11/7/17
LSelb CTC

Mailing address:
WASHINGTON TOWNSHIP
PO Box1160
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

388-3017

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 Sabrina MI ___ Last Name Baglivo
E-mail Address [redacted]
Mailing Address 7531 Buena Vista Ter.
City Derwood State MD Zip 20855
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 Sabrina Baglivo Date 11/13/17

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 9 Oak Ridge Ln. Sewell 08080 Block ___ Lot ___

✓ Review Public Records (Specify plans, maps, contracts, department) Full Permit history

___ 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

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE

NOV 14 2017

RECEIVED

Township c
523 Egg Harbo
Sewell, NJ 08
(856)589-05

389-2017

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

EDWARD SACKS 09-1061

Important Notice

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

Requestor Information – Please Print

First Name EDWARD MI T Last Name NESMITH

E-mail Address

Mailing Address 429 Hurffville-Cross Keys Rd.

City SICKLE State NJ Zip 08030

Telephone 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 Date Nov 8, 2017

Revised 8-2015 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 429 Hurffville-Cross Keys Rd Block 153 Lot 14.01

___ 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 Liens, Permits

___ 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
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

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE
NOV 14 2017
RECEIVED

Custodian Initials Date

FAX NUMBER - 856-589-9177

390-2017

PUBLIC RECORD REQUEST FORM
TOWNSHIP OF WASHINGTON
GLOUCESTER COUNTY

REQUESTOR INFORMATION: PLEASE PRINT

First Name Pam Last Name Bigelow

Mailing Address 1817 Olde Homestead Lane Suite 101

City Lancaster State PA Zip 17601

Email Address [redacted]

Phone Number [redacted]

Preferred Deliver Pick Up _____ US Mail _____ On Site Inspect _____ Email X

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 Pam Bigelow

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

Requesting open construction permits for 1 Appletree Lane Sewell, NJ 08080.

Thank you.

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 was Picked Up _____ Date OPRA was Mailed _____

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE
NOV 14 2017
RECEIVED

GOLDBERG SEGALLA LLP

Bonnie H. Hanlon | Partner
[redacted]

November 8, 2017

#391-2017

Washington Township
Custodian of Records- Construction/Building Department
523 Egg Harbor Road
Sewell, New Jersey 08080

Re: OPRA Request
Our File No.: 16600.0052

Dear Sir/Madam:

This firm represents Westfield Insurance in a currently pending litigation regarding a HVAC system that was improperly designed and installed with various homes in various towns.

Enclosed for service upon you is an OPRA request pursuant to N.J.S.A. 47:1A-1, *et. seq.* You will note that the documents listed in Schedule A are readily identifiable pursuant to OPRA requirements. Further, please note that while a public agency is not obligated to "research" an OPRA response, a "custodian is obligated to *search* her files to *find* the identifiable government records listed is the Complainant's OPRA request..." Burnett v. Gloucester, 415 N.J. Super. 506, 2A.3d 1110 (App. Div. 2010)(emphasis supplied). *See also,* Burke v. Brandes, 429 N.J. Super. 169 (App. Div. 2012); MAG Entm't, LLC v. Div. of Alcoholic Beverage Control, 375 N.J. Super. 534 (App. Div. 2005); Burke v. Ryan, 2013 N.J. Unpub. LEXIS 2331 (Sept. 17, 2013).

Should you have any questions or require any clarification, please do not hesitate to contact me. Thank you for your timely response.

Very truly yours,

GOLDBERG SEGALLA LLP

Bonnie H. Hanlon

BHH:kt
Enclosures

GOLDBERG SEGALLA LLP

Bonnie H. Hanlon | Partner
[redacted]

November 8, 2017

#392-2017

Washington Township
Custodian of Records- Construction/Building Department
523 Egg Harbor Road
Sewell, New Jersey 08080

Re: OPRA Request
Our File No.: 16600.0052

Dear Sir/Madam:

This firm represents Westfield Insurance in a currently pending litigation regarding a HVAC system that was improperly designed and installed with various homes in various towns.

Enclosed for service upon you is an OPRA request pursuant to N.J.S.A. 47:1A-1, *et. seq.* You will note that the documents listed in Schedule A are readily identifiable pursuant to OPRA requirements. Further, please note that while a public agency is not obligated to "research" an OPRA response, a "custodian is obligated to *search* her files to *find* the identifiable government records listed is the Complainant's OPRA request..." Burnett v. Gloucester, 415 N.J. Super. 506, 2A.3d 1110 (App. Div. 2010)(emphasis supplied). *See also,* Burke v. Brandes, 429 N.J. Super. 169 (App. Div. 2012); MAG Entm't, LLC v. Div. of Alcoholic Beverage Control, 375 N.J. Super. 534 (App. Div. 2005); Burke v. Ryan, 2013 N.J. Unpub. LEXIS 2331 (Sept. 17, 2013).

Should you have any questions or require any clarification, please do not hesitate to contact me. Thank you for your timely response.

Very truly yours,

GOLDBERG SEGALLA LLP

Bonnie H. Hanlon

BHH:kt
Enclosures

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

#393207

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 JUNE MI I Last Name YERKES

E-mail Address

Mailing Address 65 WHITE BIRCH RD

City TURNERSVILLE State NJ Zip 08012-1225

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 ____ 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 ____ **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)** ____ ✓ on permit

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

✓ **Other** COPY OF 8 TURNBERRY CT TURNERSVILLE NJ - SEWELL ARCHITECTS BLUE PRINTS (3 SHEETS) PERSOL

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.

No More Than $100.00
June Yerkes

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

PICKED UP - 11-16-19
PAID - CASH - $16.14

Custodian Signature ____ Date ____

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
NOV 14 2017
RECEIVED

#334-2017

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 Jerry MI E Last Name McCarthy

E-mail Address

Mailing Address 410 Timothy Terrace

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 _____ Date 11/14/17

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** Copy of C/O for Buyers

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**

11/14/17 gave copy of C/O to Applicant.

OPEN PUBLIC RECORDS ACT REQUEST FORM

395-2017

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

Name: [illegible] MI ___ Last Name Stewart

Company: [illegible]

Address: 345 Rouser Rd Suite 101

City: [illegible] State PA Zip 15108

Phone: [illegible] FAX [illegible]

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

If 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 [illegible] Date 11/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: ***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 39 Pinehurst Dr Washington, NJ 07882 Block 38 Lot 22

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 requesting if there are any open code violations or permits. Please provide documentation if any exist.

AGENCY USE ONLY

Est. Document Cost ___
Est. Delivery Cost ___
Est. Extras Cost ___
Total Est. Cost ___
Deposit Amount ___
Estimated Balance ___
Payment Date 11/14/2017

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 11/14/2017
Filed - Closed 11/14/2017
Partial - Closed 11/14/2

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

RECEIVED
NOV 15 2017

BY: [illegible] 11/14/2017
Custodian Signature Date

CHARLES D. DELLA VECCHIA
Business Agent

Street Address: 1113 Black Horse Pike • Folsom, NJ 08037
Mailing Address: P.O. Box 1118 • Hammonton, NJ 08037
Phone: (609) 704-8351 • Fax: (609) 704-0621 • cdellavecchia@ibew351.org

IBEW / 351

596

IC RECORDS ACT REQUEST FORM

F-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 CHARLES MI D Last Name DELLA VECCHIA

E-mail Address [redacted]

Mailing Address P.O. Box 1118

City Hammonton State NJ Zip 08037

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 11/16/17

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 LOWES 100 WATSON DR **Block** 11502 **Lot** 18

____ **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** COPIES OF ELECTRICAL, MECHANICAL + GENERAL CONTRACTOR FOR THE HVAC WORK AT LOWES WASHINGTON TWP.

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

TOWNSHIP OF WASHINGTON
CONSTRUCTION OFFICE
NOV 20 2017

[signature] [signature]
Custodian Signature Date

RECEIVED

DocuSign Envelope ID: 2C1078E1-FD52-43A5-8E8F-F730D5465194

OPEN PUBLIC RECORDS ACT REQUEST FORM

U

397-2017

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 Dawn MI _____ Last Name Bricker

E-mail Address _____

Mailing Address 527 Cinnaminson Ave

City Palmyra State NJ Zip 08065

Telephone _____ FAX _____

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

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

Signature [signature] Date 11/19/2017

Revised 8-2016 ltr

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, 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 26 White Pine Drive Block 00052 06 Lot 0009

_____ 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) _____

XX Municipal Lien Search/200 Foot List any outstanding municipal liens

XX Other any outstanding housing or construction code violations

AGENCY USE ONLY

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

Deposit Date 11/19/2017

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 11/19/2017
Filed Closed 11/19/2017
Partial Closed 11/19/2017

AGENCY USE ONLY

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

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

Records Provided

[signature] 11/19/2017
Custodian Signature Date

NO LIENS, TAXES CURRENT

[signature] CTC 11/20/17

Archives

Mailing address:
WASHINGTON TOWNSHIP
PO Box1106
Sewell, NJ 08080

OPEN PUBLIC RECORDS ACT REQUEST FORM

398-2017

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 DANIEL MI R Last Name TRANCHINA

E-mail Address [illegible]

Mailing Address 2564 VICTORIA AVE

City Newfield State NJ Zip 08344

Telephone [illegible] FAX [illegible]

Preferred Delivery: Pick Up ✓ US Mail ____ 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 11/21/17

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 10 DARE **Block** 17.12 **Lot** 53

✓ **Review Public Records (Specify plans, maps, contracts, department)** MINOR SUBDIVISION 17.20 DATED 5/87

____ **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** LOOKING FOR SUBDIVISION & ~~[illegible]~~ OR ANY SURVEY SHOWING EASEMENT

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

399-2017

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 Joseph MI D Last Name Sehwani

E-mail Address [redacted].edu

Mailing Address 3929 Upolo Lane

City Naples State Florida Zip 34119

Telephone [redacted] FAX N/A

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

If 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 Sehwani Date 11/01/2017

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** _____

X **Other** OPRA the OPRAs and Property Taxes, please see cover letter

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 11/01/2

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 _____ Date

11/20/17 - CC-1 mailed Requestor

The Rogers Law Firm, P.C.

ATTORNEYS AT LAW
108 E. CHAMBERS ST
CLEBURNE, TEXAS 76031

E-mail address: [redacted]

[redacted]

November 15, 2017

400-2017

Cindy Seagrave [redacted]
Senior Office Assistant
1 McClure Dr.
Sewell, NJ 08080
Gloucester County

Re: In The Interest of Lily Scott, a Child

To Whom It May Concern:

Please be advised that our office represents Alexis Jordon in the above referenced matter. At this time we are requesting Police Records on Gregory A. Scott. Case No. 15-~~43203.~~ 49188 Please contact our office with any questions. Thank You for your help in this matter.

Best Regards,

Tommie Devlin
Legal Assistant

Cc: Cindy Seagrave

401-2017

From: ASK NJ Media Co.
To: OPRA requests at Washington Township (Gloucester)
Subject: Open Public Records Act request - OPRA Requests
Date: Tuesday, November 21, 2017 7:58:16 AM

Dear Washington Township (Gloucester),

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-565-8e712500@requests.opramachine.com

Is lselb@twp.washington.nj.us the wrong address for Open Public Records Act requests to Washington Township (Gloucester)? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=washington_township_gloucester

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.
