Terence Jones
301 Fox Run Court
Mullica Hill, NJ 08062

November 6, 2017

Via email: nekearns@southharrison-nj.org

Nancy Kearns, Township Clerk:

Please accept my request for government records in accordance with the Open Public Records Act (OPRA) and Common Law Right to Access. I chose not to use your standard request form and ask that any material that may be denied is maintained and safeguarded from being purged, recycled, erased or destroyed. I ask that the following records be furnished and that all correspondences are done via email.

Under penalty of N.J.S.A. 2C:28-3, I certify that I **Have Not** been convicted of any indictable offense under the laws of New Jersey, any other State, or the United States.

Records Requested:

1. All police related records of a **racially biased** incident that took place in front of my home at the above address on Thursday, November 2, 2017 at approximately 6:00 PM. The incident involved a white male who was driving a black Chevy Silverado LT pick-up truck with a Pennsylvania license plate number YWD 4241.

2. All police car video (MVR), body camera video and audio recordings of the conversations between Sergeant T. Cabanas and everyone she talked to after the white male offender was finally stopped near the Commodore Barry Bridge.

Kindly respond in the manner and within the time prescribed by law. If you determine that any portion of the requested materials are exempt from release, please redact the portion that you believe exempt and provide me with copies of the remaining, non-exempt portions. Also, if any or part of this request is denied, please send me a letter describing the material and listing the specific exemption(s) on which you rely.

If you contend the material requested is not public, please preserve the material from destruction through an appeal that may follow such a position by your office.

Thank you for your attention to this matter and for your assistance. If you have any questions, please contact me at 856-237-4776. Please acknowledge your receipt of this email and the action taken.

Regards,

Terence Jones

OPRA

SOUTH HARRISON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

664 Harrisonville Road, Mullica Hill, NJ 08039
PHONE: 856-769-3737 / FAX: 856-769-4060
nekearns@southharrison-nj.org
NANCY E. KEARNS

Important Notice

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

Requestor Information – Please Print

First Name Nicholas MI P. Last Name Priore

E-mail Address npriore@southharrison-nj.org

Mailing Address 664 Harrisonville Road

City Mullica Hill State NJ Zip 08062

Telephone (856) 769-3737 ext. 114 FAX (856) 769-4060

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

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

Signature [signature] Date October 26, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting a copy of all OPRA requests submitted to South Harrison Township during the time period of October 1, 2010 to October 26, 2017.

Request verbally rescinded 10/30/17

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 ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] 10/30/17
Custodian Signature Date

SOUTH HARRISON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

684 HARRISONVILLE ROAD / MULLICA HILL, NJ 08062
Phone 856-769-3737 / Fax 856-769-8048
nekearns@southharrison-nj.org
Nancy E. Kearns

Important Notice

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

Requestor Information – Please Print

First Name Erika MI B Last Name Gandy

E-mail Address Erikabgandy@gmail.com

Mailing Address 811 Landis Ave

City Bridgeton State NJ Zip 08302

Telephone 856-455-8810 FAX 856-455-3044

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 10/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: letter size pages - $0.05 per page
legal size pages - $0.07 per page
other materials (CD, DVD, etc.) – actual cost of material

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

Extras: Special service charge dependent upon request.

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

958 Lincoln Road
421 Ferrell Rd

is there any outstanding code violations or municipal leins on either of the above mentioned properties?

There are no outstanding code violations or municipal liens on either of the above addresses.

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 0
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

CKean
Custodian Signature

10/26/17
Date

SOUTH HARRISON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

PO BOX 113 / HARRISONVILLE, NJ 08039
Phone 856-769-3737 / Fax 856-769-8048
nekearns@southharrison-nj.org
Nancy E. Kearns

Important Notice

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

Requestor Information – Please Print

First Name Larry MI _____ Last Name Higgins

E-mail Address OPRA@NJPropertyRecords.com

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

City Oldwick State NJ Zip 08858

Telephone 908-255-9919 FAX _____

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

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

Celeste Keen

From: Nancy Kearns
Sent: Thursday, October 26, 2017 3:25 PM
To: Celeste Keen
Subject: FW: OPRA Request (0816.GLOUCESTER_SO HARRISON TWP)
Attachments: 0816.GLOUCESTER_SO HARRISON TWP.pdf

From: Larry Higgins [mailto:opra@njpropertyrecords.com]
Sent: Friday, October 20, 2017 6:10 PM
To: Nancy Kearns
Subject: OPRA Request (0816.GLOUCESTER_SO HARRISON TWP)

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

The clerk or engineer can fulfil this OPRA easily by visiting our website www.StateInfoServices.com/opra

We've built this website to avoid sending large files by email, CD, USB, etc. It's a drag/drop file operation and there's no restriction on the file size. You do not need to register or login. You'll receive an email after successfully uploading **all** the requested files and information so you can close the OPRA request.

You can also submit all the requested information & documents by email if you'd like.

Requested Information:

1.a) A complete set of your municipalities **MOST CURRENT** tax maps. **Note:** If your tax maps are on your website, please provide the direct link and CONFIRM they are the most current maps available.

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

1.c) The approximate date to check back for newer/updated tax maps. **Note:** If there's currently no plans on updating the maps anytime soon, please mention that to us.

2.a) The **MOST CURRENT** municipality zoning map(s). **Note:** If your zoning map(s) are on your website, please provide the direct link and CONFIRM they are the most current map(s) available.

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

2.c) The approximate date to check back for newer/updated zoning map(s). **Note:** If there's currently no plans on updating the map(s) anytime soon, please mention that to us.

3.a) What is the Engineers Company Name, Email, and Phone Number?

SOUTH HARRISON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

664 HARRISONVILLE ROAD / MULLICA HILL, NJ 08062
Phone 856-769-3737 / Fax 856-769-8048
nekearns@southharrison-nj.org
Nancy E. Kearns

Important Notice

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

Requestor Information – Please Print

First Name HARMEET MI ____ Last Name KOHLI

E-mail Address harmeet.kohli@yahoo.com

Mailing Address 111 Foxford Lane

City Mullica Hill State NJ Zip 08062

Telephone 856-491-0714 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 Kohli Date 10/10/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ____ Check ✓ Money Order

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

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

Extras: Special service charge dependent upon request.

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

1) ALL TRO's issued to Harmeet Kohli from 2015 to 2017

2) ALL INCIDENT REPORTS FILED BY THE POLICE AFTER I FILED FOR CHARGES (~~NOV. 2015~~ JAN 2015 ~~DEC 2015~~ forward)
TRO
CONTEMPT OF FRO
COMCAST FRAUD etc.

3) ALL REPORTS PREPARED RELATING TO MY TRO, FRO et al BY THE S. HARRISON TWP POLICE DEPT FOR HARMEET KOHLI

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:
NJSA 2C:33.33 L
47:1A-6 And 9(a)

In Progress - Open ____
(Denied) - Closed 10-13-17
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
Left Message 10/12/17 2:10 PM

Nancy E. Kearns 10/10/17
Custodian Signature Date

Nancy Kearns

From: Sharon Wade
Sent: Tuesday, October 03, 2017 9:37 AM
To: kelsie@datarole.com
Cc: Nancy Kearns; Sharon Wade
Subject: RE: South Harrison township Building Permits - Public Records Request
Attachments: Permits by Contractor 10-03-17.pdf; Permits by Permit Number 0 to 2017-0184 10-03-17.pdf

Kelsie,

Attached is the info you requested.

Thank you,

Sharon M. Wade
South Harrison Township
Construction Office
664 Harrisonville Road
Mullica Hill, NJ 08062
swade@southharrison-nj.org
856-769-4444 Ext. 116
856-769-4434 Fax

From: Nancy Kearns
Sent: Monday, September 25, 2017 8:13 AM
To: Sharon Wade <swade@southharrison-nj.org>
Subject: FW: South Harrison township Building Permits - Public Records Request

---

From: kelsie@datarole.com [mailto:kelsie@datarole.com]
Sent: Monday, September 25, 2017 8:12 AM
To: Nancy Kearns
Subject: South Harrison township Building Permits - Public Records Request

Dear Nancy Kearns,

NJ.8039.10656

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

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

Thank you very much for your time.

Kelsie Waechter

SOUTH HARRISON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

664 HARRISONVILLE ROAD / MULLICA HILL, NJ 08062

Phone 856-769-3737 / Fax 856-769-8048

nekearns@southharrison-nj.org

Nancy E. Kearns

Important Notice

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: Lauren Shea at T [illegible]

E-mail Address: lzinamon@cmrclaims.com

Mailing Address: 126 West Sheridan Ave

City: Oklahoma State: OK Zip: 73102 8123 Not in service!

Telephone: (405) 606-8251 FAX: (405) 606-8123

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: L Zinamon Date: 10/4/17

Payment Information

Maximum Authorization Cost: $ 5

Select Payment Method

Cash (Check) Money Order

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

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Special service charge dependent upon request.

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

I am in search of an incident /accident report involving Verizon's pole damaged in a MVA at 102 Lincoln Rd off Rte 77 on or before 2/8/17.

Carol, please handle OPRA.
Thanks, Ellen

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

Spoke w/ Lakeesha (SP) by phone; advised w/ STATUS.

Ellen 10/5/17

Custodian Signature Date

SOUTH HARRISON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

684 HARRISONVILLE ROAD / MULLICA HILL, NJ 08062
Phone 856-769-3737 / Fax 856-769-8048
nekearns@southharrison-nj.org
Nancy E. Kearns

Important Notice

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

Requestor Information – Please Print

First Name: Christine Stucke MI: _____ Last Name: _____

E-mail Address: christinestucke@comcast.net

Mailing Address: 198 Fries Mill Road Turnersville NJ 08012

City: _____ State: _____ Zip: _____

Telephone: 856-649-5220 FAX: _____

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependant upon request.

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

Please provide any reports/permits pertaining to an Under ground storage fuel tank at the property of:

612 Franklinville Road, Mullica Hill Nj Blk 3/Lot 11

Thank you.
Christine Stucke
856-649-5220

In Process

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

emailed 10/3/17

Custodian Signature _____ Date 10/3/17

SOUTH HARRISON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

864 HARRISONVILLE ROAD / MULLICA HILL, NJ 08062
Phone 856-769-3737 / Fax 856-769-8048
nekearns@southharrison-nj.org
Nancy E. Kearns

Important Notice

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Requestor Information – Please Print

First Name Erin MI _____ Last Name _____

E-mail Address erinfranzini.askbrian@gmail.com

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 _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Looking to see if there are any code violations or municipal liens on the property:

840 Franklinville Rd,

NO

No

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

SOUTH HARRISON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

684 HARRISONVILLE ROAD / MULLICA HILL, NJ 08062
Phone 856-769-3737 / Fax 856-769-8048
nekearns@southharrison-nj.org
Nancy E. Kearns

Important Notice

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Requestor Information – Please Print

First Name DANIEL MI J Last Name NEKO

E-mail Address djn241@yahoo.com (DJN241)

Mailing Address 3 EUSTON Rd

City MARLTON State NJ Zip 08053

Telephone 609-319-1674 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 Daniel Neko Date 9/9/2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash Check (Money Order)

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

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

Extras: Special service charge dependent upon request.

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

PLEASE PROVIDE COPIES OF ALL PERMITS FOR ELECTRICAL, PLUMBING, SEPTIC, GAS AND CONSTRUCTION FOR THE PROPERTY AT 1322 COMMISSIONERS ROAD, MULLICA HILL NJ (BLOCK 24, LOT 52). PLEASE LET ME KNOW IF THERE ARE ANY "OPEN" PERMITS OR ANY OPEN ISSUES AND PROVIDE COPIES OF THEM AND A COPY OF THE LATEST CERTIFICATE OF OCCUPANCY (IF AVAILABLE). THANKS!
DAN

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 _____

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

Open Record Officer
SO HARRISON TWP
664 Harrisonville Road
Harrisonville, NJ 08039

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

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

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

Or

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

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

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

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

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

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

Respectfully,

Amy Dorward
P O Box 350
Trexlertown, PA 18087

SOUTH HARRISON TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

664 HARRISONVILLE ROAD / MULLICA HILL, NJ 08062
Phone 856-769-3737 / Fax 856-769-8048
nekearns@southharrison-nj.org
Nancy E. Kearns

Important Notice

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

Requestor Information – Please Print

First Name Doreen MI ____ Last Name Frega

E-mail Address dfrega@yahoo.com

Mailing Address 123 Danna Way

City Saddle Brook State NJ Zip 07663

Telephone 201-294-0118 FAX 201-791-1070

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

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

Signature Doreen Frega Date 8/1/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting the following records.

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

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 8-3-17 Closed 8-3-17
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 ____