



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
 110 South Broadway
 Pitman, NJ 08071
 Phone: 856-589-3522 Fax: 856-589-6833

**Important Notice**

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

Requestor Information - Please Print

First Name Grace MI Last Name D'Souza
 Company SLK Global America
 Mailing Address 2727 LBJ Freeway, suite 420
 City Dallas State TX Zip 75234 Email cls@slkgroup.com
 Business Hours Telephone: Area Code Number Extension
 Preferred Delivery: Pick Up 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 laws of New Jersey, any other state, or the United States.
 Signature Grace D'Souza Date 058/03/2017

Payment Information

Maximum Authorization Cost:

\$

Select Payment Method

Cash Check Money Order

Fees: 8 1/2 x 11 @ \$0.05
 8 1/2 x 14 @ \$0.07
 11 x 17 @ \$0.10

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

Extras: Extraordinary service fees 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.

Please advise if there are any open code violations, open/expired building permits and special assessments/pending bills for the below property address:

File #: 598567

Parcel : Block: 200 Lot: 14

Add : 216 N Broadway, Pitman NJ, 08071

Please have the response faxed @ 888-908-3471 or E mail to archana.d@slkgroup.com

BOROUGH OF PITMAN
 RECEIVED

AUG 4 2017

BY: [Signature]
 CLERK'S OFFICE

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 8/1/17
 Ready Date 8/1/17
 Total Pages

Final Cost

Total
 Deposit
 Balance Due
 Balance Paid

Records Provided

Custodian Signature Date 8/1/17



AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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



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 <u>Jim</u>	MI _____	Last Name <u>O'Donnell</u>
E-mail Address <u>James.O'Donnell@nbcuni.com</u>		
Mailing Address <u>10 Monument Road</u>		
City <u>Bala Cynwyd</u>	State <u>PA</u>	Zip <u>19004</u>
Telephone <u>215-913-0273</u>	FAX <u>610-668-5649</u>	
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☒ E-mail		
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.		
Signature <u>James O'Donnell</u>		Date <u>08/10/2017</u>

Payment Information

Maximum Authorization Cost \$ <u>1</u>	
Select Payment Method	
Cash ☐	☒ Check Money Order
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

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

Please see attached 3 pages

AGENCY USE ONLY	AGENCY USE ONLY	AGENCY USE ONLY	AGENCY USE ONLY
Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. RECEIVED AUG 11 2017 BY: _____ CLERK'S OFFICE In Progress _____ Open _____ Denied _____ Closed _____ Filed _____ Closed _____ Partial _____ Closed _____	Tracking Information Tracking # _____ Rec'd Date <u>8/10/17</u> Ready Date <u>8/10/17</u> Total Pages _____ Records Provided _____	Final Cost Total _____ Deposit _____ Balance Due <u>1.00</u> Balance Paid _____
		Custodian Signature <u>[Signature]</u> Date <u>8/10/17</u>	

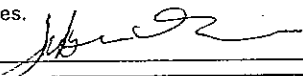
Pitman Borough
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 856-589-6833 Fax: 8565896833

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI Last Name Devlin
E-mail Address data@legalplex.com
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone 609-961-9524 FAX 609-961-6661
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature  Date 8/14/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Start Date 7/30/2017

End Date 8/12/2017

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

Disposition Notes
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BOROUGH OF PITMAN

RECEIVED

AUG 14 2017

BY:
CLERK'S OFFICE

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
<u> </u> Custodian Signature		<u> </u> Date	

BOROUGH OF PITMAN
OPEN PUBLIC RECORDS ACT REQUEST FORM
110 S. Broadway, Pitman, NJ 08071
Phone: (856) 589-3522 Fax: (856) 589-6833
pitman@pitman.org
Office of the Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name	<u>Paula</u>	MI	<u>K</u>	Last Name	<u>Lonney</u>
E-mail Address	<u>paula.lonney</u>				
Mailing Address	<u>218 West Ave</u>				
City	<u>Pitman</u>	State	<u>NJ</u>	Zip	<u>08071</u>
Telephone	<u>609-602-0783</u>		FAX		
Preferred Delivery:	Pick Up ☒	US Mail	On-Site Inspect	Fax	E-mail
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>Paula Lonney</u>			Date	<u>8/14/17</u>

Payment Information

Maximum Authorization Cost \$		
Select Payment Method		
Cash	Check	Money Order
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) – actual cost of material	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
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Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Building, plumbing & electric permits open & closed
& code enforcement / code violation.
6041 S. Broadway.

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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RECEIVED AUG 14 2017	
BY: _____ CLERK'S OFFICE	
In Progress	Open
Denied	Closed
Filled	Closed
Partial	Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	

Judy O'Donnell

From: Paul.Jill <paul.jill@gmail.com>
Sent: Thursday, August 24, 2017 8:43 PM
To: Judy O'Donnell
Subject: Re: Message from "RNP00267373CC3F"

Dear Judy,

I just realized after looking at the copy of my request that I wrote "previous owner", but I would like that to include all previous owners. Do you have any permits on record for any other past owners at 320 Cleveland Ave.? Also, how might I find out if there is or ever was an oil tank in the ground at that address?

Thank you again for your help,
Jill Darminio

> On Aug 24, 2017, at 4:28 PM, Judy O'Donnell <judy@pitman.org> wrote:
>
> Dear Jill,
> Please see response to OPRA Request submitted to Borough of Pitman on
> 8/24/17.
> If I can be of any additional assistance, please let me know.
>
> Also, please acknowledge receipt of this response.
> Thank you,
> Judy
>
> Judith O'Donnell, RMC
> Borough Clerk/Administrator
> Borough of Pitman
> 110 S. Broadway
> Pitman, NJ 08071
> Phone: 856-589-3522
> Fax: 856-589-6833
>
> CONFIDENTIALITY NOTICE
>
> This e-mail message and any attachment to this e-mail message contains
> information that may be legally privileged and confidential from the
> Office of Judy O'Donnell and/or the Borough of Pitman. If you are not
> the intended recipient, you must not review, transmit, print, copy,
> use, or disseminate this e-mail or any attachments. If you have
> received this e-mail in error, please immediately notify Judy
> O'Donnell by return e-mail or by telephone
> (856-589-3522) and delete this message immediately. Please note that
> if this e-mail message contains a forwarded message or is a reply to a
> prior message, some or all of the contents of this message or any
> attachments may not have been produced by the Borough of Pitman.
>



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM

110 South Broadway
Pitman, NJ 08071

Phone: 856-589-3522 Fax: 856-589-6833



Important Notice

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Requestor Information - Please Print

First Name Jill MI A Last Name Darminio
Company _____
Mailing Address 4 S. Race St.
City Millville State NJ Zip 08332 Email paul.jill@gmail.com
Business Hours Telephone: Area Code 856 Number 332-5161 Extension _____
Preferred Delivery: Pick Up ☒ 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 laws of New Jersey, any other state, or the United States.
Signature Jill Darminio Date 8/24/17

Payment Information

Maximum Authorization Cost: \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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Building permits obtained by 320 Cleveland Ave, Pitman
- Did previous owner have building permits for the renovations done on the house?

BOROUGH OF PITMAN
RECEIVED

AUG 24 2017

BY: AM
CLERK'S OFFICE

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM

110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



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Requestor Information - Please Print

First Name Alexandra MI Last Name Seibert
Company Redfin
Mailing Address 9 Steeplechase Dr.
City Blackwood State NJ Zip 08012 Email alexandra.seibert@redfin.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up 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 laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8/29/17

Payment Information

Maximum Authorization Cost: \$
Select Payment Method
Cash Check Money Order
Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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Requesting ALL info on underground oil tank.
Looking to find out if there is/was one and if so
all info.

Property - 301 Edgemoor Ave. Pitman NJ

*There are no records for oil tanks
Installation or removal on file.

BOROUGH OF PITMAN
RECEIVED

AUG 30 2017

BY:
CLERK'S OFFICE

AGENCY USE ONLY

AGENCY USE ONLY

Disposition Notes

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

In Progress Open
Denied Closed
Filled Closed
Partial Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 8/29/17
Ready Date 8/29/17
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

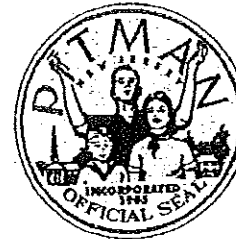
Records Provided

Custodian Signature [Signature]

Date 8/29/17



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



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Requestor Information - Please Print

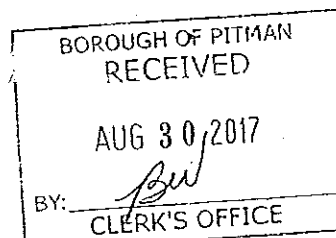
First Name Amanda MI C Last Name Capra
Company _____
Mailing Address 450 Alliston rd
City Springfield State PA Zip 19064 Email Amandacatherine3381@yahoo.com
Business Hours Telephone: Area Code 610 Number 804-4190 Extension _____
Preferred Delivery: Pick Up ☒ US Mail ☐ On Site Inspect ☐
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8/30/17

Payment Information

Maximum Authorization Cost:
\$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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any Records on 436 w holly Ave Pitman 08071 19417
Copies please.



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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In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled 9/6/17 Closed ☒
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking #		Total <u>2.25</u>
Rec'd Date <u>8/30/17</u>		Deposit <u>0</u>
Ready Date <u>9/6/17</u>		Balance Due <u>2.25</u>
Total Pages <u>45</u>		Balance Paid _____

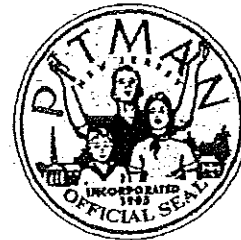
Records Provided

45 pages @ \$0.05 pp

[Signature] 9/6/17
Custodian Signature Date



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



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Requestor Information - Please Print

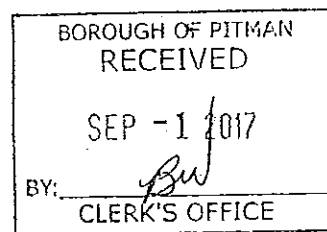
First Name David MI Last Name Santana
Company Keller Williams Realty - Sewell
Mailing Address 840 Mimosas Ave
City Deptford State NJ Zip 08096 Email Santanarealtor@gmail.com
Business Hours Telephone: Area Code 856 Number 449-3445 Extension
Preferred Delivery: Pick Up / US Mail On Site Inspect
Circle 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 laws of New Jersey, any other state, or the United States.
Signature [Signature] Date

Payment Information

Maximum Authorization Cost: \$
Select Payment Method
Cash Check Money Order
Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees 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.

My client is purchase 285 Edsall Ave Pittman and would like to know if there are any open permits. 48-9
Copies of all permits
No open permits



AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

Disposition Notes
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In Progress Open
Denied Closed
Filled 9/6/17 Closed /
Partial Closed /

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u>2.20</u>
Rec'd Date	<u>9/1/17</u>	Deposit	<u>0</u>
Ready Date	<u>9/6/17</u>	Balance Due	<u>2.20</u>
Total Pages	<u>44</u>	Balance Paid	<u> </u>

Records Provided

[Signature] 9/6/17
Custodian Signature Date

Pitman Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-589-6833

Fax: 8565896833

PUBLIC RECORDS

Important Notice

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Requestor Information - Please Print

First Name Jeffrey MI Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature [Signature] Date 8/28/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/13/2017

End Date 8/26/2017

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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**BOROUGH OF PITMAN
RECEIVED
SEP - 5 2017
BY:
CLERK'S OFFICE**

In Progress Open
Denied Closed
Filled 9/6/17 Closed ✓
Partial Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 9/5/17
Ready Date 9/6/17
Total Pages 24

Final Cost

Total
Deposit
Balance Due 11/0
Balance Paid

Records Provided

[Signature]
Custodian Signature

9/6/17
Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

110 S. Broadway, Pitman, NJ 08071

Phone: (856) 589-3522 Fax: (856) 589-6833

pitman@pitman.org

Office of the Municipal Clerk

Important Notice

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Requestor Information - Please Print

First Name ANNE MI R Last Name WELLSE-mail Address ANNE@WELLS.COMMailing Address 12 ANNE'S CTCity SEWELL State NJ Zip 08080Telephone 508-415-3335 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 9-6-17

Payment Information

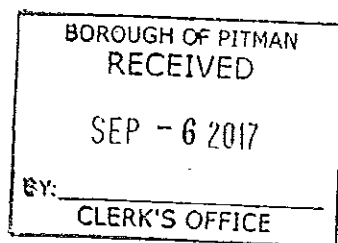
Maximum Authorization Cost \$ _____

Select Payment Method

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

Extras: Special service charge dependent upon request.

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PERMIT RECORDS FOR 507 GRANDVIEW AVE
B-158 L-3VIEWED RECORDS
[Signature]

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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In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Final Cost

Tracking # _____ Total _____

Rec'd Date _____ Deposit _____

Ready Date _____ Balance Due _____

Total Pages _____ Balance Paid _____

Records Provided

[Signature]
Custodian Signature

9/6/17
Date

Pitman Borough
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 856-589-6833 Fax: 8565896833

BOROUGH OF PITMAN
RECEIVED

SEP 11 2017

BY: _____
CLERK'S OFFICE

PUBLIC RECORDS

Important Notice

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Requestor Information - Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 9/11/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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

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

Start Date 8/27/2017

End Date 9/9/2017

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	<u>9/11/17</u>	Deposit	_____
Ready Date	<u>9/13/17</u>	Balance Due	<u>M/C</u>
Total Pages	_____	Balance Paid	_____

Records Provided

Custodian Signature

9/13/17
Date



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



Important Notice

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

Requestor Information - Please Print

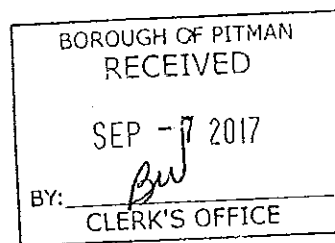
First Name Melissa Brown MI E Last Name Brown
Company Re: Max Preferred - on behalf of Buyers: Facer
Mailing Address 408 Swedesboro Rd, Mullica Hill NJ 08062
City _____ State _____ Zip _____ Email _____
Business Hours Telephone: Area Code _____ Number 856-906-2216 Extension _____
Preferred Delivery: Pick Up ☒ 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 laws of New Jersey, any other state, or the United States.
Signature Melissa E. Brown Date 9/16/17

Payment Information

Maximum Authorization Cost: \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees 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.

Any permits (open or closed) for 33 S. Fernwood.
Block 81 Lot 47



AGENCY USE ONLY

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

AGENCY USE ONLY

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

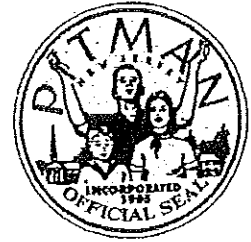
In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	<u>1.55</u>
Rec'd Date	<u>9/16/17</u>	Deposit	<u>0</u>
Ready Date	<u>9/16/17</u>	Balance Due	<u>1.55</u>
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>11 pages @ .05</u> <u>Costs .55</u>			
Custodian Signature _____		Date _____	



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



Important Notice

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Requestor Information - Please Print

First Name JOHNSON MI 2 Last Name VERKES
Company Century 21 Ranch & John's
Mailing Address 508 Hugbottle Crosskeys Rd
City Seaville State NJ Zip 08080 Email JackVerkes@Veriges.net
Business Hours Telephone: Area Code 856 Number 3712225 Extension _____
Preferred Delivery: Email to me ☒ Pick Up ☐ 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 laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9-11-17

Payment Information

Maximum Authorization Cost:
\$ 25.00
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees 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.

All permits taken out at 320 McKenley Ave, Pitman, NJ 08071 including oil tank removal.

BOROUGH OF PITMAN
RECEIVED

SEP 11 2017

BY: BW
CLERK'S OFFICE

AGENCY USE ONLY

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 9/14 - Closed ☒
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 9/11/17
Ready Date 9/14/17
Total Pages 9

Records Provided

Email 9/14/17

Final Cost

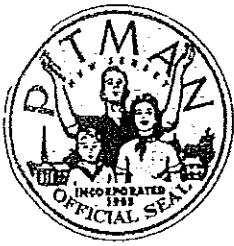
Total _____
Deposit _____
Balance Due N/A
Balance Paid _____

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

Deposit Date _____

[Signature]
Custodian Signature

9/14/17
Date



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



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Requestor Information - Please Print

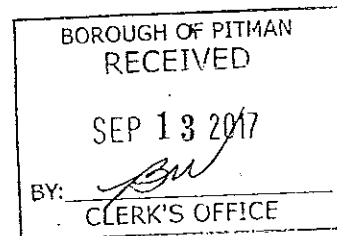
First Name Chris MI A Last Name Lawrence
Company _____
Mailing Address 11 STAG RUN
City Sewell State NJ Zip 08080 Email clawtafisa@aol.com
Business Hours Telephone: Area Code 609 Number 790-9504 Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9-13-17

Payment Information

Maximum Authorization Cost:
\$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees 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.

all permits or violations
Block - 158 Lot 3
507 Grandview Ave
open permit # 15-495 Shower



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 9/15/17 - Closed ✓
Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #		Total	<u>80</u>
Rec'd Date	<u>9/13/17</u>	Deposit	<u>0</u>
Ready Date	<u>9/15/17</u>	Balance Due	<u>80</u>
Total Pages		Balance Paid	
Records Provided			
<u>16 @ \$0.05 + Collect \$0.80</u>			
Custodian Signature <u>[Signature]</u>		Date <u>9/15/17</u>	



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



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Requestor Information - Please Print

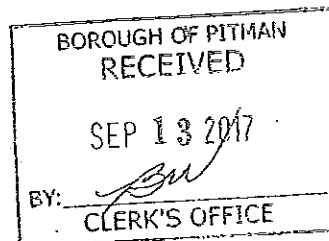
First Name Chris MI A Last Name Lawrence
Company _____
Mailing Address 11 STAG RUN
City Sewell State NJ Zip 08080 Email clawtafiza@aol.com
Business Hours Telephone: Area Code 609 Number 790-9504 Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9-13-17

Payment Information

Maximum Authorization Cost:
\$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees 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.

all permits or violations
Block - 158 Lot 3
507 Grandview Ave



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 9/19/17 Closed ✓
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # _____
Rec'd Date 9/13/17
Ready Date 9/19/17
Total Pages 12
Records Provided _____
Final Cost
Total .60
Deposit 0
Balance Due .60
Balance Paid _____

[Signature] Custodian Signature Date 9/19/17



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



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Requestor Information – Please Print

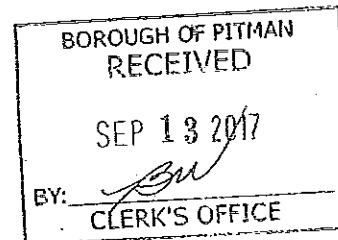
First Name Chris MI A Last Name Lawrence
Company _____
Mailing Address 11 STAG RUN
City Sewell State NJ Zip 08080 Email clawt@isc@aol.com
Business Hours Telephone: Area Code 609 Number 790-9504 Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9-13-17

Payment Information

Maximum Authorization Cost: \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees 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.

all permits or violations
Block - 158 Lot 3
507 Grandview Ave



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 9/19/17 Closed ✓
Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking #	_____	Total <u>.60</u>
Rec'd Date	<u>9/13/17</u>	Deposit <u>0</u>
Ready Date	<u>9/19/17</u>	Balance Due <u>.60</u>
Total Pages	<u>12</u>	Balance Paid _____
Records Provided _____		

[Signature] 9/19/17
Custodian Signature Date



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



Important Notice

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Requestor Information - Please Print

First Name Christopher MI MI Last Name Valiant
Company RE/MAX Preferred
Mailing Address 408 Suedesboro RD
City Mollica Hill State NJ Zip 08062 Email cvalanti@remax.net
Business Hours Telephone: Area Code 609 Number 605-7471 Extension 1
Preferred Delivery: Pick Up 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 laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/14/17

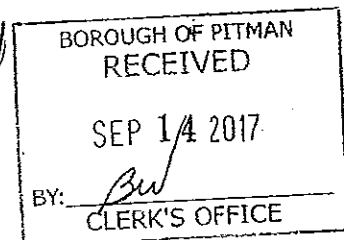
Payment Information

Maximum Authorization Cost: \$
Select Payment Method
Cash Check Money Order
Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees 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.

View + Copies of permits
285 Edsall Ave
B-48 L-9

Viewed records no copies needed
9/14/17 [Signature]



AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Deposit Date

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

In Progress - Open
Denied - Closed
Filled 9/14/17 - Closed ✓
Partial - Closed

Tracking Information
Tracking #
Rec'd Date 9/14/17
Ready Date 9/14/17
Total Pages 0
Final Cost
Total
Deposit
Balance Due N/C
Balance Paid

Records Provided

Viewed file - no copies

[Signature] 9/14/17
Custodian Signature Date



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



Important Notice

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Requestor Information - Please Print

First Name Courtney MI D Last Name Swidge
Company _____
Mailing Address 159 Mellon Ave
City Gibbstown State NJ Zip 08007 Email cwraesa@gmail.com
Business Hours Telephone: Area Code 405 Number 223-8648 Extension _____
Preferred Delivery: Pick Up X 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 laws of New Jersey, any other state, or the United States.
Signature Courtney Swidge Date 9/18/17

Payment Information

Maximum Authorization Cost:
\$ 15.00

Select Payment Method

Cash X Check _____ Money Order _____

Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10

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

Extras: Extraordinary service fees 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.

Copies of permits for 162 East Ave

BOROUGH OF PITMAN
RECEIVED

SEP 18 2017

BY: BW
CLERK'S OFFICE

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 9/18/17 Closed /
Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #		Total	<u>15</u>
Rec'd Date	<u>9/18/17</u>	Deposit	<u>0</u>
Ready Date	<u>9/18/17</u>	Balance Due	<u>15</u>
Total Pages	<u>5</u>	Balance Paid	

Records Provided

5 Copies @ 2.05

[Signature] 9/18/17
Custodian Signature Date



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



Important Notice

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Requestor Information - Please Print

First Name JOSEPH MI J Last Name CONNALLY
Company _____
Mailing Address 206 WINDING WY
City DEPTFORD State MS Zip 08093 Email _____
Business Hours Telephone: Area Code 86 Number 430-1734 Extension _____
Preferred Delivery: Pick Up ☒ 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 laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/14/17

Payment Information

Maximum Authorization Cost:
\$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10

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

Extras: Extraordinary service fees 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.

ALL PERMITS PULLED FOR 631 ELM AVENUE, PITMAN NJ
AND
C/O INSTRUCTIONS

BOROUGH OF PITMAN
RECEIVED

SEP 14 2017

BY: BW
CLERK'S OFFICE

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 9/19/17 - Closed ☒
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

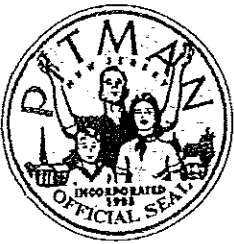
Tracking # _____
Rec'd Date 9/14/17
Ready Date 9/19/17
Total Pages 15

Final Cost

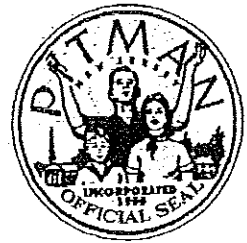
Total 75
Deposit 0
Balance Due 75
Balance Paid _____

Records Provided

[Signature] 9/19/17
Custodian Signature Date



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



Important Notice

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Requestor Information – Please Print

First Name Dominic MI Last Name Capanna
Company
Mailing Address 15 Franklin Ave
City Pitman State NJ Zip 08071 Email Sewellcapanna@aol.com
Business Hours Telephone: Area Code 609 Number 929-3295 Extension
Preferred Delivery: Pick Up ☒ 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 laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/14/17

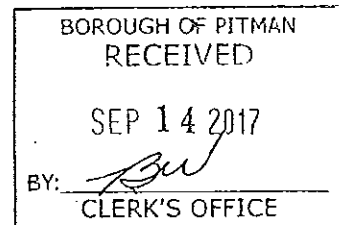
Payment Information

Maximum Authorization Cost:
\$ 50.00
Select Payment Method
Cash ☒ Check ☐ Money Order ☐
Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees 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.

Copies of any Construction or Zoning liens on
216 Boulevard Ave that would be the responsibility
of new owner to pay or correct

Block 36
Lot 3



AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

Disposition Notes
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In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled 9/19/17 Closed ☒
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking #	<u> </u>	Total <u>50</u>
Rec'd Date	<u>9/14/17</u>	Deposit <u>0</u>
Ready Date	<u>9/19/17</u>	Balance Due <u>50</u>
Total Pages	<u>10</u>	Balance Paid <u> </u>

10 pages @ .05

[Signature] Custodian Signature 9/19/17 Date

Judy O'Donnell

From: kelsie@datarole.com
Sent: Tuesday, September 19, 2017 11:14 AM
To: clerk@pitman.org
Subject: Pitman borough Building Permits - Public Records Request

BOROUGH OF PITMAN RECEIVED SEP 20 2017 BY: _____ CLERK'S OFFICE

Dear ~~Andy Fox~~, *Construction Office*

NJ.8096.10664

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
Data Acquisition Specialist, DataRole
(p) 970-231-3935
(f) 513-672-2665
Kelsie@datarole.com

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

PS: If you don't want to hear from me anymore, just let me know





State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



Important Notice

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Requestor Information - Please Print

First Name June Mi Last Name Watson
Company American Tax Reporting
Mailing Address 2727 LBJ Freeway Suite 420, Dallas TX 75234
City Dallas State TX Zip 75234 Email cls@slkgroup.com
Business Hours Telephone: Area Code Number 856-512-4803 Extension
Preferred Delivery: Pick Up 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 laws of New Jersey, any other state, or the United States.
Signature June Date 09/18/2017

Payment Information

Maximum Authorization Cost:
\$
Select Payment Method
Cash Check Money Order
Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees 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.

Please advise if there are any unrecorded special assessments (open invoices/Liens) that are not recorded on the tax bill and/or if any special assessments have been transferred to the county to be assessed to the property taxes such as weeds, tall grass mowing, fees, fines etc. for the stated property. Also please advise if there are presently any OPEN/EXPIRED Building permits and / or OPEN Code violations that needs to be addressed for the same for the following property:
Address: 32 Crafton Ave Pitman NJ 08071
Parcel: Block 89 Lot 16

*As of 9/25/17:
No unrecorded special assessments
No transferred special assessments
No open code violations
Copies of open/expired building permits attached,
and emailed on 9/26/17.*

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Deposit Date

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

In Progress - Open
Denied - Closed
Filled 9/26/17 - Closed ✓
Partial - Closed

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u>9/19/17</u>	Deposit	<u> </u>
Ready Date	<u>9/26/17</u>	Balance Due	<u>n/c</u>
Total Pages	<u>5</u>	Balance Paid	<u> </u>
Records Provided			
<u>Jo'Donnell</u> Custodian Signature		<u>9/26/17</u> Date	



**State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM**
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833

**Important Notice**

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

Requestor Information - Please Print

First Name DANIEL MI Last Name KLEIN
 Company DRN DEFINITE SOLUTIONS
 Mailing Address 3240 EAST STATE STREET EXT
 City HAMILTON State NJ Zip 08619 Email taxteam@drnds.com
 Business Hours Telephone: Area Code Number 949-777-5999 Extension
 Preferred Delivery: Pick Up US Mail On Site Inspect FAX ☒
 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 Klein Date 09/22/2017

Payment Information

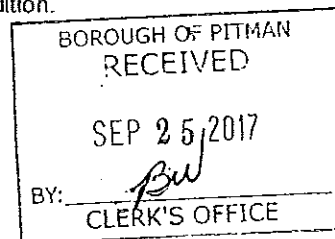
Maximum Authorization Cost: \$
 Select Payment Method
 Cash Check Money Order
 Fees: 8 1/2 x 11 @ \$0.05
 8 1/2 x 14 @ \$0.07
 11 x 17 @ \$0.10
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

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.

Hello,

Please provide information on code violation and permit on the following addresses listed below.
 If there are any open cases, open permit and is this property scheduled for demolition.

ADDRESS: 161 WOODLYNNE AVE, PITMAN, NJ 08071
 OWNER: SALVATICO ANTHONY

**AGENCY USE ONLY**

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking # <u> </u>	Total <u> </u>	
Rec'd Date <u> </u>	Deposit <u> </u>	
Ready Date <u> </u>	Balance Due <u> </u>	
Total Pages <u> </u>	Balance Paid <u> </u>	
Records Provided		
Custodian Signature <u> </u>		Date <u> </u>



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM

110 South Broadway
Pitman, NJ 08071

Phone: 856-589-3522 Fax: 856-589-6833



Important Notice

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

Requestor Information - Please Print

First Name Emily MI L Last Name LaBeaume
Company _____
Mailing Address 124 9th Avenue
City Pitman State NJ Zip 08071 Email elabeaume@gmail.com
Business Hours Telephone: Area Code _____ Number 9083421267 Extension _____
Preferred Delivery: Pick Up _____ 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 laws of New Jersey, any other state, or the United States.
Signature Emily LaBeaume Date 9/11/2017

Payment Information

Maximum Authorization Cost: \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees 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.

I am requesting all video recordings that include my image that are held by the Pitman Police department. Having a copy of these videos to view would be ideal although I might be satisfied with viewing them once. I was in the midst of a severe manic episode at the time that these recordings were created and I'm hopeful that viewing them might help me understand and piece together some events in my mind.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>9/22/17 Cpi Bischoen</u>			
<u>Sent emails.</u>			
<u>7 videos where sent</u>			
Custodian Signature <u>[Signature]</u>		Date <u>9/21/17</u>	

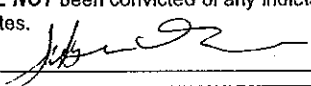
Pitman Borough
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 856-589-6833 Fax: 8565896833

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI Last Name Devlin
E-mail Address data@legalplex.com
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone 609-961-9524 FAX 609-961-6661
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature  Date 9/25/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Start Date 9/10/2017

End Date 9/23/2017

AGENCY USE ONLY

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

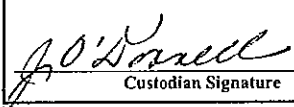
Deposit Date

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 9/26/17 Closed ✓
Partial ☐ Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u>9/25/17</u>	Deposit	<u> </u>
Ready Date	<u>9/26/17</u>	Balance Due	<u>N/C</u>
Total Pages	<u>21</u>	Balance Paid	<u> </u>
Records Provided			
<i>Emailed & faxed on 9/26/17.</i>			
<u></u>		<u>9/26/17</u>	
Custodian Signature		Date	



**State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM**
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833

**Important Notice**

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

Requestor Information – Please Print

First Name Michelle Roberts MI Last Name Roberts
 Company Bayview Loan Svc & Keller Williams Realty
 Mailing Address 409 Route 70 E
 City Cherry Hill State NJ 08085 Email mrobertskw@gmail.com
 Business Hours Telephone: Area Code 609 440 7944
 Preferred Delivery: Pick Up e-mail delivery
 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 Michelle Roberts Date

Payment Information

Maximum Authorization Cost:

\$

Select Payment Method

Cash Check Money Order

Fees: 8 1/2 x 11 @ \$0.05
 8 1/2 x 14 @ \$0.07
 11 x 17 @ \$0.10

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

Extras: Extraordinary service fees 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.

Please provide any information related to an underground oil tank for 162 East Ave
 please e-mail to mrobertskw@gmail.com for

No information on "underground tanks"

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

BOROUGH OF PITMAN
 RECEIVED

Conrad Keller
 856-589-3522
 3000 OFFICE

Custodian Signature

Date

Emel 9/28/17

Judy O'Donnell

From: Kate Baker <k.zielsdorf18@gmail.com>
Sent: Thursday, September 21, 2017 2:54 PM
To: judy@pitman.org
Subject: ORPA

Dear Municipal Clerk,

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

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

I am requesting the documents and information be provided in electronic format. If there is any costs for reproduction, please immediately advise.

Thank you for your assistance. If you have any questions, please contact me at k.zielsdorf18@gmail.com.

Kate Zielsdorf

eroselli@qual-lynx.com



**State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM**

110 South Broadway
Pitman, NJ 08071

Phone: 856-589-3522 Fax: 856-589-6833



Important Notice

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

Requestor Information -- Please Print

First Name Jessica MI Last Name Mignogna
 Company
 Mailing Address 148 Harvard Pl
 City Williamstown State NJ Zip 08024 Email Jessica_F3@yahoo.com
 Business Hours Telephone: Area Code Number Extension
 Preferred Delivery: Pick Up US Mail On Site Inspect E-Mail ☒
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Jessica Mignogna Date Sept 25, 2017

Payment Information

Maximum Authorization Cost:
\$
 Select Payment Method
 Cash Check Money Order
 Fees: 8 1/2 x 11 @ \$0.05
 8 1/2 x 14 @ \$0.07
 11 x 17 @ \$0.10
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees 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.

*Copy of the 2017 Salary Ordinance
Please E-Mail*

BOROUGH OF PITMAN
RECEIVED

SEP-25 2017

BY: MY 2:10 p.m.
CLERK'S OFFICE

AGENCY USE ONLY

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

AGENCY USE ONLY

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

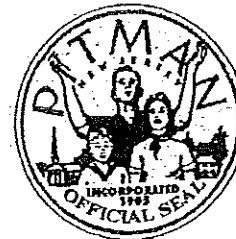
In Progress - Open
 Denied - Closed
 Filled - Closed
 Partial - Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u></u>	Total	<u></u>
Rec'd Date	<u>9/25/17</u>	Deposit	<u>N/A</u>
Ready Date	<u>10/2/17</u>	Balance Due	<u></u>
Total Pages	<u></u>	Balance Paid	<u></u>
Records Provided			
<u></u>		<u></u>	
Custodian Signature		Date	



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



Important Notice

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

Requestor Information - Please Print

First Name Robert MI E Last Name Tipron
Company _____
Mailing Address 117 Kerry Lynn Ct
City Williamstown State NJ Zip 08094 Email Rtip0071@gmail.com
Business Hours Telephone: Area Code 609 Number 685-1553 Extension _____
Preferred Delivery: Pick Up X 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 laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9-28-17

Payment Information

Maximum Authorization Cost:
\$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10

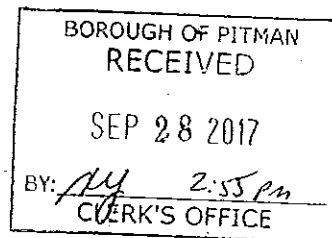
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees 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.

All permits for 285 Edison Ave Pitman NJ
and if all finals were issued.
Not to exceed \$2000

Pick-up



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 9/28/17 Closed [initials]
Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 9/28/17
Ready Date 9/29/17
Total Pages 14

Final Cost

Total .70
Deposit 0
Balance Due .70
Balance Paid _____

Records Provided

14 Copies @ .05

[Signature]
Custodian Signature

9/29/17
Date

Oct. 4. 2017 11:41AM

RECEIVED 10/04/2017 14:28 8565896833

BOROUGH OF PITMAN
No. 1610 P. 1/2

**State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM**
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833

**Important Notice**

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

Requestor Information - Please Print

First Name Alexandria MI MI Last Name Brown
 Company Pemco Limited
 Mailing Address 820 Bear Tavern
 City West Trenton State NJ Zip 08628 Email Alexandria.brown@pemco-limited.com
 Business Hours Telephone: Area Code 720 Number 509-3238 Extension
 Preferred Delivery: Pick Up 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 laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10/4/2017

Payment Information

Maximum Authorization Cost:
\$ 0.00
 Select Payment Method
 Cash Check Money Order
 Fees: 8 1/2 x 11 @ \$0.05
 8 1/2 x 14 @ \$0.07
 11 x 17 @ \$0.10
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees 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.

In search of any open code violations for property address 604 S Broadway Ave, Pitman, NJ, 08071.

Please email if possible

BOROUGH OF PITMAN
RECEIVED

OCT 04 2017

BY: MY 1:45p.m.
CLERK'S OFFICE

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 10/5/17 Closed
 Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u>10/4/17</u>	Deposit	<u> </u>
Ready Date	<u>10/5/17</u>	Balance Due	<u>N/A</u>
Total Pages	<u>3</u>	Balance Paid	<u> </u>
Records Provided			
<u>Emailed 10/5/17</u>			
<u>[Signature]</u> Custodian Signature		<u>10/5/17</u> Date	

Oct 05 2017 10:00:25 Via Fax

->

8565896833 Vonage

Page 002 Of 004



BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
 110 South Broadway
 Pitman, NJ 08071
 Phone: 856-589-3522 Fax: 856-589-6833

**Important Notice**

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

Requestor Information - Please Print

First Name Dalis MI Last Name Camfield
 Company Entrust Property Research
 Mailing Address 1056 Willa Springs Drive
 City Winter Springs State FL Zip 32708 Email nationalresponses@lienprocessing.com
 Business Hours Telephone: Area Code 407 Number 459-7794 Extension
 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 laws of New Jersey, any other state, or the United States.
 Signature Dalis Camfield Date 10/05/2017

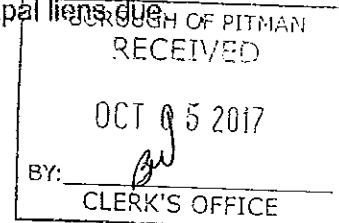
Payment Information

Maximum Authorization Cost: \$
 Select Payment Method
 Cash Check Money Order
 Fees: 8 1/2 x 11 @ \$0.05
 8 1/2 x 14 @ \$0.07
 11 x 17 @ \$0.10
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees 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.

ADDRESS: 178 ESPLANADE AVE
 PARCEL: 98.11

Please provide copies of only open code enforcement, property maintenance, or nuisance violations.
 Please provide copies of only open or expired permits. Please provide copies of any assessments (grass mow, misc. invoices). Please provide any fines, fees, balances, or municipal liens due.

**AGENCY USE ONLY**

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

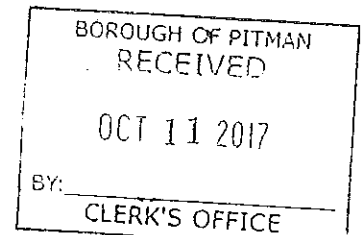
Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u>10/5/17</u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
Custodian Signature <u> </u>		Date <u> </u>	

Pitman Borough
OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-589-6833

Fax: 8565896833

PUBLIC RECORDS



Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota
E-mail Address data@legalplex.com
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone 609-961-1120 FAX 609-961-6661
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax X E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Christina Mota Date 10/9/2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____

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

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

Start Date 9/24/2017

End Date 10/7/2017

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress _____ Open _____
Denied _____ Closed _____
Filled 10/12/17 Closed ✓
Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	<u>10/11/17</u>	Deposit	_____
Ready Date	<u>10/12/17</u>	Balance Due	<u>11/12</u>
Total Pages	<u>10</u>	Balance Paid	_____
Records Provided			
<u>Fax & Email 10/12/17</u>			
<u>[Signature]</u> Custodian Signature		<u>10/12/17</u> Date	

BOROUGH OF PITMAN
OPEN PUBLIC RECORDS ACT REQUEST FORM
110 S. Broadway, Pitman, NJ 08071
Phone: (856) 589-3522 Fax: (856) 589-6833
pitman@pitman.org
Office of the Municipal Clerk

Important Notice

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

Requestor Information - Please Print

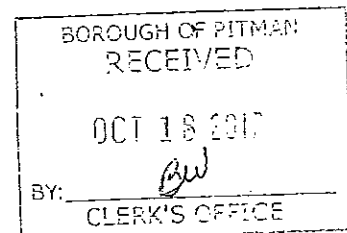
First Name Robert MI E. Last Name Hawkins
E-mail Address Sailhawk1@gmail.com
Mailing Address 55 Country Club Rd
City Turnersville State NJ Zip 08012
Telephone 609-221-2432 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records 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 Robert Hawkins Date 10-18-17

Payment Information

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

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

Requesting copies of All permits on 48/7.02
536 West Ave.
Pitman NJ.



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 10/19/17 Closed ☒
Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	<u>11-18-17</u>	Deposit	_____
Ready Date	<u>10-19-17</u>	Balance Due	_____
Total Pages	<u>13</u>	Balance Paid	_____
Records Provided			
<u>13 @ .05 = .65</u>			
Custodian Signature <u>Bo Dorell</u>		Date <u>10-19-17</u>	



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



Important Notice

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

Requestor Information - Please Print

First Name Larry MI Last Name Higgins

Company OPRA@NJPropertyRecords.com

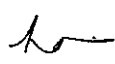
Mailing Address 174 Lamington Rd, P.O. Box 180

City Old wick State NJ Zip 08858 Email X

Business Hours Telephone: Area Code 908 Number 255-9919 Extension

Preferred Delivery: Pick Up 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 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: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10

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

Extras: Extraordinary service fees 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.

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 9/26/11 Closed
Partial Closed

AGENCY USE ONLY

Tracking Information

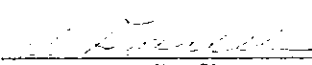
Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

9/26/11 10:00 AM
10/11/11

Custodian Signature 

Date



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



Important Notice

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

Requestor Information - Please Print

Payment Information

First Name Manny MI Last Name Ruffin

Maximum Authorization Cost:

\$

Select Payment Method

Company SLK Global America Inc

Mailing Address 2727 LBJ Freeway Suite 800

Cash Check Money Order

City Dallas State TX Zip 75234 Email manish.kumar@slkgroup.com

Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10

Business Hours Telephone: Area Code 856 Number 512-4832 Extension

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

Preferred Delivery: Pick Up US Mail On Site Inspect

Extras: Extraordinary service fees dependent upon request.

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 Manny Ruffin

Date 10/19/2017

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.

Please check and advise for the below address:

1. Liens & Special assessments None
2. Code Violations None
3. Open/Expired Building Permits (2) attached

File # : 541628

Name :

Block: 37 Lot: 17

Add : 353 Wesley Avenue pitman NJ 08071

Legal :

County : Gloucester

BOROUGH OF PITMAN
RECEIVED

OCT 19 2017

BY: [Signature]
CLERK'S OFFICE

AGENCY USE ONLY

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Final Cost

Tracking #	Total
Rec'd Date <u>10/19/17</u>	Deposit
Ready Date <u>10/23/17</u>	Balance Due
Total Pages <u> </u>	Balance Paid

Records Provided

Custodian Signature

Date

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

BOROUGH OF PITMAN
OPEN PUBLIC RECORDS ACT REQUEST FORM
 110 S. Broadway, Pitman, NJ 08071
 Phone: (856) 589-3522 Fax: (856) 589-6833
 pitman@pitman.org
 Office of the Municipal Clerk

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

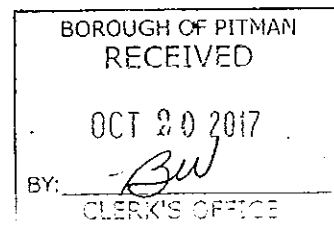
First Name John MI B Last Name DeGunnA
 E-mail Address b1@inester@comcast.net
 Mailing Address 209 Copper St
 City Pat State NJ Zip 08012
 Telephone 856 889 8501 FAX _____
 Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
 If you are requesting records containing personal 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 10/20/17

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.

LIST of ALL VACANT / Abandoned Residential Homes / Property in The Borough of PITMAN



AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	

Group

Fax: (856) 508-5471

To: 8565895833@rcfax.com Fax: (856) 589-6833

Page 2 of 3 10/31/2017 12:46 PM



State of New Jersey
BOROUGH OF PITMAN
GOVERNMENT RECORDS REQUEST FORM
110 South Broadway
Pitman, NJ 08071
Phone: 856-589-3522 Fax: 856-589-6833



Important Notice

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

Requestor Information - Please Print

Payment Information

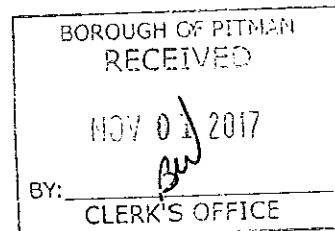
First Name Sana MI Last Name Govin
Company American Tax Reporting - 2727 LBJ Freeway Suite 420
Mailing Address 2727 LBJ Freeway Suite 420
City Dallas State TX Zip 75234 Email mervyn.samson@slkgroup.com
Business Hours Telephone: Area Code Number Extension
Preferred Delivery: Pick Up US Mail On Site Inspect
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 laws of New Jersey, any other state, or the United States.
Signature Sana Govin Date 10/31/2017

Maximum Authorization Cost: \$
Select Payment Method
Cash Check Money Order
Fees: 8 1/2 x 11 @ \$0.05
8 1/2 x 14 @ \$0.07
11 x 17 @ \$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees 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.

Please advise if there are any open code violations or any open/expired building permits for property address -
File#: 616481
Block: 188 Lot: 36
Add: 232 West Avenue Pitman NJ 08071

**No open code violations as of 11/4/17. Building permits attached.*



AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

In Progress Open
Denied Closed
Filed 11/4/17 Closed ✓
Partial Closed

AGENCY USE ONLY

Tracking Information
Tracking #
Rec'd Date 11/1/17
Ready Date 11/4/17
Total Pages 1
Records Provided
Final Cost
Total
Deposit 11/1
Balance Due
Balance Paid

Fax & Email 11/4/17

[Signature] 11/4/17
Custodian Signature Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

110 S. Broadway, Pitman, NJ 08071

Phone: (856) 589-3522 Fax: (856) 589-6833

pitman@pitman.org

Office of the Municipal Clerk

Important Notice

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

Requestor Information -- Please Print

First Name Irene MI P. Last Name Bucher

E-mail Address Colonialrealty@earthlink.net

Mailing Address Colonial Realty Company, 136 Haddon Avenue

City Westmont State NJ Zip 08108

Telephone 856-858-6800 FAX 856-858-6888

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 Irene P. Bucher Date 11/6/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Violations from previous C.O. on 162 East Avenue, Pitman, NJ 08071

BOROUGH OF PITMAN
RECEIVED

NOV 06 2017

BY: BW

CLERK'S OFFICE

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 11/6/17 Closed ☒

Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #		Total	<u>.05</u>
Rec'd Date	<u>11/6/17</u>	Deposit	
Ready Date	<u>11/6/17</u>	Balance Due	<u>.05</u>
Total Pages	<u>1</u>	Balance Paid	<u>.05</u>
Records Provided			
Custodian Signature <u>[Signature]</u>		Date <u>11/6/17</u>	

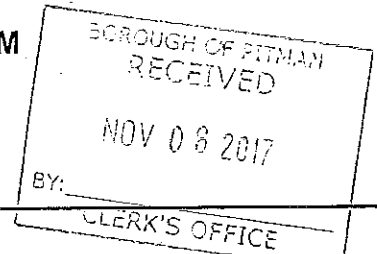
Pitman Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-589-6833

Fax: 8565896833

PUBLIC RECORDS



Important Notice

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

Requestor Information - Please Print

First Name Christina MI Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 11/6/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Start Date 10/22/2017

End Date 11/4/2017

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

Disposition Notes
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

BOROUGH OF PITMAN
OPEN PUBLIC RECORDS ACT REQUEST FORM
110 S. Broadway, Pitman, NJ 08071
Phone: (856) 589-3522 Fax: (856) 589-6833
pitman@pitman.org
Office of the Municipal Clerk

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 Jeannie ~~Garriso~~ MI A Last Name Garrison
E-mail Address Samantha.chovanes@gmail.com
Mailing Address 245 Berry Lane
City Sewell State NJ Zip 08080
Telephone 484 977 792 1141 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 NOV 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.

135 6th Ave. 18-25
permits
violations - NONE
community champions?
copies of "unsealed" plans.

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 11/13 - Closed ☒
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 11/19/17
Ready Date 11/13/17
Total Pages 30

Final Cost

Total 1.16
Deposit 0
Balance Due 1.16
Balance Paid _____

Records Provided

13 @ 0.05 6.50
2 @ 0.07 0.14
11.64

[Signature] 11/13/17
Custodian Signature Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

110 S. Broadway, Pitman, NJ 08071

Phone: (856) 589-3522 Fax: (856) 589-6633

pitman@pitman.org

Office of the Municipal Clerk

Important Notice

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

Requestor Information - Please Print

First Name _____ MI _____ Last Name _____

E-mail Address _____

Mailing Address 617 Morris AveCity Pitman State NJ Zip 08071Telephone 856-904-5994 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 Alicia Campbell Date 11-17-17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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.

Testing results for Lipari Landfill:

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 11/17 - Closed ✓
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
 Rec'd Date 11-16-17
 Ready Date 11-17-17
 Total Pages _____

Final Cost

Total 1.75
 Deposit 0
 Balance Due 1.75
 Balance Paid _____

Records Provided

35 @ \$0.05
Construction project notice 2011
Perimeter for Monitoring plan
for modifications Sept. 2011
Jo'Quell 11/17/17
 Custodian Signature Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-589-6833

Fax: 8565896833

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI Last Name MotaE-mail Address data@legalplex.comMailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone 609-961-1120 FAX 609-961-6661Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail X

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

Signature Christina Mota Date 11/20/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Start Date 11/5/2017End Date 11/18/2017

AGENCY USE ONLY

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

 Deposit Date

AGENCY USE ONLY

Disposition Notes
 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 # <u> </u>	Total <u> </u>
Rec'd Date <u> </u>	Deposit <u> </u>
Ready Date <u> </u>	Balance Due <u> </u>
Total Pages <u> </u>	Balance Paid <u> </u>

Records Provided

Custodian Signature Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

110 S. Broadway, Pitman, NJ 08071

Phone: (856) 589-3522 Fax: (856) 589-6833

pitman@pitman.org

Office of the Municipal Clerk

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 Paula MI L Last Name Lorrey
 E-mail Address paula.lorrey@gmail.com
 Mailing Address 218 West Ave
 City Pitman State NJ Zip 08071
 Telephone 1009-602-0783 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 Paula Lorrey Date 11/20/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

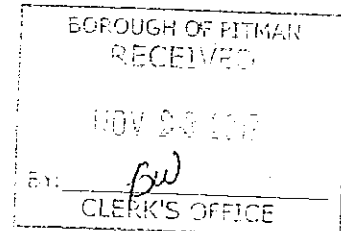
Cash ☐ Check ☐ Money Order ☐

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.

32 Crafton Block 00089 lot 00016
 * oil tank fill in ~~removal~~ in use
 * knob & tube removal
 * roof.



AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

Custodian Signature

Date