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 ½ x 11	@ $0.05
	8 ½ 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 8/3/17
Ready Date [illegible]
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] [illegible]

Custodian Signature Date

Place Logo Here

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Place Logo Here

Important Notice

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

Requestor Information – Please Print

First Name Jim MI Last Name O'Donnell

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

Mailing Address 10 Monument Road

City Bala Cynwyd State PA Zip 19004

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

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

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

Signature *James O'Donnell* Date 08/10/2017

Payment Information

Maximum Authorization Cost $ 1

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please see attached 3 pages

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

BOROUGH OF PITMAN
RECEIVED
AUG 11 2017
BY: ____
CLERK'S OFFICE

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

AGENCY USE ONLY

Tracking Information

Tracking # 1
Rec'd Date 8.11.17
Ready Date 8/15/17
Total Pages 4

Final Cost

Total ____
Deposit ____
Balance Due 0
Balance Paid ____

Records Provided

Emailed 8/11/17

Custodian Signature

Date

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

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

RECEIVED

AUG 14 2017

BY: _____

CLERK'S OFFICE

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 Paula MI K Last Name Lonney

E-mail Address paula lonney

Mailing Address 218 West Ave

City Pitman State NJ Zip 08071

Telephone 609-602-0783 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 K Lonney Date 8/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Building, plumping & 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

Disposition Notes

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

RECEIVED
AUG 14 2017
BY: ____
CLERK'S OFFICE

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

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages 21

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature Date 8/14/17

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 rersponse.
> 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

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 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 A Darminio Date 8/24/17

Payment Information

Maximum Authorization Cost: $___

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: 8 ½ x 11 @ $0.05
8 ½ 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.

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

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

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 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 _____ Date 8/29/17

Payment Information

Maximum Authorization Cost:
$_____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees:	8 ½ x 11	@ $0.05
	8 ½ 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.

Requesting ALL info on underground oil tank. Looking to find out if there is/was one and if so all info. 12311

Property: 301 ~~Edgemoor~~ 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

9/5/17

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ 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

Important Notice

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Requestor Information – Please Print

First Name Amanda MI C Last Name Mora

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 ½ x 11 @ $0.05
8 ½ 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 Records on 436 w nolly Ave Pitman 08071 1941 7
Copies please.

BOROUGH OF PITMAN
RECEIVED
AUG 30 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 9/6/17 Closed ✓
Partial - Closed ___

AGENCY USE ONLY

Tracking Information

Tracking # ___
Rec'd Date 8/30/17
Ready Date 9/6/17
Total Pages 45

Final Cost

Total 2.25
Deposit 0
Balance Due 2.25
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

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 David MI ___ Last Name Santana

Company Keller Williams Realty - Sewell

Mailing Address 840 Mimosa 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 David Santana Date ___

Payment Information

Maximum Authorization Cost: $___

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees:	8 ½ x 11	@ $0.05
	8 ½ 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 Edsam Ave Pittman and would like to know if there are any open permits. 48-9
Copies of all permits
No open permits

BOROUGH OF PITMAN
RECEIVED
SEP - 1 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 9/6/17 Closed ✓
Partial - Closed ___

AGENCY USE ONLY

Tracking Information

Tracking # ___
Rec'd Date 9/1/17
Ready Date 9/6/17
Total Pages 44

Final Cost

Total 2.20
Deposit 0
Balance Due 2.20
Balance Paid ___

Records Provided

J.O. Tracee Custodian Signature 9/6/17 Date

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 8/28/2017

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

Disposition Notes

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

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 N/C

Balance Paid _____

Records Provided

_____ 9/6/17

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

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Requestor Information – Please Print

First Name [illegible] MI [illegible] Last Name [illegible]

E-mail Address [illegible]

Mailing Address 12 ANNE'S CT

City SEWELL State NJ Zip 08080

Telephone 508-415-3935 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.

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.

PERMIT RECORDS FOR 507 GLANDVIEW AVE

B-158 L-3

BOROUGH OF PITMAN
RECEIVED
SEP - 6 2017
BY: _____
CLERK'S OFFICE

VIEWED 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

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] 9/6/17
Custodian Signature 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

Tracking # _____

Rec'd Date 9/11/17

Ready Date 9/13/17

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due N/A

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

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Requestor Information – Please Print

First Name Melissa Brown MI E Last Name Brown

Company Re/Max Preferred - on behalf of Buyers-Fever

Mailing Address 408 Swedesboro Rd., Mullica Hill NJ 08062

City _____ State _____ Zip _____ Email _____

Business Hours Telephone: Area Code _____ Number 856-904-2216 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 Melissa E. Brown Date 9/12/17

Payment Information

Maximum Authorization Cost:
$_____
Select Payment Method

Cash ___ Check ___ Money Order ___

Fees:	8 ½ x 11	@ $0.05
	8 ½ 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. Fenwood.
Block 81 Lot 47

BOROUGH OF PITMAN
RECEIVED
SEP - 7 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 - Closed X
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 9/7/17
Ready Date 9/12/17
Total Pages _____

Final Cost

Total .55
Deposit 0
Balance Due .55
Balance Paid _____

Records Provided

1 page - .55

Custodian Signature _____ Date 9/12/17

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

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 JOHNSON MI E Last Name VERKES

Company Century 21 Rush & Johns

Mailing Address 508 Hurffville Crosskeys Rd

City Sewell State NJ Zip 08080 Email JackVerkes@Verizon.net

Business Hours Telephone: Area Code 856 Number 3712225 Extension ____

Preferred Delivery: Pick Up ____ Email to me ☑ 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 ½ x 11 @ $0.05
8 ½ 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 McKinley Ave, Pitman, NJ 08071 including oil tank removal.

BOROUGH OF PITMAN
RECEIVED
SEP 11 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 9/14 - Closed ✓
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due n/c
Balance Paid ____

Records Provided

Email 9/14/17

[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

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 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 ½ x 11 @ $0.05
8 ½ 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

BOROUGH OF PITMAN
RECEIVED
SEP 13 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 9/15/17 Closed 1
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date 9/13/17
Ready Date 9/15/17
Total Pages

Final Cost

Total $0
Deposit 0
Balance Due $0
Balance Paid

Records Provided

16 @ $0.05
Collect $0.80

[signature] Custodian Signature

9/15/17 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 Chris MI A Last Name Maurice

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 Date 9-13-17

Payment Information

Maximum Authorization Cost:
$

Select Payment Method

Cash Check Money Order

Fees: 8 ½ x 11 @ $0.05
8 ½ 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

BOROUGH OF PITMAN
RECEIVED
SEP 13 2017
BY:
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 9/13/17
Ready Date 9/19/17
Total Pages 12

Final Cost

Total .60
Deposit 0
Balance Due .60
Balance Paid

Records Provided

J. D'Orazio
Custodian Signature

9/19/17
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 Chris MI A Last Name Lawrence

Company

Mailing Address 11 STAG RUN

City Sewell State NJ Zip 08080 Email clawtafish@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 ½ x 11 @ $0.05
8 ½ 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

BOROUGH OF PITMAN
RECEIVED
SEP 13 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 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

Final Cost
Total .60
Deposit 0
Balance Due .60
Balance Paid ____

Records Provided

[signature] Custodian Signature
9/19/17 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 Christopher MI ____ Last Name Valiant

Company RE/MAX Preferred

Mailing Address 408 Swedesboro RD

City Mullica Hill State NJ Zip 08062 Email cjvaliant@remax.net

Business Hours Telephone: Area Code 609 Number 605-7471 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 ½ x 11 @ $0.05
8 ½ 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 Edsam Ave
B-48 L-9

Viewed Records No Copies needed
9/14/17 [signature]

BOROUGH OF PITMAN
RECEIVED
SEP 14 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 9/14/17 Closed ✓
Partial - Closed ____

AGENCY USE ONLY

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] 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

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 Courtney MI D Last Name Szwidar

Company

Mailing Address 159 Mellon Ave

City Gibbstown State NJ Zip 08027 Email cwaesa@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 Szwidar Date 9/18/17

Payment Information

Maximum Authorization Cost: $ 15.00

Select Payment Method

Cash X Check ___ Money Order ___

Fees: 8 ½ x 11 @ $0.05
8 ½ 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 9/18/17 Closed ___

AGENCY USE ONLY

Tracking Information

Tracking # 1
Rec'd Date 9/18/17
Ready Date 9/18/17
Total Pages 5

Final Cost

Total .25
Deposit 0
Balance Due .25
Balance Paid ___

Records Provided

5 Copies @ .05

Custodian Signature

9/18/17
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

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Requestor Information – Please Print

First Name JOSEPH MI J Last Name CONNELLY

Company

Mailing Address 206 WINDING WAY

City DEPTFORD State NJ Zip 08093 Email

Business Hours Telephone: Area Code 856 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 JJ Connelly Date 9/14/17

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: 8 ½ x 11 @ $0.05
8 ½ 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 # 1
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

J O'Connell
Custodian Signature

9/19/17
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

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Requestor Information – Please Print

First Name Dominic MI ____ Last Name Caparra

Company ____

Mailing Address 15 Franklin Ave

City Pitman State NJ Zip 08071 Email Sewellcaparra@aol.com

Business Hours Telephone: Area Code 609 Number 929-3295 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 ____ Date 9/14/17

Payment Information

Maximum Authorization Cost: $ 50.00

Select Payment Method

Cash X Check ____ Money Order ____

Fees: 8 ½ x 11 @ $0.05
8 ½ 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

BOROUGH OF PITMAN
RECEIVED
SEP 14 2017
BY: ____
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 10

Final Cost

Total 50
Deposit 0
Balance Due 50
Balance Paid ____

Records Provided

10 pages @ .05

D Parrec — 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

~~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 Acquisitionn 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

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 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 855-512-4803 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 ½ x 11	@ $0.05
	8 ½ 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. JO'Donnell

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

Tracking # ____
Rec'd Date 9/19/17
Ready Date 9/26/17
Total Pages 5

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

JO'Donnell
Custodian Signature

9/26/17
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 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 ½ x 11	@ $0.05
	8 ½ 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

BOROUGH OF PITMAN
RECEIVED
SEP 25 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 - 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

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 X 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 ½ x 11 @ $0.05
8 ½ 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

9/22/17 Cpl Bischen sent emails. 7 videos where sent

Custodian Signature 9/22/17 Date

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

Tracking # _____

Rec'd Date 9/25/17

Ready Date 9/26/17

Total Pages 21

Final Cost

Total _____

Deposit _____

Balance Due N/C

Balance Paid _____

Records Provided

Emailed & Faxed on 9/26/17.

J O'Donnell
Custodian Signature

9/26/17
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 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 n

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 dodoop verified 09/27/17 2:15PM EDT 7PSS-HA4F-2AIF-YDVE Date

Payment Information

Maximum Authorization Cost: $____

Select Payment Method

Cash Check Money Order

Fees: 8 ½ x 11 @ $0.05
8 ½ 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 SEP 28 2017 CLERK'S OFFICE

Custodian Signature Date

Email 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@equal-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 08094 Email Jessica_F36@yahoo.com

Business Hours Telephone: Area Code ___ Number ___ Extension ___

Preferred Delivery: Pick Up ___ US Mail ___ On Site Inspect ___ E-Mail 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 Jessica Mignogna Date Sept 25, 2017

Payment Information

Maximum Authorization Cost: $___

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: 8 ½ x 11 @ $0.05
8 ½ 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 PM
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 X
Partial - Closed ___

AGENCY USE ONLY

Tracking Information

Tracking # ___
Rec'd Date 9/25/17
Ready Date 9/25/17
Total Pages 2

Final Cost

Total 1
Deposit N/C
Balance Due 1
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

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 Tipton

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 RT Date 9-28-17

Payment Information

Maximum Authorization Cost: $___

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: 8 ½ x 11 @ $0.05
8 ½ 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 Edson Ave Pitman NJ
and if all finals were issued.
Not to exceed $20.00

Pick-up

BOROUGH OF PITMAN
RECEIVED
SEP 28 2017
BY: RT 2:55 pm
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 9/29/17 Closed ✓
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

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 ____ 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 ½ x 11 @ $0.05
8 ½ 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: MM 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 ____
Filed 10/5/17 Closed ✓
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 10/4/17
Ready Date 10/5/17
Total Pages 3

Final Cost

Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Emailed 10/5/17

[signature] 10/5/17
Custodian Signature Date

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@tlenprocessing.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 10/05/017

Payment Information

Maximum Authorization Cost: $____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees:	8 ½ x 11	@ $0.05
	8 ½ 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.

BOROUGH OF PITMAN
RECEIVED
OCT 05 2017
BY: ____
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 10/5/17
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature Date

Pitman Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-589-6833 Fax: 8565896833

PUBLIC RECORDS

BOROUGH OF PITMAN
RECEIVED
OCT 11 2017
BY: CLERK'S OFFICE

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

Tracking # ____

Rec'd Date 10/11/17

Ready Date 10/12/17

Total Pages 10

Final Cost

Total ____

Deposit ____

Balance Due 4.10

Balance Paid ____

Records Provided

fax + Email 10/12/17

J. O'Donnell Custodian Signature

10/11/17 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 S 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.

BOROUGH OF PITMAN
RECEIVED
OCT 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 10/19/17 Closed ✓
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 10-18-17
Ready Date 10-19-17
Total Pages 13

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

13 @ .05 = .65

Custodian Signature 10-19-17 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 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 ½ x 11 @ $0.05
8 ½ 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 - 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**

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 Manny MI ____ Last Name Ruffin

Company SLK Global America Inc

Mailing Address 2727 LBJ Freeway Suite 800

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

Business Hours Telephone: Area Code 855 Number 512-4833 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 Manny Ruffin Date 10/19/2017

Payment Information

Maximum Authorization Cost: $____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: 8 ½ x 11 @ $0.05
8 ½ 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 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: ____
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 10/19/17
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 John MI B Last Name DeGNNA

E-mail Address blainester@comcast.net

Mailing Address 209 Copper St

City Wl State NJ Zip 08012

Telephone 856 889 8501 FAX

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

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

Signature JD 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

BOROUGH OF PITMAN
RECEIVED
OCT 20 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 - 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

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 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

Payment Information

Maximum Authorization Cost: $____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees:	8 ½ x 11	@ $0.05
	8 ½ 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

BOROUGH OF PITMAN
RECEIVED
NOV 01 2017
BY: BW
CLERK'S OFFICE

*No open Code violations as of 11/1/17. 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	11/1/17	Closed	✓
Partial		Closed	____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 11/1/17
Ready Date 11/1/17
Total Pages 2

Final Cost

Total ____
Deposit N/C
Balance Due ____
Balance Paid ____

Records Provided

Fax & Email 11/1/17

J. O'Donnell 11/1/17
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 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

Tracking # ____
Rec'd Date 11/6/17
Ready Date 11/6/17
Total Pages 1

Final Cost

Total .05
Deposit ____
Balance Due .05
Balance Paid .05

Records Provided

[signature] Custodian Signature 11/6/17 Date

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 ~~Garrison~~ 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 ~~856~~ 792 1141 FAX

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

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

Signature [signature] Date 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 11/9/17
Ready Date 11/13/17
Total Pages 26

Final Cost

Total 1.16
Deposit 0
Balance Due 1.16
Balance Paid ____

Records Provided

2 @ .05 .10
8 @ .07 .56
1.16

[signature] Custodian Signature 11/13/17 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 _____ MI _____ Last Name _____

E-mail Address _____

Mailing Address [illegible]

City Pitman State NJ Zip 08071

Telephone 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 11/19 - Closed ✓
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 11-16-17
Ready Date 11-19-17
Total Pages _____

Final Cost

Total 1.75
Deposit 0
Balance Due 1.75
Balance Paid _____

Records Provided

35 @ $0.05
✓ construction project notice of perimeter air monitoring plan for modifications Sept. 2011

Custodian Signature _____ Date 11/19/17

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 11/20/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 11/5/2017

End Date 11/18/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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 Paula MI L Last Name Lowney

E-mail Address paula.lowney@gmail.com

Mailing Address 218 West Ave

City Pitman State NJ Zip 08071

Telephone 609-602-0783 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 Lowney 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.

BOROUGH OF PITMAN
RECEIVED
NOV 20 2017
BY: PW
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 ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature Date