BOROUGH OF PAULSBORO

1211 DELAWARE STREET, PAULSBORO, NEW JERSEY 08066
(856) 423-1500 / (856) 423-9117 Fax

OPEN PUBLIC RECORDS ACT REQUEST FORM

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 E MI E Last Name DILL

E-mail Address JOHN.E.DILL@EXXONMOBIL.COM

Mailing Address P.O. BX 3342

City Houston State TX Zip ~~77001~~ 77253-3342

Telephone 832 625 7691 FAX 262 953 4967

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

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 John E Dill Date 8/3/2017

Payment Information

Maximum Authorization Cost $ ~~50~~ 06

Select Payment Method

(Cash) OR (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.

ANY BUILDING PERMITS FOR FOUNDATION WORK OR RENOVATIONS TO FOLLOWING SINGLE FAMILY RESIDENCES IN PAULSBORO, NJ

334 WEST ADAMS ST.
338 WEST ADAMS ST.
210 WERT AVENUE

John Dill
Claims Supervisor

ExxonMobil

ExxonMobil Risk Management Inc.
P O Box 3342
Houston, Texas 77253-3342
832 625 7691 Tel 262 953 4967 Fax
703 307 7631 Cell
john.d.dill@exxonmobil.com

An ExxonMobil Subsidiary

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 _____