OPRA

NEWFIELD POLICE NJ

STATE OF NEW JERSEY
NEWFIELD POLICE DEPARTMENT
GOVERNMENT RECORDS REQUEST FORM

NEWFIELD POLICE NJ

Records Custodian – Toni L. Van Camp
(856-697-1100

Important Notice

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

Requester information – Please Print

First Name David MI M Last Coles

Company

Mailing Address 103 Salem Ave

City Newfield State NJ Zip 08344 email

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 HAVE/HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States

Signature David M Coles Date 8/29/2017

Payment Information

Maximum Authorization Cost $___

Select Payment Method

Cash __ Check___ Money Order__

Fees: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21- @$0.25

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 found list of CO inspections (failed) report

Agency Use Only	Agency Use Only	Agency Use Only
Est. Document Cost	Disposition Notes	Tracking Information / Final Cost
Est. Delivery Cost	Custodian: if any part of request cannot be delivered in seven business days, detail reasons her	Tracking # Total
Total Est. Cost		Rec'd Date Deposit
Deposit Amount		Reading Date Balance Date
Estimated Balance	In Progress - Open	Total Pages Balance Paid
Deposit Date	Denied - Closed	Records Provided
	Filled - Closed	
	Partial - Closed	Custodian Signature / Date

David M Coles
8/31/2017

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Important Notice

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Requester information – Please Print

First Name David & Anna MI _____ Last Coles

Company _____

Mailing Address 103 B Salem Ave

City Newfield State NJ Zip 08344 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 HAVE/HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States

Signature David N Coles Jr Date 8/29/2017

Payment Information

Maximum Authorization Cost $___

Select Payment Method

Cash __ Check___ Money Order__

Fees: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21- @$0.25

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.

We would like to have a copy of the rental registration and a copy of the Certificate of Occupancy to make sure our living Quaters is okay to live in the address is 103 B Salem Ave Newfield N.J 08344

Agency Use Only	Agency Use Only	Agency Use Only
Est. Document Cost _____	Disposition Notes	Tracking Information / Final Cost
Est. Delivery Cost _____	Custodian: if any part of request cannot be delivered in seven business days, detail reasons her	Tracking #_____ Total _____
Total Est. Cost _____		Rec'd Date _____ Deposit _____
Deposit Amount _____		Reading Date _____ Balance Date _____
Estimated Balance _____	In Progress - Open _____	Total Pages _____ Balance Paid _____
Deposit Date _____	Denied - Closed _____	Records Provided
	Filled - Closed _____	
	Partial - Closed _____	Custodian Signature / Date

David N Coles
8/31/2017

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0813 Newfield Borough

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: Veronica MI: _____ Last Name: Hartman

E-mail Address: [redacted]

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: [redacted] FAX: _____

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

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

Signature: Veronica Hartman Date: 11/21/2017

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.

"We request a copy of the "Tax Search Export" (**0813txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: **tax@actiontitleresearch.com**

Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

Veronica Hartman
Municipal Research Specialist
Accurate Abstracts
An Action Title Research Company

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NEWFIELD POLICE NJ

STATE OF NEW JERSEY
NEWFIELD POLICE DEPARTMENT
GOVERNMENT RECORDS REQUEST FORM

NEWFIELD POLICE NJ

Records Custodian – Toni L. Van Camp
(856-697-1100

Important Notice

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

Requester information – Please Print

First Name Donald MI John Last Palm Jr.

Company [redacted]

Mailing Address P.O 516 Apt. 2A N.W. Blvd.

City Newfield State N.J. Zip 08344 Email _____

Business Hours Telephone: Area Code _____ Number _____ 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 HAVE/HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States

Signature Donald J Palm Jr. Date NOV. 2, 2017

Payment Information

Maximum Authorization Cost $___

Select Payment Method

Cash X Check___ Money Order__

Fees: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21- @$0.25

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 police reports to my residence for 2017. Thanks

Agency Use Only	Agency Use Only	Agency Use Only
Est. Document Cost _____ Est. Delivery Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	Disposition Notes Custodian: if any part of request cannot be delivered in seven business days, detail reasons her In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed	Tracking Information Final Cost Tracking #_____ Total _____ Rec'd Date _____ Deposit _____ Reading Date _____ Balance Date _____ Total Pages _____ Balance Paid _____ Records Provided _____ _____ Custodian Signature Date

GOVERNMENT RECORDS REQUEST FORM

BOROUGH OF NEWFIELD
CATAWBA AVE. P.O. BOX 856 NEWFIELD, NJ 08344
TELEPHONE: (856) 697-1100 FAX: (856) 697-3014

18 CATAWBA AVENUE PO BOX 856
NEWFIELD , NJ 8344

PHONE :856-697-1100
FAX :856-697-3014
TONI L VAN CAMP
tvancamp@newfieldboro.org

BOROUGH OF NEWFIE
18 CATAWBA AVE. P.O. BOX 856 NEWFIELD, N
TELEPHONE: (856) 697-1100 FAX: (856) 69

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 Lisa Kincaid MI M Last Name Kincaid

E-mail Address [redacted]

Mailing Address 1101 E. Landis Ave.

City Vineland State NJ Zip 08360

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☑

If you are requesting records containing personal information, please select 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 Lisa M Kincaid Date 11-16-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21 - @$0.25

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 Code Violations for 15 Catawba

AGENCY USE ONLY

. Document Cost _____
. Delivery Cost _____
. Extras Cost _____
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naled Balance _____

sit 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 _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

GOVERNMENT RECORDS REQUEST FORM

BOROUGH OF NEWFIELD
CATAWBA AVE. P.O. BOX 856 NEWFIELD, NJ 08344
TELEPHONE: (856) 697-1100 FAX: (856) 697-3014

18 CATAWBA AVENUE PO BOX 856
NEWFIELD , NJ 8344

PHONE :856-697-1100
FAX :856-697-3014

TONI L VAN CAMP
tvancamp@newfieldboro.org

BOROUGH OF NEWFIE
18 CATAWBA AVE. P.O. BOX 856 NEWFIELD, N
TELEPHONE: (856) 697-1100 FAX: (856) 69

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 ELIZABETH MI ____ Last Name MELON

E-mail Address [redacted]

Mailing Address 3369 BURNT MILL DR

City VINELAND State NJ Zip 08360

Telephone [redacted] FAX ____

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☒

If you are requesting records containing personal information, please select 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 Elizabeth Melon Date 11/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21 - @$0.25

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.

REF: 7 MAPLE AVE. NEWFIELD, NJ 08344

DATE OF PERMITS

ANY VIOLATIONS

SEPTIC

AGENCY USE ONLY

. Document Cost ____
. Delivery Cost ____
. Extras Cost ____
al Est. Cost ____
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eit 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 ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided