

Susan McCormick

From: ASK NJ Media Co. <opra+request-573-15032f05@requests.opramachine.com>
Sent: Tuesday, November 21, 2017 8:07 AM
To: Susan McCormick
Subject: Open Public Records Act request - OPRA Requests

RECEIVED

NOV 21 2017

Dear Monroe Township (Gloucester),

TWP. CLERK
MONROE TOWNSHIP
#17-319

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJS 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message.

Records requested:

I'm requesting copies of all OPRA requests from August 1, 2017 to November 20, 2017.

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-573-15032f05@requests.opramachine.com

Is smccormick@monroetownshipnj.org the wrong address for Open Public Records Act requests to Monroe Township (Gloucester)? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=monroe_township_gloucester

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
<https://opramachine.com/help/officers>

If you find this service useful as an OPRA officer, please ask your web manager to link to us from your organisation's OPRA page.



**Government
Records Council**

AUG 01 2017

TWP. CLERK
NBOE TOWNSHIP

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 S Last Name Dunkley

E-mail Address _____

Mailing Address 31 Flamingo Road.

City Levittown State PA Zip 19056

Telephone Fax _____

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

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

Signature Christopher Munkley Date 8-1-17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash__ Check__ Money Order__

Fees: Letter-Size Page : \$0.05

Legal-Size Page : \$0.07

Email or Fax: No Fee

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.

____ Copy of Minutes (specify board or entity, date, topic or other identifying information)

____ Copy of Ordinance or Resolution (specify date, number or other identifying information)

X Other Type of Report (specify) Purchase history, permits

License Information (specify)

Information on Specific Property Address Hancock Ave. Block # 10603 Lot # 9

Block # 10603 Lot # 9

~~*10003~~

Describe from Above:

Permits for Well, sewer (septic) → what type exists on the property
and buildings on the property
Purchase History, Leases on the property

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	17-187	Total	—
Rec'd Date	8/1/17	Deposit	—
Ready Date	8/7/17	Balance Due	—
Total Pages	7 pages	Balance Paid	No Fee
Records Provided			


 Records Requester Signature

8/7/17
 Date


 Custodian Signature

8/7/17
 Date



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 MI Last Name Heiser

E-mail Address lisah@oclerservices.com

Mailing Address 1000 Commerce Drive, Ste 520

City Pittsburgh State PA Zip 15275

Telephone 877-788-2923 x 6048 Fax 877-565-2925

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

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

Signature Lisa Heiser

Digitally signed by Lisa Heiser
Date: 2017.05.30 10:10:56 -0400

Date

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)

 Copy of Ordinance or Resolution (specify date, number or other identifying information)

X Other Type of Report (specify) Code violations and open permits

 License Information (specify)

Information on Specific Property Address 237 Karen Drive, Williamstown, NJ 08094 Block # 10002 Lot # 5

Describe from Above:

Hello, I need to know if there are any open code violations or open permits on this property.
237 Karen Dr., Williamstown, NJ 08094. Block 10002, Lot 5.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-188</u>	Total	<u> </u>
Rec'd Date	<u>8/1/17</u>	Deposit	<u> </u>
Ready Date	<u>8/9/17</u>	Balance Due	<u> </u>
Total Pages	<u>3 pages</u>	Balance Paid	<u>Not in</u>
Records Provided			
Records Requester Signature <u>Susan McCormick</u>		Date <u>8/9/17</u>	
Custodian Signature <u> </u>		Date <u>8/9/17</u>	



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
 125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



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 Jolene MI L. Last Name Gentile
 E-mail Address jolene.gentile@foxroach.com
 Mailing Address 1450 E. Chestnut Ave. Suite 1B
 City Vineland State NJ Zip 08361
 Telephone 609-247-7007 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 Jolene L. Gentile Date 8-1-17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ___ Check ___ Money Order ___
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
 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.

____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 ____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
 ____ Other Type of Report (specify) _____
 ____ License Information (specify) _____
 Information on Specific Property Address 909 W. Piney Hollow Rd. Block # 07001 Lot # 000091

Describe from Above:

Any information pertaining to septic system and well.
 Any information on open permits
 Any information regarding liens or open balances to the county or township.
 Permit requirements to install a new septic in Monroe twp. including fee's and costs of permits.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-189</u>	Total	_____
Rec'd Date	<u>8/1/17</u>	Deposit	_____
Ready Date	<u>8/9/17</u>	Balance Due	_____
Total Pages	<u>6 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
Records Requester Signature <u>[Signature]</u>		Date <u>8/9/17</u>	
Custodian Signature <u>[Signature]</u>		Date <u>8/9/17</u>	

**RECEIVED**

AUG 02 2017

TWP. CLERK
MONROE TOWNSHIP**Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM**125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**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 PrintFirst Name Alexandria MI Last Name BrownE-mail Address Alexandria.brown@pemco-limited.comMailing Address 4600 S Ulster St, Suite 530City Denver State CO Zip 80327Telephone 720-509-3238Fax Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail ApplyIf 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 Alexandria BrownDigitally signed by Alexandria Brown
Date: 2017.08.02 08:27:44 -0500Date 08/2/2017**Payment Information**Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)

 Copy of Ordinance or Resolution (specify date, number or other identifying information)

 Other Type of Report (specify)

 License Information (specify)

Information on Specific Property Address 2004 Magnolia Ave, Williamstown, nj 08094 Block # 9601 Lot # 14**Describe from Above:**

In search of any open code violations for the property address 2004 Magnolia Ave, Williamstown, NJ, 08094

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 # 17-190 Total

Rec'd Date 8/2/17 Deposit

Ready Date 8/9/17 Balance Due

Total Pages 4 pages Balance Paid No Fee

Records Provided

Emailed 8/9/17

Records Requester Signature Date

Susan McCormick 8/9/17

Custodian Signature Date



RECEIVED

AUG 02 2017

TWP. CLERK
MONROE TOWNSHIP
Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue

Williamstown, NJ 08094

Phone: (856) 728-9800 Fax: (856) 728-9828

Website: www.monroetownshipnj.org

**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 PrintFirst Name Alexandria MI _____ Last Name BrownE-mail Address Alexandria.brown@pemco-limited.comMailing Address 4600 S Ulster St, Suite 530City Denver State CO Zip 80327Telephone 720-509-3238

Fax _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ApplyIf 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 Alexandria BrownDigitally signed by Alexandria Brown
Date: 2017.08.02 08:27:44 -0500Date 08/2/2017**Payment Information**

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter-Size Page : \$0.06
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)

_____ Copy of Ordinance or Resolution (specify date, number or other identifying information)

_____ Other Type of Report (specify) _____

_____ License Information (specify) _____

Information on Specific Property Address 1615 Atlantic Ave, Williamstown, nj 08094 Block # 604 Lot # 12**Describe from Above:**

In search of any open code violations for the property address 1615 Atlantic Ave, Williamstown, NJ, 08094

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLYDisposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.In Progress - Open _____
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____**AGENCY USE ONLY****Tracking Information**Tracking # 17-191
Rec'd Date 8/2/17
Ready Date 8/9/17
Total Pages 8 pages

(Records Provided)

Final CostTotal _____
Deposit _____
Balance Due _____
Balance Paid No FeeEmailed
Records Requester Signature8/9/17
DateSusan McCormick
Custodian Signature8/9/17
Date



Township of Monroe **RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM**

AUG 03 2017

125 Virginia Avenue
 Williamstown, NJ 08034
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



TWP. CLERK
 MONROE TOWNSHIP

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 George MI Last Name Guzdek
 E-mail Address bisonenv@aol.com
 Mailing Address 89 Jennifer Lane
 City Burlington State NJ Zip 08016
 Telephone 267-278-1648 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 [Signature] Date 8/2/2017

Payment Information

Maximum Authorization Cost \$ 10.00
 Select Payment Method
 Cash Check Money Order
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
 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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
 Other Type of Report (specify)
 License Information (specify)
 Information on Specific Property Address 1408 South Black Horse Pike Block # 3601 Lot # 21

Describe from Above:
 Bison Environmental, LLC is performing a Phase 1 Environmental Site Assessment of the Plum Tree Inn property located at 1408 South Black Horse Pike in Monroe Township (Block 3601, Lot 21). We are requesting records of any underground storage tank installation or removal permits, any hazardous materials storage permits, or any hazardous materials releases at that site, if any such records exist.

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 # 17-192 Total
 Rec'd Date 8/3/17 Deposit
 Ready Date 8/9/17 Balance Due
 Total Pages 4 pages Balance Paid 10.00
 Records Provided
 Emailed 8/11/17
 Records Requester Signature [Signature] Date 8/11/17
 Custodian Signature [Signature] Date 8/11/17

#17-193



RECEIVED

AUG 03 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org

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 Shannon MI M Last Name Judd

E-mail Address shannon.judd@pemco-limited.com

Mailing Address 4600 S Ulster Street Suite 530

City Denver State CO Zip 80237

Telephone: 770-609-6861 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 8/31/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter-Size Page: \$0.05
Legal-Size Page: \$0.07
Email or Fax: No Fee

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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)

_____ Copy of Ordinance or Resolution (specify date, number or other identifying information)

☒ Other Type of Report (specify) Confirmation of no open code violations - 1139 Meadows Drive

_____ License Information (specify) _____

Information on Specific Property Address 1139 Meadows Drive Block # B.001 Lot # 121

Describe from Above:
PEMCO Limited Represents Fannie Mae on property 1139 Meadows Drive Williamstown, NJ 08094. Please return via email any open code violations on this property for resolution. If there are no open code violations please return an email confirmation indicating no open code violations.

Thank you
Shannon Judd *new request - going to closing

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 - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 17-193

Rec'd Date 8/31/17

Ready Date 8/15/17

Total Pages 3

Records Provided

Final Cost

Total _____

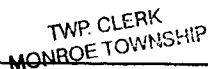
Deposit _____

Balance Due _____

Balance Paid NO FEE

Records Requester Signature [Signature] Date 8/15/17

Custodian Signature [Signature] Date 8/15/17



Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



**Government
Records Council**

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

8/15/17
Date

RECEIVED

Karen Slade

AUG 03 2017

From: Liens Inbox <liens@ntis.com>
Sent: Thursday, August 03, 2017 3:15 PM
To: Karen Slade
Subject: NJ-CWCOT-46911: 442 Longfellow Dr, Williamstown, NJ 08094-3210: Request for Code, Building or Compliance Information
Attachments: Request-Code_ 442 Longfellow Dr.doc

TWP CLERK
MONROE TOWNSHIP

#17-195

Dear Code/Building/Compliance Department,

Our office is conducting research in regards to the referenced property below, in preparation for a real estate closing.

Property Address: 442 Longfellow Dr, Williamstown, NJ 08094-3210 Parcel Id: 120.0102 14 Lot 14, Block 120.0102.
Requested by: Holly Premuto

1. Please indicate whether there are any open violations or cases:
(Yes / No)
2. Amount Due:
3. Good-through Date:
4. Provide a list of requirements to bring this into compliance:
5. Enforcement Officer/Inspector Contact Info:
 - a. Name:
 - b. Phone:
 - c. Email:
6. Are there any open or expired building permits:
(Yes / No)
7. Please provide contact information for the Permits Department, if different than Officer/Inspector above.

Thank you,

Lien Research Team
NTIS, Inc.
liens@ntis.com
O: 863.698.7557

TWP. CLERK
MONROE TOWNSHIP

Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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

Payment Information

First Name Kyle MI 1 Last Name Stuart
E-mail Address [REDACTED]
Mailing Address 1736 Maritima Pl E
City Cherry Hill State NJ Zip 08003
Telephone [REDACTED] Fax _____
Preferred Delivery: Pick Up _____ On-Site Inspection _____ 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 Kyle Stuart Date 8/7/17

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

Copy of Minutes (specify board or entity, date, topic or other identifying information)

Copy of Ordinance or Resolution (specify date, number or other identifying information)

Other Type of Report (specify) _____

License Information (specify) _____

Information on Specific Property Address 309 Orbanus Dr. Williamston Block # 2802 Lot # 31

Describe from Above:

Requesting only permits and/or applications for construction work done at 309 Orbanus between 1980 and now. (or as far back as possible. Seller bought in Sheriff Sale & has no info) *Thorne*

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information Tracking # <u>17-196</u> Rec'd Date <u>8/7/17</u> Ready Date <u>8/16/17</u> Total Pages _____		Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid <u>NO FEE</u>
Est. Delivery Cost	_____		Records Provided _____		
Est. Extras Cost	_____		Emailed <u>8/17/17</u> Records Requester Signature Date		
Total Est. Cost	_____		Susan M. Cormick <u>8/16/17</u> Custodian Signature Date		
Deposit Amount	_____				
Estimated Balance	_____				
Deposit Date	_____	In Progress _____ Denied _____ Filled _____ Partial _____	Open _____ Closed _____ Closed _____ Closed _____		

Ref # 12342

**RECEIVED**

AUG 07 2017

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

 125 Virginia Avenue
 Williamstown, NJ 08094

 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org


TWP CLERK

MONROE TOWNSHIP

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	Kaochee	Mi		Last Name	Xong
E-mail Address	Kaochee.Xong@theclaimscenter.com				
Mailing Address	P.O. Box 47604				
City	Plymouth	State	MN	Zip	55447
Telephone	866-233-0353 x1031		Fax 866-233-9627		
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 8/7/2017

Payment Information

Maximum Authorization Cost	\$ _____
Select Payment Method	
Cash	☐
Check	☐
Money Order	☐
Fees:	Letter-Size Page : \$0.05
	Legal-Size Page : \$0.07
	Email or Fax: No Fee
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.

☐	Copy of Minutes (specify board or entity, date, topic or other identifying information)
☐	Copy of Ordinance or Resolution (specify date, number or other identifying information)
☒	Other Type of Report (specify) <u>Fire report</u>
☐	License Information (specify) _____

Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above: Regarding to a Verizon pole damaged near 1376 Tuckahoe Rd around 9/30/2014. Please search fire records to see if their department may have responded to this incident.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-197</u>	Total	_____
Rec'd Date	<u>8/7/17</u>	Deposit	_____
Ready Date	<u>8/16/17</u>	Balance Due	_____
Total Pages	<u>2</u>	Balance Paid	<u>NO FEE</u>
Records Provided			
Emailed		<u>8/16/17</u>	
Records Requester Signature		Date	
<u>Susan McCormick</u>		<u>8/16/17</u>	
Custodian Signature		Date	

Tracking Information		Final Cost	
Tracking #	<u>17-198</u>	Total	<u> </u>
Rec'd Date	<u>8/8/17</u>	Deposit	<u> </u>
Ready Date	<u>8/11/17</u>	Balance Due	<u> </u>
Total Pages	<u>1 page</u>	Balance Paid	<u>No Fee</u>
Records Provided			
<u>Emailed</u> Records Requester Signature		<u>8/11/17</u> Date	
<u>Starn Street</u> Custodian Signature		<u>8/11/17</u> Date	



RECEIVED

AUG 10 2017

TWP CLERK
MONROE TOWNSHIP

Township of Monroe

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094

Phone: (856) 728-9800 Fax: (856) 728-9828

Website: www.monroetownshipnj.org



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 Shawn MI Last Name Paul

E-mail Address cls@slkgroup.com

Mailing Address #2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234

Telephone 855-512-4803 Fax 888-908-3471

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 Shawn Paul Date 07/31/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

- Copy of Minutes (specify board or entity, date, topic or other identifying information)
- Copy of Ordinance or Resolution (specify date, number or other identifying information)
- Other Type of Report (specify)
- License Information (specify)

Information on Specific Property Address 415 Broad Street Williamstown NJ-08094 Block # 1505 Lot # 7

(Please Expediate)

Describe from Above: Please advise if there are any open code violations; open / expired building permits and liens/special Assessments such as weeds or tall grass and also advise any utility account balances (water, sewer, and garbage) with a payoff

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 # 17-200
Rec'd Date 8/10/17
Ready Date 8/15/17
Total Pages 3
Final Cost
Total
Deposit
Balance Due
Balance Paid NO FEE

Records Provided

Emailed 8/15/17
Records Requester Signature Date
Susan McCormick 8/15/17
Custodian Signature Date

**125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**



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

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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

Extras: Special service charge
dependent upon request.

Copy of CO Report from 8/7/17
if it did not pass, please send report of
req. repairs.

Tracking Information		Final Cost	
Tracking #	17-201	Total	
Rec'd Date	8/10/17	Deposit	
Ready Date	8/11/17	Balance Due	
Total Pages	2 pages	Balance Paid	No Fee
Records Provided			
Records Requester Signature		Date	
Susan McCormick		8/11/17	
Custodian Signature		Date	

#17-202



TWP. CLERK
MONROE TOWNSHIP

Township of Monroe

125 Virginia Avenue

Williamstown, NJ 08094

Phone: (856) 728-9800 Fax: (856) 728-9828

Website: www.monroetownshipnj.org



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

Payment Information

Extras: Special service charge
dependent upon request.

Would like to have information regarding ownership of this foreclosed property.

AGENCY USE ONLY

Custodian Signature

Date _____



RECEIVED
Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
 125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



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

E-mail Address Alexandria.brown@pemco-limited.com

Mailing Address 4600 S. Ulster St, Suite 530

City Denver State CO Zip 80237

Telephone 720-509-3238

Fax

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

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 08/11/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee

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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
 Other Type of Report (specify)
 License Information (specify)

Information on Specific Property Address 1415 10TH AVENUE, Williamstown, NJ, 08094 Block # 900 Lot # 16

Describe from Above:

In search for any open code violations for property address 1415 10TH AVENUE, Williamstown, NJ, 08094

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 # 17-203 Total
 Rec'd Date 8/14/17 Deposit
 Ready Date 8/17/17 Balance Due
 Total Pages 2 Balance Paid NO FEE

Records Provided

Emailed 8/17/17
 Records Requester Signature Date
Susan McCormick 8/17/17
 Custodian Signature Date



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 Rebekah MI Last Name Diehl
E-mail Address rdiehl@h2m.com
Mailing Address 119 Cherry Hill Road, Suite 110
City Parsippany State NJ Zip 07054
Telephone 862-207-5900 Ext. 2226 Fax 973-334-0507
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8/11/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
 Other Type of Report (specify)
 License Information (specify)
Information on Specific Property Address 315 South Black Horse Pike Block # 3202 Lot # 1

Describe from Above:

All building permits and environmental records on the subject property. Also this property is believed to have an address change- "Poplar Street" and also possibly "Black Horse Pike Box 227".
Old Block: 131, Old Lot: 6

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-204</u>	Total	<u> </u>
Rec'd Date	<u>8/14/17</u>	Deposit	<u> </u>
Ready Date	<u>8/22/17</u>	Balance Due	<u> </u>
Total Pages	<u>8 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
[Signature] Emailed		8/22/17	
Records Requester Signature		Date	
[Signature] Susan McCormick		8/22/17	
Custodian Signature		Date	



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 Edward MI E Last Name Van Embden
E-mail Address [REDACTED]
Mailing Address 352 Maria Coretta Ln.
City Gallaway State NJ Zip 08005
Telephone [REDACTED] Fax [REDACTED]
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 8/14/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
____ Other Type of Report (specify) _____
____ License Information (specify) _____
Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:

seeking site plan for 300 Dahlia Ave, Williamstown
Block/Lot 4101 → 14701 - 40.01

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-206</u>	Total	<u> </u>
Rec'd Date	<u>8/14/17</u>	Deposit	<u> </u>
Ready Date	<u>8/24/17</u>	Balance Due	<u> </u>
Total Pages	<u>1 page</u>	Balance Paid	<u>No Fee</u>
Records Provided			
Records Requester Signature <u>[Signature]</u>		Date <u>8/24/17</u>	
Custodian Signature <u>[Signature]</u>		Date <u>8/24/17</u>	



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TWP. CLERK
MONROE TOWNSHIP**Township of Monroe**
OPEN PUBLIC RECORDS ACT REQUEST FORM125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**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 PrintFirst Name John MI G. Last Name Simmermon III
E-mail Address jack@ajackstowing.com
Mailing Address 1107 North Tuckahoe Road
City Williamstown State New Jersey Zip 08094
Telephone 856-728-2000 Fax 856-728-3874
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 8-14-17**Payment Information**Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.☐ Copy of Minutes (specify board or entity, date, topic or other identifying information)
☐ Copy of Ordinance or Resolution (specify date, number or other identifying information)
☐ Other Type of Report (specify) _____
☐ License Information (specify) _____
Information on Specific Property Address _____ Block # _____ Lot # _____**Describe from Above:**

Please Supply All E-Mails Pertaining To A-Jack's Towing & Recovery And Jack Simmermon From Personal As Well As Township E-Mail Accounts From All Council Members, James Smart, Chief Of Police John McKeown, Mark Burton, Kevin Heydel, Sue McCormick & Andy Potopchuk. (From 1-1-16 To Current)

AGENCY USE ONLYEst. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date _____**AGENCY USE ONLY****Disposition Notes**
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____**AGENCY USE ONLY**

Tracking Information		Final Cost	
Tracking #	<u>17-207</u>	Total	<u>—</u>
Rec'd Date	<u>8/15/17</u>	Deposit	<u>—</u>
Ready Date	<u>9/15/17</u>	Balance Due	<u>—</u>
Total Pages	<u>—</u>	Balance Paid	<u>127.00</u>
Records Provided		Date	
<u>1 CD Ready for Pick Up</u>		<u>9/15/17</u>	
<u>Emailed</u>		<u>9/15/17</u>	
Records Requester Signature		Date	
<u>Susan McCormick</u>		<u>9/15/17</u>	
Custodian Signature		Date	



Township of Monroe
RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM
 125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



TWP. CLERK
 MONROE TOWNSHIP

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 MICHAEL MI _____ Last Name NAPOLITANO
 E-mail Address _____
 Mailing Address 933 West Piney Hollow Rd
 City Williamstown State NJ Zip 08094
 Telephone _____ Fax _____
 Preferred Delivery: Pick Up _____ 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 8/15/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
 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.

____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 ____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
 ____ Other Type of Report (specify) _____
 ____ License Information (specify) _____
 Information on Specific Property Address 909 W. Piney Hollow Rd Block # 7001 Lot # 9

Describe from Above:

Violations Fees open Permits

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-208</u>	Total	_____
Rec'd Date	<u>8/15/17</u>	Deposit	_____
Ready Date	<u>8/17/17</u>	Balance Due	_____
Total Pages	<u>5</u>	Balance Paid	<u>NO FEE</u>
Records Provided			
Records Requester Signature <u>[Signature]</u>		Date <u>8/17/17</u>	
Custodian Signature <u>[Signature]</u>		Date <u>8/17/17</u>	



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
 125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



AUG 15 2017

TWP CLERK

Important Notice

MONROE TOWNSHIP

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
 E-mail Address archana.d@sikgroup.com
 Mailing Address 2727 LBJ Freeway, Suite 420
 City Dallas State TX Zip 75234
 Telephone 855-512-4803 Fax 888-908-3471
 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 not been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Grace Date 08/15/2017

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
 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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
 Other Type of Report (specify)
 License Information (specify)
 Information on Specific Property Address Block # Lot #

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

File # : 600700
 Name : SHEPHERD, MARK
 Parcel : Blk: 9606 Lot: 1
 Add : 2320 Sunset Ave., Williamstown NJ, 08094

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 # 17-209
 Rec'd Date 8/15/17
 Ready Date 8/23/17
 Total Pages 5 pages
Final Cost
 Total
 Deposit
 Balance Due
 Balance Paid No Fee
 Records Provided
 Emailed 8/23/17
 Records Requester Signature Date
 Susan H. Cormick 8/23/17
 Custodian Signature Date



Township of Monroe OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org

AUG 15 2017

TWP. CLERK
MONROE TOWNSHIP**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 William MI Last Name Nehls
 E-mail Address lwnehlis@aol.com
 Mailing Address IWM Inc., 135 Lincoln Boulevard
 City Middlesex State NJ Zip 08848
 Telephone 732-271-1490 Fax 732-271-1458
 Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 08/14/2017

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
 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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
X Other Type of Report (specify) See below
 License Information (specify)
 Information on Specific Property Address Block # Lot #

Describe from Above:

Permits and records regarding underground storage tanks, above ground storage tanks, Hazardous materials and spills for Block 13601, Lot 17, 822 Glassboro Road.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-210</u>	Total	<u> </u>
Rec'd Date	<u>8/15/17</u>	Deposit	<u> </u>
Ready Date	<u>8/23/17</u>	Balance Due	<u> </u>
Total Pages	<u>6 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
Records Requester Signature <u>[Signature]</u>		Date <u>8/23/17</u>	
Custodian Signature <u>[Signature]</u>		Date <u>8/23/17</u>	



RECEIVED *Township of Monroe*
OPEN PUBLIC RECORDS ACT REQUEST FORM

AUG 17 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe

125 Virginia Avenue

Williamstown, NJ 08094

Phone: (856) 728-9800 Fax: (856) 728-9828

Website: www.monroetownshipnj.org



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 Shelia MI B Last Name Stokes
E-mail Address [REDACTED]
Mailing Address 2190 S BLACK Horse Pike
City Wmsth State NT Zip 18094
Telephone [REDACTED] Fax _____
Preferred Delivery: Pick Up _____ 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 Shelia Stokes Date 8/16/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check _____ Money Order _____

Fees: Letter-Size Page : \$0.05

Legal-Size Page : \$0.07

Email or Fax: No Fee

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.

Copy of Minutes (specify board or entity, date, topic or other identifying information)

Copy of Ordinance or Resolution (specify date, number or other identifying information)

Other Type of Report (specify) _____

License Information (specify)

Information on Specific Property Address 1004 Mannington Drive Block # 129, 0201 Lot # 4

Describe from Above:

I would like information ~~my~~ regarding the status of the properties.
Are they available for purchase for lower cost and tax records?
Thank You!!

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-211</u>	Total	<u> </u>
Rec'd Date	<u>8/17/17</u>	Deposit	<u> </u>
Ready Date	<u>8/18/17</u>	Balance Due	<u> </u>
Total Pages	<u>4</u>	Balance Paid	<u>NO FEE</u>
Records Provided			
<u>Emailed</u>		<u>8/18/17</u>	
Records Requester Signature		Date	
<u>Susan M. Cormick</u>		<u>8/18/17</u>	
Customer Signature		Date	



RECEIVED

AUG 23 2017

TWP. CLERK

MONROE TOWNSHIP

Township of Monroe

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue

Williamstown, NJ 08094

Phone: (856) 728-9800 Fax: (856) 728-9828

Website: www.monroetownshipnj.org



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 Tara MI A Last Name Park

E-mail Address [REDACTED]

Mailing Address 23 Gilbert Court

City Williamstown State NJ Zip 08094

Telephone [REDACTED] Fax [REDACTED]

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

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 Tara Park Date 8/23/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
XXXX Other Type of Report (specify) EMAILS
 License Information (specify)

Information on Specific Property Address Block # Lot #

Describe from Above:

ALL Emailed correspondence between the following employees: Susan Wiley, Ginny Hise (Carbonaro), Ninette Orbachewski, Steve D'Amico, Donna Marks, Roseann Deleo, Judy Delconte since January 1 2015

ALL Email correspondence by any township employee, administrator or council person with the name TARA or TARA PARK within the email since January 1 2015

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-215</u>	Total	<u> </u>
Rec'd Date	<u>8/23/17</u>	Deposit	<u> </u>
Ready Date	<u>8/25/17</u>	Balance Due	<u> </u>
Total Pages	<u>1 page</u>	Balance Paid	<u>No Fee</u>
Records Provided			
Records Requester Signature <u>Emailed</u>		Date <u>8/25/17</u>	
Custodian Signature <u>Susan H. Carmick</u>		Date <u>8/25/17</u>	

#17-216



RECEIVED

AUG 23 2017

TWP CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 Richard MI M Last Name King
E-mail Address rking@richardkinglaw.com
Mailing Address 5 MacArthur Blvd, Suite B
City Somers Point State NJ Zip 08244
Telephone 609 904 5653 Fax _____
Preferred Delivery: Pick Up _____ 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 Richard M. King, Jr. Digitally signed by Richard M. King, Jr.
Date: 2017.07.31 09:14:46 -04'00' Date 8/23/17

Payment Information

Maximum Authorization Cost \$ 100.00

Select Payment Method

Cash X Check X Money Order X

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
X Copy of Ordinance or Resolution (specify date, number or other identifying information)
____ Other Type of Report (specify) _____
____ License Information (specify) _____
Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:

All permits, applications, approvals, engineer letters, surveys, resolutions, certificates of occupancy, site plans and any other document relating to the use or approval of any use of 217-241 Piney Hollow Road, East, Williamstown, New Jersey a/k/a Plate 60, Block 6001, Lots 53 and 56

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 # 17-216 Total _____
Rec'd Date 8/23/17 Deposit _____
Ready Date 9/6/17 Balance Due _____
Total Pages _____ Balance Paid No Fee

Records Provided

Large Prints Picked Up 9/1/17
Emailed 9/6/17
Records Requester Signature _____ Date _____
Custodian Signature _____ Date 9/6/17



RECEIVED

AUG 24 2017

TWP CLERK
MONROE TOWNSHIP
Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

 125 Virginia Avenue
 Williamstown, NJ 08094

Phone: (856) 728-9800 Fax: (856) 728-0828

Website: www.monroetownshipnj.org

**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 PrintFirst Name Aaron MI S. Last Name BrotmanE-mail Address abrotman@sillscommis.comMailing Address Sills Commis & Grady, P.C.
800 College Road EastCity Princeton State NJ Zip 08540Telephone 609-227-4641 Fax 809-227-4646Preferred 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 8/23/17**Payment Information**Maximum Authorization Cost \$ 0.00

Select Payment Method

Cash ☐ Check ☐ Money Order ☐Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

☐ Copy of Minutes (specify board or entity, date, topic or other identifying information)

☐ Copy of Ordinance or Resolution (specify date, number or other identifying information)

☒ Other Type of Report (specify) Traffic Report

☐ License Information (specify) _____

Information on Specific Property Address See below Block # _____ Lot # _____

Describe from Above:

Please provide the following traffic reports:

Traffic report submitted in support of the application to the Planning or Zoning Board for approval for the Wawa at 1413 South Black Horse Pike, Williamstown, NJ.

Traffic report submitted in support of the application to the Planning or Zoning Board for approval for the Wawa at 332 South Black Horse Pike, Williamstown, NJ.

AGENCY USE ONLY
 Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____
AGENCY USE ONLY
Disposition Notice
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

 In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____
AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-257</u>	Total	<u>—</u>
Rec'd Date	<u>8/24/17</u>	Deposit	<u>—</u>
Ready Date	<u>9/6/17</u>	Balance Due	<u>—</u>
Total Pages	<u>84 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
Records Requester Signature <u>[Signature]</u>		Date <u>9/6/17</u>	
Custodian Signature <u>[Signature]</u>		Date <u>9/6/17</u>	


RECEIVED

AUG 28 2017

 TWP CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
 125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org


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 Sharon MI Last Name Ritchie
 E-mail Address cls@slkgroup.com
 Mailing Address 2727 LBJ Freeway Suite 420
 City Dallas State TX Zip 75234
 Telephone 855-512-4803 Fax 888-908-3471
 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 Sharon Date 08/28/2017

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
 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.

_____ **Copy of Minutes** (specify board or entity, date, topic or other identifying information)
 _____ **Copy of Ordinance or Resolution** (specify date, number or other identifying information)
 _____ **Other Type of Report** (specify) _____
 _____ **License Information** (specify) _____

Information on Specific Property Address 309 Chestnut Street Block # 11904 Lot # 10

Describe from Above:

Please check and advise if there are any open or expired building permits any open code violations, any liens/citation for lot mowing; removal of debris/junk or for property maintenance for the below mentioned address:
 Address: 309 Chestnut Street Williamstown NJ 08094
 Parcel: Block: 11904 Lot: 10 File#: 580332

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-219</u>	Total	<u> </u>
Rec'd Date	<u>8/28/17</u>	Deposit	<u> </u>
Ready Date	<u>9/6/17</u>	Balance Due	<u> </u>
Total Pages	<u>15 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
<u>Emailed</u> Records Requester Signature		<u>9/7/17</u> Date	
<u>Sharon Ritchie</u> Custodian Signature		<u>9/7/17</u> Date	



Tracking #	17-220	Total	_____
Rec'd Date	8/28/17	Deposit	_____
Ready Date	9/7/17	Balance Due	_____
Total Pages	_____	Balance Paid	None

Records Provided

Fire Prevention Response Form

Emailed 9/11/17

Emailed 9/7/17

Records Requester Signature _____ Date _____

Sharon Weisz 9/7/17

Custodian Signature _____ Date _____



RECEIVED

AUG 30 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 CHRISTINE MI _____ Last Name HAUGH
E-mail Address [REDACTED]
Mailing Address 640 N. BLACK HORSE PIKE
City WILLIAMSTOWN State NJ Zip 08094
Telephone [REDACTED] 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 8/30/2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
_____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
_____ Other Type of Report (specify) _____
_____ License Information (specify) _____
Information on Specific Property Address SEE BELOW Block # _____ Lot # _____

Describe from Above:

PLEASE PROVIDE ALL PERMIT HISTORY PRIOR TO 2002 ON THE PROPERTY LOCATED AT 638-640 N. BLACK HORSE PIKE PREVIOUSLY KNOWN AS BLOCK 1603, LOTS 17, 44 & 45. PREVIOUS OWNERS LISTED AS: ROLLING LANE LLC, PHYLLIS BERAN, MADWAY-SAMPSON REALTY CO, GOTHAM INVESTOR INC, KNICKERBOCKER INVESTMENTS INC, SIMON SALES INC

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 - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-221</u>	Total	_____
Rec'd Date	<u>8/30/17</u>	Deposit	_____
Ready Date	<u>8/30/17</u>	Balance Due	_____
Total Pages	<u>17 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
[Signature] Emailed		<u>8/30/17</u>	
Records Requester Signature		Date	
[Signature] Susan McCornick		<u>8/30/17</u>	
Custodian Signature		Date	



RECEIVED

AUG 30 2017

TWP. CLERK
MONROE TOWNSHIP
Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

 125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org
**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 PrintFirst Name Kari MI _____ Last Name HoganE-mail Address kari.hogan@pemco-limited.comMailing Address 4600 S Ulster St #530City Denver State CO Zip 80237Telephone 720-509-3261

Fax _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Kari Hogan Date 8/30/17**Payment Information**Maximum Authorization Cost \$ 0**Select Payment Method**

Cash _____ Check _____ Money Order _____

 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee

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.

- _____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
- _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
- _____ Other Type of Report (specify) _____
- _____ License Information (specify) _____

 Information on Specific Property Address 1713 S Black Horse Pk, Williamstown, NJ 08094 Block # 10003 Lot # 17
Describe from Above:

Please send any documentation on any OPEN code violations for the above mentioned address.

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 - Closed _____
 Partial - Closed _____
AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-222</u>	Total	_____
Rec'd Date	<u>8/30/17</u>	Deposit	_____
Ready Date	<u>9/11/17</u>	Balance Due	_____
Total Pages	<u>15 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
Records Requester Signature <u>E. Hogan</u>		Date <u>9/11/17</u>	
Custodian Signature <u>Susan McCormick</u>		Date <u>9/11/17</u>	



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AUG 31 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

**125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**



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 John MI G. Last Name Simmermon III
E-mail Address jack@ajackstowing.com
Mailing Address 1107 North Tuckahoe Road
City Williamstown State NJ Zip 08094
Telephone 856-728-2000 Fax 856-728-3874
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 NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8-31-17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
 _____ Other Type of Report (specify) _____
 _____ License Information (specify) _____
 Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:

All Invoice's With Detail From Chuck Fiore's Office From 2000 - 2017 Pertaining To All Junk Yards & Township Towers.

AGENCY USE ONLY

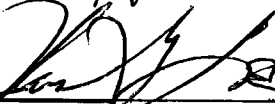
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	17-223	Total	—
Rec'd Date	8/31/17	Deposit	—
Ready Date	9/21/17	Balance Due	—
Total Pages	1665	Balance Paid	None
3 pages		Records Provided	
 Record Requester Signature		9-22-17 Date	
 Custodian Signature		7/22/17 Date	

RECEIVED

#17-224



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
 125 Virginia Avenue
 Williamsstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



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 Megan MI FLYNN Last Name Flynn
 E-mail Address Megan.Flynn@Allstate.com
 Mailing Address 38 Rt 791N Main St
 City Marlboro State NT Zip 07746
 Telephone 732-761-0380 Fax 732-761-0381
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☐ E-mail

If you are requesting records containing personal information, please check one: Under penalty of N.J.S.A. 30:28-3, 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: Megan Flynn Date 8/31/17

Payment Information

Maximum Authorization Credit \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter-Size Print: \$0.05
 Legal-Size Page: \$0.07
 Email or Fax: No Fee

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.

☐ Copy of Minutes (specify board or entity, date, topic or other identifying information)

☐ Copy of Ordinance or Resolution (specify date, number or other identifying information)

☐ Other Type of Report (specify) _____

☐ License Information (specify) _____

Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:
Please see property card for 300 Bayard Dr. Williamsstown NJ
Block: 129.0104
Lot: 12

AGENCY USE ONLY

Fee 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, notify requester here.

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Tracking # 17-224 Total _____

Receipt Date _____ Deposit _____

Receipt Date _____ Balance Due _____

Tracing Pages _____ Balance Paid _____

Remarks Provided: Spoke to Megan Flynn 9/1/17
She called Tax Office
directly and received information
on line per Tax Office guidance

Custodian Signature _____ Date _____

smcormick@monroetownshipnj.org



Township of Monroe
RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM

AUG 31 2017

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



TWP. CLERK
MONROE TOWNSHIP

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 Brittany MI A Last Name Smith
E-mail Address Brittanyscisleads.com
Mailing Address 170 Kinnelon Road
City Kinnelon State NJ Zip 07405
Telephone 973-492-0509 Fax 800-962-0544
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 NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 08-31-17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter-Size Page: \$0.05
Legal-Size Page: \$0.07
Email or Fax: No Fee
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.

____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
____ Other Type of Report (specify) _____
____ License Information (specify) _____
Information on Specific Property Address 536 Malaga Road Block # 4301 Lot # 5

Describe from Above:

A copy of only those pages of the Planning Board Application (No. 474-SP) That includes the name, address, and telephone number for the owner, applicant, engineer, architect, and attorney. Please also include the page of the application that describes the proposed square footage of new construction.

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 - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 17-225 Total _____
Rec'd Date 8/31/17 Deposit _____
Ready Date 9/13/17 Balance Due _____
Total Pages 10 pages Balance Paid NO Fee
Records Provided
Records Requester Signature [Signature] Date 9/13/17
Custodian Signature [Signature] Date 9/13/17



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Monroeville, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org

SEP 05 2017

TWP. CLERK
MONROE TOWNSHIP

Government
Records Council

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 Matt MI S. Last Name Gray
E-mail Address mgray@njadvancemedia.com
Mailing Address 161 Bridgeton Pike
City Mullica Hill State NJ Zip 08062
Telephone 856-754-7112 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 Mg Date Sept. 5, 2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
_____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
☒ Other Type of Report (specify) _____
_____ License Information (specify) _____
Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:

I am seeking a copy of the settlement agreement(s) described in resolution R:98-2017. This regards lawsuits filed by John G. Simmermon III and B&B Auto Repair, Dominic Burgese vs Monroe Twp.

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 _____
Eligible - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 17-227 Total _____
Rec'd Date 9/5/17 Deposit _____
Ready Date 9/7/17 Balance Due _____
Total Pages 8 pages Balance Paid No Fee
Records Provided
Emailed 9/7/17
Records Requester Signature Date
Sharon Gray 9/7/17
Custodian Signature Date



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org

TWP. CLERK
MONROE TOWNSHIP



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 Matt MI S. Last Name Gray
E-mail Address mgray@njadvancemedia.com
Mailing Address 161 Bridgeton Pike Building E
City Mullica Hill State NJ Zip 08062
Telephone 856-754-7112 Fax _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9-7-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Letter-Size Page: \$0.05
Legal-Size Page: \$0.07
Email or Fax: No Fee
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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
_____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
X _____ Other Type of Report (specify) _____
_____ License Information (specify) _____
Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:

I'm seeking a copy of the settlement agreement reached regarding a lawsuit (L-227-14) John G. Simmermon III vs Township of Monroe.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-228</u>	Total	_____
Rec'd Date	<u>9/7/17</u>	Deposit	_____
Ready Date	<u>9/13/17</u>	Balance Due	_____
Total Pages	<u>9 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
<u>[Signature]</u> Records Requester Signature		<u>9/13/17</u> Date	
<u>Susan McCormick</u> Custodian Signature		<u>9/13/17</u> Date	



RECEIVED

SEP 08 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094

Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 Nicholas MI Last Name Haverilla

E-mail Address NHaverilla@H2M.com

Mailing Address 119 Cherry Hill Road, Suite 110

City Parsippany State NJ Zip 07054

Telephone Cell : 2019374553 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 9/5/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

- Copy of Minutes (specify board or entity, date, topic or other identifying information)
- Copy of Ordinance or Resolution (specify date, number or other identifying information)
- Other Type of Report (specify)
- License Information (specify)

Information on Specific Property Address 123 Railroad Avenue / Block # 12201 Lot # 2

Describe from Above:

Requesting any permits, building records, UST Info, Health dept info, environmental records, complaints pertaining to discharges, NJDEP Files.

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-239</u>	Total	<u> </u>
Rec'd Date	<u>9/8/17</u>	Deposit	<u> </u>
Ready Date	<u>9/8/17</u>	Balance Due	<u> </u>
Total Pages	<u>29 pages</u>	Balance Paid	<u>None</u>
Records Provided			
<u>[Signature]</u> Records Requester Signature		<u>9/8/17</u> Date	
<u>[Signature]</u> Custodian Signature		<u>9/8/17</u> Date	

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SEP 08 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 Nicholas MI Last Name Haverilla
E-mail Address NHaverilla@H2M.com
Mailing Address 119 Cherry Hill Road, Suite 110
City Parsippany State NJ Zip 07054
Telephone Cell : 2019374553 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 9/5/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
 Other Type of Report (specify)
 License Information (specify)
Information on Specific Property Address 134 Sicklerville Rd / Block # 1808 Lot # 1

Describe from Above:
Requesting any permits, building records, UST Info, Health dept info, environmental records, complaints pertaining to discharges, NJDEP Files.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-230</u>	Total	<u> </u>
Rec'd Date	<u>9/8/17</u>	Deposit	<u> </u>
Ready Date	<u>9/19/17</u>	Balance Due	<u> </u>
Total Pages	<u>40 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
Records Requester Signature <u>[Signature]</u>		Date <u>9/19/17</u>	
Custodian Signature <u>[Signature]</u>		Date <u>9/19/17</u>	

**RECEIVED**

SEP 08 2017

TWP. CLERK
MONROE TOWNSHIP**Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM**125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**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 PrintFirst Name Nicholas MI Last Name HaverillaE-mail Address NHaverilla@H2M.comMailing Address 119 Cherry Hill Road, Suite 110City Parsippany State NJ Zip 07054Telephone Cell : 2019374553Fax 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 9/5/2017**Payment Information**Maximum Authorization Cost \$ **Select Payment Method**Cash Check Money Order

Fees: Letter-Size Page : \$0.05

Legal-Size Page : \$0.07

Email or Fax: No Fee

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. Copy of Minutes (specify board or entity, date, topic or other identifying information) Copy of Ordinance or Resolution (specify date, number or other identifying information) Other Type of Report (specify) License Information (specify) Information on Specific Property Address 128 Saybrook Avenue Block # 1803 Lot # 3**Describe from Above:**

Requesting any permits, building records, UST Info, Health dept info, environmental + brownfield records, complaints pertaining to discharges, NJDEP Files.

AGENCY USE ONLYEst. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date **AGENCY USE ONLY****Disposition Notes**
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.In Progress Open
Denied Closed
Filled Closed
Partial Closed **AGENCY USE ONLY**

Tracking Information		Final Cost	
Tracking #	<u>17-231</u>	Total	<u> </u>
Rec'd Date	<u>9/8/17</u>	Deposit	<u> </u>
Ready Date	<u>9/19/17</u>	Balance Due	<u> </u>
Total Pages	<u>12 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
<u>[Signature]</u> Records Requester Signature		<u>9/19/17</u> Date	
<u>[Signature]</u> Custodian Signature		<u>9/19/17</u> Date	

#17-232



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SEP 08 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 Nicholas MI Last Name Haverilla
E-mail Address NHaverilla@H2M.com
Mailing Address 119 Cherry Hill Road, Suite 110
City Parsippany State NJ Zip 07054
Telephone Cell: 2019374553 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 9/6/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
_____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
_____ Other Type of Report (specify) _____
_____ License Information (specify) _____
Information on Specific Property Address 170 S Blackhorse Pike Block # 1904 Lot # 33

Describe from Above:
Requesting any permits, building records, UST Info, Health Dept info, environmental records, complaints pertaining to discharges, NJDEP Files.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-232</u>	Total	<u> </u>
Rec'd Date	<u>9/8/17</u>	Deposit	<u> </u>
Ready Date	<u>9/19/17</u>	Balance Due	<u> </u>
Total Pages	<u>141 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided		Records Received	
<u>Clerk's file to review</u>		<u>10/18/17</u>	
<u>Emailed</u>		<u>9/19/17</u>	
Records Requester Signature		Date	
<u>[Signature]</u>		<u>9/19/17</u>	
Custodian Signature		Date	
<u>[Signature]</u>		<u>9/19/17</u>	



RECEIVED

SEP 11 2017

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



TWP. CLERK
MONROE TOWNSHIP

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 Nicholas MI Last Name Haverilla
E-mail Address NHaverilla@H2M.com
Mailing Address 119 Cherry Hill Road, Suite 110
City Parsippany State NJ Zip 07054
Telephone Cell: 2019374553 Fax
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/11/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
 Other Type of Report (specify)
 License Information (specify)
Information on Specific Property Address 506 New Brooklyn Road Block # 3002 Lot # 21

Describe from Above:

Requestings any permits, building records, UST Info, Health dept info, environmental records, complaints pertaining to discharges, and NJDEP files.

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 # 17-233 Total
Rec'd Date 9/11/17 Deposit
Ready Date 10/18/17 Balance Due
Total Pages 85 pages Balance Paid No Fee
Record Provided
Reviewed File 10/18/17
Emailed 10/18/17
Records Requester Signature [Signature] Date 10/18/17
Custodian Signature [Signature] Date 10/18/17

**RECEIVED**

SEP 14 2017

TWP. CLERK
MONROE TOWNSHIP**Township of Monroe**
OPEN PUBLIC RECORDS ACT REQUEST FORM125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**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 PrintFirst Name Del MI _____ Last Name WilliamsE-mail Address Liens@liensearchesplus.comMailing Address 5710 S.W. 41 StreetCity Miami State FL Zip 33155Telephone (305) 668-8622 Fax (786) 363-4692Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail XIf 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 09-14-17**Payment Information**

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

- _____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
- _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
- X Other Type of Report (specify) _____
- _____ License Information (specify) _____

Information on Specific Property Address 812 Dawn Lane Block # 24.0104 Lot # 4**Describe from Above:**Please advise if there are any open/active code violations in connection with the above-referenced parcel.
Thank you and have a wonderful day!**AGENCY USE ONLY**

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-235</u>	Total	_____
Rec'd Date	<u>9/14/17</u>	Deposit	_____
Ready Date	<u>9/25/17</u>	Balance Due	_____
Total Pages	<u>4 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			

[Signature]
Records Requester Signature9/25/17
Date[Signature]
Custodian Signature9/25/17
Date

**RECEIVED**

SEP 18 2017

TWP. CLERK
MONROE TOWNSHIP**Township of Monroe****OPEN PUBLIC RECORDS ACT REQUEST FORM**125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**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 PrintFirst Name Tyson MI Last Name Jones
E-mail Address saravana.r@slkgroup.com
Mailing Address Black Knight Financial Services 601 Riverside Ave
City Jacksonville State FL Zip 32204 - BCBS 13th
Telephone 855-512-4803 Fax 888-908-3471
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 Tyson Jones Date 09/18/2017**Payment Information**Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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. Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
 Other Type of Report (specify)
 License Information (specify)
Information on Specific Property Address 32 Cross Keys Ave Block # 14501 Lot # 00006
Williamstown, NJ 08094**Describe from Above:** Please advise if there are any Liens/Special assessments (open invoices) 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 for the above stated property.**AGENCY USE ONLY**Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

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

Tracking Information		Final Cost	
Tracking #	<u>17-236</u>	Total	<u> </u>
Rec'd Date	<u>9/18/17</u>	Deposit	<u> </u>
Ready Date	<u>9/27/17</u>	Balance Due	<u> </u>
Total Pages	<u>5 pages</u>	Balance Paid	<u>10.75</u>
Records Provided			
<u>Emailed</u>		<u>9/27/17</u>	
Records Requester Signature		Date	
<u>Sharon Wright</u>		<u>9/27/17</u>	
Custodian Signature		Date	



RECEIVED
SEP 18 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 Kari MI Last Name Hogan
E-mail Address kari.hogan@pemco-limited.com
Mailing Address 4600 S Ulster St #530
City Denver State CO Zip 08237
Telephone 720-509-3261 Fax
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Kari P Hogan Date 9/18/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
 Other Type of Report (specify)
 License Information (specify)
Information on Specific Property Address 1008 Mannington Dr Block # 129.0201 Lot # 3

Describe from Above:

Please send documentation on any OPEN code violations for the above referenced property.

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 - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-237
Rec'd Date 9/18/17
Ready Date 9/27/17
Total Pages 3 pages
Records Provided
Final Cost
Total
Deposit
Balance Due
Balance Paid No Fee
Emiled 9/27/17
Records Requester Signature Date
Sharon Grzyb 9/27/17
Custodian Signature Date


Government
Records Council

Tracking Information		Final Cost	
Tracking #	17-239	Total	—
Rec'd Date	9/19/17	Deposit	—
Ready Date	9/28/17	Balance Due	—
Total Pages	8 pages	Balance Paid	110.70
Records Provided			
Records Requester Signature <i>Emilio</i>		Date 9/28/17	
Custodian Signature <i>Susan McCormick</i>		Date 9/28/17	



Township of Monroe **OPEN PUBLIC RECORDS ACT REQUEST FORM**

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 Barbara MI Last Name Haynes
E-mail Address barbara.haynes@pemco-limited.com
Mailing Address 820 Bear Tavern Road.
City West Trenton State NJ Zip 08628
Telephone 720-509-3249 Fax 3032848026
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail XXX
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 09/19/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
 Other Type of Report (specify)
 License Information (specify)

Information on Specific Property Address Block # 9701 Lot # 22

Describe from Above:

Is there any notice of open permits/code violations currently pending on the referenced property address to date:
840 WALNUT TER.

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 - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-240
Rec'd Date 9/19/17
Ready Date 9/28/17
Total Pages
Final Cost
Total
Deposit
Balance Due
Balance Paid No Fee
Records Provided

[Signature] 9/28/17
Records Requester Signature Date
[Signature] 9/28/17
Custodian Signature Date



RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM

SEP 26 2017

TWP. CLERK
MONROE TOWNSHIP

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 Philip MI Last Name Joel
E-mail Address cls@slkgroup.com
Mailing Address 2727 LBJ Fwy Suite 420
City Dallas State Texas Zip 75234
Telephone 855-512-4803 Fax 888-908-3471
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 *Philip Joel* Date 09/21/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
 Other Type of Report (specify)
 License Information (specify)
Information on Specific Property Address Block # Lot #

Describe from Above: Please advise if there are any Code Violations/Citations and/or Monies due and or any Open, Pending or Expired Permits, impact fees for the property listed below.

File #: 608797
Name: DEBORAH DOYNO
Add: 520 Stockton Drive Williamstown, NJ 08094
Parcel: Block: 113.0203 Lot: 2

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 # 17-242
Rec'd Date 9/26/17
Ready Date 10/3/17
Total Pages 3 pages
Records Provided
Final Cost
Total
Deposit
Balance Due
Balance Paid Not Fee
Emailed 10/3/17
Records Requester Signature Date
Susan McCormick 10/3/17
Custodian Signature Date



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

**125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**



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 Jennifer MI M.S. Last Name Brenner
E-mail Address [REDACTED]
Mailing Address 1208 Iris Ave.
City Williamstown State NJ Zip 08094
Telephone [REDACTED]  Fax _____
Preferred Delivery: Pick Up _____ On-Site Inspect _____ Fax _____ E-mail ☒ X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/21/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

X _____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
 _____ Other Type of Report (specify) _____
 _____ License Information (specify) _____

Information on Specific Property Address _____ Block # _____ Lot # _____

Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:
Monroe Township Free Public Library Board Meeting Minutes held on June 21, 2017

AGENCY USE ONLY

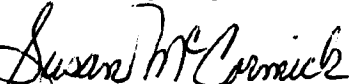
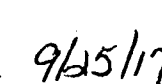
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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	_____
Filed	-	Closed	_____
Partial	-	Closed	_____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	17-245	Total	—
Rec'd Date	9/20/17	Deposit	—
Ready Date	9/25/17	Balance Due	—
Total Pages	4 pages	Balance Paid	10.00
Records Provided			
 Records Requester Signature		 Date	
 Canadian Signature		 Date	

Karen Slade

Subject:

FW: OPRA

#17-246

From: Kate Baker [REDACTED] 
Sent: Thursday, September 21, 2017 3:14 PM
To: Susan McCormick <SMcCormick@monroetownshipnj.org>
Subject: OPRA

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 [REDACTED] .

Kate Zielsdorf



RECEIVED *Township of Monroe*
OPEN PUBLIC RECORDS ACT REQUEST FORM

SEP 22 2017

**125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**



TWP. CLERK
MONROE TOWNSHIP

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 Angela MI L Last Name Bellis

E-mail Address Angela.Bellis@PEMCO-Limited.com

Mailing Address 4600 South Ulster Street, Suite 530

City Denver State CO Zip 80237

Telephone 720-463-9088 Fax 303-284-8026

Preferred Delivery: Pick Up _____ 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 Angela Bellis Digitally signed by Angela Bellis
Date: 2017.08.22 13:06:28 -0500 Date 09-22-2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
 X _____ Other Type of Report (specify) I need to know if there are any open code violations that need to be taken care of.
 _____ License Information (specify) _____
 Information on Specific Property Address Block # Lot #

Describe from Above:

PENCO Limited represents Fannie Mae on the below referenced property to make sure the property are in compliance with your municipality regarding registration and code violations.

361 BROOKDALE BLVD WILLIAMSTOWN, NJ 08094 Block 11.0103 Lot 8

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	-	Closed
Partial	-	Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	17-247	Total	—
Rec'd Date	9/23/17	Deposit	—
Ready Date	10/3/17	Balance Due	—
Total Pages	13 pages	Balance Paid	No Fee
Records Provided			
Emailed Records Requester Signature		10/3/17 Date	
Susan McCormick Custodian Signature		10/3/17 Date	


RECEIVED

SEP 22 2017

 TWP. CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9000 Fax: (856) 728-9828
Website: www.monroetownshipnj.org


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 Angela MI L Last Name Bellis

E-mail Address Angela.Bellis@PEMCO-Limited.com

Mailing Address 4600 South Ulster Street, Suite 530

City Denver State CO Zip 80237

Telephone 720-463-9088 Fax 303-284-8026

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 Angela Bellis Digitally signed by Angela Bellis Date: 2017.09.22 12:55:30 -0500 Date 09-22-2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

☐ Copy of Minutes (specify board or entity, date, topic or other identifying information)

☐ Copy of Ordinance or Resolution (specify date, number or other identifying information)

☒ Other Type of Report (specify) I need to know if there are any open code violations that need to be taken care of.

☐ License Information (specify) _____

Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:

PEMCO Limited represents Fannie Mae on the below referenced property to make sure the property are in compliance with your municipality regarding registration and code violations.

1268 COLES MILL ROAD WILLIAMSTOWN, NJ 08094 Block 7901 Lot 12

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 - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-248</u>	Total	_____
Rec'd Date	<u>9/22/17</u>	Deposit	_____
Ready Date	<u>10/3/17</u>	Balance Due	_____
Total Pages	<u>3 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
<u>Emailed</u> Records Requester Signature		<u>10/3/17</u> Date	
<u>Susan M. Carmichael</u> Custodian Signature		<u>10/3/17</u> Date	

Karen Slade

Subject: FW: Monroe township Building Permits - Public Records Request

#17-249

From: kelsie@datarole.com [mailto:kelsie@datarole.com]

Sent: Monday, September 25, 2017 9:22 AM

To: Susan McCormick <SMcCormick@monroetownshipnj.org>

Subject: Monroe township Building Permits - Public Records Request

Dear Susan McCormick,

NJ.8094.10687

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

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

Thank you very much for your time.

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

Should you deny any part of this request, you must state in writing the basis for the denial, including the exact statutory citation authorizing the denial as required by 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



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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
E-mail Address [REDACTED]
Mailing Address 124 9th Avenue
City Pitman State NJ Zip 08071
Telephone [REDACTED] Fax n/a
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 Emily LaBeaume Date 9/18/17

Payment Information

Maximum Authorization Cost \$ 10
Select Payment Method
Cash ☐ Check ☒ Money Order ☐
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

☐ Copy of Minutes (specify board or entity, date, topic or other identifying information)
☐ Copy of Ordinance or Resolution (specify date, number or other identifying information)
☒ Other Type of Report (specify) list of licensed dog owners
☐ License Information (specify) _____
Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:

I am requesting a list of mailing addresses of licensed dog owners residing in the Township of Monroe.

Thank you!

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 - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-252</u>	Total	_____
Rec'd Date	<u>9/18/17</u>	Deposit	_____
Ready Date	<u>9/27/17</u>	Balance Due	_____
Total Pages	<u>43 pages</u>	Balance Paid	<u>None</u>
Records Provided			
Records Requester Signature <u>[Signature]</u>		Date <u>9/27/17</u>	
Custodian Signature <u>[Signature]</u>		Date <u>9/27/17</u>	

TOWNSHIP OF MONROE

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 VIRGINIA AVE, WILLIAMSTOWN, NJ 08094

PHONE: 856-728-9800

FAX: 856-728-9828

EMAIL:

Name of Agency Custodian:

#17-254
RECEIVED

SEP 26 2017

TWP. CLERK
MONROE TOWNSHIP

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	TAMMY	MI	L	Last Name	WILCOX
E-mail Address	CONTRACTS@ICPNJ.COM				
Mailing Address	961 ROUTE 10 EAST				
City	RANDOLPH	State	NJ	Zip	07868
Telephone	800-992-0421 EXT 200		FAX	973-584-3410	
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 <u>HAVE</u> ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	9/26/17

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.

May I please have a copy of your invoice(s) (if purchased) or Lease(s) paper work for all the departmental copiers, printers or wide formats within your municipality. Kindly include all applicable maintenance agreements for said copiers, printers or wide format machines as well.

#17-254

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

#17-254

Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____	Tracking Information Tracking # <u>17-254</u> Rec'd Date <u>9/26/17</u> Ready Date <u>10/4/17</u> Total Pages <u>63 pages</u> Records Provided _____ <i>Emailed</i> <i>Susan McCormick</i> Custodian Signature	Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid <u>None</u> <u>10/4/17</u> Date
--	--	---	--

DEPOSITS

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of \$5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. Response is due to requestor as soon as possible, but no later than seven business days.)

N.J.S.A. 47:1A-1.1

- ☐ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☐ Legislative records
- ☐ Law enforcement records:
 - ☐ Medical examiner photos
 - ☐ Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)
 - ☐ Victims' records
- ☐ Trade secrets and proprietary commercial or financial information
- ☐ Any record within the attorney-client privilege
- ☐ Administrative or technical information regarding computer hardware, software and networks which, if disclosed would jeopardize computer security
- ☐ Emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or persons therein
- ☐ Security measures and surveillance techniques which, if disclosed, would create a risk to the safety of persons, property, electronic data or software
- ☐ Information which, if disclosed, would give an advantage to competitors or bidders
- ☐ Information generated by or on behalf of public employers or public employees in connection with:
 - ☐ Any sexual harassment complaint filed with a public employer
 - ☐ Any grievance filed by or against an employee
 - ☐ Collective negotiations documents and statements of strategy or negotiating
- ☐ Information that is a communication between a public agency and its insurance carrier, administrative service organization or risk management office
- ☐ Information that is to be kept confidential pursuant to court order
- ☐ Certificate of honorable discharge issued by the United States government (Form DD-214) filed with a public agency
- ☐ Social security numbers
- ☐ Credit card numbers
- ☐ Unlisted telephone numbers
- ☐ Drivers' license numbers
- ☐ Certain records of higher education institutions:
 - ☐ Research records
 - ☐ Questions or scores for exam for employment or academics
 - ☐ Charitable contribution information
 - ☐ Rare book collections gifted for limited access
 - ☐ Admission applications
 - ☐ Student records, grievances or disciplinary proceedings revealing a students' identification
- ☐ Biotechnology trade secrets N.J.S.A. 47:1A-1.2
- ☐ Convicts requesting their victims' records N.J.S.A. 47:1A-2.2

**RECEIVED**

SEP 27 2017

TWP. CLERK
MONROE TOWNSHIP**Township of Monroe**
OPEN PUBLIC RECORDS ACT REQUEST FORM125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**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 PrintFirst Name John MI C. Last Name LydzinskiE-mail Address jlydzinski@rtenv.comMailing Address 215 W. Church RoadCity King of Prussia State PA Zip 19046Telephone 610-265-1510 ext. 211 Fax 610-265-0687Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail XIf 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 September 27, 2017**Payment Information**Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)

 Copy of Ordinance or Resolution (specify date, number or other identifying information)

 Other Type of Report (specify)

 License Information (specify)

Information on Specific Property Address 2778 S. Black Horse Pike Block # 5501 Lot # 11

Describe from Above:

RT Environmental Services is conducting Phase I Environmental Site Assessment of the property located at 2778 S. Black Horse Pike in Monroe Township, NJ. This inquiry is to see if the township maintains any files on the property relating to the storage of petroleum products and/or hazardous materials or has any records dealing with spills or UST removals from the property.

AGENCY USE ONLYEst. 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 - Closed
Partial - Closed **AGENCY USE ONLY**

Tracking Information		Final Cost	
Tracking #	<u>17-255</u>	Total	<u> </u>
Rec'd Date	<u>9/27/17</u>	Deposit	<u> </u>
Ready Date	<u>10/6/17</u>	Balance Due	<u> </u>
Total Pages	<u>29 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
[Signature] <u>Emailed</u>		<u>10/6/17</u>	
Records Requester Signature		Date	
[Signature] <u>Susan McCormick</u>		<u>10/6/17</u>	
Custodian Signature		Date	



Township of Monroe
RECEIVED PUBLIC RECORDS ACT REQUEST FORM
125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org
TWP. CLERK
MONROE TOWNSHIP

#17-257
★
Government
Records Council

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 Therese MI J Last Name Bonmati
E-mail Address [REDACTED]
Mailing Address 1314 Stonehenge Dr
City Williamstown State NJ Zip 08094
Telephone [REDACTED] Fax [REDACTED]
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 9/27/2017

Payment Information

Maximum Authorization Cost \$ 20
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter-Size Page: \$0.05
Legal-Size Page: \$0.07
Email or Fax: No Fee
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.

☒ Copy of Minutes (specify board or entity, date, topic or other identifying information)
☐ Copy of Ordinance or Resolution (specify date, number or other identifying information)
☒ Other Type of Report (specify) Audio Recording
☐ License Information (specify) _____
Information on Specific Property Address 713 Marsha Ave, Monroe Block # _____ Lot # _____

Describe from Above:

I am requesting the agenda, minutes, and audio recording from the Monroe Twp. Public Library Board Meeting on Sept. 20, 2017. Although I attended the meeting I was denied access to the agenda.

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 # 17-257 Total .35
Rec'd Date 9/27/17 Deposit _____
Ready Date 9/29/17 Balance Due _____
Total Pages 1 CD Balance Paid _____
Records Provided
Minutes will be available after the next Library Board Meeting on October 10, 2017.
[Signature] 10/10/17
Records Requester Signature
[Signature] 10/10/17
Custodian Signature Date



RECEIVED
SEP 28 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094

Phone: (856) 728-9800 Fax: (856) 728-9828

Website: www.monroetownshipnj.org



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 Adriana MI Last Name Garcia

E-mail Address agarcia@associationonline.com

Mailing Address 2809 E Harmony Road Suite 100

City Fort Collins State CO Zip 80528

Telephone 970-414-1885 Fax 720-398-3212

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

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

Signature [Signature] Date 9/28/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)

 Copy of Ordinance or Resolution (specify date, number or other identifying information)

 Other Type of Report (specify)

 License Information (specify)

Information on Specific Property Address 113 Holly Pkwy Williamstown, NJ 08094 Block # 11204 Lot # 10

Describe from Above:

I am seeking evidence of any outstanding code enforcement and property maintenance violations, as well as any open/expired building permits that need to be resolved and any resulting liens, fines, fees, and payoff instructions for the property located at 113 Holly Pkwy Williamstown, NJ 08094. Please note we only need electronic copies if there is anything open/pending that needs to be resolved prior to sale of property. Please email results to: agarcia@associationonline.com

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 # 17260
Rec'd Date 9/28/17
Ready Date 10/9/17
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid No Fee

Records Provided

Construction Response Pending
Emailed 10/9/17
Records Requester Signature Susan McCormick Date 10/9/17
Custodian Signature Date



Township of Monroe **RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM**

SEP 29 2017

125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



TWP. CLERK
 MONROE TOWNSHIP

K SLADE C. Monroe Township, NJ

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 _____ MI _____ Last Name _____
 E-mail Address **CORTLAND APPRAISALS, LLC**
 Mailing Address **P.O. BOX 532**
MARLTON, NJ 08053
 City **PH: 856-596-8800 FAX: 856-596-8884**
cortlandappraisals@comcast.net
 Telephone _____ Fax _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 28 Sept 17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
 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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
 _____ Other Type of Report (specify) _____
 _____ License Information (specify) _____
 Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:

Block 1501 - Lot 23 & 309 May Ave. Williamstown
* Property Record Card
* Recent Sheriff Sale Information

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 _____

The Cortland Group, LLC #17-261
 Residential Real Estate Services

Paul M Cortland, SCRREA
 Appraisal & Tax Appeal Services

PO Box 532, Marlton NJ 08053
 Certified Residential Appraiser
 New Jersey & Pennsylvania

856.596 8800 - office
 856.596 8884 - fax
 TheCortlandGroup@comcast.net
 TheCortlandGroup.com

[Signature]
 Custodian Signature

10/9/17
 Date

**RECEIVED**

OCT 26 2017

TWP. CLERK
MONROE TOWNSHIP**Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM**125 Virginia Avenue
Williamstown, NJ 08094

Phone: (856) 728-9800 Fax: (856) 728-9828

Website: www.monroetownshipnj.org

**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 PrintFirst Name Barbara MI Last Name HaynesE-mail Address barbara.haynes@pemco-limited.comMailing Address 820 Bear Tavern Road.City West Trenton, State NJ Zip 08628Telephone 720-509-3249 Fax 303-284-8026Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail XXXIf 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 Barbara HaynesDigitally signed by Barbara Haynes
Date: 2017.10.26 07:04:33 -0600Date 09/28/17**Payment Information**Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No FeeDelivery: 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.

- Copy of Minutes (specify board or entity, date, topic or other identifying information)
- Copy of Ordinance or Resolution (specify date, number or other identifying information)
- X Other Type of Report (specify) see below
- License Information (specify)

Information on Specific Property Address 118 GRANDVIEW AVE Block # 1201 Lot # 13**Describe from Above:**

Please provide the following information as soon as possible:

1. Copies of open permits
 2. Copies of open code violations attached to the property of reference and could result in a fine/summons and/or prevent the sale of the property.
 3. Has this property been registered as vacant? If yes: when was it registered, what was the registration fee and who was it registered under?
 4. If property HAS NOT been registered please provide the proper registration instructions along with the registration fees.
- 118 GRANDVIEW AVE

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

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

In Progress - Open

Denied - Closed

Filled - Closed

Partial - Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-2122</u>	Total	<u> </u>
Rec'd Date	<u>10/26/17</u>	Deposit	<u> </u>
Ready Date	<u>11/6/17</u>	Balance Due	<u> </u>
Total Pages	<u>6 pages</u>	Balance Paid	<u>To Free</u>
Records Provided			
Records Requester Signature <u>Emailed</u>		Date <u>11/6/17</u>	
Custodian Signature <u>Susan McCormick</u>		Date <u>11/6/17</u>	

**RECEIVED**

SEP 29 2017

TWP. CLERK
MONROE TOWNSHIP**Township of Monroe**
OPEN PUBLIC RECORDS ACT REQUEST FORM125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**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 PrintFirst Name Tamie MI Last Name DawsonE-mail Address tdawson@corelogic.comMailing Address PO BOX 9225City Coppell State TX Zip 75019Telephone 817 699 3404 Fax 817 826 0403Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail XIf 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 9/28/17**Payment Information**Maximum Authorization Cost \$ **Select Payment Method**Cash Check Money Order Fees: Letter-Size Page: \$0.05
Legal-Size Page: \$0.07
Email or Fax: No Fee

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. Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
 Other Type of Report (specify)
 License Information (specify)
Information on Specific Property Address 1188 S Beecham Rd Block # 11404 Lot # 4**Describe from Above:**

Any Liens on property

Please reference #0624219242 when sending email or fax.

AGENCY USE ONLYEst. 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 Closed
Partial Closed **AGENCY USE ONLY**

Tracking Information		Final Cost	
Tracking #	<u>17-263</u>	Total	<u> </u>
Rec'd Date	<u>9/29/17</u>	Deposit	<u> </u>
Ready Date	<u>10/10/17</u>	Balance Due	<u> </u>
Total Pages	<u>10 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
[Signature] <u>Emilia</u>		<u>10/10/17</u>	
Records Requester Signature		Date	
[Signature] <u>Susan McCormick</u>		<u>10/10/17</u>	
Custodian Signature		Date	



Tracking Information		Final Cost
Tracking #	17-264	
Rec'd Date	9/27/17	
Ready Date	9/29/17	
Total Pages	6 pages	
Records Provided		
Emailed from Library		9/29/17
Records Requester Signature		Date
Susan McCormick		9/29/17
Custodian Signature		Date

#17-265



Township of Monroe **OPEN PUBLIC RECORDS ACT REQUEST FORM**

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 Jennifer MI M.S. Last Name Brenner

E-mail Address: [REDACTED]

Mailing Address 1208 Iris Ave.

City Williamstown State NJ Zip 08094

Telephone [REDACTED] Fax _____

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

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

Signature [Signature] Date 9/26/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)

_____ Copy of Ordinance or Resolution (specify date, number or other identifying information)

X _____ Other Type of Report (specify) Tape Recording

_____ License Information (specify) _____

Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:

Monroe Township Free Public Library Board Meeting audio tape for date June 21, 2017.

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-265</u>	Total	_____
Rec'd Date	<u>9/26/17</u>	Deposit	_____
Ready Date	<u>9/29/17</u>	Balance Due	_____
Total Pages	<u>1 page</u>	Balance Paid	<u>No Fee</u>
Records Provided			
[Signature] Records Requestor Signature		10/4/17 Date	
[Signature] Custodian Signature		10/4/17 Date	



Date _____



Township of Monroe
RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM
 125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



OCT 03 2017
 TWP. CLERK
 MONROE TOWNSHIP

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 John MI E Last Name Brown
 E-mail Address [REDACTED]
 Mailing Address 21 ROLAND AVE
 City Mt Laurel State NJ Zip 08054
 Telephone [REDACTED] Fax [REDACTED]
 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 John Brown Date Oct 3 2017

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
 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.

____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 ____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
 ____ Other Type of Report (specify) _____
 ____ License Information (specify) _____
 Information on Specific Property Address 1041 Glassboro Road Block # 13901 Lot # 28.01
Buildings A+B Williamstown NJ
OWNER'S Williamstown LLC
 Describe from Above:
Property being sold -
ASAP
check to see if any open Violations
ALSO Fire Inspection

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-267</u>	Total	_____
Rec'd Date	<u>10/3/17</u>	Deposit	_____
Ready Date	<u>10/4/17</u>	Balance Due	_____
Total Pages	<u>23 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
Emailed Records Requester Signature		<u>10/4/17</u> Date	
Susan McCormick Custodian Signature		<u>10/4/17</u> Date	



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
 125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



TWP CLERK
 MONROE TOWNSHIP

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 Jennifer MI M.S. Last Name Brenner
 E-mail Address [REDACTED]
 Mailing Address 1208 Iris Ave.
 City Williamstown State NJ Zip 08094
 Telephone [REDACTED] Fax _____
 Preferred Delivery: Pick Up _____ 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 Jennifer M. Brenner Date 9/29/2017

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
 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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
☒ Other Type of Report (specify) emails
 _____ License Information (specify) _____
 Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:

All emails between Manual Paredes and Suzanne King from March 1, 2017 through July 31, 2017.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking # <u>17-268</u>	Total _____	
Rec'd Date <u>10/4/17</u>	Deposit _____	
Ready Date <u>10/12/17</u>	Balance Due _____	
Total Pages <u>1 page</u>	Balance Paid <u>No Fee</u>	
Records Provided		
<u>Emailed</u>		<u>10/12/17</u>
Records Requester Signature		Date
<u>Susan McCormick</u>		<u>10/12/17</u>
Custodian Signature		Date



RECEIVED

OCT 05 2017

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
125 Virginia Avenue
Williamstown, NJ 08094
TWP CLERK
MONROE TOWNSHIP
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 Brandi MI L Last Name Hascak

E-mail Address brandih@ocienderservices.com

Mailing Address Orange Coast Lender Services Title : 1000 Commerce Drive Suite 520

City Pittsburgh State PA Zip 15275

Telephone 412-788-2923 ext 6097 Fax 412-788-2925

Preferred Delivery: Pick Up ☐ JS Mail ☐ On-Site ☐ 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 Brandi L Hascak Date 10/5/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

- ☐ Copy of Minutes (specify board or entity, date, topic or other identifying information)
☒ Copy of Ordinance or Resolution (specify date, number or other identifying information)
☒ Other Type of Report (specify)

License Information

Information Specific Property Address 219 Ireland Terrace, Williamstown, NJ 08094
Block # 1904 Lot # 29

Describe from Above:

Open code violations: high grass/weeds, garbage/rubbish, structural issues with property

Open permits: building, electrical, construction

ONLY NEED COPIES IS VIOLATIONS/PERMITS ARE OPEN

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 # 17-269 Total
Rec'd Date 10/5/17 Deposit
Ready Date 10/12/17 Balance Due
Total Pages 4 pages Balance Paid Not Fee
Records Provided

Emmal Cool 10/12/17
Records Requester Signature Date
Susan McCormick 10/12/17
Custodian Signature Date



Township of Monroe **RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM**

OCT 05 2017

125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



TWP. CLERK
 MONROE TOWNSHIP

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

E-mail Address Alexandria.brown@pemco-limited.com

Mailing Address 820 Bear Tavern

City West Trenton State NJ Zip 08628

Telephone 720-509-3238

Fax _____

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

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

Signature [Signature] Date 10/5/2017

Payment Information

Maximum Authorization Cost \$ 0.00

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee

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.

____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 ____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
✓ Other Type of Report (specify) Open code violations
 ____ License Information (specify) _____
 Information on Specific Property / Address 816 Rosetree Dr, Williamstown, NJ, 08094 Block # 120.0301 Lot # 9

Describe from Above:

In sear of any open code violations for the property above.

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 # 17-270
 Rec'd Date 10/5/17
 Ready Date 10/12/17
 Total Pages 5 pages

Final Cost

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid No Fee

Records Provided

Emailed
 Records Requester Signature

10/12/17
 Date

Susan McCormick
 Custodian Signature

10/12/17
 Date



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
 125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org

**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 Jennifer MI M.S. Last Name Brenner

E-mail Address [REDACTED]

Mailing Address 1208 Iris Ave.

City Williamstown State NJ Zip 08094

Telephone [REDACTED] Fax [REDACTED]

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ 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 Jennifer M.S. Brenner Date 10/5/2017

Payment Information

Maximum Authorization Cost \$ 5

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee

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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)

_____ Copy of Ordinance or Resolution (specify date, number or other identifying information)

X _____ Other Type of Report (specify) Budget

_____ License Information (specify) _____

Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:

Copy of the 2017 Monroe Township Free Public Library Budget

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-271</u>	Total	_____
Rec'd Date	<u>10/5/17</u>	Deposit	_____
Ready Date	<u>10/16/17</u>	Balance Due	_____
Total Pages	<u>2 pages</u>	Balance Paid	<u>No Fee</u>

Records Provided

Emailed 10/16/17
 Records Requester Signature Date
Susan McConick 10/16/17
 Custodian Signature Date



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

**125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**



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 Jennifer MI M.S. Last Name Brenner

E-mail Address [REDACTED]

Mailing Address 1208 Iris Ave.

City Williamstown State NJ Zip 08094

Telephone [REDACTED] 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 Jennifer M.S. Brenner Date 10/5/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

X _____ Copy of Minutes (specify board or entity, date, topic or other identifying information)

_____ Copy of Ordinance or Resolution (specify date, number or other identifying information)

X _____ Other Type of Report (specify) agendas

_____ License Information (specify) _____

Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:

Copy of the agendas and minutes of the Monroe Township Free Public Library Board Personnel Committee meetings for March through September 2017.

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	17-212	Total	—
Rec'd Date	10/5/17	Deposit	—
Ready Date	10/16/17	Balance Due	—
Total Pages	21 pages	Balance Paid	Notes
Records Provided			
Emailed Records Requester Signature		10/16/17 Date	
Susan H. Carmack Custodian Signature		10/16/17 Date	



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OCT 06 2017

Township of Monroe

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9528
Website: www.monroetownshipnj.org



TWP. CLERK
MONROE TOWNSHIP

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 Kari MI Last Name Hogan

E-mail Address kari.hogan@pemco-limited.com

Mailing Address 820 Bear Tavern Rd #530

City W Trenton State NJ Zip 08688

Telephone 720-509-3261 Fax

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

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

Signature Kari Hogan Date 10/6/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

- Copy of Minutes (specify board or entity, date, topic or other identifying information)
- Copy of Ordinance or Resolution (specify date, number or other identifying information)
- Other Type of Report (specify)
- License Information (specify)

Information on Specific Property Address 1216 Tulip Ave Block # 9501 Lot # 5

Describe from Above:

Please provide the following information as soon as possible:

1. Copies of open permits
2. Copies of open code violations attached to the property of reference and could result in a fine/summons and/or prevent the sale of the property.
3. Has this property been registered as vacant? If yes; when was it registered, what was the registration fee and who was it registered under?
4. If property HAS NOT been registered please provide the proper registration instructions along with the registration fees.

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 - Closed

Partial - Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-273</u>	Total	<u> </u>
Rec'd Date	<u>10/16/17</u>	Deposit	<u> </u>
Ready Date	<u>10/17/17</u>	Balance Due	<u> </u>
Total Pages	<u>10 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			

Emailed 10/17/17
Records Requester Signature Date

Susan M. Cormick 10/17/17
Custodian Signature Date



Township of Monroe
RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM

OCT 06 2017

**125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**



TWP. CLERK
MONROE TOWNSHIP

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 Kari MI _____ Last Name Hogan

E-mail Address kari.hogan@pemco-limited.com

Mailing Address 820 Bear Tavern Rd #530

City W Trenton State NJ Zip 08688

Telephone 720-509-3261 Fax _____

Preferred Delivery: Pick Up _____ 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 Kari Hogan Date 10/6/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
 _____ Other Type of Report (specify) _____
 _____ License Information (specify) _____

Information on Specific Property Address **842 W Lois Dr** Block # **13505** Lot # **18**

Describe from Above:

Please provide the following information as soon as possible:

1. Copies of open permits
2. Copies of open code violations attached to the property of reference and could result in a fine/summons and/or prevent the sale of the property.
3. Has this property been registered as vacant? If yes: when was it registered, what was the registration fee and who was it registered under?
4. If property HAS NOT been registered please provide the proper registration instructions along with the registration fees.

AGENCY USE ONLY.

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

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	17-274	Total	—
Rec'd Date	10/6/17	Deposit	—
Ready Date	10/17/17	Balance Due	—
Total Pages	6 pages	Balance Paid	No Fee
(Records Provided)			
Emailed Records Requester Signature		10/17/17 Date	
Susan McCormick Custodian Signature		10/17/17 Date	


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OCT 06 2017

 TWP. CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

 125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org

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 Kari MI Last Name Hogan
E-mail Address kari.hogan@pemco-limited.com
Mailing Address 820 Bear Tavern Rd #530
City W Trenton State NJ Zip 08688
Telephone 720-509-3261 Fax
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X

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

 Signature Kari Hogan

 Date 10/6/17
Payment Information

 Maximum Authorization Cost \$
Select Payment Method

 Cash Check Money Order

 Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

 _____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
_____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
_____ Other Type of Report (specify) _____
_____ License Information (specify) _____
Information on Specific Property Address 32 Cross Keys Ave Block # 14501 Lot # 6
Describe from Above:

Please provide the following information as soon as possible:

1. Copies of open permits
2. Copies of open code violations attached to the property of reference and could result in a fine/summons and/or prevent the sale of the property.
3. Has this property been registered as vacant? If yes: when was it registered, what was the registration fee and who was it registered under?
4. If property HAS NOT been registered please provide the proper registration instructions along with the registration fees.

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 - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-275</u>	Total	<u> </u>
Rec'd Date	<u>10/6/17</u>	Deposit	<u> </u>
Ready Date	<u>10/17/17</u>	Balance Due	<u> </u>
Total Pages	<u>7 pages</u>	Balance Paid	<u>10.7.00</u>
Records Provided			
Emailed		10/17/17	
Records Requester Signature		Date	
Susan M. Carmick		10/17/17	
Custodian Signature		Date	



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

RECEIVED

OCT 10 2017

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



TWP. CLERK
MONROE TOWNSHIP

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 Belle MI G Last Name Greer
E-mail Address _____
Mailing Address 1019 Whitehall Rd
City Williamstown State NJ Zip 08094
Telephone _____ Fax _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10/10/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

☒ Copy of Minutes (specify board or entity, date, topic or other identifying information) Relating to Application NO 1762
☐ Copy of Ordinance or Resolution (specify date, number or other identifying information) 1218105 11/2/06 +
☒ Other Type of Report (specify) Complete File Application # 1762 including Planning Review Letter additional
☐ License Information (specify) _____
Information on Specific Property Address 1019 Whitehall Rd Block # 8001 Lot # 26.01 + 26

Describe from Above:

1) Minutes relating to Application # 1762 (Block Lots 26 + 26.01 1218105 11/2/06 + any additional)
2) Complete File Application # 1762
3) Planning Review Letter Timothy Kernen

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking #	<u>17-277</u>	Total _____
Rec'd Date	<u>10/10/17</u>	Deposit _____
Ready Date	<u>10/26/17</u>	Balance Due _____
Total Pages	<u>56 pages</u>	Balance Paid <u>No Fee</u>
Records Provided		
<u>Additional Information Emailed (37 pages) 10/31/17</u>		
<u>Emailed</u>		<u>10/26/17</u>
Records Requester Signature		Date
<u>Susan McCormick</u>		<u>10/26/17</u>
Custodian Signature		Date



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
125 Virginia Avenue

OCT 13 2017

**125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**



TWP. CLERK
~~MONROE TOWNSHIP~~

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 Aimee MI K Last Name Pacheco
E-mail Address aimee.pacheco@pemco-limited.com
Mailing Address c/o 820 Bear Tavern Rd
City West Trenton State NJ Zip 08628
Telephone 720-509-3245 Fax 303-824-8026

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

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

Signature Amel Kachet Date 10/12/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash__ **Check**__ **Money Order**__

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

☐ **Copy of Minutes** (specify board or entity, date, topic or other identifying information)

☐ **Copy of Ordinance or Resolution** (specify date, number or other identifying information)

☒ **Other Type of Report** (specify) copy of: open code violations, open permits

☐ **License Information** (specify) _____

Information on Specific Property Address 23 Theresa Ln Block # 4102 Lot # 21

Describe from Above:

Please e-mail my response to this OPRA request.

I need a copy of any 1. open permits and 2. open code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party on the property listed above.

Thank you!

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 # 17-278
Rec'd Date 10/13/17
Ready Date 10/24/17
Total Pages

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid *No Fee*

Records Provided
Outstanding Registration Fees Pending
Emailed 10/27/17 Emailed 10/24/17
Records Requester Signature Date

Susan M. Carmick 10/24/17
Custodian Signature Date



Tracking Information		Final Cost	
Tracking #	17-279	Total	—
Rec'd Date	10/13/17	Deposit	—
Ready Date	10/23/17	Balance Due	—
Total Pages	6 pages	Balance Paid	No Fee
Records Provided			
Emailed		10/23/17	
Records Requester Signature		Date	
Sharon Thriss		10/23/17	
Custodian Signature		Date	

#17-281

RECEIVED

OCT 13 2017



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org

TWP. CLERK
MONROE TOWNSHIP



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 John MI G. Last Name Simmermon III
E-mail Address jack@ajackstowing.com
Mailing Address 1107 North Tuckahoe Road
City Williamstown State NJ Zip 08094
Telephone 856-728-2000 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 HAYES HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10-13-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ___ Check ___ Money Order ___
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
____ Other Type of Report (specify) _____
____ License Information (specify) _____
Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above:

Please Supply Me With 2 Copy's Of The Sept. 25, 2017 Work Session Meeting Minutes. (Tape)

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 # 17-281
Rec'd Date 10/13/17
Ready Date 10/13/17
Total Pages _____
Records Provided
[Signature]
Records Requester Signature
[Signature]
Custodian Signature
Final Cost
Total \$0.70
Deposit _____
Balance Due _____
Balance Paid \$0.70
Date 10-16-17
Date 10/16/17



Township of Monroe **RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM**

OCT 13 2017

125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



TWP. CLERK
 MONROE TOWNSHIP

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 LeVonn MI P Last Name Brown
 E-mail Address LeVonn.Brown@PEMCO-Limited.com
 Mailing Address 820 Bear Tavern
 City West Trenton State NJ Zip 08628
 Telephone 720-509-3231 Fax _____
 Preferred Delivery: Pick Up _____ On-Site _____
 US Mail _____ 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 LeVonn P. Brown Date 10/06/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
 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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
 _____ Other Type of Report (specify) _____
 _____ License Information (specify) _____
 Information on Specific Property ✓ Address 1431 11th Ave Block # 9009 Lot # 15

Describe from Above:

1. Copies of open permits
2. Copies of open code violations attached to the property of reference and could result in a fine/summons and/or prevent the sale of the property.
3. Has this property been registered as vacant? If yes: when was it registered, what was the registration fee and who was it registered under?
4. If property HAS NOT been registered please provide the proper registration instructions along with the registration fees.

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 # 17-282
 Rec'd Date 10/13/17
 Ready Date 10/13/17
 Total Pages 5 pages
Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid 10.00
 Records Provided _____
 Records Requester Signature Emiled Date 10/23/17
 Custodian Signature Sharon Date 10/23/17



Custodian Signature

10/23/17
Date

10/23/17
Date

RECEIVED

OCT 16 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
 125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org

**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 PrintFirst Name Shawn MI C Last Name HynesE-mail Address shawnh@primesourceinvestigations.comMailing Address 532 Fellowship Road, Suite BCity Mount Laurel State NJ Zip 08054Telephone 609-386-7577 Fax 1-800-652-7587Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒

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

Signature _____ Date 10/16/2017**Payment Information**Maximum Authorization Cost \$ 50.00

Select Payment Method

Cash ☒ Check ☒ Money Order ☒

Fees: Letter-Size Page : \$0.05

Legal-Size Page : \$0.07

Email or Fax: No Fee

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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
 X _____ Other Type of Report (specify) Building Permit
 _____ License Information (specify) _____
 Information on Specific Property ✓ Address 264 Staggerbush Road Block # 103.0101 Lot # 41

Describe from Above:

I am requesting a copy of all permits issued on this property since the certificate of occupancy was issued in 2012. I do not know that there were any permits issued which is the reason for my request. I do not need the building permits that were issued to build the house but if there were any issued after the original construction I would like a copy of those records.

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 # 17-384
 Rec'd Date 10/16/17
 Ready Date 10/25/17
 Total Pages 2 pages

Final Cost

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid No Fee

Records Provided

Emailed
 Records Requester Signature

10/25/17
 Date

Susan M Cornick
 Custodian Signature

10/25/17
 Date



Township of Monroe RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM

OCT 14 2017

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org

TWP CLERK
MONROE TOWNSHIP



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 Anne MI D Last Name Hopkins
E-mail Address [REDACTED]
Mailing Address 157 Bridgeton Ave Suite 100
City Mullen Hill State NJ Zip 08062
Telephone [REDACTED] Fax [REDACTED]
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ 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 Anne Hopkins Date 10-17-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

Copy of Minutes (specify board or entity, date, topic or other identifying information) _____
Copy of Ordinance or Resolution (specify date, number or other identifying information) _____
X Other Type of Report (specify) All open/closed permits on _____
License Information (specify) 220202 _____
Information on Specific Property Address _____ Block # V Lot # 1

Describe from Above:

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17285</u>	Total	<u>—</u>
Rec'd Date	<u>10/19/17</u>	Deposit	<u>—</u>
Ready Date	<u>10/30/17</u>	Balance Due	<u>No Fee</u>
Total Pages	<u>60 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
Records Requester Signature <u>[Signature]</u>		Date <u>10/30/17</u>	
Custodian Signature <u>[Signature]</u>		Date <u>10/30/17</u>	

#17-286



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
 125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



TWP CLERK
 MONROE TOWNSHIP

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 Denis MI _____ Last Name Cummings

E-mail Address deniscummings@ptconsultantsinc.com

Mailing Address 560 Benigno Boulevard, 2nd Floor

City Bellmawr State NJ Zip 08031

Telephone 856-251-9980

Fax 856-931-1849

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ 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 Denis Cummings

Date 10/19/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter-Size Page : \$0.05

Legal-Size Page : \$0.07

Email or Fax: No Fee

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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)

_____ Copy of Ordinance or Resolution (specify date, number or other identifying information)

_____ Other Type of Report (specify) _____

_____ License Information (specify) _____

Information on Specific Property Address 81 Lake Avenue Block # 1301 Lot # 8 & 9

Describe from Above:

PT Consultants, Inc. (PT) has been contracted to complete a Phase I Environmental Site Assessment for the property described above. As part of the ASTM requirements, PT would like to review tax assessor property cards and building department records regarding site history, site improvements, underground and aboveground storage tank systems, septic systems, on-site wells permits, hazardous substances, areas of fill, records of historical enforcement actions, investigations involving soil and/or groundwater quality/contamination, and the overall environmental quality of the site.

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 # 17-286
 Rec'd Date 10/19/17
 Ready Date 10/30/17
 Total Pages 31 pages

Records Provided

Final Cost

Total ✓
 Deposit ✓
 Balance Due ✓
 Balance Paid No Fee

Emailed
 Records Requester Signature

10/30/17
 Date

Sharna Threjo
 Custodian Signature

10/30/17
 Date



**Government
Records Council**

Important Notice

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

Payment Information

Extras: Special service charge
dependent upon request.

Tracking Information		Final Cost	
Tracking #	<u>17-287</u>	Total	<u>.35</u>
Rec'd Date	<u>10/19/17</u>	Deposit	<u>-</u>
Ready Date	<u>10/27/17</u>	Balance Due	<u>.35</u>
Total Pages	<u>1CD</u>	Balance Paid	<u>.35</u>
Records Provided			
<u>Jef MS Lee</u> Records Requester Signature		<u>10/27/17</u> Date	
<u>Susan M Cormick</u> Custodian Signature		<u>10/27/17</u> Date	



J. L. Brown 10/27/17
 Records Requester Signature Date

Susan McCormick 10/27/17
 Custodian Signature Date

#17-289



RECEIVED *Township of Monroe*
OPEN PUBLIC RECORDS ACT REQUEST FORM

OCT 19 2017

TWP. CLERK
MONROE TOWNSHIP

**125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**



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
E-mail Address manish.kumar@slkgroup.com
Mailing Address 2727 LBJ FREEWAY Suite 420
City Dallas State TX Zip 75234
Telephone 855-512-4803 Fax 888-908-3471
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 MANNY RUFFIN Date 10/19/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
 _____ Other Type of Report (specify) _____
 _____ License Information (specify) _____

Information on Specific Property ↓ Address 329 KETAL AVE Williamstown NJ 08094 Block # 613 Lot # 22

Describe from Above: Please check and advise for the below address:

1. Liens & Special assessments
2. Code Violations
3. Open/Expired Building Permits

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	17-289	Total	
Rec'd Date	10/19/17	Deposit	
Ready Date	10/30/17	Balance Due	
Total Pages		Balance Paid	Not Rec
Community Development Dept. Phone Emailed 11/8/17 Emailed 10/30/17		Records Provided Records Requester Signature Date	
Sharme Craig Custodian Signature		10/30/17 Date	

#17-290



RECEIVED

OCT 23 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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
E-mail Address OPRA@NJPropertyRecords.com
Mailing Address 174 Lamington Rd, P.O. Box 180
City Oldwick State NJ Zip 08858
Telephone (908) 255-9919 Fax
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ 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

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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

Extras: Special service charge dependent upon request.

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

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

Describe from Above:

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 ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Tracking # 17-290
Rec'd Date 10/23/17
Ready Date 10/31/17
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid No fee

Records Provided

Advised to Contact Gloucester County Tax Assessor
Emailed to Website 10/31/17
Records Requester Signature [Signature] Date 10/31/17
Custodian Signature [Signature] Date 10/31/17

Subject: FW: OPRA Request (0811.GLOUCESTER_MONROE TWP)
Attachments: 0811.GLOUCESTER_MONROE TWP.pdf

From: Larry Higgins [mailto:opra@njpropertyrecords.com]
Sent: Friday, October 20, 2017 6:04 PM
To: Susan McCormick <SMcCormick@monroetownshipnj.org>
Subject: OPRA Request (0811.GLOUCESTER_MONROE TWP)

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

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

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

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

Requested Information:

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

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

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

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

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

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

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

#17-290

NOTE: Fulfil this OPRA easily by visiting our website www.StateInfoServices.com/opra

If you have any questions, please email ORPA@NJPropertyRecords.com –

PHONE CALLS WILL NOT BE ACCEPTED

Thanks,

Larry Higgins

ORPA@NJPropertyRecords.com



Dan

10/24/2017 15:17 8567289828

MONROE TWP CLERK

0001/001
PAGE 02/02
0001/004

001/001
#17-293
8282



RECEIVED

OCT 25 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08064
Phone: (856) 726-9800 Fax: (856) 726-9820
Website: www.monroetownshipnj.org



Important Notice

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 Eric MI _____ Last Name _____
E-mail Address [REDACTED]
Mailing Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
Preferred Delivery: Pick Up ☐ U.S. Mail ☐ On-Site Inspection ☐ Fax ☐ E-mail ☐
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-2, 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 Eric M. Fragny Date 10-24-17

Payment Information

Selected Payment Method
 Cash ___ Check ___ Money Order ___
Fees: Letter-Size Page : \$0.06
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
Delivery: Delivery / postage fees
 additional depending upon
 delivery type,
Extra: 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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
 _____ Other Type of Report (specify) _____
 _____ License Information (specify) _____
 Information on Specific Property Address 2201 Exposition Dr. Block # 100407 Lot # 89
 Describe from Above: Are there any code violations on this property?

AGENCY USE ONLY

AGENCY USE ONLY	
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extra 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.

DISPOSITION NOTES ONLY

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

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

AGENCY USE ONLY

AGENCY USE ONLY		Fiscal Year	
Tracking Information		Fiscal Year	
Tracking #	17-293	Total	
Rec'd Date	10/25/17	Deposit	
Ready Date	11/2/17	Balance Due	
Total Pages	7 pages	Balance Paid	11/2/17
Networks Provided			
Signed		11/2/17	
Networks Representative Signature		Date	
Susan M. Cormick		11/2/17	
Children's Representative Signature		Date	



RECEIVED
OCT 25 2017
Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org
TWP. CLERK
MONROE TOWNSHIP



#17-294

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
E-mail Address manish.kumar@slkgroup.com
Mailing Address 2727 LBJ FREEWAY Suite 420
City Dallas State TX Zip 75234
Telephone 855-512-4803 Fax 888-908-3471
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 MANNY RUFFIN Date 10/18/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
 Other Type of Report (specify)
 License Information (specify)
Information on Specific Property Address 30 POPLAR STREET Williamstown NJ 08094 Block # 3206 Lot # 5

Describe from Above: Please check and advise for the below address:

1. Liens & Special assessments
2. Code Violations
3. Open/Expired Building Permits

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-294</u>	Total	<u> </u>
Rec'd Date	<u>10/25/17</u>	Deposit	<u> </u>
Ready Date	<u>11/2/17</u>	Balance Due	<u> </u>
Total Pages	<u>7 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
<u>Emailed</u>		<u>11/2/17</u>	
Records Requester Signature		Date	
<u>Susan McCormick</u>		<u>11/2/17</u>	
Custodian Signature		Date	



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OCT 26 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094

Phone: (856) 728-9800 Fax: (856) 728-9828

Website: www.monroetownshipnj.org



Important Notice

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Requestor Information – Please Print

First Name CHRIS MI _____ Last Name BROWN

E-mail Address taxteam@drnds.com

Mailing Address 3240 East State Street Ext

City Hamilton State NJ Zip 08619

Telephone 949-777-5999 Fax 330-319-8600

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 Chris Date 10/26/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

- _____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
- _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
- _____ Other Type of Report (specify) _____
- _____ License Information (specify) _____

Information on Specific Property ↓ Address 425 HOLLY PKWY, WILLIAMSTOWN, NJ 08094 Block # 11107 Lot # 15

Describe from Above:

Please provide information on code violation and permit on the following address listed :

If there is any open cases or permits and is this property scheduled for Demolition.

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 # 17-295 Total _____
Rec'd Date 10/26/17 Deposit _____
Ready Date 11/6/17 Balance Due _____
Total Pages 2 pages Balance Paid No Fee
6 pages Records Provided
Community Development Dept. Info
Emailed
Records Requester Signature Sharm Date 11/6/17
Custodian Signature Sharm Date 11/6/17

#17-296



Township of Monroe
RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM
 125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



TWP CLERK
 MONROE TOWNSHIP

Important Notice

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Requestor Information – Please Print

First Name Mr. Mrs. Clayton Last Name Clayton
 E-mail Address _____
 Mailing Address 1537 N. Main St.
 City Wmstown State N.J. Zip 08094
 Telephone [REDACTED] 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 Mayetta Clayton Date 10/27/2017

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
 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.

____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 ____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
 ____ Other Type of Report (specify) _____
 ____ License Information (specify) _____
 Information on Specific Property Address 1533 N. Main St. Block # 14501 Lot # 36

Describe from Above:

File of the complaint, dumping illegal debris behind fence at our property - 1537 N. Main St., from next door neighbors trees

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-296</u>	Total	<u>.10</u>
Rec'd Date	<u>10/27/17</u>	Deposit	<u>-</u>
Ready Date	<u>11/8/17</u>	Balance Due	<u>.10</u>
Total Pages	<u>2 pages</u>	Balance Paid	<u>.10 ppd</u>
Records Provided			
Records Requester Signature <u>Mayetta Clayton</u>		Date <u>11/9/2017</u>	
Custodian Signature <u>Susan McCormick</u>		Date <u>11/9/17</u>	



Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
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 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
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OCT 31 2017



TWP. CLERK
 MONROE TOWNSHIP

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 John B DeGonna Last Name De Gonna
 E-mail Address _____
 Mailing Address 209 Copper ST
Turnersville State NJ Zip 08012
 Telephone _____ Fax _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒

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

Signature [Signature] Date 10/31/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee

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.

- _____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
- _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
- _____ Other Type of Report (specify) _____
- _____ License Information (specify) _____

Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above: LIST of VACANT, ABANDONED, foreclosed Residential Properties within the Township along with a TOWNSHIP MAP depicting Community / Neighborhood developments / sections

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 # 17-297
 Rec'd Date 10/31/17
 Ready Date 11/13/17
 Total Pages 21 pages

Final Cost

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid No Fee

Records Provided

[Signature]
 Records Requester Signature

11/13/17
 Date

[Signature]
 Custodian Signature

11/13/17
 Date



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MONROE TOWNSHIP

**Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM**

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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Requestor Information – Please Print

First Name Belk Last Name Greer
E-mail Address [REDACTED]
Mailing Address 1019 Whitehall Rd
City Williamstown State NJ Zip 08094
Telephone [REDACTED] Fax [REDACTED]
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 11/1/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

Copy of Minutes (specify board or entity, date, topic or other identifying information)
Copy of Ordinance or Resolution (specify date, number or other identifying information)
☒ Other Type of Report (specify) Minor Subdivision Application # 1852
License Information (specify)
Information on Specific Property Address Block # Lot #

Describe from Above:

Plan of minor Subdivision dated 7/11/17
Plan of Survey dated 7/15/17
from Application # 1852

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 # 17-299
Rec'd Date 11/1/17
Ready Date 11/15/17
Total Pages 2 pages
Records Provided
Final Cost
Total
Deposit
Balance Due
Balance Paid No Fee
Records Requester Signature Emailed Date 11/15/17
Custodian Signature [Signature] Date 11/15/17



RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM

NOV 03 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe
125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 John MI Last Name David

E-mail Address abhishek.j@slkgroup.com

Mailing Address #2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234

Telephone 855-512-4803 Fax 888-908-3471

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 John David Date 11/03/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

- Copy of Minutes (specify board or entity, date, topic or other identifying information)
- Copy of Ordinance or Resolution (specify date, number or other identifying information)
- Other Type of Report (specify)
- License Information (specify)

Information on Specific Property ☒ Address 409 Jennifer Lane Block # 13205 Lot # 3

Describe from Above:

Please advise if any open code violations, open/expired building permits & liens/special assessments for the above property:

Ref#: 619175

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 # 17-300

Rec'd Date 11/3/17

Ready Date 11/15/17

Total Pages 5 pages

Final Cost

Total

Deposit

Balance Due

Balance Paid No Fee

Records Provided

Emailed
Records Requester Signature

11/15/17
Date

Sharon Thugb
Custodian Signature

11/15/17
Date


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NOV 03 2017

 TWP. CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

 125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org

Important Notice

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Requestor Information - Please Print

 First Name Nicholas MI F. Last Name Talvacchia
 E-mail Address ntalvacchia@cooperlevenson.com
 Mailing Address Cooper Levenson, PA, 1125 Atlantic Avenue, 3rd Floor
 City Atlantic City State NJ Zip 08401
 Telephone 609-572-7544 Fax 609-572-7545
 Preferred Delivery: Pick Up ☐ US Mail ☒ On-Site ☐ 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 11-2-17
Payment Information

 Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependant upon request.

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

 _____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
X _____ Other Type of Report (specify) PLANNING BOARD CD COPIES
 _____ License Information (specify) _____
 Information on Specific Property Address 1056 S. BLACK HORSE PIKE Block # 3501 Lot # 6
Describe from Above:

PLEASE PROVIDE US WITH CD COPIES FROM PLANNING BOARD MEETINGS DATED SEPTEMBER 14, 2017 AND SEPTEMBER 28, 2017 AND/OR PLEASE PROVIDE US WITH THE NAME AND CONTACT INFORMATION OF THE COURT REPORTER AT THESE MEETINGS DATES, SO THAT WE CAN ORDER A TRANSCRIPT. THANK YOU.

AGENCY USE ONLY

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

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-301</u>	Total	<u>.35</u>
Rec'd Date	<u>11/3/17</u>	Postage	<u>3.00</u>
Ready Date	<u>11/16/17</u>	Balance Due	<u>3.35</u>
Total Pages	<u>1 CD / 1 page</u>	Balance Paid	<u>3.35 pd.</u>
Records Provided			
Mailed _____		11/22/17	
Records Requester Signature		Date	
Susan McCormick _____		11/22/17	
Custodian Signature		Date	

#17-303

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NOV 08 2017

TWP. CLERK
MONROE TOWNSHIP
Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

 125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org
**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 PrintFirst Name Aimee MI K Last Name PachecoE-mail Address aimée.pacheco@pemco-limited.comMailing Address c/o PEMCO Ltd, 820 Bear Tavern RdCity West Trenton State NJ Zip 08628Telephone 720-509-3245 Fax 303-284-8026
 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 Aimee Pacheco Date 11/7/2017**Payment Information**Maximum Authorization Cost \$ **Select Payment Method**Cash ☐ Check ☐ Money Order ☐
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee

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.

 _____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
X Other Type of Report (specify) Code Violations and Permits
 _____ License Information (specify) _____
 Information on Specific Property Address 704 Dartmoor Ave Block # 25.0103 Lot # 2
Describe from Above:

I need a copy of any 1. open permits and 2. open code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party.

Thank you!

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 # 17-303
 Rec'd Date 11/8/17
 Ready Date 11/16/17
 Total Pages 3 pages
Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid 18 fee

Records Provided

Emailed
 Records Requester Signature

11/16/17
 Date

Sharon Wright
 Custodian Signature

11/16/17
 Date



Township of Monroe **RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM**

NOV 09 2017

125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



TWP. CLERK
 MONROE TOWNSHIP

Important Notice

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Requestor Information - Please Print

First Name Peter MI MI Last Name Hein
 E-mail Address Ra-taxes@indecomm.net
 Mailing Address 1206 Energy lane
 City St Paul State MN Zip 55108
 Telephone 201-355-0433 Fax 866-422-3403
 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 been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 11/09/2017

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
 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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
 _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
 _____ Other Type of Report (specify) _____
 _____ License Information (specify) _____
 Information on Specific Property Address 1406 VICTORY AVENUE Williamstown NJ 0894 Block # 9009 Lot # 21

Describe from Above:

Please let us know if there is any open code violations or any open or expired building permits for the below property.

Block: 9009; Lot: 21

Address: 1406 VICTORY AVENUE Williamstown NJ 08094.

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 # 17-305 Total _____
 Rec'd Date 11/9/17 Deposit _____
 Ready Date 11/17/17 Balance Due _____
 Total Pages 4 pages Balance Paid No Fee
 Records Provided

[Signature] 11/17/17
 Records Requester Signature Date
[Signature] 11/17/17
 Custodian Signature Date



Government
Records Council

TWP. CLERK
~~MONROE TOWNSHIP~~

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 JEFF MI m Last Name POMARICI
E-mail Address [REDACTED]
Mailing Address 102 Doral Dr
City BLACKWOOD State NJ Zip 08012
Telephone [REDACTED] Fax _____
Preferred Delivery: Pick Up _____ On-Site _____
Up _____ 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 (H)AVE / HAVE NOT been convicted of any indictable offense under the laws of New
Jersey, any other state, or the United States.
Signature [Signature] Date 11 8 17

Payment Information

Maximum Authorization Cost: \$ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)

 Copy of Ordinance or Resolution (specify date, number or other identifying information)

 Other Type of Report (specify) _____

 License Information (specify) _____

Information on Specific Property Address 1818 WINSLOW RD Block # 4301 Lot # 20

WILLIAMS TOWN NJ

Describe from Above: IS THIS AN APPROVED BUILDING LOT?
IS IT CITY WATER + SEWER OR IS IT SEPTIC + WELL WATER?
ARE THERE SEWER + WATER TAPS THERE NOW SINCE THERE WAS A HOUSE ON THE PROPERTY? WHAT ARE THE EASEMENTS?

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	17-306	Total	—
Rec'd Date	11/13/17	Deposit	—
Ready Date	11/16/17	Balance Due	—
Total Pages	1 page	Balance Paid	No Fee

Records Provided

Emailed
Records Requester Signature

11/16/17
Date

Sharon Dwyer
Custodian Signature

4/16/17
Date



RECEIVED

NOV 09 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM
125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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 KATHY MI _____ Last Name TIEDTKE

E-mail Address KATHY.TIEDTKE@PEMCO-LIMITED.COM

Mailing Address C/O PEMCO-LIMITED, 820 BEAR TAVERN RD.

City WEST TRENTON State NJ Zip 08628

Telephone 720-509-3248 Fax 303-284-8026

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

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 Kathy Tiedtke Digitally signed by Kathy Tiedtke Date: 2017.11.09 12:10:46 -0700 Date 11/09/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
_____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
XXX Other Type of Report (specify) Open permits, open code violations, and/or open invoices/liens
_____ License Information (specify) _____
Information on Specific Property Address 153 E PINEY HOLLOW DR, WILLIAMSTOWN, NJ 08094 Block # 6001 Lot # 49

Describe from Above:

I am inquiring on behalf of Fannie Mae to make sure our properties are in compliance with local municipalities regarding registration and code violations. Please advise on the following: 1) Copies of open permits. 2) Copies of open code violations attached to the property of reference and could result in a fine/summons and/or prevent the sale of the property. 3) If this property has already been registered as vacant with Fannie Mae, and if there are any past due fees. Thank you!

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-307</u>	Total	_____
Rec'd Date	<u>11/9/17</u>	Deposit	_____
Ready Date	<u>11/17/17</u>	Balance Due	_____
Total Pages	<u>6 pages</u>	Balance Paid	<u>No Fee</u>

Emailed 11/17/17
Records Requester Signature Date
Sharon Krugit 11/17/17
Custodian Signature Date



Township of Monroe RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM

NOV 13 2017

TWP. CLERK
MONROE TOWNSHIP

125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



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 Shannon MI M Last Name JuddE-mail Address shannon.judd@pemco-limited.comMailing Address 4600 S Ulster Street Suite 500City Denver State CO Zip 80237Telephone 770-609-6861

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 shannonjudd Date 11/09/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee

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.

- ☐ Copy of Minutes (specify board or entity, date, topic or other identifying information)
- ☐ Copy of Ordinance or Resolution (specify date, number or other identifying information)
- ☐ Other Type of Report (specify) _____
- ☐ License Information (specify) _____

Information on Specific Property Address 1501 Yarrow Ct Block # 141.0301 Lot # 19

Describe from Above:

Please provide copies of any open permits or open code violations for the above referenced property. Specifically any open code violations that could attach to the property and prevent sale. Thank you

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 # 17-308
 Rec'd Date 11/13/17
 Ready Date 11/20/17
 Total Pages 2 pages

Final Cost

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid No Fee

Records Provided

Emailed
 Records Requester Signature

11/20/17
 Date

Susan R. Cormick
 Custodian Signature

11/20/17
 Date



RECEIVED
NOV 13 2017

TWP. CLERK
MONROE TOWNSHIP

Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org



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

E-mail Address Alexandria.brown@pemco-limited.com

Mailing Address 820 Bear Tavern

City West Trenton State NJ Zip 08628

Telephone 720-509-3238

Fax _____

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

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 Alexandria Brown

Digitally signed by Alexandria Brown
Date: 2017.11.13 07:54:20 -07'00'

Date 11/13/2017

Payment Information

Maximum Authorization Cost \$ 0.00

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)

_____ Copy of Ordinance or Resolution (specify date, number or other identifying information)

_____ Other Type of Report (specify) _____

_____ License Information (specify) _____

Information on Specific Property Address 2004 Magnolia Ave, Williamstown, NJ, 08094 Block # 9601 Lot # 14-16

Describe from Above:

In search of any open code violations and open permits. Please provide a copy o any open violations and open permits.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 17-309
Rec'd Date 11/13/17
Ready Date 11/20/17
Total Pages 4 pages

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid No Fee

Records Provided

Emailed
Records Requester Signature

11/21/17
Date

Susan McCormick
Custodian Signature

11/20/17
Date



Township of Monroe OPEN PUBLIC RECORDS ACT REQUEST FORM

NOV 13 2017

125 Virginia Avenue
 Williamstown, NJ 08094
 Phone: (856) 728-9800 Fax: (856) 728-9828
 Website: www.monroetownshipnj.org



TWP CLERK

MONROE TOWNSHIP

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
 E-mail Address Alexandria.brown@pemco-limited.com
 Mailing Address 820 Bear Tavern
 City West Trenton State NJ Zip 08628
 Telephone 720-509-3238 Fax
 Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail Apply
 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 Alexandria Brown Digitally signed by Alexandria Brown Date: 2017.11.13 16:02:47 -0700 Date 11/13/2017

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: Letter-Size Page : \$0.05
 Legal-Size Page : \$0.07
 Email or Fax: No Fee
 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.

 Copy of Minutes (specify board or entity, date, topic or other identifying information)
 Copy of Ordinance or Resolution (specify date, number or other identifying information)
 Other Type of Report (specify)
 License Information (specify)
 Information on Specific Property Address 438 Ridge Dr, Williamstown, NJ, 08094 Block # 110.103 Lot # 11
110.0103

Describe from Above:

In search of any open code violations and open permits.
 -Please provide a copy of the open permits and open code violations

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-310</u>	Total	<u> </u>
Rec'd Date	<u>11/13/17</u>	Deposit	<u> </u>
Ready Date	<u>11/20/17</u>	Balance Due	<u> </u>
Total Pages	<u>3 pages</u>	Balance Paid	<u>None</u>
Records Provided			
<u>Emailed</u> Records Requester Signature		<u>11/21/17</u> Date	
<u>Susan McCormick</u> Custodian Signature		<u>11/20/17</u> Date	

RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Virginia Avenue, Williamstown, New Jersey 08094

NOV 13 2017

(856)728-9800

Construction/Building Department

TWP. CLERK
MONROE TOWNSHIP**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 PrintFirst Name Bonnie MI H. Last Name Hanlon, Esq.E-mail Address Ktalluto@goldbergsegalla.comMailing Address 902 Carnegie Blvd West, Suite 100City Princeton State NJ Zip 08540Telephone 609-986-1300 FAX 609-986-1301Preferred 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 11/8/2017**Payment Information**

Maximum Authorization Cost \$

Select Payment MethodCash ☐ 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 and all initial inspection reports and approvals performed Dan Kozak or any other building inspector employed for the following street addresses within the development Chestnut Green:

760 Sherwood Drive, 764 Sherwood Drive, 768 Sherwood Drive, 772 Sherwood Drive, 776 Sherwood Drive, 800 Spain Court, 804 Spain Court, 808 Spain Court, 812 Spain Court, 817 Spain Court, 821 Spain Court, 825 Spain Court, 827 Tuscan Court, 831 Tuscan Court, 835 Tuscan Court, 833 Ironwood Drive, 629 Ironwood Drive, 625 Ironwood Drive, 623 Ironwood Drive, 619 Ironwood Drive, 617 Ironwood Drive, 615 Ironwood Drive, 613 Ironwood Drive, 609 Ironwood Drive, 605 Ironwood Drive, 601 Ironwood Drive, 600 Ironwood Drive, 604 Ironwood Drive, 608 Ironwood Drive, 561 Maidstone Drive, 557 Maidstone Drive, 553 Maidstone Drive, 549 Maidstone Drive, 545 Maidstone Drive, 541 Maidstone Drive, 537 Maidstone Drive, 533 Maidstone Drive, 529 Maidstone Drive, 525 Maidstone Drive, 530 Maidstone Drive, 534 Maidstone Drive, 704 Meade Court, 708 Meade Court, 712 Meade Court, 716 Meade Court, 720 Meade Court, 717 Meade Court, 713 Meade Court, 709 Meade Court, 705 Meade Court, 540 Maidstone Drive, 544 Maidstone Drive, 548 Maidstone Drive, 552 Maidstone Drive, 616 Ironwood Drive, 620 Ironwood Drive, 624 Ironwood Drive, 628 Ironwood Drive, 632 Ironwood Drive, 636 Ironwood Drive, 640 Ironwood Drive, 644 Ironwood Drive, 648 Ironwood Drive, 652 Ironwood Drive, 649 Ironwood Drive, 645 Ironwood Drive, 641 Ironwood Drive, 637 Ironwood Drive, 781 Sherwood Drive, 777, Sherwood Drive, 773 Sherwood Drive, 769 Sherwood Drive, 755 Sherwood Drive.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY #17-311

#17-311

Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Tracking Information</th> <th style="text-align: left;">Final Cost</th> </tr> <tr> <td>Tracking # <u>17-311</u></td> <td>Total _____</td> </tr> <tr> <td>Rec'd Date <u>11/3/17</u></td> <td>Deposit _____</td> </tr> <tr> <td>Ready Date <u>11/21/17</u></td> <td>Balance Due _____</td> </tr> <tr> <td>Total Pages <u>155 pages</u></td> <td>Balance Paid <u>167.00</u></td> </tr> <tr> <td colspan="2" style="text-align: center;">Records Provided</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <i>Emailed</i> <u>11/21/17</u> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <i>Supern Mc Cormick</i> <u>11/21/17</u> </td> </tr> <tr> <td style="text-align: center;">Custodian Signature</td> <td style="text-align: center;">Date</td> </tr> </table>	Tracking Information	Final Cost	Tracking # <u>17-311</u>	Total _____	Rec'd Date <u>11/3/17</u>	Deposit _____	Ready Date <u>11/21/17</u>	Balance Due _____	Total Pages <u>155 pages</u>	Balance Paid <u>167.00</u>	Records Provided		<i>Emailed</i> <u>11/21/17</u>		<i>Supern Mc Cormick</i> <u>11/21/17</u>		Custodian Signature	Date
Tracking Information	Final Cost																			
Tracking # <u>17-311</u>	Total _____																			
Rec'd Date <u>11/3/17</u>	Deposit _____																			
Ready Date <u>11/21/17</u>	Balance Due _____																			
Total Pages <u>155 pages</u>	Balance Paid <u>167.00</u>																			
Records Provided																				
<i>Emailed</i> <u>11/21/17</u>																				
<i>Supern Mc Cormick</i> <u>11/21/17</u>																				
Custodian Signature	Date																			

DEPOSITS

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of \$5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. Response is due to requestor as soon as possible, but no later than seven business days.)

N.J.S.A. 47:1A-1.1

- ☒ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☒ Legislative records
- ☒ Law enforcement records:
 - ☒ Medical examiner photos
 - ☒ Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)
 - ☒ Victims' records
- ☒ Trade secrets and proprietary commercial or financial information
- ☒ Any record within the attorney-client privilege
- ☒ Administrative or technical information regarding computer hardware, software and networks which, if disclosed would jeopardize computer security
- ☒ Emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or persons therein
- ☒ Security measures and surveillance techniques which, if disclosed, would create a risk to the safety or persons, property, electronic data or software
- ☒ Information which, if disclosed, would give an advantage to competitors or bidders
- ☒ Information generated by or on behalf of public employers or public employees in connection with:
 - ☒ Any sexual harassment complaint filed with a public employer
 - ☒ Any grievance filed by or against an employee
 - ☒ Collective negotiations documents and statements of strategy or negotiating
- ☒ Information that is a communication between a public agency and its insurance carrier, administrative service organization or risk management office
- ☒ Information that is to be kept confidential pursuant to court order
- ☒ Certificate of honorable discharge issued by the United States government (Form DD-214) filed with a public agency
- ☒ Social security numbers
- ☒ Credit card numbers
- ☒ Unlisted telephone numbers
- ☒ Drivers' license numbers
- ☒ Certain records of higher education institutions:
 - ☒ Research records
 - ☒ Questions or scores for exam for employment or academics
 - ☒ Charitable contribution information
 - ☒ Rare book collections gifted for limited access
 - ☒ Admission applications
 - ☒ Student records, grievances or disciplinary proceedings revealing a students' identification
- ☒ Biotechnology trade secrets N.J.S.A. 47:1A-1.2
- ☒ Convicts requesting their victims' records N.J.S.A. 47:1A-2.2

RECEIVED

NOV 13 2017

TOWNSHIP OF MONROE (WILLIAMSTOWN)- GLOUCESTER COUNTY
OPEN PUBLIC RECORDS ACT REQUEST FORM
125 Virginia Avenue, Williamstown, New Jersey 08094
(856)728-9800
Construction/Building Department

#17-312

TWP. CLERK
MONROE TOWNSHIP

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 Bonnie MI H. Last Name Hanlon, Esq.
E-mail Address Ktalluto@goldbergsegalla.com
Mailing Address 902 Carnegie Blvd West, Suite 100
City Princeton State NJ Zip 08540
Telephone 609-986-1300 FAX 609-986-1301
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 11.8.17

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.

Any and all initial inspection reports and approvals performed by Dan Kozak, as well as any and all other building inspectors employed with the Township for the following addresses within the development known as Stockton Run:

904 Clifton Drive, 520 Stockton Drive, 518 Stockton Drive, 516 Stockton Drive, 514 Stockton Drive, 512 Stockton Drive, 316 Pickwick Drive, 314 Pickwick Drive, 312 Pickwick Drive, 310 Pickwick Drive, 308 Pickwick Drive, 306 Pickwick Drive, 311 Pickwick Drive, 315 Pickwick Drive, 317 Pickwick Drive, 426 Stockton Loop, 424 Stockton Loop, 418 Stockton Loop, 406 Stockton Loop, 404 Stockton Loop, 402 Stockton Loop, 307 Stockton Loop, 403 Stockton Loop, 405 Stockton Loop, 407 Stockton Loop, 409 Stockton Loop, 411 Stockton Loop, 415 Stockton Loop, 417 Stockton Loop, 419 Stockton Loop, 421 Stockton Loop, 423 Stockton Loop, 425 Stockton Loop, 427 Stockton Loop, 429 Stockton Loop, 431 Stockton Drive, 501 Stockton Drive, 503 Stockton Drive, 505 Stockton Drive, 507 Stockton Drive, 509 Stockton Drive, 511 Stockton Drive, 515 Stockton Drive, 517 Stockton Drive, 519 Stockton Drive, 521 Stockton Drive, 601 Stockton Drive, 603 Stockton Drive, 605 Stockton Drive, 607 Stockton Drive, 609 Stockton Drive, 611 Stockton Drive, 615 Stockton Drive, 617 Stockton Drive, 619 Stockton Drive, 621 Stockton Drive, 623 Stockton Drive, 625 Stockton Drive, 627 Stockton Drive, 628 Stockton Drive, 626 Stockton Drive, 624 Stockton Drive, 622 Stockton Drive, 620 Stockton Drive, 618 Stockton Drive, 616 Stockton Drive, 612 Stockton Drive, 608 Stockton Drive, 604 Stockton Drive, 602 Stockton Drive, 905 Clifton Drive.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

#17-312

#17-312

Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Tracking Information</th> <th style="text-align: left;">Final Cost</th> </tr> <tr> <td>Tracking # <u>17-312</u></td> <td>Total _____</td> </tr> <tr> <td>Rec'd Date <u>11/13/17</u></td> <td>Deposit _____</td> </tr> <tr> <td>Ready Date <u>11/21/17</u></td> <td>Balance Due _____</td> </tr> <tr> <td>Total Pages <u>150 pages</u></td> <td>Balance Paid <u>No Fee</u></td> </tr> <tr> <td colspan="2" style="text-align: center;">Records Provided</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">Emailed</td> <td style="text-align: center; font-size: 1.2em;">11/21/17</td> </tr> <tr> <td style="text-align: center;">  _____ Custodian Signature </td> <td style="text-align: center;"> 11/21/17 _____ Date </td> </tr> </table>	Tracking Information	Final Cost	Tracking # <u>17-312</u>	Total _____	Rec'd Date <u>11/13/17</u>	Deposit _____	Ready Date <u>11/21/17</u>	Balance Due _____	Total Pages <u>150 pages</u>	Balance Paid <u>No Fee</u>	Records Provided		Emailed	11/21/17	 _____ Custodian Signature	11/21/17 _____ Date
Tracking Information	Final Cost																	
Tracking # <u>17-312</u>	Total _____																	
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Records Provided																		
Emailed	11/21/17																	
 _____ Custodian Signature	11/21/17 _____ Date																	

DEPOSITS

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of \$5 to reproduce.

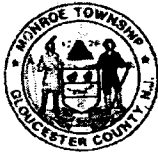
Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. Response is due to requestor as soon as possible, but no later than seven business days.)

N.J.S.A. 47:1A-1.1

- ☒ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☒ Legislative records
- ☒ Law enforcement records:
 - ☒ Medical examiner photos
 - ☒ Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)
 - ☒ Victims' records
- ☒ Trade secrets and proprietary commercial or financial information
- ☒ Any record within the attorney-client privilege
- ☒ Administrative or technical information regarding computer hardware, software and networks which, if disclosed would jeopardize computer security
- ☒ Emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or persons therein
- ☒ Security measures and surveillance techniques which, if disclosed, would create a risk to the safety or persons, property, electronic data or software
- ☒ Information which, if disclosed, would give an advantage to competitors or bidders
- ☒ Information generated by or on behalf of public employers or public employees in connection with:
 - ☒ Any sexual harassment complaint filed with a public employer
 - ☒ Any grievance filed by or against an employee
 - ☒ Collective negotiations documents and statements of strategy or negotiating
- ☒ Information that is a communication between a public agency and its insurance carrier, administrative service organization or risk management office
- ☒ Information that is to be kept confidential pursuant to court order
- ☒ Certificate of honorable discharge issued by the United States government (Form DD-214) filed with a public agency
- ☒ Social security numbers
- ☒ Credit card numbers
- ☒ Unlisted telephone numbers
- ☒ Drivers' license numbers
- ☒ Certain records of higher education institutions:
 - ☒ Research records
 - ☒ Questions or scores for exam for employment or academics
 - ☒ Charitable contribution information
 - ☒ Rare book collections gifted for limited access
 - ☒ Admission applications
 - ☒ Student records, grievances or disciplinary proceedings revealing a students' identification
- ☒ Biotechnology trade secrets N.J.S.A. 47:1A-1.2
- ☒ Convicts requesting their victims' records N.J.S.A. 47:1A-2.2

**RECEIVED**

NOV 15 2017

TWP. CLERK
MONROE TOWNSHIP**Township of Monroe
OPEN PUBLIC RECORDS ACT REQUEST FORM**125 Virginia Avenue
Williamstown, NJ 08094
Phone: (856) 728-9800 Fax: (856) 728-9828
Website: www.monroetownshipnj.org**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 Evan MI M Last Name Linthicum
E-mail Address elinthic@avtrinc.com
Mailing Address 1020 Laurel Oak Rd. STE. 200
City Voorhees State NJ Zip 08043
Telephone 609-304-8093 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 11/15/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee
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.

_____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
_____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
_____ Other Type of Report (specify) _____
_____ License Information (specify) _____
Information on Specific Property Address _____ Block # _____ Lot # _____

Describe from Above: We are looking for two blueprints that were used for permits for the Villages at Amberleigh built by Ryan Homes. They were called "Aurora" and "Roxbury". Ryan Homes started construction in the villages at Amberleigh in 2010.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-313</u>	Total	_____
Rec'd Date	<u>11/15/17</u>	Deposit	_____
Ready Date	<u>11/29/17</u>	Balance Due	_____
Total Pages	_____	Balance Paid	<u>Noted</u>
Records Provided <u>Roxbury - 4 pages</u> <u>Aurora - 17 pages</u> <u>Emailed</u>		Records Requester Signature	<u>[Signature]</u>
Custodian Signature		Date	<u>11/29/17</u>

GOVERNMENT RECORDS REQUEST FORM

RECEIVED

NOV 15 2017

OPRA REQUEST

TWP. CLERK
MONROE TOWNSHIP

Important Notice

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Requestor Information - Please Print

First Name	<u>Sandy</u>	MI		Last Name	<u>Vasta</u>
Company	<u>Decker Associates</u>				
Mailing Address	<u>125 Sixth Avenue, Suite 3</u>				
City	<u>Mount Laurel</u>	State	<u>NJ</u>	Zip	<u>08054</u>
Email	<u>svasta@deckerclaims.com</u>				
Business Hours Telephone:	Area Code	<u>856</u>	Number	<u>780-4085</u>	Extension
Preferred Delivery:	Pick Up		US Mail	<u>X</u>	On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>Sandy Vasta</u>			Date	<u>9/25/2017 & 11/7/2017</u>

Payment Information

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

This office represents the FMI Insurance Company in connection with the claim referenced below.

We understand that a report of this occurrence was filed with your department and we are requesting a copy of the **Fire Report** for our records. Please email the report to svasta@deckerclaims.com or fax to **856-234-3050**. Should you wish to mail the report we have enclosed a self-addressed return envelope for your convenience.

We appreciate your prompt response in this matter.

CASE #: Unknown

Our File Number: **DE-1758998-PS**
 Insured: **Nancy Kamuk**
 Loss Location: **309 May Avenue**
Williamstown, NJ 08094

Date of Loss: **9/23/2017**
 Cause of Loss: **Fire**
 Policy Number: **HOP2869309**
 Claim Number: **FM414940**

AGENCY USE ONLY

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

AGENCY USE ONLY

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

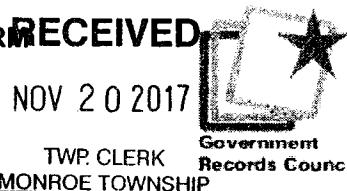
AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u>17-314</u>	Total	_____
Rec'd Date	<u>11/15/17</u>	Deposit	_____
Ready Date	<u>11/22/17</u>	Balance Due	_____
Total Pages	<u>4 pages</u>	Balance Paid	<u>No Fee</u>
Records Provided			
<u>Emailed</u>		<u>11/22/17</u>	
<u>Susan McCormick</u>		<u>11/22/17</u>	
Custodian Signature		Date	



Township of Monroe OPEN PUBLIC RECORDS ACT REQUEST FORM

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TWP. CLERK
MONROE TOWNSHIP

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 PATRICIA MI E. Last Name CHRISTOFFERSEN
E-mail Address prestigeenterprise13@gmail.com
Mailing Address 3320 GRACE ANN DR.
City VINELAND State N.J. Zip 08360
Telephone 856-697-3265 Fax _____
Preferred Delivery: Pick Up _____ 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 P.E. Christoffersen Date 11-20-17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter-Size Page : \$0.05
Legal-Size Page : \$0.07
Email or Fax: No Fee

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.

- _____ Copy of Minutes (specify board or entity, date, topic or other identifying information)
- _____ Copy of Ordinance or Resolution (specify date, number or other identifying information)
- _____ Other Type of Report (specify) _____
- _____ License Information (specify) _____

Information on Specific Property Address 130 PRINCETON PL Block # 01904 Lot # 00005

Describe from Above: GARAGE IS A FAMILY RM NOW DID THEY GET A PERMITS? PICTURE INCLUDED

Is there any open permits on property?

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 # 17-317
Rec'd Date 11/20/17
Ready Date 11/30/17
Total Pages 1 page

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid No Fee

Records Provided

Emailed
Records Requester Signature

11/30/17
Date

Suzanne McCormick
Custodian Signature

11/30/17
Date