Township of Logan

Linda L. Oswald, RMC, CMR
Municipal Clerk
RMC License # C-1293
CMR License # 1965
email: loswald@logan-twp.org

125 Main Street • P.O. Box 314
Bridgeport, New Jersey 08014
Phone: (856) 467-3424
Fax: (856) 467-1061

December 4, 2017

ASK NJ Media Co.
Via Email: opra+request-575-e1e9737c@requests.opramachine.com

RE: OPRA Request #163-2017
OPRA Requests from August 1, 2017 to November 20, 2017

Dear Requestor :

As the Official Records Custodian for Logan Township, I received your Open Public Records Act (OPRA) request on November 21, 2017. As such, the seven (7) business day deadline to respond to your request is December 4, 2017. This response to your request is being provided to you on the 7th business day after the Township's receipt of said request.

The following records are being provided in their entirety and are responsive to your request:

1. OPRA Requests 8/1/17 – 11/20/17, 64 pages.

Copying fee waived due to the records provided by email per your request.

If your request for access to a government record has been denied or unfilled within the (7) business days required by law, you have a right to challenge the decision by Logan Township to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Counsel (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the County Clerk in your County.

Sincerely,
Linda L. Oswald
Linda L. Oswald, RMC, CMR
Municipal Clerk
Records Custodian

llo

#163-2017

Linda Oswald

From: ASK NJ Media Co. <opra+request-575-e1e9737c@requests.opramachine.com>
Sent: Tuesday, November 21, 2017 8:09 AM
To: OPRA requests at Logan Township
Subject: Open Public Records Act request - OPRA Requests

Dear Logan Township,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 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-575-e1e9737c@requests.opramachine.com

Is loswald@logan-twp.org the wrong address for Open Public Records Act requests to Logan Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=logan_township

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.

#100-17

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Doreen MI _____ Last Name Frega

E-mail Address [redacted]

Mailing Address 123 Danna Way

City Saddle brook State NJ Zip 07663

Telephone [redacted] FAX 201-791-1070

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 Doreen Frega Date 7/31/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting the following records.

Copies of all current names and addresses
of all dog and cat pet license holders/applications in Logan, NJ.
If possible and not to much trouble, to have this request in Excel or Label Format.
Thank You,
Doreen Frega
[redacted]

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 # 100-17
Rec'd Date 8-1-17
Ready Date 8-1-17
Total Pages 0

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

16 pgs.
None
9/7/17 Dog lic. Holder Label Format Listing

Linda Oswald 8/1/17
Custodian Signature Date

Denied

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#101-17

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Robert MI L Last Name Best

E-mail Address rbest@snip.net

Mailing Address 1625 Pennsieus Dr.

City Thorton State NJ Zip 08086

Telephone 856-358-3336 FAX 856-384-7171

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 Robert Best Date 8/2/17

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.

Copy of Petron Agreed Upon Procedures document
signed by L. Barnes + approved by Council.
(Finance office only)

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 # 101-17
Rec'd Date 8-2-17
Ready Date 8-11-17
Total Pages 0

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

None.
Denied

Linda Oswald 8/2/17
Custodian Signature Date

N2000 /2004 Co?
#102-2017

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name HOWARD MI W Last Name SPENCER

E-mail Address HSPENCER@JAMONTGOMERY.COM

Mailing Address 302 CINNABAR LN

City YARDLEY State PA Zip 19067

Telephone 215-493-6961 FAX 856-552-4755

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

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

Signature [signature] Date 8/3/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MY WIFE AND HER SISTER OWN PROPERTY AT 110 FERRY RD ALONG THE RACOON CREEK. MY SISTER IN-LAW CLAIR FILEMYR ASKED ME TO REQUEST BUILDING PERMITS, OCCUPANCY PERMITS AND SOIL USE REQUESTS OR VARIATION FOR ATLANTIC SUBSEA INC LOCATED ADJACENT TO HER PROPERTY (ATLANTIC IS 111 FERRY RD) STORM WATER DISCHARGE IS NOT DIVERTED AND FLOWS ONTO OUR PROPERTY. ANY USE VARIENCES, PLANNING BOARD APPLICATION OR APPROVALS FOR ZONING BOARD.

[illegible] Use? Bd?

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 #	102-17
Rec'd Date	8-4-17
Ready Date	8-14-17
Total Pages	1

Final Cost

Total	/
Deposit	/
Balance Due	/
Balance Paid	/

Records Provided

CONST. PermiT

Linda Oswald 8/14/17
Custodian Signature Date

#103-2017

Linda Oswald

From: cblanding@smartprocure.us
Sent: Tuesday, August 08, 2017 7:32 AM
To: loswald@logan-twp.org
Subject: SmartProcure OPRA Request Township Of Logan For PO/Vendor Information
Attachments: Preprogrammed Software Reports by Manufacturer.pdf

Dear Linda or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Township Of Logan for any and all purchasing records from 2017-05-04 to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

1. Purchase order number. If purchase orders are not used a comparable substitute is acceptable, i.e., invoice, encumbrance, or check number
2. Purchase date
3. Line item details (Detailed description of the purchase)
4. Line item quantity
5. Line item price
6. Vendor ID number, name, address, contact person and their email address

The attached document may be helpful as a reference to fulfill this request if the Township Of Logan stores the records using any of the pre-programmed software reports, but the records request is not limited to the reports listed.

Please email the information or use the following web link. There is no file size limitation:
http://upload.smartprocure.us/?st=NJ&org=TownshipOfLogan

If this request was misrouted, please forward to the correct contact person and reply to this communication with the appropriate contact information.

If you have any questions, please feel free to respond to this email or I can be reached at 954-637-0742.

Regards,

Curtis Blanding
Data Acquisition Specialist
SmartProcure
Direct: 954-637-0742 | Support: 888-988-6348
Email: cblanding@smartprocure.us | www.smartprocure.us
700 W. Hillsboro Blvd. Suite 4-100, Deerfield Beach, FL 33441

#104-2017

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name John MI H Last Name Shindle

E-mail Address Jshindle@wardlawnj.com

Mailing Address 196 Grove Avenue, Suite A

City West Deptford State NJ Zip 08086

Telephone 856-853-7771 FAX 856-853-0146

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 August 8, 2017

Payment Information

Maximum Authorization Cost $ 25.00

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.

True and complete copy of "Agreed upon Procedures Report" prepared and authored by Nicholas L. Petroni, CPA in 2017 of and concerning the Finance Department of Logan Township.

Produce copies of all emails, memos, or communications between Nicholas L. Petroni, CPA and Logan Township including officials and employees of and concerning the request, preparation, contract, subject matter and completion of the report referenced above.

Provide true copy of any resolution authorizing the report.

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 # 104-2017
Rec'd Date 8-8-17
Ready Date 8-17-17
Total Pages 9

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____
Records Provided

Records Request Log 8-8-17

Custodian Signature ____ Date ____

$5.00 pd. cash

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

#105-2017

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 HORST MI ____ Last Name BESKE

E-mail Address BESKE-REA@COMCAST.NET

Mailing Address P.O. BOX 305

City MULLICA HILL State NJ Zip 08062

Telephone 856-371-3041 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 / 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 8/9/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

UDO CD

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 # 105-2017
Rec'd Date 8-9-17
Ready Date 8-9-17
Total Pages ____

Final Cost

Total 5.00
Deposit ____
Balance Due ____
Balance Paid 5.00

Records Provided

UDO CD w/maps

Linda Oswald 8/11/17
Custodian Signature Date

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

#106-2017

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 Robyn MI ____ Last Name Tevah

E-mail Address [redacted]

Mailing Address 420 W. Walnut Ln

City Phila. State PA Zip 19144

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 Robyn Tevah Date Aug 11, 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.

UDO

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 # 106-2017
Rec'd Date 8-11-2017
Ready Date 8-11-2017
Total Pages ____

Final Cost

Total 5.00
Deposit ____
Balance Due ____
Balance Paid 5.00

Records Provided

UDO CD

Linda Oswald 8/14/17
Custodian Signature Date

FLASTER GREENBERG
Attorneys at Law | A Professional Corporation

1810 Chapel Avenue West
Cherry Hill, NJ 08002
(856) 661-1900
Fax: (856) 661-1919
www.flastergreenberg.com

RECEIVED

#107-17

FRANK H. WISNIEWSKI, ESQUIRE
Direct Dial: (856) 661-2289
E-mail: frank.wisniewski@flastergreenberg.com
PLEASE RESPOND TO CHERRY HILL

August 15, 2017

Linda L. Oswald, Municipal Clerk
Township of Logan
125 Main Street
Bridgeport, NJ 08014

RE: Zoning/Site Plan Ordinances

Dear Ms. Oswald:

Please forward a copy of the CD containing the current Zoning Ordinance and Site Plan Ordinance to me. Please also forward a copy of the Zoning map as well. I am enclosing our firm check in the amount of $5.00 to cover the cost of this CD.

If you require anything further, please let me know.

Thank you.

Very truly yours,

FLASTER/GREENBERG P.C.

Frank H. Wisniewski

FHW/kd
Enclosure

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

#108-2017

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 Richard MI S Last Name Goldman

E-mail Address Richard.Goldman@DBR.com

Mailing Address 105 College Road East, Suite 300

City Princeton State NJ Zip 08540

Telephone 609-716-6550 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 _____ Date 8/17/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Unified Dev Ord (2 Copies)

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 # 108-2017
Rec'd Date 8-17-17
Ready Date 8-17-17
Total Pages ____

Final Cost

Total 10.00
Deposit ____
Balance Due ____
Balance Paid 10.00

Records Provided

2 x UDO CD

Linda Oswald
Custodian Signature

8/17/17
Date

CONST.

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

109-17

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Richard MI J Last Name Israel

E-mail Address [redacted]

Mailing Address 79 Enlow Place

City Pennsville State NJ Zip 08070

Telephon[redacted] FAX

Preferred Delivery: Pick Up X US Mail X 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 8-17-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Permits regarding removal of any above ground / underground oil tank(s) and relocation to garage.

63 Adams St.
Logan Township, NJ
08085

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 # 109-17
Rec'd Date 8-18-17
Ready Date 8-25-17
Total Pages 4

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Permits

Linda Oswald 8/18/17
Custodian Signature Date

Const.

BOROUGH OF SWEDESBORO

OPEN PUBLIC RECORDS ACT REQUEST FORM

#110-17

1500 Kings Highway
Swedesboro, NJ 08085
Phone: 856.467.0202
Fax:856-467.5767

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 Tanya MI ____ Last Name Goodwin

E-mail Address tgoodwin@swedesboro-nj.us

Mailing Address 425 Woodstown Rd

City Woolwich State NJ Zip 08085

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 Tanya Goodwin Date 8-18-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting ~~all~~ Bldg. Permits include, Plumbing, Electrical ~~etc~~ for the address of 317 Hunter Rd in Logan.

also ~~any~~ Code Violations ~~or any other pertinent info~~

Regarding this Property (keep the Property or Mailing if we could if at all possible have the info Before then)

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 # 110-17
Rec'd Date 8-18-17
Ready Date 8-18-17
Total Pages 3

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

3 Permits

Linda Oswald Custodian Signature 8/18/17 Date

From: sankofa sankofa [mailto:pa.ad.agency@gmail.com]
Sent: Sunday, August 20, 2017 9:21 AM
To: msmith@logan-twp.org
Subject: Re: Bond and Employer Identification Number "Tax Number"

Hello. "I Accept your Oath of Office". Good morning. Can you provide the file number of this court case so that it can be claimed as property of the trust PHILIP ALEXANDER CARLTON. This office will submit it to the Internal Revenue Service as the "lender"/ "creditor" on the appropriate 1099 Tax forms so no ambiguities of who the nominee is for this transaction. I would like to make a correction, an Affidavit of Writ of Freemans Right to Travel was submitted. Again, Thank you.

On Sat, Aug 19, 2017 at 7:44 PM, sankofa sankofa <pa.ad.agency@gmail.com> wrote:
Hello. "I Accept your Oath of Office". First I'd like to thank you for responding on a Saturday which I did not expect. The employees in question Officer Kenya Joyner Badge Number 365 and Corporal Richard Zappile Badge Number 217 stopped me, Carlton, Philip A. on August 5, 2017 for speeding and requested information. The information requested was unavailable. Officer Joyner in his commercial capacity asked was I a Sovereign Citizen, I replied "No I am Private". I handed "other" information to him and Corporal Zappile, see the enclosed document "Affidavit of Freemans Right to Travel" a 4 page contract designed just for belligerent officers in derelict of their duties. They accepted the contract. I am a secured party and lien creditor. For blatant violation of their "Oath of Office" state and federal, they are liable and I am trying to file a claim against their Indemnity and all other bonds they have to perform under and required by State and Federal Constitutions. I need their Employer Identification Number, hereafter EIN as well.

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

#112-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name April MI P Last Name Leary

E-mail Address [redacted]

Mailing Address 657 Paulsboro Rd

City Logan Twp State NJ Zip 08085

Telephone (856) 241-3885 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 8-21-17

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.

Name and contact information for Bros. site remediation

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 # 112-2017
Rec'd Date 8-22-17
Ready Date 8-22-17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Cover page of monthly Bros site report.

Linda Oswald 8/22/17
Custodian Signature Date

const,

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

113-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Jeana MI _____ Last Name Hancock

E-mail Address Jeana.Hancock@pzr.com

Mailing Address 1300 South Meridian Avenue, Suite 400

City Oklahoma City State Oklahoma Zip 73108

Telephone 405-546-4486 FAX 405-428-4263

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 Jeana Hancock Date 8/28/17

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.

Please provide copies of any open/unresolved zoning, building, and fire code violations, variances (special/conditional use permits), certificates of occupancy, and planned unit development documents (showing permitted use, height, density, setbacks, and parking regulations) on file for the property located at 2165 Center Square Road. Block: 2902/ Lot: 7
*Please notify us if fees will exceed $25.00. (Our Ref# 106283-1)

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 # 113-2017
Rec'd Date 8-24-17
Ready Date 9-8-17
Total Pages 1

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

C.O.

Linda Oswald 8/29/17
Custodian Signature Date

const.

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#114-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Kurin MI ____ Last Name Kittoe

E-mail Address kurin@elitepropertyresearch.com

Mailing Address 3659 Cortez Road West, Suite 110

City Bradenton State FL Zip 34210

Telephone 941-747-0600 FAX 866-491-3226

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 Kurin Kittoe Date 08/30/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

OWNER: Lynne J Mason
PROPERTY ADDRESS: 136 Edward Drive, Swedesboro, NJ 08085
PIN NUMBER: Block 2601 Lot 18

*Please provide documentation for all open and expired permits or any permits that may need further action for the above address.

*Please provide documentation for any open or outstanding code enforcement violations/code enforcement liens or nuisance violations along with any payoff amounts and ledgers for the above 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 ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 114-2017
Rec'd Date 8-30-17
Ready Date 9-6-17
Total Pages 10

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Permits

Linda Oswald 8/30/17
Custodian Signature Date

RTK
CONST
Fax
Scott

RECEIVED
8-31-17

ATLANTIC ENVIRONMENTAL SOLUTIONS, INC

#115-2017

August 29, 2017

Logan Township
Office of the Borough Clerk
125 Main St
Bridgeport, New Jersey 08014

Re: ***Open Public Records Act (OPRA) Request***
400 Eagle Court
Logan Township, Gloucester County, New Jersey
Block: 1602; Lot: 11

Dear Sir or Madam:

Atlantic Environmental Solutions, Inc. (AESI) has been retained to perform an environmental assessment of the referenced property. The purpose of this letter is to request any information which may be in your files in connection with the subject property and/or any of the adjacent properties. Please review your files for any of the following:

- Environmental violations, incidents, complaints, etc.
- PD Community Right to Know (RTK) Information
- Const Underground Storage Tank (UST) registrations, installation or removal permits
- PD Hazardous Substance Inventories
- Scott Hazardous substance (including petroleum) discharges, leaks, spills, etc.
- Cnty Monitoring well, potable well, or other well installation records
- Industrial Site Recovery Act (ISRA) or ECRA correspondence:
- Groundwater contamination reports, including Classification Exception Areas (CEAs)
- Declaration of Environmental Restrictions (DERs)
- Cnty Septic system records
- Mua Solid waste or sanitary waste permits, records
- Air emission permits, records
- Deed Notice
- Scott Previous Fire Incidences
- Groundwater or soil sample analyses data
- Environmental or Health related violations, incidents, complaints, etc.
- Twp Copy of Subject Property Tax Map
- Cnty History of Building Construction, Previous Owners and Operators

Thank you in advance for your help regarding this matter. In the event that there is a fee associated with obtaining this information, or if your office would rather make the file available for my review, please do not hesitate to call me at (201) 876-9400. Our fax number is (201) 876-9563.

Sincerely,

Rebeca Garofalo
Environmental Scientist

RECEIVED
8-31-17

ATLANTIC ENVIRONMENTAL SOLUTIONS, INC

116-2017

August 29, 2017

Logan Township
Department of Health
125 Main St
Bridgeport, New Jersey 08014

Re: ***Open Public Records Act (OPRA) Request***
400 Eagle Court
Logan Township, Gloucester County, New Jersey
Block: 1602; Lot: 11

Dear Sir or Madam:

Atlantic Environmental Solutions, Inc. (AESI) has been retained to perform an environmental assessment of the referenced property. The purpose of this letter is to request any information which may be in your files in connection with the subject property and/or any of the adjacent properties. Please review your files for any of the following:

- Environmental or Health related violations, incidents, complaints, etc.
- PD • Community Right to Know (RTK) Information
- const • Underground Storage Tank (UST) registration records, installation/removal permits, etc.
- Hazardous substance (including petroleum) inventories, discharges, leaks, spills, etc.
- cnty • Monitoring well, potable well, or other well installation records
- Industrial Site Recovery Act (ISRA) or ECRA correspondence
- Groundwater contamination reports, including Classification Exception Areas (CEAs)
- Declaration of Environmental Restrictions (DERs)
- Air emission permits, records
- mun • Solid waste or sanitary waste permits, records

Thank you in advance for your help regarding this matter. In the event that there is a fee associated with obtaining this information, or if your office would rather make the file available for my review, please do not hesitate to call me at (201) 876-9400. Our fax number is (201) 876-9563.

Sincerely,

Rebeca Garofalo
Environmental Scientist

5 Marine View Plaza, Suite 401 • Hoboken, NJ 07030 P 201.876.9400 • F 201.876.9563
www.solutionsenvironmental.com

#117-2017

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name David MI M Last Name DiPascale

E-mail Address davidd@tteny.com

Mailing Address 1253 N. Church Street

City Moorestown State NJ Zip 08057

Telephone (856) 840-8800 FAX (856) 840-8815

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

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

Signature David M DiPascale Date 9/1/17

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.

Please see attached for requested documents and subject site information

1991 - Tank removal permits (4 Tanks)
Tank installation permits (3 Tanks)

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # 117-2017
Rec'd Date 9-1-17
Ready Date 9-13-17
Total Pages 1

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Tax map

Linda Oswald 9/6/17
Custodian Signature Date

#118-2017

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Rolo MI J Last Name Maucere

E-mail Address rmaucere@zoning-info.com

Mailing Address 3555 NW 58th St Suite 400

City Oklahoma City State OK Zip 73112

Telephone 405-525-2998 x 119 FAX 405-528-4878

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 _____ Date 9/5/17

Payment Information

Maximum Authorization Cost $ 50

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.

405 Heron Drive: B2803 L15

For the above mentioned property, please provide the following: 1) copies of any still open unresolved zoning code, building code, and fire code violations. 2) Copies of certificates of occupancy 3) copies of any variances, conditional use permits, zoning cases and site plan 4) Record of any current or pending capital improvement projects that will require additional right of way from this 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 # 118-2017
Rec'd Date 9-5-17
Ready Date 9-14-17
Total Pages 1

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

C.O.

Linda Oswald 9/5/17
Custodian Signature Date

Consl

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#119-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name John MI W Last Name Hunsberger Jr.

E-mail Address brightlight8403@aol.com

Mailing Address 33 E. Greenwood Ave

City Haddon Township State N.J. Zip 08107

Telephone 856 237 5129 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 John W. Hunsberger Jr. Date 9-7-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copy of Electrical Permit and drawing
for 25 ADAMS ST. Logan Township N.J.

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 # 119-2017
Rec'd Date 9-7-2017
Ready Date 9-14-17
Total Pages 3

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Permits -2
Drawing

Linda L. Oswald
John W. Hunsberger Jr. 9-7-2017
Custodian Signature Date

CONSI, 8
~~Scott~~

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#120-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Robert MI _____ Last Name Goeb

E-mail Address BOBGOEB@NEEGLLC.ORG

Mailing Address 13 Jennifer Way

City New Egypt State NJ Zip 08533

Telephone 609-598-4738 FAX 866-365-7716

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

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

Signature Robert Goeb Date 9-11-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

For Property at 405 Heron Dr. Block: 2803 Lot: 15

As part of ongoing real estate due diligence activity, we are requesting the following items:

Building Department:

- **Copies of any open or unresolved Building Violations or Citations since 2007;**
- **Copies of any open or unresolved Building Permits since 2007;**
- **Copies of Certificates of Occupancy issued since 2007**

Fire Department:

- **Copies of any open or unresolved Fire Violations or Citations since 2007;**
- **Copy of latest Fire Inspection Report (if any performed);**

Zoning Department:

- **Copies of any open or unresolved Zoning Violations or Citations since 2007**

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 # 120-2017
Rec'd Date 9-11-17
Ready Date 9-26-17
Total Pages 0

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Linda Oswald 9/11/17
Custodian Signature Date

#121-2017

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name David MI W. Last Name Fassett

E-mail Address fassett@af-lawfirm.com

Mailing Address 560 Main Street, Chatham, NJ 07928

City Chatham State NJ Zip 07928

Telephone (973) 635-3366 FAX (973) 635-0855

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

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 09/13/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any and all documents (including without limitation applications, agreements, permits and reports) relating to the provision, connection or treatment of sewer services to, from or at properties located in Woolwich Township at Block 60, Parcel 60-1; Block 57, Parcels 57-5, 57-8, 57-9 and 57-10; and/or Block 61, Parcel 61-6 in connection with the development of a Walmart shopping center. This request includes any and all documents relating to any proposed expansion or modification of the Logan Township Sewer Plant by the Logan Municipal Utilities Authority. This request is limited to responsive documents generated or received since January 2013 through the present.

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 # 121-2017
Rec'd Date 9-13-17
Ready Date 9-13-17
Total Pages 0

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

None

Linda L. Oswald 9/13/17
Custodian Signature Date

#122-2017

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Emily MI L Last Name LaBeaume

E-mail Address [redacted]

Mailing Address 124 9th Avenue

City Pitman State NJ Zip 08071

Telephone [redacted] FAX

Preferred Delivery: 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 Emily LaBeaume Date 9/13/17

Payment Information

Maximum Authorization Cost $ 10

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.

I am requesting a list of mailing addresses of licensed dog owners residing in Logan Township. 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 # 122-2017
Rec'd Date 9-14-17
Ready Date 9-25-17
Total Pages 18

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Licensed dog owners 2017 in mail label format.

Linda Oswald 9/14/17
Custodian Signature Date

#123-2017

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Marie MI ____ Last Name Stout

E-mail Address mariess@carneyspointtwp.org

Mailing Address Carneys Point Township - 303 Harding Hwy

City Carneys Point State NJ Zip 08069

Telephone 856-299-0070 x 115 FAX 856-299-1983

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 Marie Stout Date 9-14-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

1. Copy of PILOT Agreement with Co Gen - Block 101 - Lot 5X
   Owner Name - Keystone Urban Renewal LP

2. Documentation used to arrive at Assessment of Block 101 - Lot 5X

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 # 123-2017
Req'd Date 9-14-17
Ready Date 9-25-17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Agreement
Amendment To Agreement

Linda Oswald 9/14/17
Custodian Signature Date

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

#124-2017

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 Ceri MI R. Last Name Galati

E-mail Address Cgalati@mattioni.com

Mailing Address 1316 Kings Highway

City Swedesboro State NJ Zip 08085

Telephone 856-241-9779 FAX 856-241-9989

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 9/15/17

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.

UDO CD

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 # 124-2017
Rec'd Date 9-15-17
Ready Date 9-15-17
Total Pages -

Final Cost

Total -
Deposit -
Balance Due $5.00
Balance Paid $5.00

Records Provided

UDO CD

Linda Oswald 9/21/17
Custodian Signature Date

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

#132-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Diane MI ____ Last Name Wolff

E-mail Address dwolff@maserconsulting.com

Mailing Address 1000 Waterview Dr Suite 201

City Trenton State NJ Zip 08691

Telephone 609 587-8200 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 Diane Wolff Date 9/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

UDO CD

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 # 132-2017
Rec'd Date 9-20-17
Ready Date 9-20-17
Total Pages —

Final Cost

Total 5.00
Deposit —
Balance Due —
Balance Paid 5.00

Records Provided

UDO CD

Linda Oswald Custodian Signature 9/20/17 Date

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

#125-2017

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 PA MI ____ Last Name Administration Agency

E-mail Address [redacted]

Mailing Address 209 E 12 Street

City Chester State PA Zip 19013

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 PA Administration Agency Date Sept. 11 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Social Security and EIN Numbers plus Bonding and Insurance information of the following Persons

1- Thomas M North
2- John Moustakas
3- Kenya Joyner
4- Richard Zappile

for Tax Purposes only.

5. Logan Twp Municipal Court EIN "Employer Identification Number."

All doing Business As Numbers

See Attachment

Plus the 1099 OID for case # PA274343 PA274344

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 ____

AGENCY USE ONLY

Tracking Information

Tracking # 125-2017
Rec'd Date 9-18-2017
Ready Date 9-26-2017
Total Pages 0

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

None

Linda Oswald 9/18/17

Comm.

#126-2017

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Joseph MI R Last Name Cacciavillano

E-mail Address jcacchomes@kw.com

Mailing Address 409 Route 70 E

City Cherry Hill State NJ Zip 08034

Telephone (856) 2640409 FAX (856) 321-1414

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

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

Signature [signature] Date 9/18/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Records of any permits pulled for work done at the property of 13 Cedar Pl, Logan Twp, NJ 08085. Specifically permits for underground oil tank removal.

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 # 126-2017
Rec'd Date 9-18-17
Ready Date 9-26-17
Total Pages 4

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Permits

Linda Oswald
Custodian Signature

9/18/17
Date

CONST.

#127-2017

Linda Oswald

From: kelsie@datarole.com
Sent: Tuesday, September 19, 2017 11:41 AM
To: loswald@logan-twp.org
Subject: Logan township Building Permits - Public Records Request

Dear Linda Oswald,

NJ.8085.10611

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

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

Thank you very much for your time.

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

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

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

Constr.

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#128-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Henry MI G Last Name Bienkowski

E-mail Address hank.bienkowski@atcassociates.com

Mailing Address 920 Germantown Pike, Suite 200

City Plymouth Meeting State PA Zip 19462

Telephone (610) 313-3100 X-621 FAX (610)313-3151

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 H Bienkowski Date 9/19/17

Payment Information

Maximum Authorization Cost $ 25.00

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.

As part of a Phase I Environmental Site Assessment, ATC is requesting information on an approximately 175-acre parcel (Block 3001 and Lot 15.04) with the street address of 395 Pedricktown Road, Logan Township, Gloucester County, New Jersey. Specifically, ATC is requesting those records beginning with 1900 or the earliest date for which records are accessible through the present that relate to prior site usage, existing/expired permits, documented violations, underground and aboveground storage tanks (petroleum), hazardous material usage/storage/release, hazardous waste generation, septic fields/systems, groundwater/soil contamination, environmental and health/safety matters.

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 # 128-2017
Rec'd Date 9-19-2017
Ready Date 9-27-2017
Total Pages 0

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

None

Linda K. Oswald Custodian Signature 9/19/17 Date

~~Tax Assessor~~

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#129-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Andra MI ____ Last Name Golden

E-mail Address andg@proptaxappeal.net

Mailing Address 350 Passaic Ave

City Fairfield State NJ Zip 07014

Telephone 973-227-1912 FAX 164

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 9/19/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

We are requesting copies of the following tax assessment data:

1) Tax Assessment Property record cards
2) All cost or other work papers used to derive the assessments

Property Address 1155 Commerce Blvd.

Parcel ID's **Block 2803 Lot 1**

The owner of the parcels is "GPT Swedes"

You may email the copies to my e-mail address -- Andy Golden <andyg@proptaxappeal.net>

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 # 129-2017
Rec'd Date 9-19-2017
Ready Date 9-21-17
Total Pages 0

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

None

Linda Oswald 9/19/17
Custodian Signature Date

TAX ASSESSOR

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

#130-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Andrew MI ____ Last Name Golden

E-mail Address andyg@proptaxappeal.net

Mailing Address 350 Passaic Ave

City Fairfield State NJ Zip 07004

Telephone 973-227-1912 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 Sept 19, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

We are requesting copies of the following tax assessment data:

1) Tax Assessment Property record cards
2) All cost or other work papers used to derive the assessments

Property Address 2321 High Hill Rd.

Parcel ID's **Block 1602** ____ **Lot 40** ____

The owner of the parcels is "GPT High Hill Rd Owner LLC"

You may email the copies to my address -- Andy Golden <andyg@proptaxappeal.net>

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 # 130-2017
Rec'd Date 9-19-17
Ready Date 9-21-17
Total Pages 0

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

None

Linda Oswald 9/19/17
Custodian Signature Date

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#131-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Gregory MI ____ Last Name Bychkowski Jr.

Email Address [redacted]

Mailing Address 3813 Eunice Ave

City Wilmington State DE Zip 19808

Telephone 302-300-2025 FAX ____

Preferred Delivery: Pick Up ____ US Mail X 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 Gregory Bychkowski Jr Date 9-20-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

2017 Business listings for Logan Township.

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 # 131-2017
Rec'd Date 9-20-2017
Ready Date 10-18-17
Total Pages 46

Final Cost
Total $2.30
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided
Business Listing w/redactions

Custodian Signature Linda Oswald Date 9/20/17

Constr.

#133-2017

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 · Fax: (856) 467-1031
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Lori MI L. Last Name English

E-mail Address [redacted]

Mailing Address 4 Madison Street

City Logan Twp State NJ Zip 08085

Telephone [redacted] FAX

Preferred Delivery: Pick Up ____ US Mail X 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 Lori L. English Date 9-20-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like a copy of the roof permit for 3 Madison Street Logan Twp. NJ. My townhouse is directly next door. The work was performed on September 14, 2017.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # 133-2017
Rec'd Date 9-20-17
Ready Date 9-26-17
Total Pages 2

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Permits

Linda Oswald 9/20/17
Custodian Signature Date

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

#134-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Lenore Locke MI A Last Name Locke

E-mail Address [redacted]

Mailing Address 100 MAIN STREET

City Bridgeport State NJ Zip 08014

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 Lenore Locke Date 9/21/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

COPY OF ABANDONED/VACANT HOUSE LISTING

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 # 134-2017
Rec'd Date 9-21-2017
Ready Date 9-25-17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Linda Oswald Custodian Signature 9/21/17 Date

Scott

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#135-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name Kyle MI ____ Last Name Alexander

E-mail Address kalexander@targusassociates.com

Mailing Address 1900 Diplomat Drive

City Dallas State TX Zip 75234

Telephone 972-247-7229 FAX 972.499.9242

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 9/21/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting records of environmental concern to the following address:
Amazon Southern NJ
2651 Oldmans Creek Rd.
Logan Township, NJ 08078

Fuel/Chemical Storage
Compliance/Inspection reports
Septic system
Drainage and water quality
* Emergency response to fires (Feb. 2017 fire at facility)
Hazardous material responses/spills.

- Permitting
- Environmental enforcement actions
- Wells

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 # 135-2017
Rec'd Date 9-21-17
Ready Date 9-27-17
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Linda Oswald 9/21/17
Custodian Signature Date

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

#136-2017

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 Scott MI K Last Name MERZ

E-mail Address Scott.MERZ@NAI-MERZ.com

Mailing Address 21 Roland Avenue

City Mt Laurel State NJ Zip 08054

Telephone (609 413 5647) FAX

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

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

Signature [signature] Date Sept 19 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.

UDO CD

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 # 131-2017
Rec'd Date 9-19-17
Ready Date 9-19-17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid 5.00

Records Provided

UDO CD

[signature] 9-19-17
Custodian Signature Date

#137-2017

Linda Oswald

From: Kate Baker <k.zielsdorf18@gmail.com>
Sent: Thursday, September 21, 2017 2:45 PM
To: loswald@logan-twp.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 k.zielsdorf18@gmail.com.

Kate Zielsdorf

#138-2017

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI R Last Name GELLENTHIN

E-mail Address jgellenthin@k2ce.com

Mailing Address 150 CENTER STREET

City SEWELL State NJ Zip 08080

Telephone 856-630-9704 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 9/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copy of ZONING MAP

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 9-25-17
Ready Date 9-25-17
Total Pages 1

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

zoning map

Linda Oswald 9/25/17
Custodian Signature Date

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

#139-2017

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 Michael MI R Last Name Rickett

E-mail Address mike.rickett@TonyKamand.com

Mailing Address 200 Main Street

City Toms River State NJ Zip 08753

Telephone 732-581-3540 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 10-2-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Could I have a disc of the UDO LI zone sent to me. I spoke to Frank in zoning & the clerk's office. I was told to send a OPRA request to the clerks office with $5.00 & a disc with this zone would be sent out. IF you need to contact myself I can be reached at 732-581-3540
Could you enclose a receipt also!
Thank-you Mike.

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 # 139-2017
Rec'd Date 10-5-17
Ready Date 10-6-17
Total Pages ____

Final Cost

Total 5.00
Deposit ____
Balance Due ____
Balance Paid 5.00 pd

Records Provided

UDO CD

Linda Oswald 10/5/17
Custodian Signature Date

Const.

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

#140-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Donald MI W. Last Name Brickner

E-mail Address [redacted]

Mailing Address 19 Surrey Place

City Logan State NJ Zip 08085

Telephone [redacted] FAX

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect X 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 10/09/17

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.

Permits and certificate of occupancy files related to 19 Surrey Place, Block 2003, Lot 32, Logan, NJ.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 140-2017
Rec'd Date 10-10-17
Ready Date 10-19-17
Total Pages 2

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

2 certificates

Linda Oswald 10/10/17
Custodian Signature / Date

141-2017

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name John MI H. Last Name Shindle

E-mail Address jshindle@wardlawnj.com

Mailing Address 196 Grove Avenue, Suite A

City West Deptford State NJ Zip 08086

Telephone 856-853-7771 FAX 856-853-0146

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. C: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 10/11/17

Payment Information

Maximum Authorization Cost $20.00

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please see attached description.

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 # 141-2017
Rec'd Date 10-11-17
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Personnel File - 121 pages

Linda K Oswald 10/11/17
Custodian Signature Date

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

#144-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information -- Please Print

First Name Kathie MI L Last Name Renner

E-mail Address krenner@browneonnery.com

Mailing Address Brown & Connery, LLP 6 N. Broad Street, Suite 100

City Woodbury State NJ Zip 08096

Telephone 856-812-8900 FAX 856-853-9933

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

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

Signature Kathie Renner Date 10/3/17

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.

Please provide me with a copy of the Unified Development Ordinance (disc).

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 # 144-2017
Rec'd Date 10-12-2017
Ready Date 10-12-2017
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Copy UDO CD

Linda Oswald 10/12/17
Custodian Signature Date

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

142-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Blaise MI A Last Name Bornhorst

E-mail Address blaise.bornhorst@constructconnect.com

Mailing Address 28 N. Clark St. Ste. 450

City Chicago State IL Zip 60602

Telephone 312-267-1235 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 Blaise Bornhorst Date

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.

I am hoping to get confirmation of the status of construction for the Amazon distribution center.
Has a building permit been issued?
If so, who is the general contractor?
What is the address?
What is the value of the project?
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 # 142-2017
Rec'd Date 10-11-17
Ready Date 10-12-17
Total Pages 0

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

None
Resubmit

Linda Oswald 10/11/17
Custodian Signature Date

#143-17

10/10/17

I have enclosed a check in the amount of $5.00 to obtain a copy of the Logan Township Zoning Code/Ordinance on CD. I have also included a prepaid FedEx return envelope. Please send the CD in the enclosed FedEx envelope as quickly as possible.

I truly appreciate your help with this request and look forward to your reply. Please feel free to contact me at (405) 366-9663 or via email at mobrien@zoningreport.com with any questions or concerns you may have regarding this request.

Thank you very much for your assistance!

Michelle O'Brien
Zoning, Inc.
PO Box 2056
Blanchard, OK 73010
Cell (405) 239-0545
Main (405) 366-9663
Toll-Free Fax (877) 800-5594
mobrien@zoningreport.com

BOF-Scott

10/13/2017

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 514, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1661
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name: Michelle MI: Last Name: OBrien

E-mail Address: mobrien@zoningreport.com

Mailing Address: PO Box 305Te

City: Blanchard State: OK Zip: 73010

Telephone: 405-354-9663 FAX: 877-800-5594

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: 10/13/17

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.

Please advise/provide documentation of any open/unresolved Fire Code violations in of record for 201 S Adams Creek Rd

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:

AGENCY USE ONLY

Tracking Information
Tracking #: 145-2017
Request Date: 10-13-2017
Ready Date: 10-16-17
Time Delays: 0

Final Cost
Total:
Deposit:
Balance Due:
Balance Paid:

No records

Linda Oswald 10/17/17
Custodian Signature Date

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

#146-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Mike MI ____ Last Name SANDERS

E-mail Address Mike@HixSnedeKer.com

Mailing Address 805 Trione Pl

City Dsphine State AC Zip ____

Telephone 908-334-7897 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 ____ Date 10-13-17

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.

UDO CD

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 # 146-2017
Rec'd Date 10-13-2017
Ready Date 10-13-2017
Total Pages ____

Final Cost

Total 5.00
Deposit ____
Balance Due ____
Balance Paid 5.00

Records Provided

UDO CD

Linda Oswald
Custodian Signature

10/13/17
Date

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#147-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Steve MI C Last Name Patz

E-mail Address [redacted]

Mailing Address 609 Munroe Ln Rd

City Munroe Ln State NJ Zip 08343

Telephone [redacted] FAX

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

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

Signature [signature] Date 10-15-17

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.

Violations & permits for 792 Pulaski Rd Blk 801 Lot 49

Information on underground storage tank

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 # 147-2017
Rec'd Date 10-16-2017
Ready Date 10-24-17
Total Pages 14

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided
1) Property History
2) Permits

Linda Oswald 10/17/17
Custodian Signature Date

PB

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#148-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Michelle MI ____ Last Name O'Brien

E-mail Address mobrien@zoningreport.com

Mailing Address PO Box 20516

City Blanchard State OK Zip 73010

Telephone 405-364-9663 FAX 877-800-5594

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 _____ Date 10/17/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a copy of the following related to 2651 Oldmans Creek Rd

Planning Board Resolution No. 19-2016 and associated ~~Staff report~~, ~~application + final approved Site plan~~ Engineer's Review Letter

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 # 148-2017
Rec'd Date 10-17-2017
Ready Date 10-20-17
Total Pages 625

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

PB Resolution # 19-2016
Engineer Recom. letter

Linda Oswald 10/17/17
Custodian Signature Date

149-2017

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name 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 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 ____ Date ____

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.

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

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 149-2017
Rec'd Date 10-23-17
Ready Date 11-1-17
Total Pages 1

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Zoning map

Linda Oswald 10/23/17
Custodian Signature Date

CONST.

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#150-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Pam MI ____ Last Name HULSEAPPLE

E-mail Address pam.hulseapple@construction.com

Mailing Address 5 Garrison Ln

City Ballston Lk State NY Zip 12019

Telephone 518 877 8468 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 Pam Hulseapple Date 10/23/17

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.

CAN YOU PLEASE PROVIDE THE FOUNDATION PERMIT CIF ISSUED)
FOR THE FOLLOWING PROJECTS - CISSUED W/ PAST 8 MOS ONLY)

① OFFICE/WAREHOUSE EXPANSION 2600 OLDMANS CREEK RD, BLOCK 2801, LOT 39
LAKESIDE REFRIGERATION

② WAREHOUSE/DIST. CTR 100 PROGRESS COURT, BLOCK 3001, LOTS 15.01 & 15.06
CHELTONHOUSE

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 # 150-2017
Rec'd Date 10-23-17
Ready Date 10-31-17
Total Pages 0

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

No records

Linda Oswald 10/23/17
Custodian Signature Date

Constr.

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#151-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1081
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Pam MI ____ Last Name Bigelow

E-mail Address pbigelow@nobleweb.com

Mailing Address 1817 Olde Homestead Lane Suite 101

City Lancaster State PA Zip 17601

Telephone 717-859-3311 x124 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 Pam Bigelow Date 10/26/17

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.

Requesting any open construction permits for 10 Monroe Street Swedesboro, NJ 08085.

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 # 151-2017
Rec'd Date 10-26-2017
Ready Date 11-7-17
Total Pages 0

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

No records

Linda Oswald 10/26/17
Custodian Signature Date

#152-2017

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Nicole MI ____ Last Name Bruno

E-mail Address nicole.bruno02@aecom.com

Mailing Address 625 W. Ridge Pike Suite E100

City Conshohocken State PA Zip 19428

Telephone 610-832-6197 FAX 610-832-3501

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect X 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 Nicole Bruno Date 10/30/17

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.

Please see attached

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # 152-2017
Rec'd Date 10-30-17
Ready Date 11-3-17
Total Pages 0

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

None

Linda Oswald 10/30/17
Custodian Signature Date

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

#153-2017

Important Notice

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

Requestor Information – Please Print

First Name Robert MI J. Last Name Woehling, Esq.

E-mail Address rwoehling@aol.com

Mailing Address Woehling Law Firm, P.C., 50 Elmer Street

City Westfield State NJ Zip 07090

Telephone 908-232-3700 FAX 908-232-7789

Preferred Delivery: Pick Up X FedEx 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 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.

CD of Unified Development Ordinance and zoning map

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 # 153-2017
Rec'd Date 11-2-2017
Ready Date 11-2-2017
Total Pages ____

Final Cost

Total 5.00
Deposit ____
Balance Due ____
Balance Paid 5.00

Records Provided

UDO cd

Custodian Signature [signature] Date 11/2/17

P.O.

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#153-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name MICHAEL MI R Last Name VARGO

E-mail Address MIKEV@GOVARGO.COM

Mailing Address P.O. BOX 647

City FRANKLINVILLE State NJ Zip 08322

Telephone 856-694-1716 FAX 856-694-3102

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 Michael Vargo Date 11-3-17

Payment Information

Maximum Authorization Cost $ 50

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.

Good afternoon! I am requesting a copy of a minor subdivision map that was approved by the Logan Twp. Planning Board on April 10, 1986. The block number was 53 and the lot was 6 and the owners at the time were Raymond and Mary Shoemaker. The current lot number is 11 in block 1003. The current street address is 676 Oak Grove Road. 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 # 153-2017
Rec'd Date 11-3-17
Ready Date 11-7-17
Total Pages 0

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

None

Linda Oswald Custodian Signature 11/3/17 Date

331759

#155-2017

678104251

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

178049156

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Julie MI ____ Last Name Wylie

E-mail Address cru.incoming@lexisnexis.com

Mailing Address PO BOX 7000

City SOUTHEASTERN, PA State 19398 Zip ____

Telephone (678)924-4900 FAX (678)924-4901 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 11/3/17

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.

Report# Auto Accident

Date of Occurrence: 10/19/17

Location: HERON

Parties Involved: [redacted]

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 # 155-2017
Rec'd Date 11-9-17
Ready Date 11-22-17
Total Pages 0

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

No records

Linda Oswald 11/9/17
Custodian Signature Date

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

#155-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Christine MI ____ Last Name Salvatore

E-mail Address christines@gsienvironmental.com

Mailing Address 105 Evesboro-Medford Road, Suite C

City Marlton State NJ Zip 08053

Telephone 856-229-7018 X 303 FAX 856-229-7152

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

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.

PLEASE SEE COVER LETTER ATTACHED

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking # 155-A-17
Rec'd Date 11-9-17
Ready Date 11-22-17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

None
Schedule onsite visit

Linda Oswald 11/9/17
Custodian Signature Date

Const.

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#156-2017

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1081
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Pam MI ____ Last Name Bigelow

E-mail Address pbigelow@nobleweb.com

Mailing Address 1817 Olde Homestead Lane Suite 101

City Lancaster State PA Zip 17601

Telephone 717-859-3311 x124 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 Pam Bigelow Date 11/10/17

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 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.

Requesting open construction permits for 107 Goldfinch Court Swedesboro, NJ 08085.

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 # 156-2017
Rec'd Date 11-13-17
Ready Date 11-27-17
Total Pages 0

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

1) 11/22/17 – Requesting 1 day extension
2) 11/24/17 – No records on file; corresp. w/ request

Linda Oswald Custodian Signature 11/24/17 Date

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

#157-2017

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 Eric MI T Last Name Sharp

E-mail Address [redacted]

Mailing Address 195 Harmersville Pecks Corner Rd

City Sewell State NJ Zip 08075

Telephone 856-935-0532 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 11-17-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

UDO CD

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 # 157-2017
Rec'd Date 11-16-2017
Ready Date 11-16-2017
Total Pages ____

Final Cost

Total 5.00
Deposit —
Balance Due —
Balance Paid —

Records Provided

UDO CD

Linda Oswald 11/17/17
Custodian Signature Date

File
#159-2017

Linda Oswald

From: cblanding@smartprocure.com
Sent: Thursday, November 16, 2017 8:23 AM
To: loswald@logan-twp.org
Subject: SmartProcure OPRA Request Township Of Logan For PO/Vendor Information
Attachments: Preprogrammed Software Reports by Manufacturer.pdf

Dear Linda or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Township Of Logan for purchasing records from 2017-08-09 (yyyy-mm-dd) to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

1. Purchase order number. If purchase orders are not used a comparable substitute is acceptable, i.e., invoice, encumbrance, or check number
2. Purchase date
3. Line item details (Detailed description of the purchase)
4. Line item quantity
5. Line item price
6. Vendor ID number, name, address, contact person and their email address

The attached document may be helpful as a reference to fulfill this request if the Township Of Logan stores the records using any of the pre-programmed software reports, but the records request is not limited to the reports listed.

Please email the information or use the following web link. There is no file size limitation:
http://upload.smartprocure.com/?st=NJ&org=TownshipOfLogan

If this request was misrouted, please forward to the correct contact person and reply to this communication with the appropriate contact information.

If you have any questions, please feel free to respond to this email or I can be reached at 954-637-0742.

Regards,

Curtis Blanding
Data Acquisition Specialist
SmartProcure
Direct: 954-299-3254 | Email: cblanding@smartprocure.com

160-2017

TOWNSHIP OF LOGAN

OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

Important Notice

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

Requestor Info

First Name David T Phelan

E-mail Address 8 Ruth Ann Dr. - Manahawkin, NJ 08050

Mailing Address [redacted] cell (201) 580-4340 FAX

City

Telephone dave.phelan@atlanticexperts.com

Preferred Delivery: Preferred Delivery: Email

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 D-Phe Date 11-20-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Regarding a vehicle fire which occurred on 10/22/17 on the I-295 ramp to Rt 322 (approx 9 pm)

1) Fire department incident report, NFIRS, CAD records, dispatch logs

2) Fire investigation report, photographs, videos, sketches, and field notes.

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 # 160-17
Rec'd Date 11-20-17
Ready Date 11-27-17
Total Pages 30

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

1) Fire Incident Report
2) " " Photos

Linda Oswald 11/20/17
Custodian Signature Date

CONST, ATK

ENVIRONMENTAL CONSULTING, INC.
2002 RENAISSANCE BOULEVARD
SUITE 110
KING OF PRUSSIA, PENNSYLVANIA 19406

Telephone: (610) 279-7070 Facsimile: (610) 279-4334

#158-2017

November 14, 2017 Project No. 2017.166

Linda Oswald, Municipal Clerk
Logan Township
125 Main Street
Bridgeport, New Jersey 08014

VIA EMAIL: linda@logan-twp.org

RE: Request for File Review
2099 Center Square Road
Block 2903, Lot 7
Logan Township, Gloucester County, New Jersey 08085
Owner: New Jersey Economic Development Authority
NJDEP Program Interest Number: G000003901

Dear Ms. Oswald:

Environmental Consulting, Inc. is currently performing a Phase I Environmental Site Assessment in connection with the above referenced property. This correspondence is being submitted as a request to review files regarding environmental concerns in connection with the above referenced property that may be in possession of Logan Township. Environmental concerns include, but are not limited, to the following:

- Air quality;
- Asbestos;
- Contaminated sites;
- Hazardous waste; – ATK PD
- Lead-based paint;
- Radiation Protection;
- Solid Waste;
- Storage Tanks (e.g., underground storage tanks ("USTs") and aboveground storage tanks ("ASTs"));
- Water Quality (e.g., one-site septic systems and wastewater treatment systems); and
- Water Supply (e.g., potable water wells, irrigation wells and industrial supply wells).

If you have any questions regarding this matter please do not hesitate to contact me at (610) 279-7070.

Sincerely,

ENVIRONMENTAL CONSULTING, INC.

Eric P. Harris

Eric Harris
Staff Scientist

COPIES
RTK-P
~~Scott-f~~

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

#161-2017

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 Donald G MI C Last Name Cramer

E-mail Address dcramer-env@hotmail.com

Mailing Address 11 Silver Ave.

City Glassboro State NJ Zip 08028

Telephone (703) 282-1601 FAX (703) 991-6238

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 _____ Date 11/20/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting copies of any information on file with the Construction & Code Enforcement Department & the Bureau of Fire specifically related to underground & aboveground storage tanks, Hazardous materials use and storage, and spill/release incidents at 509 Heron Drive (Block 2903, lot 15). Thank you very much for your assistance.

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 _____

AGENCY USE ONLY

Tracking Information

Tracking # 161-2017
Rec'd Date 11-20-17
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Linda Oswald 11/20/17

Const. Scott

TOWNSHIP OF LOGAN
OPEN PUBLIC RECORDS ACT REQUEST FORM

125 Main Street, PO Box 314, Bridgeport, NJ 08014
Phone: (856) 467-3424 ext. 9 Fax: (856) 467-1061
linda@logan-twp.org
Linda Oswald, Municipal Clerk

#162-2017

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 Amy MI ____ Last Name Leonard

E-mail Address aleonard@partneresi.com

Mailing Address 611 Industrial Way West

City Eatontown State NJ Zip 07724

Telephone 732-440-1065 FAX 908-301-6230

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

If you are requesting records contalning 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 Amy Leonard Date 11/20/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting the following information for property address:
509 Heron Drive, Swedesboro, NJ

-information on open Building Code violations
-copy of the Certificate(s) of Occupancy (and if not on file, is this conidered a code compliance issue?)
-information on open Fire 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

Tracking # 162-2017
Rec'd Date 11-20-17
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Linda Oswald 11/20/17
Custodian Signature Date