Rec'd 11/20/17 Due 12/1/17

Harrison Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-478-4111 Fax: 8564782498

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 11/20/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 11/12/2017

End Date 11/18/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature

Date

Recd 10/12/17

10/23/17

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

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 Lindsey MI _____ Last Name Nesselbush

E-mail Address LNESSELBUSH@hfacpas.com

Mailing Address 618 Stokes Road

City Medford State NJ Zip 08055

Telephone 609-953-0612 FAX 609-953-8443

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 10/12/2017

Payment Information

FEES:

MUNICIPAL SEARCH	$10.00
AUDIO CD/TAPE	$ 1.00
Letter-sized paper or smaller	$.05 per page
Legal-sized or Ledger-sized paper	$.07 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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.

Hello,

May I please request a copy of the Township's most recent annual audit contract, including overall fee?

Thanks!

emailed 10/12/17

Rec Oct 16, 2017

Due Oct 25

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

Important Notice

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Requestor Information – Please Print

First Name ALEXANDRIA MI M Last Name ESTRELLA

E-mail Address ALEXANDRIA@SKYLINELIEN.COM

Mailing Address 8785 SW 165 AVE, STE 301

City MIAMI State FLORIDA Zip 33193

Telephone 305.553.4627 FAX 305.553.4626

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax XX 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 *Alexandria Estrella* Date 10/16/2017

Payment Information

FEES:

MUNICIPAL SEARCH	$10.00
AUDIO CD/TAPE	$ 1.00
Letter-sized paper or smaller	$.05 per page
Legal-sized or Ledger-sized paper	$.07 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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/EXPIRED PERMITS AND/OR ACTIVE CODE VIOLATIONS AGAINST THE FOLLOWING PROPERTY:

130 MULLICA HILL RD (BLOCK 58, LOT 2.01)

Emailed 1 COA from Sue on 10-17-17 (attached)

Sue

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

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 Brandi MI I Last Name Hascak

E-mail Address brandih@oclenderservices.com

Mailing Address 1000 Commerce Drive Suite 520

City Pittsburgh State PA Zip 15275

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

Preferred Delivery: Pick Up ____ 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 Brandi L Hascak Date 10/4/17

Payment Information

FEES:

MUNICIPAL SEARCH	$10.00
AUDIO CD/TAPE	$ 1.00
Letter-sized paper or smaller	$.05 per page
Legal-sized or Ledger-sized paper	$.07 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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.

OPEN code violations: high grass/weeds, garbage/rubbish, structural issues on the property. No.

OPEN permits: building, construction, electrical

ONLY NEED COPIES IF VIOLATIONS/PERMITS ARE STILL OPEN

Property address: 517 Cohawkin Road, Mullica Hill, NJ 08062 Block: 42 Lot 1 NONE -
Previous owners: Peter Knowles Janice Kenyon

There was NO Permit for the Rear Steps going To 2nd floor. Stc

10-16-17 Sue and Paula reviewed - sent email to Brandi on 10-16-17 (attached)

Due 10-18-17

Harrison Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-478-4111 Fax: 8564782498

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 10/9/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/1/2017

End Date 10/7/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

10-18-17 ~~Requested extension~~ no response. Chief Mills processed and I sent 2 emails on 10-18-17 (ref. # 0)

Recd 10/9/17

Due 10/18/17

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

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 Sean MI M Last Name Skelly

E-mail Address smskelly@vectorsecurity.com

Mailing Address 107 Ponds View Ct,

City Mullica Hill State NJ Zip 08062

Telephone 215-421-9801 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 Sean Skelly Date 10/9/17

Payment Information

FEES:

MUNICIPAL SEARCH $10.00
AUDIO CD/TAPE $ 1.00

Letter-sized paper or smaller $.05 per page

Legal-sized or Ledger-sized paper $.07 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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 copy of the current survey for the property at 107 Ponds View Ct, Mullica Hill, NJ so I can see where the wetlands, buffer zone, and property lines exist. Can you please email them to smskelly@vectorsecurity.com.

*Diane sent email on 10-10-17 with info from Sue

oy@harrisontwp.us

om: Larry Higgins <opra@njpropertyrecords.com>
Sent: Friday, October 20, 2017 5:59 PM
To: dmalloy@harrisontwp.us
Subject: OPRA Request (0808.GLOUCESTER_HARRISON TWP)
Attachments: 0808.GLOUCESTER_HARRISON TWP.pdf

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

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

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

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

Requested Information:

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

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

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

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

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

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

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

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

Received 10-16-17

Due 10-25-17

Harrison Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-478-4111 Fax: 8564782498

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 10/16/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/8/2017

End Date 10/14/2017

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

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In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

emailed to cindy 10-16-17 emailed 10/24/17 *He is out of office til 10-20-17

Rec'd 10-17-17 Due 10-26-17

dmalloy@harrisontwp.us

From: Jacci Vigilante <jacci@thevigilantelawfirm.com>
Sent: Monday, October 16, 2017 8:27 PM
To: dmalloy@harrisontwp.us
Subject: Opera request

Dear Diane
Please accept this request for public records:
1. Resignation letter submitted by planning board chair, Joseph Pacers.
2. Contract for lawncare for Mill Valley
3. Payments for any grass cutting or lawncare for Mill Valley.
4. Records related to the homes used as examples for the township newsletter related to taxes issued after Oct 8, 2017
5. Communications by and among township officials including but not limited to Manzo, Gravinese, Chambers, related to the topic discussed in the township newsletter identified in request no 4 above.
6. Communications related to rescission of liquor license issued to Madison Richwood Beverage a don /or related to resolution 223-2017

Get Outlook for iOS

10/26/17 emailed attached

Rec'd 10/23/17 Due 11/1/17

PETRILLO & GOLDBERG LAW
Great strength in times of great need.

Cooper River Law Building
6951 North Park Drive
Pennsauken, NJ 08109
856-486-4343
fax 856-486-7979
petrilloandgoldberg.com

Steven M. Petrillo, Esq.
^Scott M. Goldberg, Esq.
*Scott D. Schulman, Esq.
*Jeffrey M. Thiel, Esq.

*Member of NJ & PA Bars
^Certified Civil Trial Attorney

October 20, 2017

Transmitted via certified mail, R.R.R.

Township of Harrison
114 Bridgeton Pike
Mullica Hill, NJ 08062

Re: **Our Client:** **Danielle Hennessy**
D/Accident: **8/15/17**
Location: **Intersection of Mullica Hill Road and Aura Road, Harrison Township, NJ**

OPRA REQUEST

Dear Sir/Madam:

We represent Danielle Hennessy who sustained personal injuries in a motor vehicle collision that occurred on 8/15/17 at the intersection of Mullica Hill Road and Aura Road.

We seek to obtain a copy of any maintenance records pertaining to the traffic light system controlling this intersection for the time period one year prior to, up to and inclusive of the date of this accident, 8/15/17.

Would you kindly consider this correspondence as your formal OPRA request for this documentation noting that our office, of course, will be responsible for any statutory record location and reproduction fee as permissible by law.

Very truly yours,

BY: _____
STEVEN M. PETRILLO, ESQUIRE

SMP/edc

emailed attached 10/26/17

Kindly forward all correspondence to Pennsauken office.

Philadelphia Office
19 South 21st Street
Philadelphia, PA 19103

Woodbury Office
70 South Broad Street
Woodbury, NJ 08096

Recd 10/26/17

Due 11/6/17

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

Important Notice

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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

FEES:

MUNICIPAL SEARCH	$10.00
AUDIO CD/TAPE	$ 1.00
Letter-sized paper or smaller	$.05 per page
Legal-sized or Ledger-sized paper	$.07 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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 17 Morning Glory Circle Mullica Hill, NJ 08062.

Thank you.

10/26 - emailed - no such records exist

Rec'd Oct 20, 2017

Due Oct 30, 2017

dmalloy@harrisontwp.us

From: dschulze@snjsi.com
Sent: Thursday, October 19, 2017 10:01 PM
To: dmalloy@harrisontwp.us
Subject: OPRA request Harrison Township Affordable housing
Attachments: Affordable housing OPRA.PDF

Diane, Please see the attached OPRA request for the following-

1. Communications email or other to or from Dennis Chambers, Lou Manzo, Mark Gravinese, and any twp engineer or planner regarding Madison Marquette or affordable housing since Sept 1 2017.

2. Communications to or any township official and Madison Marquette since Sept 1 2017

Thank you

David Schulze
dschulze@snjsi.com
www.systems-integrations.com

Systems Integrations, LLC

10/30/16 emailed attached

Recd 10/23/17

11/1/17

Harrison Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-478-4111 Fax: 8564782498

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 10/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/15/2017

End Date 10/21/2017

emailed 10/31/17

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

Rec'd 10/30/17

Due 11/8/17

Harrison Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-478-4111 Fax: 8564782498

PUBLIC RECORDS

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 10/30/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/22/2017

End Date 10/28/2017

emailed 11/13/17

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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Filled - Closed _____

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AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

11/6/17

11/16/17

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

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 Brian MI C Last Name DeCosmo

E-mail Address bottomlineINV@comcast.net

Mailing Address P.O. Box 2260

City Cherry Hill State NJ Zip 08034

Telephone 609-743-1706 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 Brian C DeCosmo Date 11-6-17

Payment Information

FEES:

200' LIST	$10.00
MUNICIPAL SEARCH	$10.00
AUDIO CD/TAPE	$ 1.00
Letter-sized paper or smaller	$.05 per page
Legal-sized or Ledger-sized paper	$.07 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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 the intersection of Richwood Road + Ellis Mill Road
Mullica Hill, NJ

(1) Any reported accidents on either road for the pertinent period from 2012 to 9/1/17 (including Police Reports)

(2) Any work orders for the aforementioned intersection and any work orders for either road from 2012 to 9/1/17 including any traffic control devices changes or repairs

11-6-17 - Sent to Dennis and Ron 11/16/17 emailed Joe

Rec'd 11/6/17

Due 11/16/17

Harrison Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-478-4111 Fax: 8564782498

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Christina MI ____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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

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

Signature Christina Mota Date 11/6/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/29/2017

End Date 11/4/2017

emailed 11/16/17

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

dmalloy@harrisontwp.us

From: Kate Zielsdorf <k.zielsdorf18@gmail.com>
Sent: Friday, September 22, 2017 2:52 PM
To: dmalloy@harrisontwp.us
Subject: OPRA

Dear Ms. Malloy,

Pursuant to the provisions of the New Jersey Open Public Records Act ("OPRA"), I am requesting copies of the following records/documents for the timeframe, January 1, 2017 - September 21, 2017:

1. All email communications to or from Committeeman, Vince Gangemi and Committeeman, Jeffrey Jacques, which are forwarded to or received from William Ziegler, Pam Ziegler, Jacqueline Vigilante, Lisa Rotte or Loretta Gangemi.

2. All email communications to or from Committeeman, Vince Gangemi and Committeeman, Jeffrey Jacques, to any person which contains any of the following words or terms:

a. budget
b. campaign
c. attorney fees
d. equipment
e. spending
f. bond
g. debt
h. deficit
i. taxes
j. event
k. Manzo
l. expenses
m. election
n. vote

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

Paid
$163.20
cash
10.10.17
DM

Rec'd 4/18/17 Due 4/27/17

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

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 D. Last Name Jacques

E-mail Address

Mailing Address 171 High Street

City Mullica Hill State NJ Zip 08062

Telephone 609-413-4089 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 Jeffrey D. Jacques Date Apr 18, 2017

Payment Information

FEES:

MUNICIPAL SEARCH	$10.00
AUDIO CD/TAPE	$ 1.00
Letter-sized paper or smaller	$.05 per page
Legal-sized or Ledger-sized paper	$.07 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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 ~~Audio~~ Audio for 4/17 meeting and minutes

4/25/17 provided recording + attached letter JDM

Paid 4-27-17 DUE $3.00

Recd 10/4/17

Due 10/13/17

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

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 KATHY MI ____ Last Name DALY

E-mail Address KATHY.DALY@FOXROACH.COM

Mailing Address 105 DILLONS LN

City MULLICA HILL State NJ Zip 08062

Telephone 856 803 4270 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 Daly Date 10/4/17

Payment Information

FEES:

200' LIST	$10.00
MUNICIPAL SEARCH	$10.00
AUDIO CD/TAPE	$ 1.00
Letter-sized paper or smaller	$.05 per page
Legal-sized or Ledger-sized paper	$.07 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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.

SURVEY OF PROPERTY / DWELLING 403 CATTAIL CT. MULLICA HILL FOR CLIENT.

10/4/17 Called, ready for Pick up.

-DT Due

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

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 S MI _____ Last Name CURTIN

E-mail Address jcurtin3rd@gmail.com

Mailing Address 639 CATHARINE ST. UNIT 201

City PHILADELPHIA State PA Zip 19147

Telephone 610-420-7308 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. 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 John Curtin III Date 11-15-17

Payment Information

FEES:

MUNICIPAL SEARCH	$10.00
AUDIO CD/TAPE	$ 1.00
Letter-sized paper or smaller	$.05 per page
Legal-sized or Ledger-sized paper	$.07 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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.

FULL SIZE PRINTS FROM:
"FINAL MAJOR SUBDIVISION PLANS
OF
(BLOCK 45, LOT 17.01 & 20)
LEIGH COURT ESTATES AT MULLICA HILL
HARRISON TOWNSHIP, GLOUCESTER COUNTY, NJ
SHEETS: 2, 3, 4, 5, 6
24, 24a, 24b, 25

$17.55 Due

11/17/17 Paid in full

Recd 8-2-17 Due 8-10-17

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

Open Record Officer
HARRISON TOWN
114 Bridgeton Pike
Mullica Hill, NJ 08062

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

Under the provisions of the NJ Open Records Law. We are requesting access to the following information: We are asking for information about your **mail machine**, or postage equipment from Manufacturers Neopost, Hasler, MailFinance, Francotyp Postalia (FP Mailing), or Pitney Bowes

A copy of the MOST RECENT, CURRENT lease agreements or Most Recent Purchase Order for your current mailing equipment which shows lease commencement date and term of contract for mail machine from vendors Neopost, Hasler, Pitney Bowes, FP Mailing

Or

If the equipment was purchased, we are requesting a copy of your MOST RECENT meter rental bill, equipment rental bill, and maintenance / service contract bill or bill from last service call.

We will entertain suggestions you feel will make my request more responsive and thereby ensure that you can meet our request. If possible we would like to have the data sent to us at the address below.

Please email your request to me at adorward@printandmailing.net or mail to my attention at:

Print Management Solutions
Attn: Amy Dorward
P O Box 350
Trexlertown, PA 18087

If all or any part of this request is denied, please cite the specific exemption(s) that you think justifies your refusal to release the information, and inform me of the appeal procedures available to me under the law.

We would appreciate you handling this request as quickly as possible, and look forward to hearing from you.

emailed 8/10 - will get info to them within 3 bus days

Respectfully,

Amy Dorward
P O Box 350
Trexlertown, PA 18087

8/15 emailed lease agreement

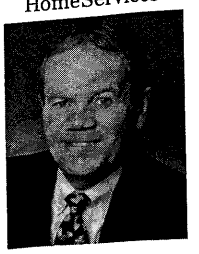
Recd 7/31/17 Due 8/9/17

TOWNSHIP OF HARRISON
CONSTRUCTION OFFICE

RECEIVED
JUL 31 2017

TOWNSHIP OF HARRIS
PUBLIC RECORDS ACT RE
114 Bridgeton Pike, Mullica Hill, N
Ph: (856) 478-4111 Fax (856) 47
Custodian of Records – Diane Mall
dmalloy@harrisontwp.us

BERKSHIRE HATHAWAY HomeServices



Peter "Paul" McEvoy, CRS, GRI
Broker-Salesperson

Fox & Roach, REALTORS®
157 Bridgeton Pike, Suite 100
Mullica Hill, NJ 08062
Cell 609.617.1013
Bus 856.343.6000 ext. 6010
paul.mcevoy@foxroach.com
www.paulmcevoygroup.com

A member of the franchise system of BHH Affiliates, LLC

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 PAUL MI Last Name MCEVOY

E-mail Address PAUL.MCEVOY@FOXROACH.COM

Mailing Address 157 BRIDGETON PIKE, ST 100

City Mullica Hill State NJ Zip 08062

Telephone 609-617-1013 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 7/31/17

Payment Information

FEES:

MUNICIPAL SEARCH	$10.00
AUDIO CD/TAPE	$ 1.00
Letter-sized paper or smaller	$.05 per page
Legal-sized or Ledger-sized paper	$.07 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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 CHECK TO SEE IF THERE ARE ANY PERMITS FOR FINISHED BASEMENT,
600 HARDWOOD GROVE CT.
BLOCK 50.01 LOT 21
8/10/17 Taken care of, per Sue.

Recd 7/31/17

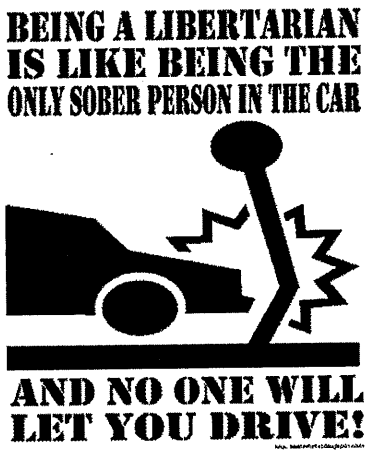
Due 8/9/17

OPRA Request

to Township of Harrison

Submitted via Fax to 856-478-2498 on Monday, July 31, 2017

Requestor: **Libertarians for Transparent Government, a NJ Nonprofit Corporation.**



This is our request under the Open Public Records Act (OPRA) and the common law right of access. Please send all responses and responsive records via e-mail to NJTransparency@yahoo.com. If you have any questions please call 732-873-1251.

Records Requested:

For the case of Jennifer Keenan v. Township, Case No. 1:16-cv-03033, which the court's computer system shows as having settled on April 11, 2017, we would like the following records:

1. The most recently amended civil complaint filed by the Plaintiff or, if there are no amendments, please send the original civil complaint. Please do not send us summonses, case information statements, etc.

2. The agreement(s) or release(s) that sets forth the terms and amount of settlement, i.e. the "settlement agreement(s)" related to this case.

7/31/17 emailed that they must contact court directly

8/9. emailed - will have it by 8/11

8/10 - emailed documents

Recd 7/31/17 Due 8/9/17

Harrison Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-478-4111 Fax: 8564782498

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 7/31/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 7/23/2017

End Date 7/29/2017

emailed 8/8/17

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature **Date**

07/27/2017 10:18 8566900542 PAGE 01/04

Due 8/7/17

Rcd 7/27/17

Law Offices

Lipman, Antonelli, Batt, Gilson, Rothman & Capasso

A Professional Corporation

Founded 1931

William M. Gilson +*
Steven L. Rothman #
Jane B. Capasso •

Gerald J. Batt
Of Counsel

+ LLM IN TAXATION
* ALSO MEMBER OF PA BAR
# ALSO MEMBER OF NY BAR
• ALSO MEMBER OF DE BAR

110 North Sixth Street
P.O. Box 729
Vineland, NJ 08362-0729
(856) 692-8000
Fax (856) 690-0542

REPLY TO:
P.O. Box 729
Vineland, NJ 08362-0729

Phillip L. Lipman
(1909-2002)

America Antonelli
(1930-1998)

Robert F. Dunlap
(1935-1995)

MOORESTOWN OFFICE
400 N. Church Street
Suite 250
Moorestown, NJ 08057

e-mail: WGilson@lipmanlaw.org

TELECOPIER COVER SHEET

DATE: July 27, 2017

TO: Diane Malloy, RMC, Custodian of Records

ATT: (856) 478-2498

RE: OPRA Request

FROM: William M. Gilson, Esq.

Fax transmitted by: Transmitting from: (856) 690-0542

Transmitting 4 pages
(Including cover sheet)

COMMENTS:

emailed 7/31/17

Attention

IF YOU DO NOT RECEIVE THE TOTAL NUMBER OF PAGES BEING TRANSMITTED, PLEASE CALL (856) 692-8000, IMMEDIATELY, AND WE WILL RESEND THE PAGES.

HARD COPY WILL FOLLOW BY MAIL: HARD COPY WILL NOT FOLLOW BY MAIL:

Recd 7/14/17 Due 7/25/17

dmalloy@harrisontwp.us

From: cquast@harrisontwp.us
Sent: Friday, July 14, 2017 11:08 AM
To: Diane Malloy
Subject: FW: OPRA Request

FYI: I will get started....let me know my deadline.

From: Bob Bower [mailto:bobbower7@gmail.com]
Sent: Friday, July 14, 2017 10:59 AM
To: cquast@harrisontwp.us
Subject: Re: OPRA Request

Cyndi - thanks for your e-mail. I would think that it would make more sense to just delete any litigation items from the file. But since that is not my decision or yours, let me get started by asking for items that are identified in the resolutions that I have (22-2008, 28-2008, 9-2010, 12-2010):

1) Resolution 11-2007 adopted by the Zoning Board on March 28, 2007.
2) The following letters referenced in Resolution 28-2008:
   a) A March 19, 2008 review letter from Remington & Vernick
   b) A March 11, 2008 letter from Pennoni
   c) A March 20, 2008 letter from Metcalf & Eddy
3) The following items referenced in Resolution 9-2010:
   a) A settlement agreement, dated May 5, 2009 (see page 2 of the resolution)
   b) The September 8, 2009 amendment to the above settlement agreement
   c) The January 28, 2010 second amendment to the settlement agreement
   d) A January 19, 2010 review letter from Remington & Vernick
   e) A January 18, 2010 letter from BCM Engineers (see page 22)
4) The following items referenced in Resolution 12-2010:
   a) A January 26, 2010 letter from NJDEP (see page 2)
   b) A May 18, 2010 letter from Remington & Vernick
   c) A letter dated January 25, 2010 (author unknown; see Item 4a. on page 3)
   d) The letter from Michael Filmyer referenced in Item 17 on page 15.

Thank you for your help in this matter. It would be appreciated if you could e-mail the above documents to me.

On Thu, Jul 13, 2017 at 12:23 PM, <cquast@harrisontwp.us> wrote:

Bob,

DUE 7/20/17

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

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 B. Last Name BOWER

E-mail Address bobbower7@gmail.com

Mailing Address 305 WEST MAIN STREET

City MOORESTOWN State NJ Zip 08057

Telephone 856-234-1018 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 Robert B. Bower Date 7-7-11

Payment Information

FEES:

MUNICIPAL SEARCH	$10.00
AUDIO CD/TAPE	$ 1.00
Letter-sized paper or smaller	$.05 per page
Legal-sized or Ledger-sized paper	$.07 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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.

Settlement agreement, dated 5-5-2009, regarding the Vasalli Property (Block 45, Lot 16). Referenced in the Township's Housing Element.

emailed 7/19/17

Recd 8/28/17

Due 9.7.17

Harrison Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-478-4111 Fax: 8564782498

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 8/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/20/2017

End Date 8/26/2017

emailed 9/5/17

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

_____ _____

Custodian Signature Date

Rec'd 9/6/17 Due 9/15/17

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

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 Brittany MI A Last Name Smith

E-mail Address Brittahys@cisleads.com

Mailing Address 110 Kinnelon Road

City Kinnelon State NJ Zip 07405

Telephone 973-492-0509 FAX 800-962-0544

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

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

Signature Brittany Smith Date 9/5/17

Payment Information

FEES:

200' LIST	$10.00
MUNICIPAL SEARCH	$10.00
AUDIO CD/TAPE	$ 5.00
Letter-sized paper (8-1/2 x11)	$.05 per page
Legal-sized paper (8-1/2X14)	$.07 per page
Ledger-sized paper (11X17)	$.10 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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.

A copy of only those pages of the Joint Land Use Board application for TGF Investment group located at 165 Bridgeton Pike, Mullica Hill, Block 57.19 lot 40.08 that includes the name, address, and telephone # for the owner, applicant, engineer, architect, and attorney.

emailed 9/6/17

Recd 8/31/17 Due 9-12-17

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

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 ____ Last Name Datz

E-mail Address Jhdatz@comcast.net

Mailing Address 89 Woodland Avenue

City Mullica Hill State NJ Zip 08062

Telephone 856-478-2153 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 Steve Datz Date ____

Payment Information

FEES:	
200' LIST	$10.00
MUNICIPAL SEARCH	$10.00
AUDIO CD/TAPE	$ 5.00
Letter-sized paper (8-1/2 x11)	$.05 per page
Legal-sized paper (8-1/2X14)	$.07 per page
Ledger-sized paper (11X17)	$.10 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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.

BLOCK 62
LOT 1
19 EAST AVENUE

Site Plan & Survey Request
8-30-17 called and left message that plan is here.
8.31.17 emailed - Cyndi
9-5-17 Complete per Cyndi

Recd 8/15/17

Due 8/24/17

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Amy MI ____ Last Name Han

E-mail Address amyhan324@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone 856-383-0803 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 8/15/17

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.

Can you please provide me with a list of the latest quarter's tax delinquent homes with owner's information (i.e. name, mailing addresss, etc) and the total delinquent amount from current to previous year(s) in excel format via email.

If for any reason, you are unable to provide that list, please state the reason in detail. Thanks in advance.

Instructions on how to generate the report in excel in the Edmund System:
In Edmund Billing/Collection Tax Collections Accounts Tax Custom Reports. On Page 3 Select year and date range you want. Check boxes Utility balance as of date (will be date you put in end of range) and Year/Prd Range balance for Taxes. Page 1 on bottom left corner is check box for excel. On Page 2 select all the boxes requested by the requester. (name, property address, mailing address, class, etc.)

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

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 Diana MI _____ Last Name Rabatinova

E-mail Address diana.rabatinova@am.jll.com

Mailing Address 1 Meadowlands Plaza, Suite 804

City East Rutherford State NJ Zip 07073

Telephone 201-528-4432 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 *Diana Rabatinova* Date *8/25/2017*

Payment Information

FEES:

MUNICIPAL SEARCH $10.00
AUDIO CD/TAPE $ 1.00

Letter-sized paper or smaller $.05 per page

Legal-sized or Ledger-sized paper $.07 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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 list of liquor license holders in the city of Harrison. Please provide me with a list of available liquor licenses as well.

8/25/17 emailed

Recd 8/14/17 Due 8/23/17

Harrison Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-478-4111 Fax: 8564782498

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 8/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/6/2017

End Date 8/12/2017

emailed 8/21/17

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

RECEIVED
AUG 15 2017
TOWNSHIP OF HARRISON
CONSTRUCTION OFFICE

Important Notice

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

Requestor Information – Please Print

First Name Angela MI ____ Last Name Amilcare

Email Address amilcare1365@yahoo.com

Mailing Address 702 Carlton Ct

City Mullica Hill State NJ Zip 08062

Telephone 609-774-0402 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 Angela Amilcare Date 8-15-17

Payment Information

FEES:

MUNICIPAL SEARCH	$10.00	#1,4
AUDIO CD/TAPE	$ 1.00	
Letter-sized paper or smaller	$.05 per page	x28=
Legal-sized or Ledger-sized paper	$.07 per page	x49 = #3,43
		#4.83

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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.

Bldg Permits & approvals showing bracis and trusses individual housing plans

Pd 4.83 8/18/17 DM

8. Police reports, which are within the possession, custody or control of the prosecutor; and

9. Names and addresses of each person whom the prosecutor expects to call to trial as an expert witness, the expert's qualifications, the subject matter in which the expert is expected to testify, copy of the report, if any of such expert witness, or if no report is prepared, a statement of the facts and opinions to which the expert is expected to testify and a summary of the grounds for each opinion.

Kindly advise as to the fees associated with this request and payment will be remitted promptly.

Thank you.

Very truly yours,

WEINBERG, KAPLAN & SMITH
A PROFESSIONAL ASSOCIATION

BY: AMY SMITH
FOR THE FIRM

AS:ps
cc: Mr. Wesley Hall, *via email*

WEINBERG KAPLAN & SMITH, P.A.
FAMILY LAW ...& MORE
compassion, guidance, resolution

RECEIVED AUG 04 2017

PTL. Rodgers
1632
2017-19263

August 1, 2017

Harrison Township Police
137 N. Main Street
Mullica Hill, NJ 08062
VIA US MAIL and FASCIMILE @856-478-6839

Re: Police Case No. 2017-19263

Dear Sir or Madam:

Please be advised that this office represents Mr. Wesley Hall. In accordance with R:3:13-3, please provide my office with any and all discovery in connection with Case No. 2017-19263, including but not limited to:

1. Books, tangible objects, papers or documents obtained from or belonging to the defendant;

2. Records of statements or confessions signed or unsigned by the defendant or copies thereof, and a summary of any admissions or declarations against penal interest made by the defendant that are known to the prosecution but not recorded;

3. Results or reports of physical or mental examinations and of scientific tests or experiments made in connection to the matter or copies thereof, which are in the possession, custody or control of the prosecutor;

4. Reports or records of prior convictions of the defendant;

5. Books, papers, documents or copies thereof, or tangible objects, buildings or places which are within the possession or custody or control of the prosecutor;

6. Names and addresses of any persons whom the prosecutor knows to have relevant evidence or information, including a designation by the prosecutor as to which of those persons may be called as witnesses;

7. Record of statements signed or unsigned, by such persons or by co-defendants, which are within the possession, custody or control of the prosecutor and any relevant record of prior convictions of such persons;

Joseph M. Weinberg • Dawn Kaplan • Amy Smith • Luke D. Griffith • Jill Dell'Aquilo
8000 Sagemore Drive, Suite 8202, Marlton, NJ 08053 • (O) 856.795.9400 • (F) 856.795.9469 • www.wksnjlaw.com

rcd 9/11/17

Due 9/20/17

Harrison Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-478-4111 Fax: 8564782498

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature _____ Date 9/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/3/2017

End Date 9/9/2017

emailed 9/19/17

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Rec'd 9/14/17

Due 9/25/17

TOWNSHIP OF HARRISON
OPEN PUBLIC RECORDS ACT REQUEST FORM

114 Bridgeton Pike, Mullica Hill, NJ 08062
Ph: (856) 478-4111 Fax (856) 478-2498

Custodian of Records – Diane Malloy, RMC
dmalloy@harrisontwp.us

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 Grain MI ____ Last Name Fleny

E-mail Address GFLENY@SWARTZCAMPBELL.com

Mailing Address 50 S. ~~16~~ 16th St. 28th FL Philadelphia PA

City Philadelphia State PA Zip 19102

Telephone 215-299-4273 FAX 215-299-4301

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 9/14/17

Payment Information

FEES:

MUNICIPAL SEARCH	$10.00
AUDIO CD/TAPE	$ 1.00
Letter-sized paper or smaller	$.05 per page
Legal-sized or Ledger-sized paper	$.07 per page

DEBIT / CREDIT CARDS ARE NOT ACCEPTED

Accepted forms of Payment: Cash, Check, Certified Check or Money Order

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.

Certificate of Occupancy for:

1. 632 Bainbridge Dr., Mullica Hill 08062 (in 2006)
2. 504 Windsor Rd., Mullica Hill 08062 (in 2013)

4/15 emailed attached