Rich Phillips

Sent 8/15 to Fiore

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of Public Records

Due Aug 17

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: Charles MI: A. Last Name: Fiore, Esquire

E-mail Address: cfiore6@verizon.net

Mailing Address: 34 South Main Street

City: Williamstown State: NJ Zip: 08094

Telephone: 856-875-1166 FAX: 856-875-1412

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: 8/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of any and all Township approvals for Soil Mining Applications and/or Permits within the Township. Copies of all applications submitted for any soial mining applications and/or permits; copies of all general correspondence concerning any and all soil mining applications as well as all correspondence from the Township Engineer; Township Planner, Planning Board Secretary; Planning Board Members as well as all permits granted for Sahara Sands from 1980 to present date. Copies of all Planning and/or Zoning Board applications, Approvals, Resolutions of Approvals or denials; Engineer and/or Planner's reports and correspondence as it relates to Sahara Sands mining and/or soil removal operations or any other mining operations within The Township of Franklin from 1980 to 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 #
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

To P/2
Solicitor
Brent

Custodian Signature Date

8/8/17

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freljomil, *Custodian of 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: Barbara MI: ____ Last Name: Haynes

E-mail Address: barbara.haynes@pemco-limited.c

Mailing Address: PEMCO Limited C/O 820 Bear Tavern RD

City: W. Trenton State: NJ Zip: 80628

Telephone: 720-509-3249 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. Have not

Signature: Barbara Haynes Date: 08/17/17

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.

Block. 6904 Lot: 29

Any notice of open permits/code violations currently pending on the referenced property address to date:
address:
1284 FOREST GROVE

Records show no open Permits and no open code violations. Onsite inspection on 8-17-17. Cot. Insp. Bill Trunzo

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 FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

Due Aug 17

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694-1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of 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: Charles MI: A. Last Name: Fiore, Esquire

E-mail Address: cfiore6@verizon.net

Mailing Address: 34 South Main Street

City: Williamstown State: NJ Zip: 08094

Telephone: 856-875-1166 FAX: 856-875-1412

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: 8/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of any and all Township approvals for Soil Mining Applications and/or Permits within the Township. Copies of all applications submitted for any solal mining applications and/or permits; copies of all general correspondence concerning any and all soil mining applications as well as all correspondence from the Township Engineer; Township Planner, Planning Board Secretary; Planning Board Members as well as all permits granted for Sahara Sands from 1980 to present date. Copies of all Planning and/or Zoning Board applications, Approvals, Resolutions of Approvals or denials; Engineer and/or Planner's reports and correspondence as it relates to Sahara Sands mining and/or soil removal operations or any other mining operations within The Township of Franklin from 1980 to present.

7/17/17 9:00 called Chuck Fiore = " 2014. File - he wants to review just the 2014 file + will be in 7/18/17 Friday 9:00 am

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 #
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

To P/2
Solicitor
Brent

Custodian Signature Date

8/8/17

DCE

Aug. 24

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694-1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of 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 Dennis MI P Last Name Komis dr.

E-mail Address Dkomis@msn.com

Mailing Address 1793 Carnage Dr.

City Williamstown State NJ Zip 08094

Telephone 609-744-4311 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 Dennis Komis Jr Date 8-14-17

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.

I would like information regarding 1358 Coles Mill Rd (back)
block 6201
lot 50
Is this located in the Pinelands? Yes see attached Can horses, barns, and other live stock be placed on this property? Yes, See attached 253-156 B + C and below

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

Emailed 8/18/17

Custodian Signature Date

8/17/17 elr to Clerks office 2 pages & Tax account Maintenance + PRR permitted use list: Also gave 8page - Recommended Guidelines for home animal agricultural in residential areas - RUTGERS. doublesided. Clerks office to Send to Requestor

8/10

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of Public Records*

Denied Letter

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: Mervyn MI: S Last Name: Daniel

E-mail Address: mervyn.samson@slkgroup.com

Mailing Address: SLK Global Solutions America - 2727 LBJ Freeway Suite 420

City: Dallas State: TX Zip: 75234

Telephone: 855-512-4803 FAX: 888-908-3471

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

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

Signature: Mervyn Samson Daniel Date: 08/10/2017

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.

Please advise if there are any Open Code Violations or any Open/Expired Building Permits for property address :
File#: 531372
Block: 3311 Lot: 7
Add: 373 Porchtown Road Newfield NJ 08344

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**

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

Due 8/31

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 Nicholas MI I Last Name Deitz

E-mail Address deitzn0@gmail.com

Mailing Address 78 Lakeside Ave.

City Franklinville State NJ Zip 08322

Telephone (856) 562-9002 FAX _____

Preferred Delivery: Pick Up X 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 [signature] Date ~~8-22-17~~ 8-22-17

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 submitted for work performed by contractor
Value of work reported with permits

Emailed 8/23/17

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 _____

Due By Sept 5

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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: Lauren MI: Last Name: Spina

E-mail Address: Responses@propertydebtresearch

Mailing Address: 6801 Palisades Park Court Suite 2

City: Fort Myers State: FL Zip: 33912

Telephone: 8775436669 FAX: 2393164013

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 _____

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 code violations, payoffs and permits for 2141 Stanton AVE., Franklinville NJ
Inspected Dwelling on 8-17-17. No open violations on file.
No open permits and or no building violations as per C.O.T/Zoning Officer, Bill Tompe

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 _____

Bill Tompe 8-25-17

Due Sept 6

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1278

RECEIVED
AUG 25 2017
TOWNSHIP 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 ____ Last Name Nastasi

E-mail Address joe@nastasiconstruction.com

Mailing Address 6 Enterprise Ct

City Sewell State NJ Zip 08080

Telephone 856-371-9916 FAX 856-294-9904

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 8/25/17

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.

Looking to get a copy of a final grading plan or survey for Block 2002 Lot 39.03. Williamstown Rd. Have a buyer looking at flag lot behind it and I need to see the actual property dimensions

9/1/17 elr researched but found that zoning permits for 2004 were destroyed as per N.J State Record Retention : Reduction AUG25 17 2:39

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Franklin Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-694-1234 Fax: 8566941279

Aug 24th

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

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

160.05

.80 Emailed price .80

Custodian Signature _____ Date

Franklin Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-694-1234 Fax: 8566941279

Aug 30

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 8/21/2017

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 8/13/2017

End Date 8/19/2017

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

1.55

emailed cost

8/30

Custodian Signature _____ Date _____

Sept 7

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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: William MI: R Last Name: Scull

E-mail Address: Bill@Ulbrich-Scull.com Ulbrich-Scull Investigations, LLC

Mailing Address: Post Office Box #428

City: Northfield State: NJ Zip: 08225

Telephone: 609.385.6178 FAX: 1.866.234.7766

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 08/26/2017

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.

Vtel

Mailed 9/6/17

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ **Custodian Signature**

_____ **Date**

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 Jason MI R Last Name Brandt

E-mail Address jason@brandtdevelopment.com

Mailing Address 688 Rosemont Ave.

City Newfield State NJ Zip 08344

Telephone 856-498-9421 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 _____ Date 8/30/17

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

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 Subdivision Map & Resolution for PB 06-24 Approved Jan. 17, 2007

Block 7201 Lots 5, 5.01, 5.02, 5.03 & 5.04

Due Sept 12

Viewed

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 _____

Due Sept 8

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694-1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of Public Records

Emailed 9/6/17

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: Alexandria MI: Last Name: Brown

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

Mailing Address: 4600 S Ulster St, Suite 530

City: Denver State: CO Zip: 80237

Telephone: 720-509-3238 FAX:

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

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: 8/29/2017

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.

No open violations and all building, plumbing, electrical + fire permits closed,

In search of any open code violations for property address 7 Crysta Court, Franklinville, NJ, 08322.

on this property as of 9.5.17 -

Zoning & C.O. Inspection done, Bill Trampe

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Balance 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 #
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

Block # 2002 - Lot # 32.01

Due 9/14

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

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 E Last Name Wildonger

E-mail Address mwildonger@comcast.net

Mailing Address 1844 Dutch Mill Road

City Franklinville State NJ Zip 08322

Telephone (609) 457-4669 FAX None

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

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

Signature [signature] Date 9/4/17

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 am requesting ALL correspondence, letters and e-mails to or from Franklin Township pertinent to any environmental complaint and subsequent inspection visit on the date on or around March 23rd, 2017. I was inspected by township staff and/or police, and county staff and/or police, and DEP staff and/or police, and/or state police. And the same information for all other dates, if any, that environmental inspections on 1844 Dutch Mill Road property, Lot 5802, Block 42 that might possibly have occurred between then and now that I am unaware of at the present time.

Reply To mwildonger@comcast.net
copy To gwildonger@comcast.net

9/11/17 clr researched and found nothing on the above and sent back to Clerk's office.

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 #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

Due 9/14

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

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 E Last Name Wildonger

E-mail Address mwildonger@comcast.net

Mailing Address 1844 Dutch Mill Road

City Franklinville State NJ Zip 08322

Telephone (609) 457-4669 FAX None

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

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

Signature [signature] Date 9/4/17

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 am requesting ALL correspondence, letters and e-mails to or from Franklin Township pertinent to any environmental complaint and subsequent inspection visit on the date on or around March 23rd, 2017. I was inspected by township staff and/or police, and county staff and/or police, and DEP staff and/or police, and/or state police. And the same information for all other dates, if any, that environmental inspections on 1844 Dutch Mill Road property, Lot 5802, Block 42 that might possibly have occurred between then and now that I am unaware of at the present time.

Reply To MWildonger@comcast.net
copy To gwildonger@comcast.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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

Dec Sept 14

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

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 Oleg MI ____ Last Name Vitkovski

E-mail Address ____

Mailing Address 147 Driftwood Ct. [illegible]

City Galloway State N.J Zip 08205

Telephone 303-522-4710 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 9/6/17

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.

RE: ZB 13-09 Please furnish one copy of Zoning Board Engineer's letter 6/4/13, Plan showing parking of total of 20 sales + 5 employees = 25 cars, any other plans (Block 5054 Lot 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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of Public Records*

Due Sept 19

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 _____ MI _____ Last Name _____

E-mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

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

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

Signature Robbins 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.

B6904 L1.05

Attached
9/12/17 Ltr provided 2page Resolution + plan showing proposed house to Clerk's office

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

Called left message @ 8:13 am $.15 for pic
scanned + emailed to abigail.Robbins@century21.c

Custodian Signature _____ Date _____

Important Notice

The GRC site contains important information related to your rights to request government records. Please read it carefully. Instructions to complete the form are available.

At this time, not all State agencies are able to accept online requests. If the agency is not listed here, visit the agency web sites for instructions and forms.

You have entered the following request information.

Please verify for correctness and submit or revise using the buttons at the bottom of the page.

Due 9/13

The following Request for Information will be forwarded to the **Department of Treasury**.

See next page.

Requestor Information

First Name	MI	Last Name
Al		Wheeler

+ Minutes from Envi Asked for Clarif. on 9/11

Company

Mailing Address
P) Box 1111

City	State	ZIP
Hammonton	New Jersey	08037 -

Email
Alwheelerlaw@yahoo.com

Day Time Telephone:	Area Code	Number	Extension
	856	364 - 0400	

Preferred Delivery: E-Mail

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, or any other state, or in United States.

Record Request Information:
PLEASE PROVIDE RECORDS OF ALL PLANS SUBMITTED TO THE POLICE FIRE AND ENVIORNMENTAL COMMISSIONS FOR 2016,17.

Rec'd 9/5

Payment Information

Maximum Authorized Cost:
$ 10.

Payment Method:
Cash

Fees: Letter Size @ $0.05/page
Legal Size @ $0.07/page

Electronic Records: shall be provided free of charge, but agency may charge for cost of media, programming, clerical, supervisory assistance and/or substantial use of information technology.

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

Additional Charges: may be charged if extraordinary time/effort required, depending upon request.

Accept Revise

One wk ext. 9/20

privacy notice | legal statement

The GRC site contains important information related to your rights to request government records. Please read it carefully. Instructions to complete the form are available.
At this time, not all State agencies are able to accept online requests. If the agency is not listed here, visit the agency web sites for instructions and forms.

You have entered the following request information.
Please verify for correctness and submit or revise using the buttons at the bottom of the page.

Due 9/13

The following Request for Information will be forwarded to the **Department of Treasury.**

See next page.

Requestor Information

First Name	MI	Last Name
Al		Wheeler

Company

Mailing Address
P) Box 1111

City	State	ZIP
Hammonton	New Jersey	08037 -

Email
Alwheelerlaw@yahoo.com

Day Time Telephone:	Area Code	Number	Extension
	856	364 - 0400	

Preferred Delivery: E-Mail

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, or any other state, or in United States.

Rec'd 9/5

Record Request Information:
PLEASE PROVIDE RECORDS OF ALL PLANS SUBMITTED TO THE POLICE FIRE AND ENVIORNMENTAL COMMISSIONS FOR 2016,17.

Payment Information

Maximum Authorized Cost:
$ 10.

Payment Method:
Cash

Fees: Letter Size @ $0.05/page
Legal Size @ $0.07/page

Electronic Records: shall be provided free of charge, but agency may charge for cost of media, programming, clerical, supervisory assistance and/or substantial use of information technology.

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

Additional Charges: may be charged if extraordinary time/effort required, depending upon request.

Accept Revise

privacy notice | legal statement

9/13/17 ecr provided 31 pages to Clerk's office. Not all were at my disposal, and Thursday 9/14/17 I will get you the remainder

The following Request for Information has been forwarded to the **Department** of **Treasury**.

Your confirmation number is **W124711**. Please write this number down or print this page as a reference.

Requestor Information

First Name	MI	Last Name
Al		Wheeler

Company

Mailing Address
PO Box 1111 219 Bellevue Ave.

City	State	ZIP
Newfield	New Jersey	08344 -

Email
Alwheelerlaw@yahoo.com

Day Time Telephone:	Area Code	Number	Extension
	856	-	

Preferred Delivery: E-Mail

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, or any other state, or in United States.

Record Request Information:
Please provide copies of all building permits issued on Dutch Mill Road construction for 2016 and 2017' Please provide records of MV summons issued for Truck Violations of 4 Ton limit on posted township roads in 2016 and 2017.

Payment Information

Maximum Authorized Cost:
$ 10.

Payment Method:
Cash

Fees: Letter Size @ $0.05/page
Legal Size @ $0.07/page

Electronic Records: shall be provided free of charge, but agency may charge for cost of media, programming, clerical, supervisory assistance and/or substantial use of information technology.

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

Additional Charges: may be charged if extraordinary time/effort required, depending upon request.

- This is something Court can do if you contact them and fill out their forms.

9/14/17
Sent email to Contact Court

The **GRC site** contains important information related to your rights to request government records. Please read it carefully. **Instructions** to complete the form are available.

At this time, not all State agencies are able to accept online requests. If the agency is not listed here, visit the **agency web sites** for instructions and forms.

You have entered the following request information.

Please verify for correctness and submit or revise using the buttons at the bottom of the page.

Due 9/13

The following Request for Information will be forwarded to the **Department of Treasury.**

See next page.

Requestor Information

First Name	MI	Last Name
Al		Wheeler

Company

Mailing Address
P) Box 1111

City	State	ZIP
Hammonton	New Jersey	08037 -

Email
Alwheelerlaw@yahoo.com

Day Time Telephone:	Area Code	Number	Extension
	856	364 - 0400	

Preferred Delivery: E-Mail

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, or any other state, or in United States.

Record Request Information:
PLEASE PROVIDE RECORDS OF ALL PLANS SUBMITTED TO THE POLICE FIRE AND ENVIORNMENTAL COMMISSIONS FOR 2016,17.

Rec'd 9/5

Payment Information

Maximum Authorized Cost:
$ 10.

Payment Method:
Cash

Fees: Letter Size @ $0.05/page
Legal Size @ $0.07/page

Electronic Records: shall be provided free of charge, but agency may charge for cost of media, programming, clerical, supervisory assistance and/or substantial use of information technology.

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

Additional Charges: may be charged if extraordinary time/effort required, depending upon request.

Accept Revise

privacy notice | legal statement

9/13/17 3:59pm elr provided (31) pages to Clerk's office. Not all were at my disposal, and Thursday 9/14/17 I will get you the remainder 4:14pm elr gave Clerk (15) more copies.

9/14/17 9:35am elr provided (8) more copies to Clerk's office

Franklin Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-694-1234 Fax: 8566941279

Aug 16

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 8/7/2017

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 7/30/2017

End Date 8/5/2017

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 Faxed

Pd 9/15 – ~~Emailed~~ 9/15

1.00 emailed

Cost 9/15

Custodian Signature _____ Date _____

9-14

Franklin Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-694-1234 Fax: 8566941279

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 9/4/2017

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 8/27/2017

End Date 9/2/2017

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

Emailed Cost 9/13

1.30

Faxed 9/19/17

Custodian Signature

Date

To PZ
Due
Sept 28

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freljomil, Custodian of 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: Kari MI: Last Name: Hogan

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

Mailing Address: PEMCO Limited C/O Business Filings 820 Bear Tavern Rd

City: W Trenton State: NJ Zip: 08688

Telephone: 720-509-3261 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: Kari P Hogan 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 are no open violations and no open permits.
Bill Stumpf, Zoning Off.
9-21-17

Please send documentation on any OPEN code violations in regards to 65 Elmer St Franklinville, NJ 08322
Lot 23 Block 3908

Sent 9/21/17

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

Due Sept 7

Franklin Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-694-1234 Fax: 8566941279

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

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

1.00

Cost to Devlin 9/6/17

Custodian Signature ____ Date ____

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of Public Records

Due Sept 28

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: Barbara MI: r Last Name: Haynes

E-mail Address: Barbara.Haynes@pemco-limited.c

Mailing Address: 820 Bear Tavern Road.

City: West Trenton State: NJ Zip: 08628

Telephone: 720-509-3249 FAX: 30-284-8026

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

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

Signature: Barbara Haynes Date: 09-19-2017

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.

Is there any notice of open permits/code violations currently pending on the referenced property address to date:
2668 TUCKAHOE RD

Also, has this property been previously registered with the program?
If so who registered it?
when was it ?
and what is the next fee due for this? there is no code violations on this property. There is an open plumbing permit to have oil tank removal from ground - Final completion and inspection will be done on 10-3-17.

Bill Trample Zoning Officer

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

Emailed 9/20/2017 @ 10:37

Custodian Signature Date

Due Sept 28

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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: Barbara MI: r Last Name: Haynes

E-mail Address: Barbara.Haynes@pemco-limited.c

Mailing Address: 820 Bear Tavern Road.

City: West Trenton State: NJ Zip: 08628

Telephone: 720-509-3249 FAX: 30-284-8026

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

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

Signature: Barbara Haynes Date: 09-19-2017

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.

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

2738 DUTCH MILL RD

Also, has this property been previously registered with the program?
If so who registered it?
when was it ?
and what is the next fee due for this?

There is no history of open permits or code violations on this property. Bill Gumpe, Zoning Officer

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

Emailed 9/20/2017 @ 10:37

Custodian Signature Date

Out 3

Const.

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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: Alexa | MI: | Last Name: Macartney

E-mail Address: alexa.macartney@foxroach.com

Mailing Address: 157 Bridgeton Pike Suite 100

City: Mullica Hill | State: NJ | Zip: 08062

Telephone: 856-381-2972 | 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: Alexa Macartney | 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 provide information in regards to 330 Fergeson ave Franklinville, NJ 08322. Any and all info on oil tanks, septic tanks, and wells on the property.

See attached 9/26/17

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

Emailed @ 10:24
9/27/17

Custodian Signature | Date

Oct 6 12

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freljomil, *Custodian of 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: Barbara MI: Last Name: Haynes

E-mail Address: barbara.haynes@pemco-limited.c

Mailing Address: 820 Bear Tavern Road.

City: West Trenton State: NJ Zip: 08628

Telephone: 720-509-3249 FAX: 303-284-8026

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

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

Signature _____ Date 09-27-2017

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.

No open permits and no code violations on file.
Registration fee was paid on this Property as vacant.

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

895 Broad St Block - 2402 - Lot. 16

As Per, Bill Trimpe, Zoning Officer

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 _____

SEP27 11

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 _____

3:23

Oct 1

Clerk

From: Kate Baker <k.zielsdorf18@gmail.com>
Sent: Thursday, September 21, 2017 2:44 PM
To: clerk@franklintownship.com
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

SEP21 17 2:5

Due Sept 6.

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of 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: Margaret MI: Last Name: Hanratty

E-mail Address: Shanratty@Franklintownship.com

Mailing Address: 500 Swedesboro Rd

City: Franklinville State: NJ Zip: 08322

Telephone: 856-694-1234 X147 FAX: 856-694-2823

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: Margaret Hanratty Date: 8/25/17

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.

Resolutions For Construction Official Building Subcode, Plumbing Subcode passed at meeting of 8/24/17, including Financial contract and ucc license numbers. There are no financial contracts Did not pickup.

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.

D'Amico: 005863

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

Saunders: 011155

Cost .14

Custodian Signature _____ Date _____

Due Oct 6

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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: Laurie MI: J Last Name: Burns

E-mail Address: lburns@co.gloucester.nj.us

Mailing Address: 2 South Broad Street, 3rd Floor

City: Woodbury State: NJ Zip: 08096

Telephone: 856-853-3271 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: Laurie Burns Date: 9/27/17

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 am requesting a copy of Franklin Township's 2017 Salary Ordinance or any 2017 Ordinance and/or Resolution that sets forth the yearly salary for the Mayor and committee members. If such ordinance or resolution does not exist for 2017, please provide a copy of the payroll record that shows the 2017 salaries for the current mayor and committee members for Franklin Township.

The 2015 Salary Ordinance is still in effect.
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 ca
delivered in seven business da
detail reasons here.

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

ost

Total
Deposit
Balance Due
Balance Paid

Date

Stef ~~Tiffany~~, Send this to lburns@co.gloucester.nj.us on Oct 6, (Friday) Thanks. Barb

SEP 27 2017 2:39P

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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: Amanda MI: R Last Name: Jimenez

E-mail Address: liens@ntis.com

Mailing Address: 945 S Florida Ave

City: Lakeland State: FL Zip: 33803

Telephone: 863-698-7557 FAX: 815-361-9033

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: Amanda Jimenez Date: 10/4/17

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 documentation as to whether there are currently any open or active code compliance, building maintenance, or nuisance code violations, any open or expired building permits, or any unpaid fines/fees related to violations or permits for the property below:

Property: 67 Tern Drive, Franklinville, NJ 08322

Block: 3706 Lot: 11

There are no open code violations or any opened / expired building Permits on this Property.

10-05-17 Bill Thompson, Zoning Officer

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 _____

Due Oct 11

Env.
P12
Const on comp
OEM may

SEP29 17 1:28

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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: Jacquelyn MI: A Last Name: Fagan

E-mail Address: jfagan@cmeusa1.com

Mailing Address: 3759 U.S. Highway 1 South - Suite 100

City: Monmouth Jct State: NJ Zip: 08852

Telephone: 732-951-2101 FAX: 732-951-2106

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 _____

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.

On behalf of the Township of Franklin, CME Associates is conducting a Preliminary Assessment at the Piney Hollow Preservation Area located at Piney Hollow Road & Unexpected Road and designated as Block 6602, Lots 3 & 4, in the Township of Franklin, Gloucester County, NJ. The purpose of a Preliminary Assessment is to identify any potential sources of environmental contamination at the Site. Please provide access to all available records pursuant to Preliminary Assessment / Phase I Environmental Assessment requirements. These may include, but are not limited to the following:

1) Previous Environmental Investigations, Remedial Actions, and/or Reports
2) Historic environmental permit applications
3) Any prior site development applications and site plans
4) Current and previous ownership records and documentation pertaining to historical use of the property
5) Historical operations, including information on former agricultural operations
6) Any information about buildings, septic systems, underground storage tanks, and/or wells that may exist on Site
7) Reports of any spills and/or discharges, storage of hazardous substances, fires, and/or documentation of any emergency response

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

Sent 10/9

Custodian Signature _____ Date _____

10/3

Franklin Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-694-1234 Fax: 8566941279

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 9/25/2017

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 9/17/2017

End Date 9/23/2017

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

17 @ .5

.85

emailed cost 10/3

Custodian Signature _____ Date _____

OPEN PUBLIC RECORDS ACT (OPRA)

emailed 10/10/17 **Records Request**

Date	Thursday 9/28/2017, 1:19 PM
Requestor:	Libertarians for Transparent Government, a NJ Nonprofit Corporation
Agency:	Township of Franklin
Transmitted:	Via Fax to 856-694-1279
Instructions:	Please accept this as 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 on this request please call 732-873-1251.

Records requested:

1. The contracts with Leah Vassallo, public defender, or her lawfirm authorized by R-7-2011, R-7-2012 and R-7-2013.

2. For the period of time beginning October 21, 2011 and ending July 23, 2013, all invoices, along with any attached detail sheets, submitted by Vassallo or her law firm in order to receive payment under the terms of any of the three contracts responsive to #1 above. There are no invoices.

3. For Nancy Kennedy Brent, her "title, position, salary, length of service, date of separation and the reason therefor." (N.J.S.A. 47:1A-10). We request this information for all titles she holds, including Township Administrator and Law Director. (If you take the position that this request is invalid because it seeks "information" instead of identifiable "records," before denying this request please review a May 18, 2017 article on http://njopengovt.blogspot.com entitled "Court: OPRA Section 10 allows requestors to ask for personnel "information," does not require a request to be for specific, identifiable records.")

emailed 10/11

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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 ALYSIA MI Last Name REMALEY

E-mail Address ma@myrightslawyers.com

Mailing Address 424 Bethel Rd

City Somers Point State NJ Zip 08244

Telephone 609-788-3595 FAX 609-788-3599

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 10/09/17

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.

1) Any and all copies pertaining to woodland/ tree removal, clear cutting and/or ground clearing permits issued to Vincent Falciani, Jr. and/or Falciani's Farmer's Packing Supply, Inc. located at 2676 Harding Highway, Newfield, New Jersey 08344, Block 5065, Lot 6 since 2001 to 2017.

2) Any and all copies pertaining to woodland/ tree removal, clear cutting and/or ground clearing issued to Neil J. Falciani and/or the owner of the land located at 2598 Harding Highway, Newfield, New Jersey, 08344, Block 5065, Lot 7 since 2001 to 2017.

10/10/17 clr researched + found nothing for the above. Sent to Clerk's office.

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 _____

Sept 22

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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: Emily MI: Last Name: LaBeaume

E-mail Address: elabeaume@gmail.com

Mailing Address: 124 9th Avenue

City: Pitman State: NJ Zip: 08071

Telephone: 908-342-1267 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: 9/13/17

Payment Information

Maximum Authorization Cost $ 10.00

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.

I am requesting a list of mailing addresses of licensed dog owners residing in Franklin Township, NJ. 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 #: _____
Rec'd Date: _____
Ready Date: _____
Total Pages: _____

Final Cost

Total: _____
Deposit: _____
Balance Due: _____
Balance Paid: _____

Records Provided

$1 183.45

Custodian Signature Date

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

Oct 17

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856 694-1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of 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: Adrienne MI: Last Name: Benton

E-mail Address: a_benton@outlook.com

Mailing Address: PLEASE EMAIL OR CONTACT VIA EMAIL IF UNAVAILABLE BY SAME

City: State: Zip:

Telephone: FAX:

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

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

Signature: A. Benton Date: 10/4/17

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.

Abandoned Property List Requested
for all of Franklin Township

If available via electronic medium
also requested is a

Lot & Block Map of Franklin Twp.

Sent
10/11/17

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

OCT 5 17 8:20

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

Oct 21

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 Frank MI J Last Name Errig Sr.

E-mail Address eflyers124@verizon.net

Mailing Address 801 Lincoln Dr.

City Clayton State NJ Zip 08312

Telephone 856-466-7666 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 Frank Errig Date 10/12/17

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 am requesting overtime records for Dylan Deola for the dates of 7/20/17 to 9/27/17. I would like to see if he worked overtime when he was on light duty.

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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: Kerry MI: A Last Name: Clark

E-mail Address: k.clark@constructionjournal.com

Mailing Address: 400 SW 7th Street

City: Stuart State: FL Zip: 34994

Telephone: 800-785-5165 FAX: 888-825-6297

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: Kerry Ann Clark Date: 2/21/17

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.

May I please have a copy of the Site Plan Application Form (no plans) emailed to me for the following project:
Community Apostolic Church
Block 1903, Lot 50 or 1386 Fries Mill Road
Public hearing is scheduled for March 7th with Zoning Board of Adjustment

If you have any questions, please feel free to reach me via phone or email. Thank you, Kerry Ann

denied

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 _____

10-19

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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: Michael MI: ____ Last Name: Virga

E-mail Address: virga@rowan.edu

Mailing Address: 116 Cedar Road

City: Pittsgrove State: NJ Zip: 08318

Telephone: 856-392-3393 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: Michael Virga Date: 10.4.17

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.

Police Use of Force Report forms, individual not summary reports, from January 1 2013 through December 31 2016. Suspect names can be redacted if needed per policy. Under NJSA 2C: 28-3, I certify I have not been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. Information is being collected for University research

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

Emailed 10/20 9:35.

Custodian Signature ____ Date ____

Ilana Frier
The Lenzner Firm, P.C.
815 Connecticut Ave NW
Suite 730
Washington, DC 20006

October 18, 2017

Franklin Township Police Department
Attn: Records Division

Re: New Jersey Open Public Records Act Request

Dear Open Records Officer:

Pursuant to the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I request copies of the following public records:

- Copies of all records of 911 calls for service to 2585 Tuckahoe Road in Franklinville, New Jersey since December 1, 1991.
- Copies of all arrest, incident or other reports filed in association with 2585 Tuckahoe Road in Franklinville, New Jersey since December 1, 1991.
- Copies of all arrest, incident, traffic or other reports filed in association with: "Gina Bombara," "Gina Joie," "Danielle Bombara" or "Danielle Griffith" since 1985.

In the event that portions of certain materials are exempt from disclosure, please provide any reasonably segregable non-exempt portions. Additionally, if the Franklin Township Police Department believes any records are exempt from disclosure, please provide a detailed justification specifically identifying the reason each record is withheld.

The New Jersey Open Public Records Act requires a response to this request within seven days. If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If there are fees for searching or copying records, please notify me if the costs will exceed $20. I also request that, if possible, responsive records be electronically transmitted to me at ifrier@igint.com or by fax at (202) 789-7740.

Thank you in advance for your assistance. Please contact me at (202) 789-7620 or ifrier@igint.com if you have any questions or concerns about my request.

Best,

Ilana Frier

Place Logo Here

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address

Name of Agency Custodian

Place Logo Here

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 Jim MI _____ Last Name O'Donnell

E-mail Address James.O'Donnell@nbcuni.com

Mailing Address 10 Monument Road

City Bala Cynwyd State PA Zip 19004

Telephone 215-913-0273 FAX 610-668-5649

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 *James O'Donnell* Date 08/10/2017

Payment Information

Maximum Authorization Cost $ 1

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 3 pages

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 FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freljomil, *Custodian of 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: Dawn MI: Last Name: McFarland
E-mail Address: dmcfarland@eosfs.com
Mailing Address: 40 South West Blvd
City: Newfield State: NJ Zip: 08344
Telephone: 856-466-5053 FAX: 856-455-3461
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 10/20/17

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.

Sent 10/23

I would like a copy of the bid documents submitted by the apparent low bidder "Arawak Paving Co" for the project "Dutch Mill Road Resurfacing" which Bid on October 18th.

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

Stef - Please deny

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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: Sharon MI: Last Name: Ritchie

E-mail Address: cls@slkgroup.com

Mailing Address: 2727 LBJ Freeway Suite 420

City: Dallas State: TX Zip: 75234

Telephone: 855-512-4803 FAX: 888-908-3471

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

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

Signature: Sharon Date: 10/20/2017

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.

Please check and advise if there are open or expired building permits any open code violations, any citation for lot mowing; removal of debris/junk or for property maintenance ,for the below mentioned address:
File#: 614754
Owner Name: Margaret K Meehan
Address: 458 BLACKWOOD AVENUE Franklin Township NJ 08322
County: Gloucester
Parcel: Block :3802- Lot: 13.03

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 _____

Franklin Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-694-1234 Fax: 8566941279

10/19

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 10/9/2017

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

Emailed 10/20

8:40 am

10/25

Custodian Signature Date

Sept 20

Franklin Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-694-1234 Fax: 8566941279

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

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

.70 Cost to Devlin 9/19

Sent 10/25

Custodian Signature _____ Date _____

Franklin Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-694-1234 Fax: 8566941279

9/27

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 9/18/2017

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 9/10/2017

End Date 9/16/2017

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 .90

Balance Paid ____

Records Provided

18 @ .5 Sent email

Faxed 10/30 .90

Custodian Signature ____ Date ____

Franklin Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-694-1234 Fax: 8566941279

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 10/2/2017

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 9/24/2017

End Date 9/30/2017

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

Emailed
Cost @ 9:40 am
faxed .90
Sent 10/30

Custodian Signature _____ Date _____

0421

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of 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: Aimee MI: K Last Name: Pacheco

E-mail Address: aimee.pacheco@pemco-limited.co

Mailing Address: c/o PEMCO Ltd, 820 Bear Tavern Rd

City: West Trenton State: NJ Zip: 08628

Telephone: 720-509-3245 FAX: 303-284-8026

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

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

Signature: Aimee Pacheco Date: 10/17/2017

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.

Please e-mail my response to this OPRA request.

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

85 Champion Rd, Franklinville, NJ
Block 4116 / Lot 11

No Violations

Thank you!

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

Due Nov 8

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of Public Records

Emailed 10/30

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: Alexandria MI: ____ Last Name: Brown

E-mail Address: Alexandria.brown@pamco-limited

Mailing Address: 820 Bear Tavern

City: West Trenton State: NJ Zip: 08628

Telephone: 720-509-3238 FAX: ____

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

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

Signature: [signature] Date: ____

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 are no open permits pending and there are no violations listed on file.

In search of any open code violations and open permits for property address 881 S Broad St, Franklinville, NJ, 08322.
-Please provide any copies of supporting documents. B-2462 - Bot. 17

10-30-17 [signature] Zoning Officer

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 ____

Due Nov 8

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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: Alexandria MI: ____ Last Name: Brown

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

Mailing Address: 820 Bear Tavern

City: West Trenton State: NJ Zip: 08628

Telephone: 720-509-3238 FAX: ____

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

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

Signature: ____ 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.

no Comm. Champions Payment Due

In search of any open code violations and open permits for property address 881 S Broad St, Franklinville, NJ, 08322.
-Please provide any copies of supporting documents.

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 FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freljomil, Custodian of Public Records

Nov 9

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 STUCKE

E-mail Address CHRISTINESTUCKE@COMCAST.NET

Mailing Address 198 FRIES MILL RD, SUITE 101

City TURNERSVILLE State NJ Zip 08012

Telephone 856-649-5220 FAX 856-232-2020

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 DocuSigned by: Christine Stucke F03E0E23F421401... Date 10/29/2017 | 5:23 PM EDT

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 ALL COPIES/INFORMATION OF PERMITS, FINES AND PENALTIES PERTAINING TO 1432 mARSHALL MILL rD, BLK 5702, LOT 40

Enclosed is all documentation requested. Pages 1 thru 5. No open permit is pending and no violations listed on file.

10-30-17 Bill Stamper Zoning Officer

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 FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of Public Records

Nov 9

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 STUCKE

E-mail Address CHRISTINESTUCKE@COMCAST.NET

Mailing Address 198 FRIES MILL RD, SUITE 101

City TURNERSVILLE State NJ Zip 08012

Telephone 856-649-5220 FAX 856-232-2020

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 DocuSigned by: Christine Stucke F03E0E23F421401... Date 10/29/2017 | 5:23 PM EDT

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 ALL COPIES/INFORMATION OF PERMITS, FINES AND PENALTIES PERTAINING TO 1432 mARSHALL MILL rD, BLK 5702, LOT 40 No Community Champions Amount Due

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 FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of Public Records

Nov 9

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 STUCKE

E-mail Address CHRISTINESTUCKE@COMCAST.NET

Mailing Address 198 FRIES MILL RD, SUITE 101

City TURNERSVILLE State NJ Zip 08012

Telephone 856-649-5220 FAX 856-232-2020

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 Christine Stucke (Docusigned by: F8AC0E85F484484...) Date 10/29/2017 | 5:25 PM EDT

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 ALL COPIES/INFORMATION OF PERMITS, FINES AND PENALTIES PERTAINING TO 1393 mARSHALL MILL rD, BLK 1001, LOT 2.

Enclosed is all documentation requested. - No violations listed + No open permit pending and no violations on file.

10-30-17 Bill Lamp Zoning Officer

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 FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of Public Records*

Nov 9

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 STUCKE

E-mail Address CHRISTINESTUCKE@COMCAST.NET

Mailing Address 198 FRIES MILL RD, SUITE 101

City TURNERSVILLE State NJ Zip 08012

Telephone 856-649-5220 FAX 856-232-2020

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 DocuSigned by: Christine Stucke F63E0E25F421491... Date 10/29/2017 | 5:25 PM EDT

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 ALL COPIES/INFORMATION OF PERMITS, FINES AND PENALTIES PERTAINING TO 1393 mARSHALL MILL rD, BLK 1001, LOT 2. No Community Champions Amt Due.

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 _____

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

Oct 30

RECEIVED
OCT 24 2017
TOWNSHIP OF FRANKLIN
COMMUNITY DEVELOPMENT

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 Daniel MI P. Last Name Vignola

E-mail Address dvjr04@gmail.com

Mailing Address Po Box 698

City Franklinville State NJ Zip 08322

Telephone 856-371-9073 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 DVJ Date ~~10~~/19/17

Payment Information

Maximum Authorization Cost $ 10.00

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.

6503 L6
VIEW/COPY 4 lot- MINOR SUBDIVISION (Hubbard, ~~ENDRES~~) dated 7/20/07 & revised 11/3/08.

10/27/17 clk provided Clerk's office with Minor Subdivision to have requestor come in office + review.

11/1/17 Mr. Vignola in, viewed plan + rec'd copy. Lynne took plan to file back ⊙

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

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

Records Provided

Custodian Signature ____ Date ____

Nov. 13

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694-1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of 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: Connor MI: Last Name: Montferrat

E-mail Address: connor.montferrat@otteau.com

Mailing Address: 100 Matawan Road

City: Matawan State: NJ Zip: 07747

Telephone: 732-812-4107 FAX: 732-812-4108

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: C Montferrat 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.

Good morning, I work for an appraisal compan[illegible] Franklin. I'm reaching out to you to provide information or documentation, whichever is ea[illegible] approvals between 2002 and 2007. If so, when were they

1. 195 West Boulevard (Block 5101, Lot 2, Lot 2,
2. Main Road (Block 1001, Lot 73). This property
3. 2853 Dutch Mill Road (Block 6401, Lot 36, an
been foreclosed and transferred to Mr and Mrs
4. 3223 Coles Mill Road (Block 901, Lot 7, 17, &
been subdivided into Block 903, Lots 1-4 and 8
5. Delsea Drive (Block 5007, 5008, 5009, 5010, 5
property had a subdivsiion per the tax map, bu

5 - No Landuse Appli

11/14/17

Barb,

I already faxed yesterday + today to Mr. Montferrat all but 1 item which I will get for him in a day or so. Lynne

ttain approvals? Res. SP16-1 Deni
n, and has since PBM08-1-9.S.
Inc. and has since 4-PBM09-1A
prox. 14 acres. The Resolution
ovals?

AGENCY USE ONLY

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

Custodian delive

Final Cost
Due
Paid

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

Custodian Signature Date

11/14/17 2nd part clr faxed all but 1 item over to Mr. Montferrat.

Due Nov 30

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694-1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of 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: Alexandria MI: Last Name: Brown

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

Mailing Address: 820 Bear Tavern

City: West Trenton State: NJ Zip: 08628

Telephone: 720-509-3238 FAX:

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

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

Signature: [signature] Date: 11/16/2017

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.

There are no open code violations and there are no open permits for this property.

In search of any open code violations and open permits for property address 2765 Sunrise Ave, Vineland, NJ, 08360.
Please provide a copy of any open code violations and open permits.

Block- 6904 Lot- 11 Bill Harper Zoning Officer 11-21-17

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

Sent 12/28

Custodian Signature Date

GIBBONS

CHRISTINE M. LAW
Senior Paralegal

Gibbons P.C.
One Logan Square
130 N. 18th Street, Suite 1210
Philadelphia, Pennsylvania 19103-2757
Direct: (215) 446-6254 Fax: (215) 446-6335
claw@gibbonslaw.com

November 7, 2017

Gloucester County EMS
1571 Delsea Drive
Franklinville, NJ 08332
ATTN: Custodian of Records

Re: Norma Diaz, as Administratrix ad Prosequendum of the Estate of Norma Santiago Delvalle v. De La Cruz, et al.
Docket No. CAM-L-1974-16

Dear Sir or Madam:

We represent Defendant Cooper Tire & Rubber Company in the above-referenced matter. We enclose a HIPAA Authorization for the Release of Medical Records relating to Norma Santiago Delvalle (DOB: 7/25/66 and DOD: 6/3/14). Also, we enclose copies of the Certificate of Grant of Letters and Death Certificate. Please produce a complete set of records to our office at your earliest convenience. We will reimburse you for your reasonable copying costs.

Additionally, please provide us with a Certification of Authenticity of Records.

Should you have any questions, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely yours,

Christine M. Law

Christine M. Law
Senior Paralegal

Enclosures

cc: Steven M. Petrillo, Esq. (w/encl.)
Michael L. Testa, Esq. (w/encl.)
Mati Jarve, Esq. (w/encl.)
Charles H. Nugent, Jr., Esq. (w/encl.)
Stephen A. Rudolph, Esq. (w/encl.)
Betsy G. Ramos, Esq. (w/encl.)
Michael T. Kearns, Esq. (w/encl.)
Christopher P. Gerber, Esq. (w/encl.)

Franklin Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-694-1234 Fax: 8566941279

Due 10-25

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

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

Emailed - due 1.30 10/27/17

Custodian Signature _____ Date _____

Franklin Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-694-1234 Fax: 8566941279

Due Nov 1ST

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 10/23/2017

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

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 _____

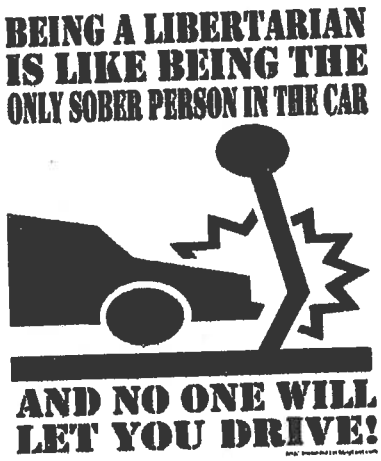
Records Provided

.95 emailed cost 10/31/17

Custodian Signature _____ Date _____

resp. 11/7

OPEN PUBLIC RECORDS ACT (OPRA)
Records Request



Date	Thursday, October 26, 2017 at 9 a.m.
Requestor:	Libertarians for Transparent Government, a NJ Nonprofit Corporation
Agency:	Township of Franklin
Transmitted:	Via Fax to 856-694-1279
Instructions:	Please accept this as 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 on this request please call 732-873-1251.

Background:

Background:

As stated in our October 11, 2017 request, we are interested in knowing how much money Leah Vassallo was paid for public defender services performed between October 21, 2011 and July 23, 2013. In our September 28, 2017 request, we asked for her or her firm's invoices and were told that no invoices exist. So, in our October 11, 2017 request, we asked for "a) copies of all checks issued to Vassallo or her law firm covering public defender services performed between October 21, 2011 and July 23, 2013 and b) any cover letters or other document that describe the services covered by each of the checks responsive to part (a) of this request."

In your October 23, 2017 response, you wrote that "[n]o checks were able to be located, and there is no itemized billing." We are confused by this response for two reasons. First, unless Vassallo was performing her public defender services for free (which we doubt), the Township would have needed to pay her and unless the Township paid her in cash, barter or BitCoin (which we also doubt) checks would have been issued to her or her law firm. We note that you DON'T say that "no checks exist" but that you're

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694-4234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of Public Records

Nov 17

Important Notice

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

Requestor Information - Please Print

First Name: Kerry MI: A Last Name: Clark

E-mail Address: k.clark@constructionjournal.com

Mailing Address: 16 Central Avenue

City: Mays Landing State: NJ Zip: 08330

Telephone: 800-785-5165 FAX: 888-825-6297

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: Kerry Ann Clark Date: 11/16/2017

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.

May I please have a copy of the Site Plan Application Form (no plans) and the most recent Building Permits emailed to me for the following project:

Community Apostolic Church
Block 1903, Lot 50 or 1386 Fries Mill Road

Sent 11/16/17 email

If you have any questions, please feel free to reach me via phone or email. Thank you, Kerry Ann

11/9/17 = clr. provided Site plan application as requested to Clerk's office

F.Y.I - Community Apostolic Church is bankrupt.

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 #
Receipt Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

Nov. 2. 2017 12:58PM Nov 15 Zoning No. 2018 P. 1

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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: Aimee MI: K Last Name: Pacheco

E-mail Address: aimee.pacheco@pemco-limited.co

Mailing Address: c/o PEMCO Ltd, 820 Bear Tavern Rd

City: West Trenton State: NJ Zip: 08628

Telephone: 720-509-3245 FAX: 303-284-8026

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

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

Signature _____ Date 11/2/17

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.

Please e-mail my response to this OPRA request.

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

310 Morris Ave, Newfield, NJ
Block 5301 / Lot 1 11-03-2017

Thank you! There are no open permits and no open code violations attached to this property. Zoning Officer, Bill Trampe

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

Emailed 11/9

Custodian Signature _____ Date _____

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694-1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of Public Records

Nov 17

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: Kerry MI: A Last Name: Clark

E-mail Address: k.clark@constructionjournal.com

Mailing Address: 16 Central Avenue

City: Mays Landing State: NJ Zip: 08330

Telephone: 800-785-5165 FAX: 888-825-6297

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: Kerry Ann Clark Date: 11/16/2017

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.

May I please have a copy of the Site Plan Application Form (no plans) and the most recent Building Permits emailed to me for the following project:

Community Apostolic Church
Block 1903, Lot 50 or 1386 Fries Mill Road

If you have any questions, please feel free to reach me via phone or email. Thank you, Kerry Ann

Kerry 11/8/17

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Labor 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 #
Hard Note
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Emailed 11/16

Custodian Signature Date

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694-1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of Public Records

Nov. 13

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: Connor MI: Last Name: Montferrat

E-mail Address: connor.montferrat@otteau.com

Mailing Address: 100 Matawan Road

City: Matawan State: NJ Zip: 07747

Telephone: 732-812-4107 FAX: 732-812-4108

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 C Montferrat 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.

Good morning, I work for an appraisal company and am researching 5 properties in Franklin. I'm reaching out to you to provide information or documentation, whichever is [illegible] you. My question is to see if the properties below had any approvals [illegible]? and what were the approvals for?

Lot 2-Qualified Farm).

[illegible]acres and owned by Louis Schipani. Did this property ever attain approvals?

[illegible]-Qualified Farm). This property was owned by Gary W. Smith, and has since [illegible] currently. Did this property ever receive approvals?

[illegible] property was owned by Richmond American Homes of PA, Inc. and has since [illegible] Lots 1-6. When did the subdivsion receive final approvals?

[illegible]7, 5028, 5030, 5031, Lots 1) owned by A& R enterprises, approx. 14 acres. The [illegible]t been developed. When did this subdivision receive approvals?

Resolution

Bank spoke w/ I still Connor and have to send him Resolutions

AGENCY USE ONLY

[illegible]E ONLY

[illegible] Notes
[illegible] request cannot be [illegible] business days, [illegible]s here.

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

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

Nov 13

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694 -1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, *Custodian of 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: Connor MI: Last Name: Montferrat

E-mail Address: connor.montferrat@otteau.com

Mailing Address: 100 Matawan Road

City: Matawan State: NJ Zip: 07747

Telephone: 732-812-4107 FAX: 732-812-4108

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: C Montferrat 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.

Good morning, I work for an appraisal company and am researching 5 properties in Franklin. I'm reaching out to you to provide information or documentation, whichever is easiest for you. My question is to see if the properties below had any approvals between 2002 and 2007. If so, when were they granted? and what were the approvals for?

1. 195 West Boulevard (Block 5101, Lot 2, Lot 2.01, and Lot 2-Qualified Farm). NO Records
2. Main Road (Block 1001, Lot 73). This property is 145 acres and owned by Louis Schipani. Did this property ever attain approvals?
3. 2853 Dutch Mill Road (Block 6401, Lot 36, and Lot 36-Qualified Farm). This property was owned by Gary W. Smith, and has since been foreclosed and transferred to Mr and Mrs. Chando currently. Did this property ever receive approvals?
4. 3223 Coles Mill Road (Block 901, Lot 7, 17, & 18) This property was owned by Richmond American Homes of PA, Inc. and has since been subdivided into Block 903, Lots 1-4 and Block 904, Lots 1-6. When did the subdivsion receive final approvals?
5. Delsea Drive (Block 5007, 5008, 5009, 5010, 5026, 5027, 5028, 5030, 5031, Lots 1) owned by A& R enterprises, approx. 14 acres. The property had a subdivsiion per the tax map, but hast not been developed. When did this subdivision receive approvals? No info

Block 901 Lot 18 No records — So 10/30/17

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

FRANKLIN TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville NJ 08322
856-694-1234 ext 7
Fax: 856-694-1279

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 Kristopher MI G Last Name Kuehler

E-mail Address Kuehlerseats@yahoo.com

Mailing Address 4 King George rd

City Pine hill State NJ Zip 08021

Telephone 856-404-5731 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 10-2-17

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.

need all incident reports from august 14. 2017 to oct 1 2017 for Kristopher Kuehler

Tif, Pls Call. Cost is .25

AGENCY US

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

Deposit Date

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

Called @ 8:15
.25 10/9

Custodian Signature Date

Franklin Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-694-1234 Fax: 8566941279

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 11/6/2017

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

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

.90

not. 11/17

Sent 11/28

Custodian Signature Date

Due: Nov 30

TOWNSHIP OF FRANKLIN
OPEN PUBLIC RECORDS ACT REQUEST FORM

1571 Delsea Drive
Franklinville, NJ 08322
Telephone: 856-694-1234 EX. 7
FAX: 856-694-1279
e-mail:clerk@franklintownship.com
Barb Freijomil, Custodian of 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: Zoe MI: E Last Name: Elfenbein

E-mail Address: zelfenbein@mayfieldturner.com

Mailing Address: 2201 Route 38, Suite 300

City: Cherry Hill State: NJ Zip: 08002

Telephone: 856-667-2600 FAX: 856-667-8737

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 _____

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.

The permit jacket folders including all sides of folders with printing and any and all documents within the folders for concrete excavation and/or concrete work at the following addresses located in Franklinville, NJ:

538 Rachel Drive } Not available
582 Rachel Drive }
600 Rachel Drive
654 Rachel Drive
670 Rachel Drive
682 Rachel Drive
704 Rachel Drive
714 Rachel Drive
591 Rachel Drive
629 Rachel Drive

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 _____