Debbie Pine

From: ASK NJ Media Co. <opra+request-580-bf1d9828@requests.opramachine.com>
Sent: Tuesday, November 21, 2017 8:15 AM
To: Debbie Pine
Subject: Open Public Records Act request - OPRA Requests

Dear Elk Township,

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

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

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-580-bf1d9828@requests.opramachine.com

Is dpine@elktownshipnj.gov the wrong address for Open Public Records Act requests to Elk Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=elk_township

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

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

Emailed
30 pgs.
including
this sheet.

11/27/2017
DPine

Complete

State of New Jersey
Township of Elk
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Doreen MI ____ Last Name Frega

Company Individual

Mailing Address 123 Danna Way

City Saddle Brook State NJ Zip 07663 Email dfrega@yahoo.com

Business Hours Telephone: Area Code 201 Number 294-0118 Extension ____

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

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

Signature Doreen Frega Date 7/31/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

See Attached for other reproduction fees.

Fees: 8 ½ x 11 paper @$0.05
8 ½ x 14 paper @$0.07
11 x 17 paper @$0.10

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

Extras: Extraordinary service fees dependent upon request.

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

I am requesting the following records.

1. Copies of all current names and addresses
   of all dog and cat pet license holders/applications in Township of Elk, NJ.
   If possible and not to much trouble, to have this request in Excel or Label Format.

Thank You,
Doreen Frega
201-294-0118

RECEIVED
JUL 31 2017
TOWNSHIP OF ELK
MUNICIPAL 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.

emailed

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

AGENCY USE ONLY

Tracking Information
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages 13 including cover sheet

Final Cost
Total ____
Deposit ____
Balance Due N/C
Balance Paid ____

Records Provided

Custodian Signature 08/01/2017 Date

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

Open Record Officer
ELK TWP
680 Whig Lane
Monroeville, NJ 08343

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

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

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

Or

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

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

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

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

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

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

Respectfully,

Amy Dorward
P O Box 350
Trexlertown, PA 18087

State of New Jersey
Township of Elk
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Christopher MI E Last Name Stoney

Company

Mailing Address 634 Roosevelt Ave

City Glassboro State NJ Zip 08028 Email Warchyld Facebook@gmail

Business Hours Telephone: Area Code 215 Number 570-5452 Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ Email ✓ Fax ____

If you are requesting records containing personal information, please select one: Under penalty on 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 X Stoney Date 7/31/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ____ Check ____ Money Order ____

See Attached for other reproduction fees.

Fees: 8 ½ x 11 paper @$0.05
8 ½ x 14 paper @$0.07
11 x 17 paper @$0.10

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that you 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'm requesting a copy of the 2015 certificate of occupancy for

634 Roosevelt Ave

Glassboro NJ 08028

1 of 4

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 7-31-17
Ready Date 8-3-17
Total Pages via email

Final Cost

Total ____
Deposit ____
Balance Due 0
Balance Paid 0

Records Provided

A. Foley
Custodian Signature

8-3-17
Date

State of New Jersey
Township of Elk

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name KENNY MI S Last Name RAINIER

Company

Mailing Address 157 KENDLE AVE

City FRANKLINVILLE State NJ Zip 08322 Email

Business Hours Telephone: Area Code 856 Number 562-1978 Extension

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

If you are requesting records containing personal information, please select one: Under penalty on N.J.S.A. 2C:28-3, I certify that I ____ HAVE / ~~V~~ 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 ____

See Attached for other reproduction fees.

Fees: 8 ½ x 11 paper @$0.05
8 ½ x 14 paper @$0.07
11 x 17 paper @$0.10

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that you 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.

RECEIVED
AUG 08 2017
TOWNSHIP OF ELK
MUNICIPAL CLERK'S OFFICE

Current Tow List - R-46-2017
Current Towing Ordinance Chap 95
Current Tow Contract / License - Resolution
Log for vehicle towed for 2017 year AND CHARGES in Ordinance
No log kept
Tow contract for up coming year - 2017-2019
Tow Schedule

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.

T/C 3:24pm for pick up ready

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

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages 15
Records Provided

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid $7.50

[signature]
Custodian Signature

8/8/2017
Date

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0804 ELK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: 201-596-0435

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax ___X___ 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: Veronica Hartman Date: 8/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (**0804txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office.
If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

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

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

email attached

RECEIVED
AUG 15 2017
TOWNSHIP OF ELK
MUNICIPAL CLERK'S OFFICE

State of New Jersey
Township of Elk
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Jordan MI ____ Last Name Sparacio

Company Pemco Limited

Mailing Address 4600 S ulster st jordan.sparacio@pemco-limited.com

City Denver State CO Zip 80237 Email ____

Business Hours Telephone: Area Code 720 Number 509-3254 Extension ____

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

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

Signature Jordan Sparacio Date 8/16/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ____ Check ____ Money Order ____

See Attached for other reproduction fees.

Fees: 8 ½ x 11 paper @$0.05
8 ½ x 14 paper @$0.07
11 x 17 paper @$0.10

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that you 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 looking for any open code violations on the property at 103 DUNBAR BLVD GLASSBORO

I also need to know if this property has previously been registered with the vacant property registration program. If so, by whom, when, what fee was paid and what fee is due?

129/4

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.

created

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 N/C
Balance Paid ____

Records Provided
attached Vacant/Abandoned Application

Custodian Signature Date 8/17/17

Anna Foley

From: M Lloyd <maryrlloyd@gmail.com>
Sent: Monday, August 14, 2017 11:54 AM
To: Elk Twp Construction Office
Subject: 410 Whig Lane

Hello,

Pursuant to the Public Records Act I am requesting the contact information for the architect listed on the property located at 410 Whig Lane, Elk Township, Block 172 Lot 9.03.

Thank you.
Mary Lloyd, Esq.
110 High Street
Mullica Hill, NJ 08062

State of New Jersey
Township of Elk
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name jacquelyn MI ____ Last Name wilfinger

Company redfin

Mailing Address 25 vista road

City hamilton State nj Zip 08690 Email jacquelyn.wilfinger@redfin.com

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ Email ✓ Fax ____

If you are requesting records containing personal information, please select one: Under penalty on 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 jacquelyn wilfinger Date 8/18/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

See Attached for other reproduction fees.

Fees: 8 ½ x 11 paper @$0.05
8 ½ x 14 paper @$0.07
11 x 17 paper @$0.10

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

Extras: Extraordinary service fees dependent upon request.

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

Requesting all open and closed permits for construction, electrical and plumbing for the transfer of sale.
Also requesting a copy of the property survey if on file, wanted to know if the property has a septic or cesspool

Does the property have a bulk head?
Property address: 58 Laurel Dr, Monroeville, NJ 08343
Block 00023
Lot: 00060

Leslie Santos

Completed 8/22/2017

RECEIVED
AUG 21 2017
TOWNSHIP OF ELK
MUNICIPAL 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.

emailed
No Records Found

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

8/22/17
Date

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

RECEIVED
AUG 14 2017
TOWNSHIP OF ELK
MUNICIPAL 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.

Quadir Mist

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

8/25/17
Date

emailed
To say sending in Sept.

RECEIVED
AUG 15 2017
TOWNSHIP OF ELK
MUNICIPAL CLERK'S OFFICE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Amy MI ____ Last Name Han

E-mail Address amyhan321@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone 856-383-0803 FAX ____

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

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

Signature [signature] Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

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

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

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
SEP 5 2017
CLERK'S OFFICE

email Attached

Custodian Signature Date

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0804 ELK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: 201-596-0435

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax ___X___ 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: Veronica Hartman Date: 8/20/2017

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.

"We request a copy of the "Tax Search Export" (**0804txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

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

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

RECEIVED
AUG 21 2017
TOWNSHIP OF ELK
MUNICIPAL CLERK'S OFFICE

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0804 ELK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name Veronica MI ____ Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone 201-781-1833 FAX 201-596-0435

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ___X___ 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 Veronica Hartman Date 9/4/2017

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.

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

Thank you,

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

Emailed

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

State of New Jersey
Township of Elk
GOVERNMENT RECORDS REQUEST FORM

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

Requestor Information – Please Print

First Name Kari MI ____ Last Name Hogan
Company Fannie Mae c/o PEMCO Limited
Mailing Address 4600 S. Ulster St #530
City Denver State CO Zip 80237 Email kari.hogan@pemco-limited.com
Business Hours Telephone: Area Code 720 Number 509-3261 Extension ____
Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ Email X Fax ____
If you are requesting records containing personal information, please select one: Under penalty on N.J.S.A. 2C:28-3, I certify that I ____ HAVE / ____ HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Kari P Hogan Date 9/15/17

Payment Information

Maximum Authorization Cost $ ____
Select Payment Method
Cash ____ Check ____ Money Order ____
See Attached for other reproduction fees.
Fees: 8 ½ x 11 paper @$0.05
8 ½ x 14 paper @$0.07
11 x 17 paper @$0.10
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that you 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 send documentation of any OPEN Code violations for property:
124 Stanger Ave Glassboro, NJ 08028
Lot 23 Block 62

No Open Code Violations

RECEIVED
SEP 15 2017
TOWNSHIP OF ELK
MUNICIPAL CLERK'S OFFICE

AGENCY USE ONLY

Esl. Document Cost ____
Esl. Delivery Cost ____
Esl. Extras Cost ____
Total Esl. 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 ____

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0804 ELK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name Veronica MI ____ Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone *201-781-1833* FAX 201-596-0435

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ___X___ 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 Veronica Hartman Date 9/17/2017

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.

We request a copy of the "Tax Search Export" (**0804txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office.
If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

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

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

email Attached

State of New Jersey
Township of Elk
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Kari MI ____ Last Name Hogan

Company Fannie Mae c/o PENCO Limited

Mailing Address 4600 S Ulster St #530

City Denver State CO Zip 80237 Email kari.hogan@penco-limited.com

Business Hours Telephone: Area Code 720 Number 509-3261 Extension ____

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

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

Signature Kari Hogan Date 9/15/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ____ Check ____ Money Order ____

See Attached for other reproduction fees.

Fees: 8 ½ x 11 paper @$0.05
8 ½ x 14 paper @$0.07
11 x 17 paper @$0.10

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that you 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 send documentation on open code violations for:

421 Mallard Ln Monroeville, NJ 08343

Lot 12.19 Block 10

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.

Received

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

9/18/17
Date

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0804 ELK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: 201-596-0435

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax ___X___ 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: Veronica Hartman Date: 9/17/2017

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.

"We request a copy of the "Tax Search Export" (**0804txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com

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

Thank you,

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

email Attached

State of New Jersey
Township of Elk
GOVERNMENT RECORDS REQUEST FORM

FAX: 856-881-5750

Important Notice

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

Requestor Information – Please Print

First Name Barbara MI ____ Last Name Haynes

Company Pemco

Mailing Address 820 Bear Tavern Road.

City West Trenton, NJ State ____ Zip 08628 Email barbara.haynes@pemco-limited.com

Business Hours Telephone: Area Code 720 Number 509-3249 Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ Email XX Fax ____

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

Signature [signature] Date 09-27-17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

See Attached for other reproduction fees.

Fees: 8 ½ x 11 paper @$0.05
8 ½ x 14 paper @$0.07
11 x 17 paper @$0.10

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that you 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. 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.

515 ARTHUR AVE

Block 105 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.

Complete

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

[signature] 10/02/2017
Custodian Signature Date

State of New Jersey
Township of Elk
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name KATI MI M Last Name O'ROURKE

Company

Mailing Address 350 UNION ST

City GLASSBORO State NJ Zip 08028 Email KATIOROURKE@YAHOO.COM

Business Hours Telephone: Area Code 856 Number 609-328-0784-CELL 243-5791-HOME Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ Email ✓ Fax ____

If you are requesting records containing personal information, please select one: Under penalty on 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 Kati O'Rourke Date 10/3/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

See Attached for other reproduction fees.

Fees: 8 ½ x 11 paper @$0.05
8 ½ x 14 paper @$0.07
11 x 17 paper @$0.10

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

Extras: Extraordinary service fees dependent upon request.

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

I AM REQUESTING COPIES OF LANDLORD REGISTRATION FORMS FOR:
350 UNION STREET GLASSBORO, NJ 08028
Formerly 951 Whig Lane Rd.

ALONG WITH ① ANY CERTIFICATE OF OCCUPANCY
② INSPECTIONS

RECEIVED
OCT 03 2017
TOWNSHIP OF ELK
MUNICIPAL CLERK'S OFFICE

There is no record found for Landlord Registration. DR 10/5

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

Completed

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

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date 10/5
Total Pages 10 pgs.

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid N/C

Records Provided emailed on 10/5/2017

Custodian Signature 10/5/2017 Date

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0804 ELK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name Veronica MI _____ Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone 201-781-1833 FAX 201-596-0435

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax ___X___ 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 Veronica Hartman Date 9/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (**0804txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office. If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0804 ELK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name Veronica MI _____ Last Name Hartman

E-mail Address tax@actiontitleresearch.com

Mailing Address PO Box 1734

City Rutherford State NJ Zip 07070

Telephone 201-781-1833 FAX 201-596-0435

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax ___X___ 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 Veronica Hartman Date 10/3/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (**0804txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office.
If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

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

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

e mailed

State of New Jersey
Township of Elk
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Jeremiah MI J Last Name Atkins

Company Hoffman DiMuzio

Mailing Address 35 Hunter St

City Woodbury State NJ Zip 08096 Email jatkins@hoffmandimuzio.com

Business Hours Telephone: Area Code 856 Number 812-0721 Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ Email ✓ Fax ____

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

Signature [signature] Date 9-28-17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

See Attached for other reproduction fees.

Fees: 8 ½ x 11 paper @$0.05
8 ½ x 14 paper @$0.07
11 x 17 paper @$0.10

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

Extras: Extraordinary service fees dependent upon request.

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

Any and all documents related to code enforcement, notices of violation, requests to maintain or repair, etc., related to the property 634 Roosevelt Avenue. Please provide any such documents from August 2015 through the present. Certificates of occupancy as well.

RECEIVED
OCT 05 2017
TOWNSHIP OF ELK
MUNICIPAL 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.

Complete

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

[signature] Custodian Signature

10/12/2017 Date

Rebel Brown
LAW GROUP, LLC

103 South Main Street
Glassboro, NJ 08028

tel: 856 881 5000
fax: 856 881 5022
dkey@mbrownlegal.com

Marianne Rebel Brown*

Of counsel
Danielle M. Key

October 11, 2017

VIA FAX AT 856-881-5750
Elk Township Municipal Building
680 Whig Lane
Monroeville, NJ 08343

Re: 634 Roosevelt Avenue, Glassboro, NJ 08028

Dear Sir/Madam Clerk:

I represent Christopher Stoney, a former tenant at the above-referenced property.

It has come to my attention that the Health Department and Code Enforcement was called to the above referenced property for mold issues and other possible code violations. As such, I am requesting copies of all records and reports regarding code violations and mold issues at the above referenced property filed by either Code Enforcement or the Health Department from January 2015 to present.

I would also like a copy of all certificates of occupancy filed for the above property from 2010 to present. I thank you in advance for your compliance with my request.

Very Truly Yours,

Danielle M. Key, Esquire

Cc: Christopher Stoney

Sent 4 pages
Oct. 2, 2017

FAX COVER SHEET

FROM:

TO:

~~TO~~	Elk Township
COMPANY	NJ
FAXNUMBER	18568815750
~~FROM~~	National Title Information Services
DATE	2017-10-09 17:33:37 GMT
RE	NJ-CWCOT-47235: 1008 Whig Lane Road, Monroeville, NJ 08343: Request for Code, Building or Compliance Infomation #11900

COVER MESSAGE

DearCode/Building/ComplianceDepartment,

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

Property Address: 287 Union Street A.K.A 1008 Whig Lane Road
Parcel Id: B 67 L 17
Requested by: Amanda Jimenez

1. Please indicate whether there are any open violations or cases:
(Yes / No)

2. Amount Due:

3. Good-through Date:

4. Provide a list of requirements to bring this into compliance:
* CO inspection not completed, no access on 7/3/17
5. Enforcement Officer/Inspector Contact Info:
a. Name: Tony Dariano
b. Phone: 856-881-6525 ext. 130
c. Email: tdariano@elktownshipnj.gov

6. Are there any open or expired building permits:
(Yes (No))

7. Please provide contact information for the Permits Department, if different than Officer/Inspector above.

Thank you,

Lien Research Team

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0804 ELK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: 201-596-0435

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax ___X___ 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: Veronica Hartman Date: 10/15/2017

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.

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

Thank you,

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

email

State of New Jersey
Township of Elk
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name KATI MI M Last Name O'ROURKE

Company

Mailing Address 350 UNION STREET

City GLASSBORO State NJ Zip 08028 Email KATIOROURKE@YAHOO.COM

Business Hours Telephone: Area Code 856 Number 243-5791 Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ Email ✓ Fax ____

If you are requesting records containing personal information, please select one: Under penalty on 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 Kati O'Rourke Date 10/17/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

See Attached for other reproduction fees.

Fees: 8 ½ x 11 paper @$0.05
8 ½ x 14 paper @$0.07
11 x 17 paper @$0.10

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that you 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.

REQUEST FOR COPY OF MR. DARIANO'S INSPECTION REPORT OF 10/16/17 FOR THE PROPERTY.

RECEIVED
OCT 17 2017
TOWNSHIP OF ELK
MUNICIPAL 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.

3 pgs including cover

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 NC
Balance Paid ____

Records Provided Complete

Custodian Signature

10/19/2017
Date

State of New Jersey
Township of Elk
Fax: (856) 863-9421

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Larry MI ____ Last Name Higgins

Company ____

Mailing Address 174 Lamington Rd, P.O. Box 180

City Oldwick State NJ Zip 08858 Email OPRA@NJPropertyRecords.com

Business Hours Telephone: Area Code 908 Number 255-9919 Extension ____

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

If you are requesting records containing personal information, please select one: Under penalty on N.J.S.A. 2C:28-3, I certify that I ____ HAVE / X 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 ___

See Attached for other reproduction fees.

Fees: 8 ½ x 11 paper @$0.05
8 ½ x 14 paper @$0.07
11 x 17 paper @$0.10

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

Extras: Extraordinary service fees dependent upon request.

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

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

RECEIVED
OCT 23 2017
TOWNSHIP OF ELK
MUNICIPAL 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.

Responded email

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 10/24/17

BOROUGH OF ELK TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

680 Whig Lane
Monroeville, NJ 08343
FAX 856-881-5750 phone 856-881-6525

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 LOIS MI J. Last Name SAHINA

E-mail Address ljsahina43@gmail.com

Mailing Address 43 Wayside Road

City Berlin State N.J. Zip 08009

Telephone 609-440-4493 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 Lois J. Sahina Date 10/23/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

- Reassessments to land years 2012 and 2013 for 274 Unionville Road, Block 33 Lot 2
- Tax Maps for years 2012 and 2013 for Block 33 Lot 2 - 274 Unionville Road
- Construction + zoning permits for years 2015, 2016, 2017 for the address of: 788 Clems Run Block 33 Lot 2

RECEIVED
OCT 24 2017
TOWNSHIP OF ELK
MUNICIPAL CLERK'S OFFICE

Re: 9 Vivian Lane, block 44, lot 16.01

Elk Twp Construction Office

Tue 10/24/2017 12:14 PM

To:Keddie, Dale T. <dtkeddie@buckscounty.org>;

2 attachments

doc20171024113712.pdf; doc20171024113438.pdf;

Per your Public Records request, please find attached the following:
1) 2017 Construction permit for electrical service (Atlantic City Electric Company)- reconnect service
2) Certificate of Occupancy application with supplemental document(s). TCO was issued for settlement purposes only. The housing official did not completed an inspection.

Anna Foley
Technical Assistant, Municipal Housing Liaison
Hours: Monday-Wednesday 9am-2pm

Township of Elk
680 Whig Lane
Monroeville, NJ 08343
Phone: 856-881-6525, ext. 118
Fax: 856-881-5750
construction@elktownshipnj.gov

From: Keddie, Dale T. <dtkeddie@buckscounty.org>
Sent: Tuesday, October 24, 2017 11:13 AM
To: Elk Twp Construction Office
Subject: 9 Vivian Ln

Anna,

I am requesting any and all documentation from the resent sale of the property at 9 Vivian Lane, Monroeville, NJ. This would include any construction permits, occupancy certificates, and proof of ownership. Thank you for your attention and cooperation. Please feel free to contact me with any questions.

Dale Keddie
Detective Dale Keddie
Bucks County District Attorney's Office
30 East Court Street
Doylestown Pa. 18901

ACCURATE ABSTRACTS

OPEN PUBLIC RECORDS ACT REQUEST FORM

0804 ELK TOWNSHIP

Important Notice

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

Requestor Information – Please Print

First Name: Veronica MI: _____ Last Name: Hartman

E-mail Address: tax@actiontitleresearch.com

Mailing Address: PO Box 1734

City: Rutherford State: NJ Zip: 07070

Telephone: 201-781-1833 FAX: 201-596-0435

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax ___X___ 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: Veronica Hartman Date: 11/5/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

"We request a copy of the "Tax Search Export" (**0804txsr.zip**) file produced by the software system used in your tax collector's office. This file contains taxes billed and collected data and is maintained in your tax collector's office. The file should be sent to our email address: tax@actiontitleresearch.com
Receipt of this file avoids the time spent on individual tax search requests and interruptions to the routine of the tax office. Should you have any questions please contact our office.
If necessary, we will be happy to assist the collector with step by step instructions should they require any assistance in sending the file.

Thank you,

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

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RECEIVED
NOV 07 2017
ELK TOWNSHIP
Tax Department

emailed

RECEIVED
NOV 06 2017
TOWNSHIP OF ELK
MUNICIPAL CLERK'S OFFICE