

11/20/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Mon 11/20/2017 7:50 AM

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector. This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature. And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-518-0041

F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.

OPEN PUBLIC RECORDS ACT REQUEST FORM

0803-EAST GREENWICH-GLOUCESTER



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		
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	Veronica Hartman			Date	11/20/2017

Payment Information

Maximum Authorization Cost	\$
Select Payment Method	
Cash	Check Money Order
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) – actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

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

We request a copy of the "Tax Search Export" (0803txsr.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

East Greenwich Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 856-423-0654 x Fax: 8562240296

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 11/20/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Start Date 11/5/2017

End Date 11/18/2017

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature

Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

0803-EAST GREENWICH-GLOUCESTER



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

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

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

Signature Veronica Hartman

Date 11/13/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

We request a copy of the "Tax Search Export" (0803txsr.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

11/13/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Mon 11/13/2017 7:42 AM

Inbox

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-518-0041

F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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 SARAH MI _____ Last Name CRANSTON
Company _____
Mailing Address 324 BERGEN AVE
City BELLMAWR State NJ Zip 08031 Email sarahcranston33@gmail.com
Business Hours Telephone: Area Code 856 Number 782-8450 Extension _____
Preferred Delivery: Pick Up ☒ US Mail _____ On Site Inspect _____
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11/8/17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: 8.5 x 11 5 cents
8.5 x 14 7 cents
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Please provide copies of the following documents related to the property located at 10 E. Tomlin Station Rd., Mickleton NJ:

- Any and all permits related to building / construction including but not limited to: septic, well, demolition, renovation, electrical, heat, window replacement, misc. construction, oil tanks (if any), roofing, finishing basement.
- Any and all code violation notices
- Any and all code or building inspector notes, documents, letters, and emails

xenaid (11/8/17)

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	

OPEN PUBLIC RECORDS ACT REQUEST FORM



0803-EAST GREENWICH-GLOUCESTER



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 HartmanE-mail Address tax@actiontitleresearch.comMailing Address PO Box 1734City Rutherford State NJ Zip 07070Telephone 201-781-1833 FAX Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X

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

Signature Veronica HartmanDate 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" (0803txsr.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



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM



Phone 856-423-0654

Fax 856-224-0296

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 Alyssa MI L Last Name Rawls
 Company Royal Crescent Apartments
 Mailing Address 1100 Royal Crescent Court
Mt. Royal State NJ Zip 08061 Email arawls@cisnj.com
 Business Hours Telephone: Area Code 856 Number 404-0003 Extension _____
 Preferred Delivery: Pick Up _____ US Mail ☒ On Site Inspect _____
 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 11/7/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: 8.5 x 11 5 cents 8.5
 x 14 7 cents
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I am the Administrative Assistant for Royal Crescent Apartments. Our lease states that our community is crime free, so any illegal activity is a violation of the lease. To ensure there are no issues at the property I am requesting any police reports for any events that happened at the property during November 2017. The addresses for the apartments run from 1101 Royal Crescent Court to 5304 Royal Crescent Court Mt. Royal, NJ 08061.

emailed
11/8/17

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Nora



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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	Valerie	MI		Last Name	Warren
Company	Royal Crescent Apartments				
Mailing Address	1100 Royal Crescent Court				
City	Mt Royal	State	NJ	Zip	08061
Email	vtindall@cisnj.com				
Business Hours Telephone:	Area Code	856	Number	464-0003	Extension
Preferred Delivery:	Pick Up	☒	US Mail	☒	On Site Inspect
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	Valerie Warren			Date	11/8/17

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	☐	Check ☐ Money Order ☐
Fees:	8.5 x 11	5 cents
	8.5 x 14	7 cents
Delivery: Delivery / postage fees additional depending upon delivery type.		
Extras: Extraordinary service fees dependent upon request.		

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I am the regional property manager for Royal Crescent Apartments. Our lease states that our community is crime free so any illegal activity on the property is a violation of the lease. We have had numerous complaints about activity on the property recently so I am requesting any reports for any police activity on the property From October 30, 2017 until today. The addresses for the apartments run from 1100 Royal Crescent Court to 5304 Royal Crescent Court.

remailed 11/8/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-423-0654 x

Fax: 8562240296

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 MotaE-mail Address data@legalplex.comMailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone 609-961-1120 FAX 609-961-6661Preferred 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 10/22/2017End 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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

emailed 11/8/17

Custodian Signature _____

Date _____



Township of East Greenwich
 159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
 Fax 856-224-0296



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	Valerie	MI		Last Name	Warren
Company	Royal Crescent Apartments				
Mailing Address	1100 Royal Crescent Court				
City	Mt Royal	State	NJ	Zip	08061
Email	Vtindall@cisnj.com				
Business Hours Telephone:	Area Code	856	Number	464-0003	Extension
Preferred Delivery:	Pick Up		US Mail	X	On Site Inspect
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	<i>Valerie Warren</i>			Date	10/30/17

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order
Fees:	8.5 x 11	5 cents
	8.5 x 14	7 cents
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Extraordinary service fees dependent upon request.	

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I am the regional property manager for Royal Crescent Apartments. Our lease states that our community is crime free, so any illegal activity is a violation of the lease. To ensure there are no issues at the property I am requesting any police reports for any events that happened at the property during October 2017. The addresses for the apartments run from 1101 Royal Crescent Court to 5304 Royal Crescent Court Mt Royal, NJ 08061.

X emailed 10/31/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	

10/30/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Mon 10/30/2017 8:09 AM

Inbox

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature

And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-518-0041

F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.

OPEN PUBLIC RECORDS ACT REQUEST FORM

0803-EAST GREENWICH-GLOUCESTER



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 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 _____

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

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

Signature Veronica Hartman Date 10/30/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

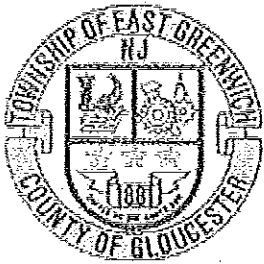
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

We request a copy of the "Tax Search Export" (0803txsr.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.

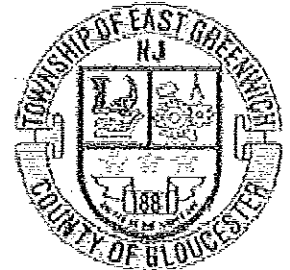
Thank you,

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



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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 Jill MI _____ Last Name Plecinski
Company _____
Mailing Address 713 Kings Hwy Block 1102
Lot 4.13
City Mickleton State NJ Zip 08056 Email jeepwon@hotmail.com
Business Hours Telephone: Area Code 856 Number 466-8188 Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
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 Jill Plecinski Date 10-30-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: 8.5 x 11 5 cents
8.5 x 14 7 cents
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Land use board for a Sub division. between
5 W. Wolford Station Rd Block 1102
Mickleton, NJ 08056 Lot 4.01
Need a discloser letter or restriction letter to
prevent anything from being build.

* Picked up 10/31/17

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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

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

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

paid .304

Custodian Signature

Date



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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

Requestor Information – Please Print

First Name Aimee MI K Last Name Pacheco
 Company PEMCO Ltd
 Mailing Address 820 Bear Tavern Rd
 City West Trenton State NJ Zip 08628 Email aimee.pacheco@pemco-limited.com
 Business Hours Telephone: Area Code 720 Number 509-3245 Extension _____
 Preferred Delivery: Pick Up _____ US Mail ☒ On Site Inspect _____
 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 10/28/2017

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: 8.5 x 11 5 cents
 8.5 x 14 7 cents
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Please e-mail me my response to this OPRA request (aimee.pacheco@pemco-limited.com.) If you are unable to email, please fax to 303-284-8026. If you cannot send electronically you may send usps.

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.

802 Castleton Dr, Mickleton, NJ
 Block 1103.02 / Lot 12

no open permits / violations

Thank you!

**Cmailed 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 _____
 Filed - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-423-0654 x

Fax: 8562240296

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 MotaE-mail Address data@legalplex.comMailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone 609-961-1120 FAX 609-961-6661Preferred Delivery: Pick Up _____ 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 10/8/2017End 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 # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____

Records Provided

Custodian Signature

Date

10/25/17

10/23/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Mon 10/23/2017 7:19 AM

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector. This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature. And thank you for your time and consideration concerning this request.

Michael Newman
Operations Records Manager
Signature Information Solutions
C: 973-518-0041
F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.



Township of East Greenwich
 159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
 Fax 856-224-0296



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 Pam MI Last Name Bigelow
 Company Horizon Residential Loan Servicing LLC
 Mailing Address 1817 Olde Homestead Lane Suite 101
 City Lancaster State PA Zip 17601 Email pbigelow@nobleweb.com
 Business Hours Telephone: Area Code 717 Number 859-3311 Extension 124
 Preferred Delivery: Pick Up US Mail On Site Inspect Email X
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Pam Bigelow Date 10/19/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: 8.5 x 11 5 cents
 8.5 x 14 7 cents
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependant upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Requesting any open construction permits for 14 East Cohawkin Road Clarksboro, NJ 08020.

Thank you.

N/A

* emailed 10/19/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress Open
 Denied Closed
 Filled Closed
 Partial Closed

AGENCY USE ONLY

Tracking Information

Tracking # Total
 Rec'd Date Deposit
 Ready Date Balance Due
 Total Pages Balance Paid
 Records Provided

Custodian Signature

Date



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

OCT 19 2017

Phone 856-423-0654
Fax 856-224-0296



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

Requestor Information – Please Print

First Name George MI Last Name Guzdek
Company Bison Environmental, LLC
Mailing Address 89 Jennifer Lane
City Burlington State NJ Zip 08016 Email bisonenv@aol.com
Business Hours Telephone: Area Code 267 Number 278-1648 Extension
Preferred Delivery: Pick Up US Mail X On Site Inspect
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 *George Guzdek* Date 10/18/2017

Payment Information

Maximum Authorization Cost \$ 10.00
Select Payment Method
Cash Check Money Order
Fees: 8.5 x 11 5 cents
8.5 x 14 7 cents
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Bison Environmental, LLC is performing a Phase I Environmental Site Assessment of the property located at 85 West Wolfert Station Road (Block 105, Lot 4) in East Greenwich Township. We are requesting records of any underground storage tank installation or removal permits, any hazardous materials storage permits, or any hazardous materials releases at that site, if any such records exist.

* emailed 10/19/17

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
Custodian Signature <u> </u>		Date <u> </u>	

OPEN PUBLIC RECORDS ACT REQUEST FORM



0803-EAST GREENWICH-GLOUCESTER



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

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

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

Signature Veronica Hartman

Date 10/16/2017

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.

We request a copy of the "Tax Search Export" (0803txsr.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

10/16/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Mon 10/16/2017 7:40 AM

Inbox

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector. This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature. And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-518-0041

F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.

OPRA Request (0803.GLOUCESTER_EAST GREENWICH TWP)

Larry Higgins <opra@njpropertyrecords.com>

Fri 10/20/2017 5:53 PM

To: Costill, Susan <SCostill@eastgreenwichnj.com>;

1 attachments (131 KB)

0803.GLOUCESTER_EAST GREENWICH TWP.pdf;

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

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

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

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

Requested Information:

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

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

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

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

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

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

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

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

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

PHONE CALLS WILL NOT BE ACCEPTED

Thanks,

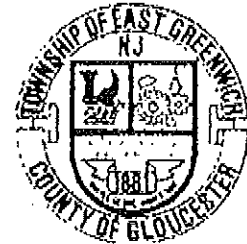
Larry Higgins

OPRA@NJPropertyRecords.com



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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 Pam MI Last Name Bigelow
 Company Horizon Residential Loan Servicing LLC
 Mailing Address 1817 Olde Homestead Lane Suite 101
 City Lancaster State PA Zip 17601 Email pbigelow@nobleweb.com
 Business Hours Telephone: Area Code 717 Number 859-3311 Extension 124
 Preferred Delivery: Pick Up US Mail On Site Inspect Email X
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any
 indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Pam Bigelow Date 10/12/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: 8.5 x 11 5 cents
 8.5 x 14 7 cents
 Delivery: Delivery / postage fees
 additional depending upon
 delivery type.
 Extras: Extraordinary service fees
 dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Requesting any open construction permits for 805 Heritage Road Sewell, NJ 08080.

Thank you.

extended 10/13/17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u></u>	Total	<u></u>
Rec'd Date	<u></u>	Deposit	<u></u>
Ready Date	<u></u>	Balance Due	<u></u>
Total Pages	<u></u>	Balance Paid	<u></u>
Records Provided			
Custodian Signature <u></u>		Date <u></u>	

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-423-0654 x

Fax: 8562240296

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 MotaE-mail Address data@legalplex.comMailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone 609-961-1120 FAX 609-961-6661Preferred Delivery: Pick Up _____ 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 9/24/2017End Date 10/7/2017

* email 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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			

Custodian Signature _____

Date _____

10/9/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Mon 10/9/2017 9:08 AM

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector. This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature. And thank you for your time and consideration concerning this request.

Michael Newman
Operations Records Manager
Signature Information Solutions
C: 973-518-0041
F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.



AGENCY NAME HERE
OPEN PUBLIC RECORDS ACT REQUEST FORM
Agency Address
Agency Telephone Number & Fax Number
Agency e-mail address
Name of Agency Custodian



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	<u>Jim</u>	MI		Last Name	<u>O'Donnell</u>
E-mail Address	<u>James.O'Donnell@nbcuni.com</u>				
Mailing Address	<u>10 Monument Road</u>				
City	<u>Bala Cynwyd</u>	State	<u>PA</u>	Zip	<u>19004</u>
Telephone	<u>215-913-0273</u>		FAX	<u>610-668-5649</u>	
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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>James O'Donnell</u>			Date	<u>08/10/2017</u>

Payment Information

Maximum Authorization Cost	\$ <u>1</u>
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

**EAST GREENWICH TOWNSHIP
POLICE DEPARTMENT**
159 Democrat Road
Mickleton, NJ 08056

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
_____ <i>PC</i> _____ Custodian Signature		_____ <u>9/12/17</u> _____ Date	



TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

August 10, 2017

Dear Records Officer,

This is a joint request from Trace Media Inc. and NBC10 to your Police Department for certain records pertaining to stolen and seized firearms, information that we understand to be public under public records laws.

We request the following:

Part 1) The below listed information for each firearm reported stolen to your agency from January 1, 2012, to August 1, 2017:

- Serial Number
- Year
- Date
- Incident No
- Report Type
- Property Type – Description
- Property Gun Description
- Property Description
- Property Model
- Property Gun Caliber
- Property Count
- Any other columns available

Part 2) The below listed information for each firearm seized by your agency from January 1, 2012, to August 1, 2017:

- Serial Number
- Occur From Date
- Property Description
- Property Brand
- Property Model
- Property Gun Description
- Property Gun Caliber
- Incode Description
- Incode
- Any other columns available
- Crime Category Code

Part 3) Any and all available data dictionaries and/or code sheets so that we can ascertain the meaning of column headings, codes, abbreviations, and other information contained in the CDW BI.



TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

As members of the news media, Trace Media and NBC10 will be making information obtained from this request available to the general public and are not requesting the records for commercial purposes.

The serial number is the most important piece of descriptive information for a firearm.

Serial numbers are assigned to specific firearms, not specific individuals, so any argument that releasing a serial number could identify, let alone endanger, a witness is without merit. Furthermore, because serial numbers serve as the identification markings for firearms, not people, any argument that gun owners have a right to privacy regarding the serial numbers of their weapons is equally flawed.

Firearm serial numbers by themselves cannot be used to identify an individual or a witness. The U.S. federal government does not have a comprehensive firearm registry, and in even in states where registries do exist, the information contained therein is not open to the general public. Moreover, while serial numbers are designed to aid in the identification of specific firearms, their distinctiveness is not absolute. Under federal regulations, serial numbers may be duplicated by different manufacturers. For example, if Manufacturer A produces a handgun with serial number 12345, Manufacturer B can also produce a handgun with serial number 12345 and still be in compliance with the law.

The release of serial numbers would also not hinder a law enforcement investigation. To argue such would be akin to saying that serial numbers somehow open a window into a police investigative file, which they do not. Besides, serial numbers often appear in publicly accessible court documents, albeit without the centralization key for newsgathering and analysis.

This request is part of a national project exploring the use of stolen guns in crime, an issue of paramount import to the citizens of your community and the brave police officers who protect and serve them.

So far, more than 200 public law enforcement agencies around the country have released serial number information to us in response to public records requests for this project.

We hope that your agency takes our arguments into consideration when reviewing our records request.

We ask that the requested records be provided in a .xlsx, .xls, .csv, .txt, or another spreadsheet-compatible format. We also ask that you email the records to Jim.ODonnell@NBCUNl.com



TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

When releasing the records, please be mindful that .xlsx and .xls file extensions may delete leading zeros from serial numbers – turning, for example, a serial number that is actually 012345 into 12345. This could skew our analysis. To ensure that this does not happen, please take care to download and import the serial number column in a "Text" number format.

If there are fees associated with this request, we would appreciate if you informed us of the estimated charges in advance.

If you have any questions or concerns, please do not hesitate to contact

Jim O'Donnell
Senior Investigative Producer
NBC10
215-913-0273

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

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

8/10/17
emailed to P.D. 1
8/14/17
notified 30 days needed

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____ Records Provided Custodian Signature <u>PC</u> Date <u>9/12/17</u>
---	---	---



TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

Info@thetrace.org
thetrace.org

August 10, 2017

Dear Records Officer,

This is a joint request from Trace Media Inc. and NBC10 to your Police Department for certain records pertaining to stolen and seized firearms, information that we understand to be public under public records laws.

We request the following:

Part 1) The below listed information for each firearm reported stolen to your agency from January 1, 2012, to August 1, 2017:

- Serial Number
- Year
- Date
- Incident No
- Report Type
- Property Type – Description
- Property Gun Description
- Property Description
- Property Model
- Property Gun Caliber
- Property Count
- Any other columns available

Part 2) The below listed information for each firearm seized by your agency from January 1, 2012, to August 1, 2017:

- Serial Number
- Occur From Date
- Property Description
- Property Brand
- Property Model
- Property Gun Description
- Property Gun Caliber
- Incode Description
- Incode
- Any other columns available
- Crime Category Code

Part 3) Any and all available data dictionaries and/or code sheets so that we can ascertain the meaning of column headings, codes, abbreviations, and other information contained in the CDW BI.



TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

As members of the news media, Trace Media and NBC10 will be making information obtained from this request available to the general public and are not requesting the records for commercial purposes.

The serial number is the most important piece of descriptive information for a firearm.

Serial numbers are assigned to specific firearms, not specific individuals, so any argument that releasing a serial number could identify, let alone endanger, a witness is without merit. Furthermore, because serial numbers serve as the identification markings for firearms, not people, any argument that gun owners have a right to privacy regarding the serial numbers of their weapons is equally flawed.

Firearm serial numbers by themselves cannot be used to identify an individual or a witness. The U.S. federal government does not have a comprehensive firearm registry, and in even in states where registries do exist, the information contained therein is not open to the general public. Moreover, while serial numbers are designed to aid in the identification of specific firearms, their distinctiveness is not absolute. Under federal regulations, serial numbers may be duplicated by different manufacturers. For example, if Manufacturer A produces a handgun with serial number 12345, Manufacturer B can also produce a handgun with serial number 12345 and still be in compliance with the law.

The release of serial numbers would also not hinder a law enforcement investigation. To argue such would be akin to saying that serial numbers somehow open a window into a police investigative file, which they do not. Besides, serial numbers often appear in publicly accessible court documents, albeit without the centralization key for newsgathering and analysis.

This request is part of a national project exploring the use of stolen guns in crime, an issue of paramount import to the citizens of your community and the brave police officers who protect and serve them.

So far, more than 200 public law enforcement agencies around the country have released serial number information to us in response to public records requests for this project.

We hope that your agency takes our arguments into consideration when reviewing our records request.

We ask that the requested records be provided in a .xlsx, .xls, .csv, .txt, or another spreadsheet-compatible format. We also ask that you email the records to Jim.ODonnell@NBCUNI.com



TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

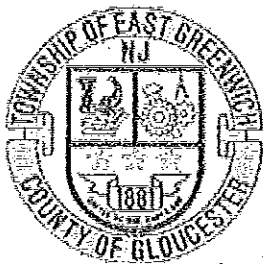
Info@thetrace.org
thetrace.org

When releasing the records, please be mindful that .xlsx and .xls file extensions may delete leading zeros from serial numbers – turning, for example, a serial number that is actually 012345 into 12345. This could skew our analysis. To ensure that this does not happen, please take care to download and import the serial number column in a “Text” number format.

If there are fees associated with this request, we would appreciate if you informed us of the estimated charges in advance.

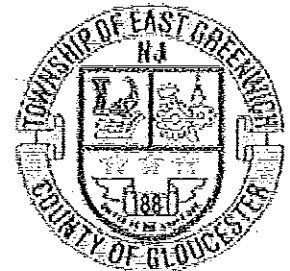
If you have any questions or concerns, please do not hesitate to contact

Jim O'Donnell
Senior Investigative Producer
NBC10
215-913-0273



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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 tony MI MI Last Name Cervito
Company the house carpenter
Mailing Address 611 first ave
City deptford State N.J Zip 08096 Email t.cervito@yahoo.com
Business Hours Telephone: Area Code 856 Number 264-2593 Extension
Preferred Delivery: Pick Up ☒ US Mail ☐ On Site Inspect ☐
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: 8.5 x 11 5 cents
8.5 x 14 7 cents
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

need previous building permit for the building of shed roof to rear of house
So we can show where we are planning to tie in are next phase of building, (lower deck) to roof support post (existing) -
Property 346 west crossing drive mt. royal
* Give to C 9/24/17

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Disposition Notes		Tracking Information		Final Cost	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.		Tracking #	_____	Total	_____
		Rec'd Date	_____	Deposit	_____
		Ready Date	_____	Balance Due	_____
		Total Pages	_____	Balance Paid	_____
		Records Provided			
		<i>done per Charmaine</i>			
		<i>CC</i>			
		Custodian Signature _____			
		Date <u>9-27-17</u>			

Disposition Notes	
In Progress	Open
Denied	Closed
Filled	Closed
Partial	Closed

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

10/4/2017

opra - Costill, Susan

opra

Veronica Hartman <VHartman@actiontitleresearch.com>

Tue 10/3/2017 11:08 PM

Inbox

To: Costill, Susan <SCostill@eastgreenwichnj.com>; Capasso, Gail <GCapasso@eastgreenwichnj.com>;

 1 attachments (119 KB)

OPRA Form EAST GREENWICH 0803.doc;

Veronica Hartman | Municipal Tax Searcher

Action Title Research

611 Route 46 West Suite 103 | Hasbrouck Heights NJ, 07604

Office: 201-531-1663

www.actiontitleresearch.com

10/2/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Mon 10/2/2017 7:45 AM

Inbox

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector. This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature. And thank you for your time and consideration concerning this request.

Michael Newman

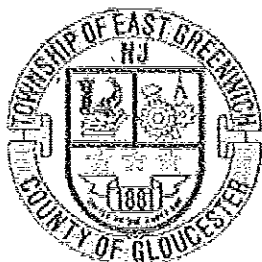
Operations Records Manager

Signature Information Solutions

C: 973-518-0041

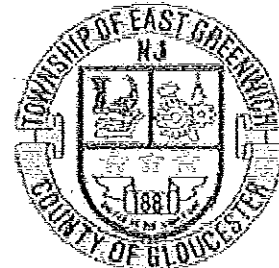
F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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 Dale MI J. Last Name Size more
Company ---
Mailing Address 360 Friendship Rd
City Clarksboro State NJ Zip 08020 Email dsize more@comcast.net
Business Hours Telephone: Area Code 856 Number 423-7591 Extension ---
Preferred Delivery: Pick Up ☒ US Mail ☐ On Site Inspect ☐
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 Dale Size more Date 9.27.17

Payment Information

Maximum Authorization Cost \$ ---
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: 8.5 x 11 5 cents
8.5 x 14 7 cents
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. MASTER PLAN for EAST Greenwich

2. Zoning MAP of Friendship Road

3. ORDINANCE THAT ADOPTED LAND USE PLAN

4. The NARRATIVE TO DEFINE THE Zoning ON Friendship Road

1/04-4/104 pb mtop
Final 2004-7(R) & 8(R)
OAG# 10-04

3/08, 7/08, 8/08
Final 2008-23(R)
OAG# 14-08

1/08 TC min.

NA.
Recordings only right to be kept 90 days or until minutes approved

1 REC OAG

Spec. PB mtop
Begin 4/17/03 thru
(2/04-04 are OAG)

11 spec
mtop & 5 Reg.
total

not pulled

Size more Opra

AGENCY USE ONLY

Disposition Notes
any part of request cannot be in seven business days, list reasons here.

- Open ☐
- Closed ☐
- Closed ☐
- Closed ☐

Tracking Information

Tracking #	Total
Rec'd Date	Deposit
Ready Date	Balance Due
Total Pages	Balance Paid <u>14.39</u>

Records Provided

* picked up / paid
9/29/17

Signature
Custodian Signature

Date
9/29/17



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM



Phone 856-423-0654
Fax 856-224-0296

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	<u>MARK</u>	MI		Last Name	<u>SMITH</u>
Company	<u>DRN Definite Solutions LLC</u>				
Mailing Address	<u>3240 East State Street</u>				
City	<u>Hamilton</u>	State	<u>NJ</u>	Zip	<u>08619</u>
Email	<u>taxteam@drnds.com</u>				
Business Hours Telephone:	Area Code	<u>949</u>	Number	<u>777-5999</u>	Extension
Preferred Delivery:	Pick Up	☐	US Mail	☐	On Site Inspect
					Email ☒
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>MARK SMITH</u>			Date	<u>09-28-2017</u>

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	☐	Check ☐ Money Order ☐
Fees:	8.5 x 11	5 cents
	8.5 x 14	7 cents
Delivery: Delivery / postage fees additional depending upon delivery type.		
Extras: Extraordinary service fees dependent upon request.		

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Hello

Please provide information on code violation and permit on the following address listed below : If there is any open cases or permit.

ADDRESS : 111 Acorn Dr, MOUNT ROYAL, NJ, 08061

NAME : TAVARES, NELSON

Thanks & Regards

MARK SMITH

Contact: 949-777-5999

fax : 330-319-8600

Email sent - 10-2-17

AGENCY USE ONLY

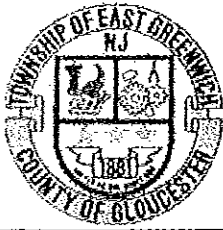
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

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 _____

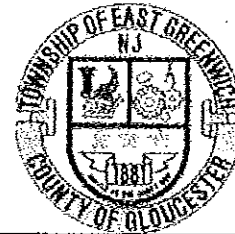
AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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	Valerie	Mi		Last Name	Warren
Company	Royal Crescent Apartments				
Mailing Address	1100 Royal Crescent Court				
City	Mt Royal	State	NJ	Zip	08061
Email	vtindall@cisnj.com				
Business Hours Telephone:	Area Code	856	Number	464-0003	Extension
Preferred Delivery:	Pick Up		US Mail	X	On Site Inspect
<i>Circle One:</i> 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	Valerie Warren			Date	9/28/17

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order
Fees:	8.5 x 11	5 cents
	8.5 x 14	7 cents
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Extraordinary service fees dependent upon request.	

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I am the regional property manager for Royal Crescent Apartments. Our lease states that our community is crime free so any illegal activity is a violation of the lease. To ensure there are no issues at the property I am requesting any police reports for any events that happened at the property from July 2017 to September 2017. The addresses for the apartments run from 1101 Royal Crescent Court to 5304 Royal Crescent Court.

x emailed 9/28/17

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	_____
Den'ed	-	Closed	_____
Filled	-	Closed	_____
Partial	-	Closed	_____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	

9/25/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Mon 9/25/2017 8:23 AM

Inbox

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector. This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature. And thank you for your time and consideration concerning this request.

Michael Newman
Operations Records Manager
Signature Information Solutions
C: 973-518-0041
F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.

OPEN PUBLIC RECORDS ACT REQUEST FORM

0803-EAST GREENWICH-GLOUCESTER



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		
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	Veronica Hartman			Date	9/26/2017

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" (0803txsr.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

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-423-0654 x

Fax: 8562240296

PUBLIC RECORDS

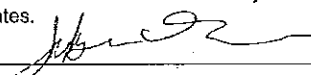
Important Notice

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 DevlinE-mail Address data@legalplex.comMailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone 609-961-9524 FAX 609-961-6661Preferred 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 8/27/2017End Date 9/9/2017

* emailed 9/28/17

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		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
Custodian Signature <u> </u>		Date <u> </u>	

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-423-0654 x

Fax: 8562240296

PUBLIC RECORDS

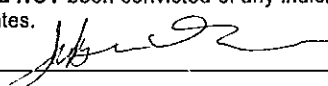
Important Notice

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 DevlinE-mail Address data@legalplex.comMailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone 609-961-9524 FAX 609-961-6661Preferred Delivery: Pick Up _____ 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 9/10/2017End Date 9/23/2017

* email 9/28/17

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 _____

Re: Off site conditions

McCaffrey, Stephanie

Tue 9/26/2017 10:38 AM

Inbox

To: Sheri Donovan <sdonovan@twp.washington.nj.us>; Costill, Susan <SCostill@eastgreenwichnj.com>;

1 attachments (67 KB)

dep site_201705021148.pdf;

Hi Sheri,

Please see the attached NJ DEP site conditions to go onto the State website to check out your particular area.

Regards,

Stephanie McCaffrey

Office of Municipal Clerk

(T) 856-423-0654 x116

(F) 856-224-0296

*****DO NOT REPLY ALL*****

From: Sheri Donovan <sdonovan@twp.washington.nj.us>

Sent: Tuesday, September 26, 2017 10:29 AM

To: Costill, Susan

Cc: McCaffrey, Stephanie

Subject: re: Off site conditions

Good morning Susan,

My name is Sheri Donovan, I work at the Washington Township, Gloucester County Municipality, and my daughter is purchasing a Ryan home in Mount Royal, at the Meadows of Greenwich Crossing. Can you please help me, by using this letter as an OPRA to provide us with the off site conditions as per the statute below?

As you can see, we have 5 days from today to cancel our contract with Ryan Homes, so time is critical.

If there is any additional information you require or if there is a cost associated with this request, please let me know and I will get it to you a.s.a.p.

Thank you in advance for your assistance,

Sheri Donovan
Zoning, Housing & Construction
Washington Township
856-589-0520 ext.231

Off site conditions for Greenwich property per NJSA 46:3C-1 at East Greenwich Twp TELEPHONE NUMBER:
856-423-0654

Lot 00003.43 block 1404, 110 east crossing drive, mt royal nj 08061

19. NOTIFICATION REGARDING OFF-SITE CONDITIONS. Pursuant to the "New Residential Construction Off-Site Conditions Disclosure Act," N.J.S.A. 46:3C-1, et seq. (P.L.1995, c.253), sellers of newly constructed residential real estate are required to notify purchasers of the availability of lists disclosing the existence and location of off-site conditions which may affect the value of the residential real estate being sold. The lists are to be made available by the municipal clerk of the municipality within which the residential real estate is located and in other municipalities which are within one-half mile of the residential real estate. The address(es) and telephone number(s) of the municipalities relevant to this project and the appropriate municipal offices where the lists are made available are listed below. Purchasers are encouraged to exercise all due diligence in order to obtain any additional or more recent information that they believe may be relevant to their decision to purchase the residential real estate. Purchasers are also encouraged to undertake an independent examination of the general area within which the residential real estate is located in order to become familiar with any and all conditions which may affect the value of the residential real estate.

Seller represents that the Property is X is not located in an airport safety zone as defined by the New Jersey Air Safety and Zoning Act of 1983 (N.J.S.A. 6:1-80 et seq.).

You have five (5) business days from the date You execute the Agreement to send Us written notice of cancellation of the Agreement. The notice of cancellation shall be sent fby certified mail. The cancellation will be effective upon the notice of cancellation being mailed. If You do not send a notice of cancellation to Us in the time or manner described above, You will lose the right to cancel the Agreement as provided in this notice.

Re: OPRA

Costill, Susan

Thu 9/21/2017 4:23 PM

To: Kate Baker <k.zielsdorf18@gmail.com>;

Kate:

We have no documents relating to Jacqueline M. Vigilante, Esquire, for East Greenwich Township.

Susan M. Costill
Township Clerk
Township of East Greenwich
159 Democrat Road
Mickleton, NJ 08056
Phone: (856) 423-0654 Ext. 104
Fax: (856) 224-0296

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

OPRA

Kate Baker <k.zielsdorf18@gmail.com>

Thu 9/21/2017 2:44 PM

Inbox

To: Costill, Susan <SCostill@eastgreenwichnj.com>;

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

OPEN PUBLIC RECORDS ACT REQUEST FORM

0803-EAST GREENWICH-GLOUCESTER



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

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

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

Signature Veronica Hartman Date 9/19/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

We request a copy of the "Tax Search Export" (0803txsr.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

9/15/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Fri 9/15/2017 2:22 PM

Inbox

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector. This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature. And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-518-0041

F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.

9/11/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Mon 9/11/2017 7:57 AM

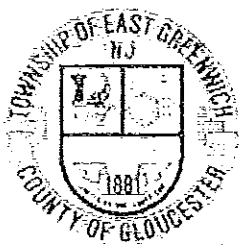
Inbox

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector. This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature. And thank you for your time and consideration concerning this request.

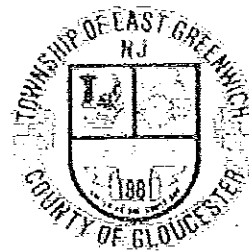
Michael Newman
Operations Records Manager
Signature Information Solutions
C: 973-518-0041
F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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

Requestor Information - Please Print

First Name RICHARD MI _____ Last Name SCHNEIDERLIT
Company RJS ENVIRONMENTAL
Mailing Address 15 OAKWOOD DRIVE
City MEDFORD State NJ Zip 08055 Email RICH@RJS.COM
Business Hours Telephone: Area Code 609 Number 304-3970 Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect X
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 9/1/2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: 8.5 x 11 5 cents
8.5 x 14 7 cents
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I WOULD LIKE TO REVIEW ANY CONSTRUCTION PERMIT FILES MAINTAINED FOR THE FOLLOWING PROPERTY:
BLOCK 206, LOTS 14, 01 AND 20
WEST COTAWKIN RD.

THIS REQUEST IS ASSOCIATED WITH AN ENVIRONMENTAL ASSESSMENT THAT I AM PERFORMING ON THE PROPERTY.

Emailed - 9-6-17 (CW) No info found.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	

OPEN PUBLIC RECORDS ACT REQUEST FORM

0803-EAST GREENWICH-GLOUCESTER



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		
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	Veronica Hartman			Date	9/5/2017

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" (0803txsr.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

9/5/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Tue 9/5/2017 8:59 AM

Inbox

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector. This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature. And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-518-0041

F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.

OPEN PUBLIC RECORDS ACT REQUEST FORM



0803-EAST GREENWICH-GLOUCESTER



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@actiontitlerearch.com				
Mailing Address	PO Box 1734				
City	Rutherford	State	NJ	Zip	07070
Telephone	201-781-1833		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 NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Veronica Hartman			Date	8/28/2017

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" (0803txsr.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@actiontitlerearch.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

8/28/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Sun 8/27/2017 11:14 PM

Inbox

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector. This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature. And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

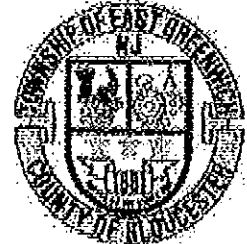
C: 973-518-0041

F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM
Phone 856-423-0654
Fax 856-224-0296



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

Requestor Information – Please Print

First Name	NICHOLAS	MI		Last Name	DANSBY
Company	FANNIE MAE IN C/O PEMCO-LIMITED				
Mailing Address	4600 SOUTH ULSTER ST. STE. 530				
City	DENVER	State	CO	Zip	80237
Email	NICHOLAS.DANSBY@PEMCO-LIMITED.COM				
Business Hours Telephone:	Area Code	720	Number	509-3273	Extension
Preferred Delivery:	Pick Up		US Mail	X	On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<i>Nicholas Dansby</i>			Date	8/29/17

Payment Information

Maximum Authorization Cost	\$ 0.00
Select Payment Method	
Cash	☐
Check	☐
Money Order	☐
Fees:	8.5 x 11 5 cents 8.5 x 14 7 cents
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I would like copies of Code Violations cited from Construction and Building, Engineering Division, Planning Division, and Property Maintenance AND Open Permits from Construction and Building for the properties below:

12 MANTUA
 BLOCK: 1702
 LOT: 2

**emailed 8/29/17*

8/29/17 Copied Charmaine

AGENCY USE ONLY

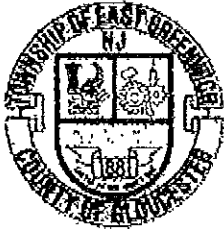
Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extras Cost	_____
Total Est. Cost	_____
Deposit Amount	_____
Estimated Balance	_____
Deposit Date	_____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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 Erin MI _____ Last Name _____
Company hemax Connection
Mailing Address 140 Bridgeton Pike
City Mantua State NJ Zip 08051 Email _____
Business Hours Telephone: Area Code _____ Number _____ Extension _____
Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
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 Erin M. Frangia Date 8-24-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: 8.5 x 11 5 cents
8.5 x 14 7 cents
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Requesting to get a record of permits for the following property.
10 E Tomlin Station Rd.

Taxed records - 8-24-17

AGENCY USE ONLY

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

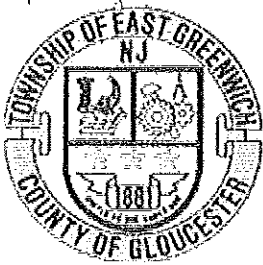
AGENCY USE ONLY

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

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

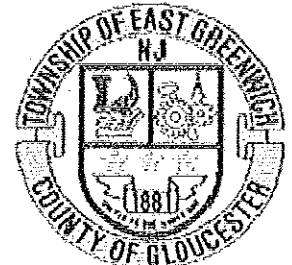
AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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 FRANK MI C Last Name COSSABOON
Company _____
Mailing Address 51 Shute Farm Lane
City Clarksboro State NJ Zip 08020 Email See nmeg@Comcast.net
Business Hours Telephone: Area Code 856 Number 423-1253 Extension (home)
Preferred Delivery: Pick Up ☒ US Mail _____ On Site Inspect _____
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 C. Cossaboon Date Aug 14, 2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: 8.5 x 11 5 cents
8.5 x 14 7 cents
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Any and all correspondence, completion lists from/to Beazer Corp. or their agents/representatives regarding the Gatherings at East Greenwich, to/from Delaware Raritan Engineering, Inc. / their representatives, since July 6, 2017 to this date and correspondence / lists for project completion (the Gatherings) to/from the Township of East Greenwich and Township, counsel regarding Beazer's completion of the Gatherings project including bond release/reduction correspondence.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Deposit Date _____

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

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

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

\$ Paid 7.70

Custodian Signature _____

Date _____

8/21/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Sun 8/20/2017 8:29 AM

Inbox

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector. This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature. And thank you for your time and consideration concerning this request.

Michael Newman

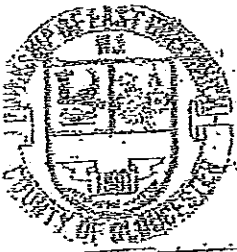
Operations Records Manager

Signature Information Solutions

C: 973-518-0041

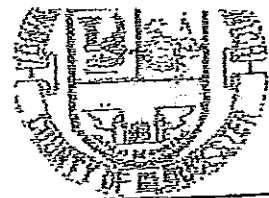
F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.



TOWNSHIP
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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 Lisa MI Last Name Vonnieda
E-mail Address matt@vonenviro.com
Mailing Address 318 Tuckson Ave
City Ephrata State PA Zip 17522
Telephone 717-368-3391 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 Lisa Vonnieda 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.

Requestor seeks, pursuant to the NJ Open Records Act and NJ common law, the following municipal records:
Analytical data from sampling of municipal public water systems, including from public water supply wells conducted during the period of April 1, 2017 through July 31, 2017 including all PFC + PFOA testing that has been done.

water test
X marked 8/17/17

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ Records Provided: _____	Final Cost	
Est. Delivery Cost	_____			Total _____	Deposit _____
Est. Extras Cost	_____			Balance Due _____	Balance Paid _____
Total Est. Cost	_____				
Deposit Amount	_____				
Estimated Balance	_____				
Deposit Date	_____	In Progress ☐ Open ☐			
		Denied ☐ Closed ☐			
		Filled ☐ Closed ☐			
		Partial ☐ Closed ☐			
		Custodian Signature _____	Date _____		

OPEN PUBLIC RECORDS ACT REQUEST FORM

0803-EAST GREENWICH-GLOUCESTER



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

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

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

Signature Veronica Hartman Date 8/15/2017

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.

We request a copy of the "Tax Search Export" (0803txsr.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

8/14/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Mon 8/14/2017 7:50 AM

Inbox

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector. This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature. And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-518-0041

F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.

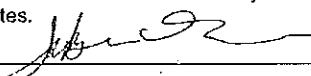
East Greenwich Township
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 856-423-0654 x Fax: 8562240296

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 7/30/2017

End Date 8/12/2017

** emailed 8/16/17*

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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

Requestor Information – Please Print

First Name Alexandria MI Last Name Brown
 Company Pemco Limited
 Mailing Address 4600 S Ulster St, Suite 530
 City Denver State CO Zip 80237 Email Alexandria.brown@pemco-limited.com
 Business Hours Telephone: Area Code 720 Number 509-3238 Extension
 Preferred Delivery: Pick Up US Mail On Site Inspect
 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 8/15/2017

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: 8.5 x 11 5 cents
 8.5 x 14 7 cents
 Delivery: Delivery / postage fees
 additional depending upon
 delivery type.
 Extras: Extraordinary service fees
 dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

In search of any open code violations for property address 208 Leonard Ave, Clarksboro, NJ, 08020.
 Please send response in an email if possible.

8-16-17
Nothing found

AGENCY USE ONLY

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

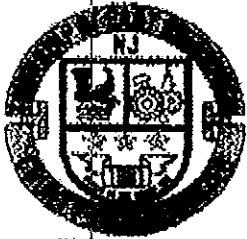
AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
Custodian Signature <u> </u>		Date <u> </u>	



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

7906
Phone 856-423-0854
Fax 856-224-0296



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 Adelle MI Last Name Smith
 Company Sontrust Mortgage
 Mailing Address 1001 Sommes Ave
 City Rich State Vg Zip 23224 Email adelle.smith@sontrust.com
 Business Hours Telephone: Area Code 804 Number 319-2497 Extension
 Preferred Delivery: Pick Up US Mail On Site Inspect
 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 Adelle Date 8-28-17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: 8.5 x 11 5 cents
 8.5 x 14 7 cents
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Please provide tax payment history for address: 52 Curtman Rd
 BIK-1103.03 Lt 8. Need 2008 & 2009

8/15/19 -
 emailed information
 6 pgs. JPK

AGENCY USE ONLY

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

AGENCY USE ONLY

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

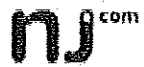
In Progress Open
 Denied Closed
 Filled Closed
 Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
Custodian Signature <u> </u>		Date <u> </u>	



PROVIDING SERVICES FOR



Star-Ledger

*emailed to: [signature]
7/25/17 [signature]*

CRAIG MCCARTHY, REPORTER

732-372-2078

cmccarthy@njadvancemedia.com

Woodbridge Corporate Plaza

485 Route 1 South, Building E, Suite 300

Iselin, NJ 08830-3009

7/25/2017

Dear Custodian,

Please consider this a formal OPRA request for the unredacted Use of Force reports for incidents occurring in the calendar years 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015 and 2016 from your municipality's police department.

We are entitled to these unredacted reports under N.J.S.A. 47:1A3(b) as a result of the state Supreme Court ruling on July 11, 2017, in the case North Jersey Media Group v. Lyndhurst.

The court wrote in its opinion, "The law calls for disclosure of 'the identity of the investigating and arresting personnel' and adds that the exception on which defendants rely 'shall be narrowly construed.'"

Under that ruling, the court also ruled that "OPRA's criminal investigatory records exception does not apply to records that are 'required by law to be made, maintained or kept on file.'" N.J.S.A. 47:1A-1.1. As a result, the exemption does not cover Use of Force Reports, which the Attorney General requires officers to prepare after the use of deadly force."

Therefore, this request cannot be denied under the exemption of an "ongoing investigation" since they are required under the Attorney General's Use of Force Policy, which has "the force of law for police entities." (NJMG v. Lyndhurst)

If your agency chooses to deny, citing safety concerns, please provide a statement for each incident stating why officer or officers' names "will jeopardize the safety of any person . . . or any investigation in progress" or "would be harmful to a bona fide law enforcement purpose or the public safety." (NJMG v. Lyndhurst)

Please email scanned digital copies of the unredacted original Use Of Force forms as PDFs. If the file is too large, we will accept a CD with the requested documents mailed to the address above.

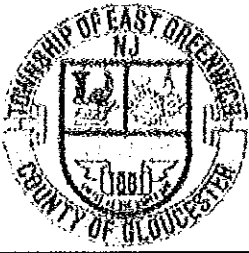
Under penalty of N.J.S.A. 2C:283, I certify that I have not been convicted of any indictable offense under the laws of New Jersey, or any other state, or in the United States.

Please note, this request clearly notes New Jersey's Open Public Record Act, therefore does not need to be on local OPRA forms.

We reserve the right to appeal your decision to withhold any information.

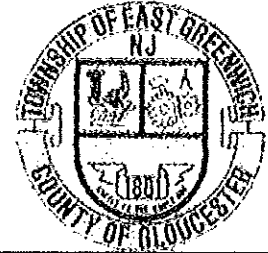
I look forward to your reply via email. We request all correspondence referencing this OPRA be via email.

Thank you for your assistance.
CRAIG MCCARTHY



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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 Nino MI M Last Name Mevoli
Company _____
Mailing Address 850 Rosetree Dr
City Williamstown State NJ Zip 08094 Email ninonewage@gmail.com
Business Hours Telephone: Area Code 856 Number 264-4918 Extension _____
Preferred Delivery: Pick Up X US Mail _____ On Site Inspect _____
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE** ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8/7/2017

Payment Information

Maximum Authorization Cost \$ \$75
Select Payment Method
Cash X Check _____ Money Order _____
Fees: 8.5 x 11 5 cents
8.5 x 14 7 cents
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Please supply any information regarding open and closed permits issued at 208 Leonard Ave Clarksboro, NJ 08020 Block 1302.02 Lot 3, from 2000 until the current date. If records are not available from 2000 please provide records regarding permits back as far as possible. I know there is an olympic size swimming pool in the back yard and would like to know when the pool was installed and also any other pertinent permit information for the property.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

C - emailed on 8/18/17

Custodian Signature _____

Date _____



Township of East Greenwich
159 Democrat Road Mickleton, NJ 08056
GOVERNMENT RECORDS REQUEST FORM

Phone 856-423-0654
Fax 856-224-0296



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	DOV	M	E	Last Name	Shub	
Company						
Mailing Address	204 Stanford Pl					
City	Lakewood	State	NJ	Zip	08869	
Business Hours Telephone	Area Code	908	Number	242-2788	Extension	
Preferred Delivery	Pick Up	US Mail	On Site Inspect			
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE (H)AVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.						
Signature	[Signature]				Date	8-9-17

Payment Information

Maximum Authorization Cost \$		
Select Payment Method		
Cash	Check	Money Order
Fees:	8.5 x 11	5 cents
	8.5 x 14	7 cents
Delivery: Delivery / postage fees additional, depending upon delivery type.		
Extras: Extraordinary services fees dependent upon request.		

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

129 Acom Dr

- Are there any tax liens on 129 Acom Dr? I'm buying it's property.

Thanks,

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 Outstanding if any part of request cannot be delivered in seven business days. detail reasons here.	
In Progress	Open
Delivered	Closed
Refused	Closed
Partial	Closed

AGENCY USE ONLY

Tracking Information	
Tracking #	Total
Record Date	Deposit
Return Date	Balance Due
Total Pages	Balance Paid
Records Provided	
Canadian Signature	Date

8/10/18
emailed -
[Signature]

8/7/2017 OPRA REQUEST

Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>

Sun 8/6/2017 7:42 PM

Inbox

To: Newman, Michael (RIS-HBE) <Minewman@signatureinfo.com>;

Please consider this an official OPRA request on behalf of Signature Information Solutions. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector. This "copy" can be accomplished by sending the "tax search export" file to Data Trace/Signature. And thank you for your time and consideration concerning this request.

Michael Newman

Operations Records Manager

Signature Information Solutions

C: 973-518-0041

F: 973-376-4104

----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.

OPEN PUBLIC RECORDS ACT REQUEST FORM

0803-EAST GREENWICH-GLOUCESTER



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

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

Signature Veronica Hartman Date 8/7/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

We request a copy of the "Tax Search Export" (0803txsr.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