Brittany Todd

From: Karen Duffy
Sent: Monday, November 06, 2017 8:34 AM
To: Brittany Todd
Subject: FW: Freedom of Information Act Request: Building Permit Records

Not sure if you need to log this in as a OPRA. They request this monthly.
Thank You

Karen Duffy
Technical Assistant
Construction Office
1011 Cooper Street
Deptford NJ 08096
856/845/5300 x 2248
856/845/8995
kduffy@deptford-nj.org

From: ____ FOIA [[redacted]]
Sent: Saturday, November 04, 2017 2:08 PM
To: Karen Duffy
Subject: Freedom of Information Act Request: Building Permit Records

To whom it may concern,

I am writing to request permit records from Deptford township, New Jersey on behalf of Buildzoom.

BuildZoom helps people hire the best local contractors, and we strive to give consumers a clear picture of contractors' track records. In particular, we post information on building permits pulled by every contractor online as a free service to the public.

We do business in Deptford township, New Jersey and would like to provide the service to its residents.

Can you please provide us with a report of all building permits processed by your department since Jul 18, 2017?

Such reports typically:

- Are referred to as a Permit Activity Report, a Permit Fee Log or a Monthly Permit Report.
- Include all permits broadly related to work on new and existing structures, such as structural, electrical, plumbing, mechanical, demolition, solar, HVAC, and gas permits, as well as any other kind of permit related to construction, renovation and maintenance.
- Contain (i) property address fields, (ii) permit type fields, (iii) a permit value or estimated job value, (iv) a permit status field and (v) dates associated with the permit, such as an application date, an issue date and an expiry date, as well as (vi) the details of the contractor(s) who performed the work and, of course, (vii) a description of the permitted work.

We would like to request the records either via FTP or email delivery. An Excel or CSV format would be ideal, but a PDF or scanned file would also work.

Please feel free to email me or call Vidhan Agrawal, the Product Manager for our Data Platform at [redacted].

We greatly appreciate your help and thank you in advance for your assistance!

Regards,
Claudine Anague

--
BuildZoom
A better way to remodel

Brittany Todd

From: Karen Duffy
Sent: Monday, September 11, 2017 10:26 AM
To: Brittany Todd
Cc: [redacted]
Subject: FW: Freedom of Information Act Request: Building Permit Records

This was emailed to me in error. Please let me know when it is logged in.
Thanks

Karen Duffy
Technical Assistant
Construction Office
1011 Cooper Street
Deptford NJ 08096
856/845/5300 x 2248
856/845/8995
kduffy@deptford-nj.org

From: ____ FOIA [redacted]
Sent: Saturday, September 09, 2017 5:35 PM
To: Karen Duffy
Subject: Freedom of Information Act Request: Building Permit Records

To whom it may concern,

I am writing to request permit records from Deptford township, New Jersey on behalf of Buildzoom.

BuildZoom helps people hire the best local contractors, and we strive to give consumers a clear picture of contractors' track records. In particular, we post information on building permits pulled by every contractor online as a free service to the public.

We do business in Deptford township, New Jersey and would like to provide the service to its residents.

Can you please provide us with a report of all building permits processed by your department since Jul 18, 2017?

Such reports typically:

- Are referred to as a Permit Activity Report, a Permit Fee Log or a Monthly Permit Report.
- Include all permits broadly related to work on new and existing structures, such as structural, electrical, plumbing, mechanical, demolition, solar, HVAC, and gas permits, as well as any other kind of permit related to construction, renovation and maintenance.
- Contain (i) property address fields, (ii) permit type fields, (iii) a permit value or estimated job value, (iv) a permit status field and (v) dates associated with the permit, such as an application date, an issue date and an expiry date, as well as (vi) the details of the contractor(s) who performed the work and, of course, (vii) a description of the permitted work.

We would like to request the records either via FTP or email delivery. An Excel or CSV format would be ideal, but a PDF or scanned file would also work.

We intend to ask for this data regularly: monthly for the prior month. What do you recommend as the best process to acquire this data?

Please feel free to email me or call Vidhan Agrawal, the Product Manager for our Data Platform at [redacted].

We greatly appreciate your help and thank you in advance for your assistance!

Regards,
Claudine Anague

resent 9/12

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

btodd@deptford-nj.org

fax 856 845 8804
Attn: Brittney

Important Notice

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

Requestor Information – Please Print

First Name Denise MI J Last Name Adamic

Company First Service Residential / Villages @ Rittenhouse

Mailing Address 1102 Broadacres Dr, Clementon, NJ 08021

City _____ State _____ Zip _____ Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

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 Denise Adamic Date 6/15/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

Pls provide approved landscaping plan that was submitted by builder K. Hovnanian to Twp. for Villages @ Rittenhouse HOA. Development was started around 2004.

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 _____

RECEIVED
Records Provided
SEP 25 2017
BT
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature _____ Date _____

ice F: 856-845-8804

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Michael MI C Last Name Andersen

Company

Mailing Address 405 Eryn Rd.

City Wenonah State NJ Zip 08090 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect e-mail

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/10/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 late Febraury 2015, Trish from Oak Valley basketball submitted an injury report with Patrice in the Clerk's office. I am needing a copy.

Christopher Andersen - basketball injury report

RECEIVED
OCT 10 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Dina L. Zawadski,
Township Clerk
1011 Cooper Street,
Deptford, NJ 08096
Phone: (856) 686-2203
Fax: (856) 845-8804

Important Notice

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 Rich MI ____ Last Name Bapst

Company DCR Environmental Services

Mailing Address 3900 N 10th Street suite 102

City Phila State Pa Zip 19140 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ x OR EMAIL

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 Aug 23, 2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 stop by and review any available property records for the below site from construction, code enforcement, and fire depts. — FIRE DEPT.
Twin Cedar Assisted LIving Facility
456 Glassboro Road
Deptford, Township, NJ
Block 413 Lot 4
Please call me with any questions or problems, or when the files are expected to be ready.
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
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG 24 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature ____ Date ____

Cc: D. Banks

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Evan MI J Last Name Breining

Company CBRE

Mailing Address 70 W Red Oak Lane

City White Plains State NY Zip 10604 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 8/28/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ____ Check ✓ Money Order ____

Fees: Letter Size Page or Smaller @$0.05; Legal Size Page or Larger @$0.07

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.

Address: AMC Deptford 8
1740 Clements Bridge Road
Deptford, NJ 08096

1. Copy of the existing Certificate of Occupancy associated with the address listed above.
2. Knowledge of any OPEN Zoning, Building or Fire Code violations associated with the address listed above.

RECEIVED
AUG 29 2017
BT
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

CC Courtesy

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Catherine MI M Last Name Beltran

Company Vargo Associates

Mailing Address 2774 Delsea Dr

City Franklinville State NJ Zip 08322 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

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 [signature] Date 9/8/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ✓ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 the deeds for the following (2) lots:

Block 387.01 Lot 52 - owned by Deptford Twp. MUA

Block 387.01 Lot 51 - owned by Deptford Township

RECEIVED

SEP 11 2017 BT

TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Thank you!

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Angela MI L Last Name Bellis

Company Fannie Mae c/o PEMCO-Limited

Mailing Address 4600 South Ulster Street, Suite 530

City Denver State CO Zip 80237 Email [redacted]

Business Hours Telephone: Area Code _____ Number [redacted] 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 Anglea Bellis Date 10-07-2017

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

PEMCO Limited represents Fannie Mae on the below referenced property to make sure the property is compliance with your municipality regarding registration and code violations.

I need to know if there are any open code violations that need to be taken care of on this property:

424 TROWBRIDGE AVENUE
WOODBURY, NJ 08096
Block 459 Lot 26

RECEIVED
OCT 11 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Thank you.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ 10-07-2017
Custodian Signature Date

Two Brad

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

856-845-8804

Important Notice

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

Requestor Information – Please Print

First Name Alexandria MI ____ Last Name Brown

Company Remco Limited

Mailing Address 820 Bear Tavern

City West Trenton State NJ Zip 08628 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 [redacted] Date 10/10/2017

Payment Information

Maximum Authorization Cost $ 0.00

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 and open permits for property address 149 Liberty way, Woodbury, NJ, 08096

Please email response to [redacted] if possible.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost:

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

RECEIVED
Records Provided
OCT 10 2017 BT
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature ____ Date ____

DEPTFORD TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

GOVERNMENT RECORDS REQUEST FORM

898 CATTELL RD
WENONAH, NEW JERSEY 08096
TEL: 856-415-1111 FAX: 856-415-0223
MARLENE L. DIMARCO DTMUA-MD@COMCAST.NET

Important Notice

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

Requestor Information – Please Print

First Name Gregory MI S Last Name Bustamante

E-mail Address [redacted]

Mailing Address 875 N. Easton Rd, Ste 3B

City Doylestown State PA Zip 18902

Telephone [redacted] FAX 215-340-0982

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

If you are requesting records containing personal information, please select 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 11/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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.

Outstanding: Copies of. 240 Sickle Lane, Woodbury, NJ

- Building Permits
- Zoning Violations
- Fire Life Safety Issues

Certificate of Occupancy - Recent Copy

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
NOV 20 2017

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI M Last Name Brennan

Company Baron & Brennan, PA

Mailing Address 1307 White Horse Road, Bldg. F-600

City Voorhees State NJ Zip 08043 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

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*~~ *X HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/7/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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. A true and correct copy of Deptford Township Planning Board Resolution No. 2010-10.
2. A true and correct copy of Deptford Township Planning Board Resolution No. 2009-28.

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 ____

cc: D. Banks

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name David MI J. Last Name Byrne, Esq.

Company Ansell Grimm & Aaron, PC

Mailing Address 214 Carnegie Center, Suite 112

City Princeton State NJ Zip 08540 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail XX 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 11/2/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

Re: Block/Lot 229/1
1608 Kindle Avenue

A copy of any and all inspection reports, notices, violation reports relating to Inspection No. 1013980 (inspection date May 19, 2016) as noted on Violation Invoice dated July 10, 2017.

We are making this request as counsel to the owner of the property, Safe Guard Properties.

Please contact me to advise of the cost of copying and I will forward a check immediately. We are requesting that we receive copies either paper, cd or thumb drive. They can also be received via email.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

RECEIVED
NOV – 2 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Don Banks

Important Notice

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

Requestor Information – Please Print

First Name 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 [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

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 11/10/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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 open construction permits for 128 Hannold Boulevard Woodbury, NJ 08096
for the time frame of 11/1/2007 to 11/1/2017.

Thank you.

RECEIVED
NOV 13 2017
BY
DEPARTMENT/DEPOSIT
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name James MI R Last Name Connell

Company Forman Mills

Mailing Address 1070 Thomas Busch Memorial Hwy

City Pennsauken State NJ Zip 08110 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail Yes 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 James R Connell Date 08/04/2017

Payment Information

Maximum Authorization Cost $ 100

Select Payment Method

Cash ___ Check ✓ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 requesting on behalf of my employer for any infomation related to building plans or floor plans for our store loaction at Forman Mills,1140 Hurfville Road, Deptford, NJ, 08096 at witch we are tenants.

We are planning on IT upgrades accross all our stores to improve the customer expernece but unfornately we have lost a few our of stores floor plans and must try to find, recover or recreate whatever we can for this process.

RECEIVED
AUG – 4 2017
BJ
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name RYAN MI J Last Name CAMPBELL

Company

Mailing Address 1107 DELSEA DR

City WESTVILLE State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 9/7/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

ALL PROPERTY RECORDS FOR 1107 DELSEA DR
FROM PLANNING & ZONING & CONSTRUCTION
WESTVILLE NJ 08093
FOR LAST 12 YRS

RECEIVED
SEP 12 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

Too broad

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Dalis MI ____ Last Name Canfield

Company Property Debt Research

Mailing Address 6801 Palisades Park Ct. Suit 2

City Fort Myers State FL Zip 33912 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

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 ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Dalis Canfield Date 10/06/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

ADDRESS: 301 LaSalle Ave
PARCEL: 546.25
Please provide copies of only open code enforcement, property maintenance, or nuisance violations. Please provide copies of only open or expired permits. Please provide copies of any assessments (grass mow, misc, invoices). Please provide any fines, fees, balances, or municipal liens due.

RECEIVED
OCT - 6 2017 BT
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature Date

cc J. Rebecca

Phone:
Fax: 954-688-2505

FAX

To: 18568458804
Re:

From: . .
Date: 08/18/2017

Dear Dina or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Township of Deptford for any and all purchasing records from 2017-05-19 to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

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

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

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

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

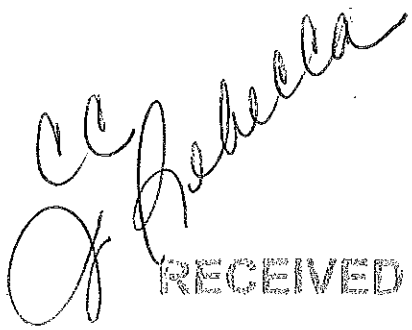
If you have any questions, please feel free to respond to this email or I can be reached at 954-637-0742.

Regards,

RECEIVED
AUG 21 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Curtis Blanding
Data Acquisition Specialist
SmartProcure
Direct: [redacted] | Support: 888-988-6348
Email: [redacted] www.smartprocure.us
700 W. Hillsboro Blvd. Suite 4-100, Deerfield Beach, FL 33441

Print Management Solutions
P O Box 350
Trexlertown, PA 18087



Open Record Officer
DEPTFORD TWP
1011 Cooper Street
Deptford, NJ 08096

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

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

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

Or

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

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

Please email your request to me at [redacted] or mail to my attention at:

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

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

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

Respectfully,

Amy Dorward
P O Box 350
Trexlertown, PA 18087

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name: Robert MI: G. Last Name: Devine

Company: White and Williams, LLP

Mailing Address: 457 Haddonfield Road, Suite 400

City: Cherry Hill State: NJ Zip: 08002 Email: [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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: 8-9-17

Payment Information

Maximum Authorization Cost: $ 100.00

Select Payment Method

Cash ___ Check ✓ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

Attention: Deptford Township Police Department

Any and all documents pertaining to the property located at **1110 Hurffville Road, Deptford, NJ and the incident that occurred on February 19, 2015** including, but not limited to, any and all records, reports, supplemental reports, photographs, statements, video recordings, audio recordings, diagrams, complaints, notices, citations, correspondences, memorandum, emails, computer entries, handwritten notes and any and all related documents in your possession.

AGENCY USE ONLY

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

19358748v.1

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

RECEIVED
AUG 14 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERKS OFFICE

Custodian Signature Date

cc: Tom Stevens EMS

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Robert MI G. Last Name Devine

Company White and Williams, LLP

Mailing Address 457 Haddonfield Road, Suite 400

City Cherry Hill State NJ Zip 08002 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 8-9-17

Payment Information

Maximum Authorization Cost $ 100.00

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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.

Attention: Deptford Township Emergency Medical Services

Any and all documents pertaining to the property located at **1110 Hurffville Road, Deptford, NJ and the incident that occurred on February 19, 2015** including, but not limited to, any and all records, reports, supplemental reports, photographs, statements, video recordings, audio recordings, diagrams, complaints, notices, citations, correspondences, memorandum, emails, computer entries, handwritten notes and any and all related documents in your possession.

AGENCY USE ONLY

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

Deposit Date _____

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AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
AUG 14 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature Date

C: D.Banks

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Michael MI A Last Name DePalma

Company — Block 5.37 Lot 1

Mailing Address 134 Rittenhouse Drive, [redacted]

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Email / or 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 08/11/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash X Check __ Money Order __

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

EMAIL COPY/File of to (madepalma1@gmail.com) of the Following: Blocks 5.29 through 5.37

Final Site Complete Project Plans currently used by zoning & tax map for Locust Grove Rittenhouse townhomes. Specific Area of Interest:

AREA from 124 Rittenhouse Drive through all properties to 146 Rittenhouse Drives. AND AREA of 118 Pennsburg have through All properties to 164 Pennsburg Have.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

RECEIVED
Records Provided
AUG 14 2017
37
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Steven MI P Last Name DiMatteo

Company IBEW 351

Mailing Address PO Box 1118

City Hammonton State NJ Zip 08037 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 10/27/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 all electrical permits for the installation of the rooftop solar system at 1370 Hurffville Rd. If submitted provide any building permits associated with this project. Email delivery preferred. On site inspection otherwise.

*PERMITS WOULD HAVE BEEN ISSUED IN THE PAST 5 years.

AGENCY USE ONLY

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otal Est. Cost _____
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stimated Balance _____

eposit 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

NOV – 1 2017

DEPUTY CLERK

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

856-845-8804

Important Notice

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

Requestor Information – Please Print

First Name Erin MI ____ Last Name ____

Company Remax Connection

Mailing Address ESQ

City ____ State ____ Zip ____ Email [redacted]

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 ____ Date ____

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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.

112 Woodvale Ln.

Are there any code violations on this property?

RECEIVED
OCT 25 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

[redacted]

Important Notice

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

Requestor Information – Please Print

First Name Erin MI _____ Last Name _____

Company Remax

Mailing Address _____

City _____ State _____ Zip _____ Email [redacted]

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 _____ Date _____

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

Are there any code violations for 233 Heritage Way?
Also, if there is any contact information for Heritage HOA?

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
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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 10/20/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name DOMINIC M. S. Last Name FAVIERI, JR.

Company SAME AS ABOVE

Mailing Address 108 DeLand Ave

City Cherry Hill State NJ Zip 08034 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 11-17-17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ____ Check X Money Order ____

Print: Letter Size Page or Smaller @$0.05; Legal Size Page or Larger @$0.07

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.

SEE ATTACHED DESCRIPTION of DOCUMENTS.

I AM requesting A COPY of the listed documents.

11-20-17 emailed 11 pgs - complete gmk

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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Partial - Closed ____

AGENCY USE ONLY

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Total Pages ____

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Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Marla MI D. Last Name Gaglione

Company The Ward Law Firm

Mailing Address 196 Grove Ave., Suite A

City West Deptford State NJ Zip 08086 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail EMAIL 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 7/31/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 requesting the following information to be sent to me via email:

1. Application for permit, approvals and inspection records for a fence installation for 50 Blanchard Drive, Deptford, NJ Owner Albert Filiaggi, Jr. Application would have been made in March - May of 2014.
2. Application for permit, approvals and inspection records for a fence installation for 105 Lakebridge Drive, Deptford, NJ Owners Charles and Barbara Marl. Application would have been made in January - June of 2010.
3. Application for permit, approvals and inspection records for a fence installtion for 48 Blanchard Drive, Deptford, NJ Owners Jean Lehe and Joan Franks. Application would have been made July - December 1988.
4. Application for permit, approvals and inspection records for a fence installations/repair for 48 Blanchard Drive, Deptford Owners Jean Lehe and Joan Franks. Application would have been made in October 1989 - January 1990.
5. All applications for permit, approvals, inspection records and notice of violations for 6 Knollwood Drive, Deptford, NJ Owner George Nicholson. Application would have been made in January of 2016.
6. For property maintenance violations of 6 Knollwood Drive, I am requesting any from January 2016 through July 31, 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 ____

Record Provided

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

RECEIVED
AUG - 1 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature Date

cc: D. Banks

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Lyla MI ____ Last Name Gray-Etherson

Company [redacted]

Mailing Address Property Solutions Inc; 323 New Albany Road [redacted]

City Moorestown State NJ Zip 08057 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

Preferred Delivery: Pick Up ____ US Mail X (Email if possible)

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 8/10/2017

Payment Information

Maximum Authorization Cost $ 25

Select Payment Method

Cash / Check / Money Order ____

Fees: Letter Size Page or Smaller @$0.05; Legal Size Page or Larger @$0.07

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.

• Permits, reports, and information for Underground or Aboveground Storage Tanks (UST/AST), oil / water separator or clarifier installation or removal any current or previous building at the property • Permits for flammable materials storage • Permits of asbestos removal • Permits for the installation or decommissioning of drinking water wells & septic systems • Demolition/renovation permits for the current building of any other prior building on this property • Any known spills, releases, hazardous materials • Outstanding fire code violations associated with storage / handling / use of flammable or hazardous materials • Fires or spills - From 9/2016 to present.

For a Phase I Environmental Assessment of the following property:
West Deptford Animal Hospital
1044 Mantua Pike
Block 423-Lots 3
Wenonah, Deptford Township, Gloucester County, New Jersey 08090
Property Solutions Inc Project #: 20161012

RECEIVED
AUG 11 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name ADRIANA MI ____ Last Name GARCIA

Company ASSOCIATION ONLINE

Mailing Address 2809 E HARMONY ROAD SUITE 100

City FORT COLLINS State CO Zip 80528 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 *HAVE* / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/18/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 SEEKING EVIDENCE OF ANY OUTSTANDING CODE ENFORCEMENT VIOLATIONS AND OPEN/EXPIRED PERMITS THAT NEED TO BE RESOLVED AND ANY RESULTING LIENS, FINES, FEES, AND PAYOFF INSTRUCTIONS FOR 5 LAUREL COURT DEPTFORD TOWNSHIP NJ 08096. PLEASE NOTE WE ONLY NEED COPIES IF THERE IS ANYTHING OPEN/PENDING THAT NEEDS TO BE RESOLVED PRIOR TO SALE OF PROPERTY. PLEASE EMAIL RESULTS TO: [redacted]

RECEIVED
SEP 19 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Fax: (856) 845-8804

Important Notice

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

Requestor Information – Please Print

First Name Joseph MI C. Last Name Grassi

Company Barry, Corrado & Grassi, P.C.

Mailing Address 2700 Pacific Avenue

City Wildwood State NJ Zip 08260 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ email or fax

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 9-27-2017

Payment Information

Maximum Authorization Cost $ 25.00

Select Payment Method

Cash ___ Check XX Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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. Body camera video footage from Officer Soper, Badge #5263 from a motor vehicle stop occurring on September 24, 2017 at approximately 1:30 p.m. on I-676 N involving Dante Coleman. No record
2. MVR or Dashboard video footage from Officer Soper, Badge #5263 vehicle or any other officer who responded to a motor vehicle stop occurring on September 24, 2017 at approximately 1:30 p.m. on I-676 N involving Dante Coleman. No record
3. CAD/radio transmissions and CAD report for a motor vehicle stop by Officer Soper, Badge #5263, occurring on September 24, 2017 at approximately 1:30 p.m. on I-676 N involving Dante Coleman. Contact County
4. Report for the Canine/K-9 Handler who responded to the motor vehicle stop by Officer Soper, Badge #5263, occurring on September 24, 2017 at approximately 1:30 p.m. on I-676 N involving Dante Coleman. See attached
5. Body camera video footage from Canine/K-9 Handler who responded to the motor vehicle stop by Officer Soper, Badge #5263, occurring on September 24, 2017 at approximately 1:30 p.m. on I-676 N involving Dante Coleman. No record
6. Canine/K-9 body camera video footage from the K-9 who responded to the motor vehicle stop by Officer Soper, Badge #5263, occurring on September 24, 2017 at approximately 1:30 p.m. on I-676 N involving Dante Coleman. No record
7. Any and all incident reports, operation reports, and any other written or digital record generated in response to the motor vehicle stop by Officer Soper, Badge #5263, occurring on September 24, 2017 at approximately 1:30 p.m. on I-676 N involving Dante Coleman. See attached

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

RECEIVED
Records Provided
SEP 28 2017
BJ
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature ____ Date ____

cc D Banks

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Philip MI M. Last Name Gordemer

Company Tanyard Acres Homeowners Association

Mailing Address 133 Redtail Hawk Circle

City Sewell State NJ Zip 08080 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up XXXX US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 20:28-6, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/21/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 President of the Tanyard Acres Homeowners Association. The current developer of the Tanyard Acres Development has walked away from the project and the Homeowners Association (HOA) has taken direct control and management of the development. In order for the HOA to continue their mission and complete many of the items not done by the developer including maintenance of inlets, landscaping, etc, we need information from the Township on the original approval plans for this development.

To this end, I am requesting electronic copies of all construction related drawings submitted to the township/township Engineer for the Tanyard Acres Development (As authorized by Resolution ZD010-14 of the Zoning Board)

We are looking for drainage, topology, sewer/inlet, utilities, landscaping, signage and any plans that the township would have done inspections on.

We have the ability to handle all common electronic formats including PDF, AutoCAD DWG, Microstation DGN and similar. As we understand this action will probably have to be completed by the Township Engineer, we would be happy to supply their offices an external hard drive for the data to be copied onto and/or assist them with the transfer of data.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
SEP 21 2017
BT
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Elizabeth MI R Last Name Grass

Company Lien Processing

Mailing Address 6801 Palisades Park Ct, Suite 2

City Fort Myers State FL Zip 33912 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

Preferred Delivery: Pick Up _____ US Mail email 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 /s/ Elizabeth R Grass Date 10/17/2017

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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 regards to property at 624 WOODLAND AVE, block 41 lot 14; Please provide copies of code violations/complaints and permits for this property including case/permit number, status, and description. Please provide copies of any invoices if there are outstanding fines due in regards to the violations/permits. Please provide copy of unpaid invoices of debt against this property or special assessments with total payoff balance, including any unpaid liens due to the municipality. date range: any available, at least past 10 years.

please return documents via email [redacted] or fax to 239-316-4013

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 _____
Payment Paid _____

Payment Form _____

RECEIVED
OCT 17 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Elizabeth MI R Last Name Grass

Company Property Debt Research

Mailing Address 6801 Palisades Park Ct, Suite 2

City Fort Myers State FL Zip 33912 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

Preferred Delivery: Pick Up _____ US Mail email 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 /s/ Elizabeth R Grass Date 10/17/2017

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 regards to property at 301 LASALLE AVE, block 546 lot 25; Please provide copies of code violations/complaints and permits for this property including case/permit number, status, and description. Please provide copies of any invoices if there are outstanding fines due in regards to the violations/permits. Please provide copy of unpaid invoices of debt against this property or special assessments with total payoff balance, including any unpaid liens due to the municipality. date range: any available, at least past 10 years.

please return documents via email [redacted] or fax to 239-316-4013

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
OCT 17 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Marla MI D Last Name Gaglione

Company Ward Law Firm

Mailing Address 196 Grove Ave, Suite A

City West Deptford State NJ Zip 08086 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/1/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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 send the following information to me via email:

1. Application for permit, approvals and inspection records for fence installation at the following
   a. 50 Blanchard Drive, Deptford, NJ, Owner Albert Filiaggi. Application was made on April 3, 2014.
   b. 105 Lakebridge Drive, Deptford, NJ. Owners Charles and Barbara Mal. Application would have been made around January 2010 through June 2010.
   c. 48 Blanchard Drive, Deptford, NJ. Owners Jean Lehe and Joan Franks. Applications would have been made June 1988 through January 1990.
2. An inspection failure report was noticed on May 18, 2017 to George Nicholson at 6 Knollwood Drive. I am requesting all correspondence, inspection reports, notice of violations, memos to file, formal notices, photographs from May 18, 2017 until the present.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

CC: Diane

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

equestor Information – Please Print

rst Name JUSTIN MI Last Name GOMEZ

ompany REVERSE MORTGAGE SOLUTIONS

ailing Address 425 PRINCETON ST

ty LEWISTOWN State PA Zip 17044 Email [redacted]

siness Hours Telephone: Area Code [redacted] Number [redacted] Extension

eferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____

rcle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any dictable offense under the laws of New Jersey, any other state, or the United States.

ignature JUSTIN Date 11/16/2017

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

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

PLEASE PROVIDE US THE TAX PAYMENT INFORMATION ON THE BELOW MENTION PROPERTY.

NAME: FEDRAL NATIONAL MTG ASSN
ADDRESS: 429 MAC MASTER AVE
PARCEL NUMBER: 459 - 3

1. WE POSTED A CHECK IN THE AMOUNT OF $827.92 TO PAY 2011 TAXES ON 11/08/2011 AND THE CHECK NUMBER IS 116635.

2. WE POSTED A CHECK IN THE AMOUNT OF $3,787.94 TO PAY 2012 TAXES ON 03/05/2012 AND THE CHECK NUMBER IS 146113.

PLEASE PROVIDE US A PAYMENT HISTORY SHOWING THE PAYMENT WAS APPLIED WITH BREAKDOWNS LIKE BASE PENALTY AND INTEREST.
PLEASE FAX OR EMAIL US AN ACCOUNT HISTORY SHOWING THE PAYMENT WITH PAID AMOUNT AND PAID-DATE.

THANK YOU
JUSTIN
PHONE [redacted]
FAX 469-458-6800
EMAIL [redacted]

AGENCY USE ONLY

st. Document Cost _____
st. Delivery Cost _____
st. Extras Cost _____
otal Est. Cost _____
eposit Amount _____
stimated Balance _____

eposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

NOV 16 2017 BT

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Michael MI K Last Name Griffin

Company Malachite Group

Mailing Address 48 E. Old Country Road

City Mineola State NY Zip 11501 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/7/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 requesting any and all violations and fines issued to Commercial Shopping Centers for tree removal, clothing bins left in parking lots, garbage violations, debris violations given by the Buiding Department from 10-01-16 thru the present.

My email is [redacted]

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

NOV 13 2017

BY

Custodian Signature Date

RECEIVED

OCT 12 2017

TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Barbara MI ____ Last Name Haynes

Company PEMCO Limited

Mailing Address 820 Bear Tavern Road

City West Trenton, State NJ Zip 08628 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____ or email

Preferred Delivery: Pick Up ____ US Mail XXX 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. have NOT

Signature [signature] Date 09/27/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

612 Winding Way

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 [signature] Date 10/13/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Brandi MI L Last Name Hascak

Company Orange Coast Lender Services Title Company

Mailing Address 1000 Commerce Drive Suite 520

City Pittsburgh State PA Zip 15275 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____ FAX/EMAIL

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Brandi L Hascak Date 10/4/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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.

OPEN code violations: high grass/weeds, garbage/rubbish, structural issues on the property.

OPEN permits: building, construction, electrical

ONLY NEED COPIES IF VIOLATIONS/PERMITS ARE STILL OPEN

Property address: 9 Jones Ave. Deptford, NJ 08096 Block 607 Lot 5

RECEIVED
OCT – 4 2017 BT
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Yvonne MI ____ Last Name Hu

Company Anchor Real Estate

Mailing Address 320 W. Oregon Ave.

City Philadelphia State PA Zip 19148 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 10-06-17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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.

Looking for the Shopping Center Construction History and all the current Violations.

Address: 1800 Clements Bridge Rd. Deptford N.J.

Block: 1.04 Lot: 8 Class: A.

Owner: Deptford Commons LLC %

Document from 1991 to current.

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OCT - 6 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Amy MI _____ Last Name Han

E-mail Address [redacted]

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone [redacted] FAX _____

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

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

Signature [signature] Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

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

Instructions on how to generate the report in excel in the Edmund System:

Tax Custom Report:

Page 1: Leave all fields open - Select Print to Excel

Page 2: Select Owner Name, Owner Street 1/2, Owner City, St, Owner Zip, Property Class, Property Location

Page 3: Report Type: Delinquent Notice
-Delinquent Notice Suggestions: as of Date Include Current Interest
-Select Interest Date: put a date in, it will allow you to select include Current Interest above

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 _____
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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

Important Notice

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

Requestor Information – Please Print

First Name Amy MI ____ Last Name Han

E-mail Address [redacted]

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone [redacted] FAX ____

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

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

Signature [signature] Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

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

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

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

AEI Consultants
Environmental & Engineering Services

August 14, 2017

Township of Deptford
1011 Cooper Street
Deptford, NJ 08096
Fax (856) 845-8804

Subject: **Open Public Records Act (OPRA) Request**

To Whom It May Concern:

Please accept this request to review files for the following properties:

Addresses
AMC, Inc. **1740 Clements Bridge Road** **Deptford, NJ 08096**

AEI Consultants requests the following records for the time period between 1930 to 2017.

1. Tax Property Card (date of building construction, lot size, and gross floor area) – County
2. Tank records (underground storage tanks and aboveground storage tanks) – ~~Township~~ / D. Banks
3. Environmental violations and liens (including incidences of spills or releases)
4. Septic system records – MUA
5. Private water well records – MUA
6. Property restrictions/Activity and Use Limitations – D. BANKS

I would prefer to receive copies via email at [redacted] or via fax at (732) 414-2721, if possible. Please call me at [redacted] if you have any questions or require further information. Thank you!

Regards,
Debbie Han

RECEIVED
AUG 15 2017 BT
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

C.C. D. Banks

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Brandi MI L Last Name Hascak

Company Orange Coast Lender Services

Mailing Address 1000 Commerce Drive Suite 520

City Pittsburgh State PA Zip 15275 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

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 *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Brandi L Hascak Date 8/2/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 the following information on the foreclosed property address: **12 Schollcrest Ave. Woodbury, NJ 08096 Block 607 Lot 16**

**OPEN CODE VIOLATIONS (high grass/weeds, garbage/rubbish on the property, structural issues with the property)
**OPEN PERMITS (building, construction, electrical)

FROM 5/25/17-present date)

Thank you !

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AUG – 2 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

C. Hancocks

Important Notice

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

equestor Information – Please Print

st Name Jeana MI ____ Last Name Hancock

ompany The Planning and Zoning Resource Company

ailing Address 1300 South Meridian Avenue, Suite 400

ty Oklahoma City State OK Zip 73108 Email [redacted]

usiness Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

eferred Delivery: Pick Up ____ US Mail ____ or Email ✓ 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 dictable offense under the laws of New Jersey, any other state, or the United States.

ignature Jeana Hancock Date 11/03/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

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

Please provide copies of any open/unresolved building and fire code violations, certificates of occupacny, and final approved site plan (excluding plumbing, grading, and mechanical) documents issued since July 2008 for the property located at 1188 Hurffville Road. Block: 484/ Lot: 8
*Please notify me if fees will exceed $25.00. (Our Ref# 107967-2)

RECEIVED
NOV - 6 2017 BT
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Kim MI ____ Last Name Holland

Company EBI Consulting

Mailing Address 41 Evergreen Ln

City York State PA Zip 17408 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

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 Kim Holland Date November 3, 2017

Payment Information

Maximum Authorization Cost $ 50.00

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

For 1188 Hurffville Road in Deptford, NJ (Block 484, Lot 8) the following as applicable:

- Current and historical building permits
- Current and historical Certificates of Occupancy
- Date of construction
- Any open building violations on file
- Date of last building and fire inspections
- Any open zoning violations on file
- Current zoning of the property and any variances on file
- Dates of public sewer and water connection
- Installation or removal of storage tanks (above and underground)
- Hazardous materials storage or release
- Hazardous waste generation or discharge
- Asbestos or lead-based paint abatement

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TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

OCT 17 2017

Important Notice

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

Requestor Information – Please Print

First Name Brandi MI L Last Name Hascak

Company Orange Coast Lender Services Title Company

Mailing Address 1000 Commerce Drive Suite 520

City Pittsburgh State PA Zip 15275 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____ FAX/EMAIL

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Brandi L Hascak Date 10/4/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

OPEN code violations: high grass/weeds, garbage/rubbish, structural issues on the property.

OPEN permits: building, construction, electrical

ONLY NEED COPIES IF VIOLATIONS/PERMITS ARE STILL OPEN

TIME FRAME: 12/1/2001-present date

Property address: 9 Jones Ave. Deptford, NJ 08096 Block 607 Lot 5

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

RECEIVED

OCT - 6 2017 BT

TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name CHARLES MI M Last Name HORAN

Company CENTURY 21 ALLIANCE - MANTUA

Mailing Address 1107 MANTUA PIKE SUITE 712

City MANTUA State NJ Zip 08051 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 C M Horan J Date 10-4-2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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.

MY CLIENT IS ATTEMPTING TO PURCHASE 1486 GLASSBORO RD, DEPTFORD TWP (BLOCK 413, LOT 22) I WANT TO DETERMINE IF THERE ARE OUTSTANDING (OPEN) BUILDING PERMITS. ALSO, IT APPEARS THAT OVER THE PAST 20+/- YEARS TWO ADDITIONS HAVE BEEN CONSTRUCTED. AS PART OF REPRESENTING MY CLIENT'S BEST INTEREST I WANT ASCERTAIN THAT THESE ADDITIONS WERE CONSTRUCTED TO MUNICIPAL CODE WITH PROPER PERMITS OVER

AGENCY USE ONLY

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

AGENCY USE ONLY

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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 ____

I AM REQUESTING COPIES OF PERMITS PULLED IN THE LAST 25 YEARS.

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Philip MI ____ Last Name Joel

Company SLK Global America

Mailing Address 2727 LBJ Fwy Suite 800

City Dallas State TX Zip 75234 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Philipjoel Date 11/20/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 advise if there are any Code Violations/Citations and/or Monies due and or any Open, Pending or Expired Permits impact fees for the property listed below.

File #: 622603
Name: MATTHEW BRAUN
Add: 1512 GLASSBORO RD WENONAH, NJ 08090
Parcel: Block: 412 lot 10

NOV 20 2017 BY

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
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Partial - Closed ____

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Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

RECEIVED

OCT - 2 2017

BY

TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name James MI J Last Name Jennings

Company Enterprise Search

Mailing Address PO Box 302

City Woodbury State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 James J Jennings Date 9/22/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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.

Request for tax List Books showing Owners names
1945 thru 1950 BE 3392 lot # Twp- Deptford.

Send to [redacted]

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name James MI J Last Name Jennings

Company Enterprise Search

Mailing Address PO Box 302 [redacted]

City Woodbury State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 James J Jennings Date 9/26/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

Request for Ass't owner names for years 1945 thru 1950 Bl 432 lot 1 Twp Deptford.

[redacted]

Send to Email [redacted]

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

Records Provided

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Mark MI D Last Name Joseph

Company

Mailing Address 22 Stewart Ln 08096

City Deptford State NJ Zip 6325 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 Aug 2, 2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 requesting a copy of the certificate of occupancy, issued June 30 or July 1, 2017, for

22 Stwart Ln
Deptford, NJ. 08096

~~Please mail the copy to the address listed in "Requestor Information"~~

Please email to: [redacted]

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG - 2 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature ____ Date ____

C.D. Hudson Jr.

State of New Jersey
Department of State
GOVERNMENT RECORDS REQUEST FORM

OPRA Open Public Records Act

The reverse of this form contains important information related to your rights to request government records. Please read it carefully. In addition please note that you may complete and submit this form electronically at www.nj.gov/oprs

(Please Print - see reverse side for important information)

First Name:	Mohammad	MI:	Last name:	Kaleemuddin	
Company:	CORELOGIC TAX SERVICES				
Mailing Address:	3001 Hackberry Road, Irving TX 75063-0156.				
City:	Westlake	State:	TX	Zip Code:	76262
e-mail Address:	[redacted]				
Business Hours Telephone #:	([redacted]) [redacted] - [redacted]			Ext. [redacted]	
Fax # (if applicable):	(817) 826		1526	Ext.	
Fax # (if applicable):	( )			Ext.	
Preferred Delivery:	FAX X	US Mail		On site inspection	
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 or any other state or the United States.				
Signature:				Date:	09/11/2017

Maximum Authorized Cost: $

Select Payment Method:

Cash
Check
Money Order

Fees: Pages 1 - 10 @ $0.75 per
Pages 11 - 20 @ $0.50 per
Pages 21 + @ $0.25 per

Delivery: Delivery/postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

(To expedite your request be as specific as possible in describing the records requested)

Tax Lien Redemptions with interest calculated through 10/31/2017 for the following parcels:

DOS-20027

Ref. No.	Assessment	Taxes	Homeowner Name	Property Address	
0003546124	2900880002	00542.0000 (6) 00019.0000	HUSSAIN WASTI	550 PRINCETON BLVD WENONAH NJ08090	Attached
0032065385	2900880002	00612.0000 00034.0000	WATTS WILLIAM J	665 665 CORNELL AVE DEPTFORD TWP NJ080901119	Attached
0037624186	2900880002	00145.0000 00002.0000	MARINO REYES	940 BARLOW AVE DEPTFORD NJ080963604	Redeemed 9/12/17

Please provide the Lien Redemption statement for the above mentioned parcels as we have identified them as having inside/outside liens. Please provide the amounts good till (10/31/2017).

If the taxes have already been paid, please provide the date of payment and the amount so that we may update our records.

Please let us know if certified funds are required or if a mortgage bank check would suffice.

Thank You

RECEIVED
SEP 13 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

CC: Diane

State of New Jersey
Department of State
GOVERNMENT RECORDS REQUEST FORM

The reverse of this form contains important information related to your rights to request government records. Please read it carefully. In addition please note that you may complete and submit this form electronically at www.nj.gov/opra.

(Please Print - see reverse side for important information)

First Name:	Mohammad	MI:		Last name:	Kaleemuddin
Company:	CORELOGIC TAX SERVICES.				
Mailing Address:	3001 Hackberry Road, Irving TX 75063-0156.				
City:	Westlake	State:	TX	Zip Code:	76262
e-mail Address:	[redacted]				
Business Hours Telephone #:	([redacted]) [redacted] - [redacted]			Ext.	[redacted]
Fax # (if applicable):	(817) 826		1526	Ext.	
Fax # (if applicable):	( )			Ext.	
Preferred Delivery:	FAX X	US Mail		On site inspection	
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 or any other state or the United States.				
Signature:				Date:	09/11/2017

Maximum Authorized Cost: $

Select Payment Method:

Cash
Check
Money Order

Fees: Pages 1 - 10 @ $0.75 per
Pages 11 - 20 @ $0.50 per
Pages 21 + @ $0.25 per

Delivery: Delivery/postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

(To expedite your request be as specific as possible in describing the records requested.)

Tax Lien Redemptions with interest calculated through 10/31/2017 for the following parcels:

DOS-2002-

Interna Ref No	Agency #	TaxId	HomeownerName	Property Address
0082011 791	290088 002	00526.0000 00007.0000	RESCIGNO CAROL	345 HAVERFORD AVE WENONAH NJ08090
0082884 516	290088 002	00612.0000 00013.0000	ORLANDO VITA	623 VASSAR RD DEPTFORD NJ08090

Please provide the Lien Redemption statement for the above mentioned parcels as we have identified them as having inside/outside liens. Please provide the amounts good till (10/31/2017).

If the taxes have already been paid, please provide the date of payment and the amount so that we may update our records.

Please let us know if certified funds are required or if a mortgage bank check would suffice.

Thank You
Kaleem
Fax No:- 8178261526.

RECEIVED
SEP 13 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Fax: (856) 845-8804 Email: dzawadski@deptford-nj.org

Important Notice

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

Requestor Information – Please Print

First Name Kathy MI ____ Last Name Lyons

Company Construction Journal

Mailing Address 400 SW 7th Street

City Stuart State FL Zip 34994 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

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 ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Kathy Lyons Date 9/25/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 request a copy of the bid tabulation for the following:

- Resurfacing and Safety Improvements to Sycamore Lane

Thank you for your time.

CJ# 1492096

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 ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Fax: (856) 845-8804 Email: dzawadski@deptford-nj.org

Important Notice

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

Requestor Information – Please Print

First Name Kathy MI ____ Last Name Lyons

Company Construction Journal

Mailing Address 400 SW 7th Street

City Stuart State FL Zip 34994 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

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 ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Kathy Lyons Date 8/1/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 request the Bid Tabulation OR the Award Resolution for the following bid from May 17, 2017:

Resurfacing and Safety Improvements to Florence Avenue

CJ# 1437837

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 ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Fax: (856) 845-8804 Email: dzawadski@deptford-nj.org

Important Notice

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

Requestor Information – Please Print

First Name Kathy MI ____ Last Name Lyons

Company Construction Journal

Mailing Address 400 SW 7th Street

City Stuart State FL Zip 34994 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

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 ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Kathy Lyons Date 8/1/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 request the Bid Tabulation OR the Award Resolution for the following bid from May 17, 2017:

Resurfacing and Safety Improvements to Various Roads

CJ# 1437836

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 ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Michael MI J Last Name McKenna

Company McKenna Law, PC

Mailing Address 648 Longwood Avenue

City Cherry Hill State NJ Zip 08002 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 X [signature] Date X 11-9-17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

A complete copy of the Building Permits file for 1750 Clements Bridge Road, Deptford, NJ 08096, Specifically for the flooring for the outdoor area.

RECEIVED
NOV 20 2017
BY

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 _____

cc D Banks

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Anthony MI D Last Name Mazza

Company

Mailing Address 116 West Central Ave. [redacted]

City Blackwood State NJ Zip 08012 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 [redacted] Date 11/7/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ✓ Check __ Money Order __

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 Permits pulled on [redacted] 1913 Manhassett Ave. Deptford N.J. 08096 Block 270 Lot 2 within the past 25 Years

NOV - 8 2017 BT

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph. # 732-780-3779 *Fax #* 848-220-9139

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 Alison MI P Last Name Mitrosky

E-mail Address [redacted]

Mailing Address 2211 Allenwood Rd

City Wall State NJ Zip 07719

Telephone [redacted] FAX 1-848-220-9158

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

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

Signature Alison Mitrosky Date 11/9/17

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.

Hello,
Trinity has been contracted by a resident of your town to install a 5.51 **Mounted Solar System. We are preparing a permit on this resident's behalf. The resident has exhausted all avenues to locate a survey for the property. We would like to request a survey for the Township resident via OPRA REQUEST, as per you Town Home Page. Request sent** 11/9/17 **. Residents name and address as follows:**

Name: Riera, Julius
Address: 114 Bunker Hill Ct Deptford, New Jersey 08096 United States
Block: 526
Lot: 42

Thank you so much
Trinity hope's the Township can help their resident, with this request. Please respond in writing. If by chance you cannot help please detail the basis of denial.

Thanks very much in advance
Alison Mitrosky

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

RECEIVED
NOV 13 2017
TOWNSHIP OF DEPTFORD

cc: IT 8/14

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Jonathan MI P Last Name Newcomb

Company Spino & Newcomb, LLC

Mailing Address 44 Cooper Street, Suite 101

City Woodbury State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 8-11-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

All emails, including attachments, either to or from any of the following government email addresses:

dbanks@deptford-nj.org, pmedany@deptford-nj, jcatalano@deptford-nj.org, rhatalovsky@deptford-nj.org
cromano@deptford-nj.org, hficara@deptford-nj.org, nbarrett@deptford-nj.org, jcaccavale@deptford-nj.org

and containing one of the following keywords:

"Barrett Asphalt Corporation" "John Barrett" "Barrett Asphalt" "Barrett"

within the past 5 years.

We request all governement records to be produced in the format in which they currentlly exist.

Delivery of the documents should be done by email to the following address:

[redacted]

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

C. D. Barnes

Important Notice

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

Requestor Information – Please Print

First Name George MI A Last Name Nicholson

Company

Mailing Address 6 Knollwood Dr

City Deptford State NJ Zip 08096 Email See Below

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 11/11/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

Copy of all zoning approvals, changes to or denials for installing a fence at & drawings within the last 7 yrs

48 Blanchard $2.05 20
50 Blanchard 2.05 19
& 2.05 15
15 Lakebridge

NOV 13 2017 BT

11-15-17 - Reviewed zoning files - Have no records for fences at the above properties — Complete - Smk

[redacted]

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

C.D. Banks

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

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

Requestor Information -- Please Print

First Name JOHN MI G Last Name ORSINO
Company D AND J INVESTMENTS INC
Mailing Address 401 COOPER LANDING ROAD UNIT C 10
City CHERRY HILL State NJ Zip 08[redacted] Email [redacted]
Business Hours Telephone: Area Code [redacted] Number [redacted] 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 John G Orsino Date 9-22-17

Payment Information

Maximum Authorization Cost $ ____
Select Payment Method
Cash ___ Check ___ Money Order ___
Fees: Letter Size Page or Smaller @$0.05; Legal Size Page or Larger @$0.07
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 date, the medium requested. COPY

WE ARE REQUESTING A COPY OF THE ORIGINAL APPLICATION TO DEVELOP THE RENOVATION AND ADDITION TO THE TWIN CEDARS ASSISTED LIVING FACILITY LOCATED AT 1454 GLASSBORO ROAD DEPTFORD NJ

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

RECEIVED
SEP 25 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature ____ Date ____

RECEIVED

OCT 2_ 2017

OFFICE OF
COMMUNITY DEVELOPMENT

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name JOHN G ORSINI G Last Name ORSINO

Company D+T INVESTMENTS INC

Mailing Address 401 COOPERMANOR RD UNIT C 10

City CHERRY HILL State NJ Zip 08002 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 offence under the laws of New Jersey, any other state, or the United States.

Signature John G Orsini Date 10-2-17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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.

WE ARE REQUESTING COPIES OF EXTENSIONS REQUESTED TO EXTEND THE ORIGINAL APPROVALS AND RESOLUTIONS FOR THE TWIN CEDARS PROJECT LOCATED AT 1454 GLASSBORO ROAD

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 # ____
Read Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Angelo MI J Last Name Parolari

Company Geo-Technology Associates

Mailing Address 14 Worlds Fair Drive

City Somerset State NJ Zip 08873 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 Angelo Parolari Date 8/10/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

Property located at: 1370 Hurffville Road, Deptford Township, New Jersey. Block 485 Lot 1. Owner: HD DEV OF MD C/O Home Depot #0929. Records of interest include, but are not limited to: tax assessor records, building permits, planning and zoning files, complaints, violations, and any environmental records. We would like to come in and review all available records. The request is due diligence for a Phase I Environmental Site Assessment.

RECEIVED
AUG 10 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Evangelina MI ____ Last Name Pena

Company Geo-Technology Associates

Mailing Address 14 Worlds Fair Drive Suite B

City Somerset State NJ Zip 08873 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

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 Evangelina Pena Date September 5, 2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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.

Properties of interest are located in Deptford Township, Gloucester County, New Jersey.
1) Property Location: West of State Highway 55, Block: 199 Lot: 5
2) Property Location: 1474 Cooper St., Block: 199 Lot: 6, Owner: Charles Insalaco
3) Property Location: Cooper Street, Block: 199 Lot: 8.01 Previous Lot: 8, Owner: The Landings at Cooper Street LLC

Records of interest include, but are not limited to: tax assessor records, building permits, planning and zoning files, complaints, violations, and any environmental records. The request is due diligence for a Phase I Environmental Site Assessment.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
SEP -5 2017 BJ
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

cc
To Brad

Important Notice

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

Requestor Information – Please Print

First Name Residential Rental Homes MI ____ Last Name ____

Company ____

Mailing Address 740 Marne Hwy. Suite 105

City Moorestown State NJ Zip 08057 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date 11/10/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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 all construction / code enforcement documents available for the Collamy property:

412 Woodbury Lake Dr. Block 478 Lot 7

Docs requested include but not limited to: Permit History, Inspection History, Blueprints, Especially interested in any Underground Oil / Storage Tank information available. Thank you

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

NOV 13 2017 BY

[redacted]

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Luisa MI ____ Last Name Rancapan

Company Construction Information Systems

Mailing Address 170 Kinnelon Road

City Kinnelon State NJ Zip 07405 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ✓ email On Site Request

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 Luisa Rancapan Date 10/27/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 requesting for a copy of the Building permit application that includes the name, address, & telephone number of

Mantua Pike CVS
1094 - 1098 Mantua Pike
Block: 423 Lot: 10-12

(Attention Building Department)

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

RECEIVED

OCT 20 2017

TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name: Tricia MI: M Last Name: Russomanno

Company: Capehart Scatchard

Mailing Address: 8000 Midlantic Drive, Suite 300S

City: Mt. Laurel State: NJ Zip: 08054 Email: [redacted]

Business Hours Telephone: Area Code: [redacted] Number: [redacted] Extension: [redacted]

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____ Email-XXX

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: [redacted] Date: 10/19/17

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash: __ Check: __ Money Order: __

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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 us with all notice of violations and records relating to the Deptford Commons Mall between the dates of January 1, 2010 to January 31, 2014.

Please return the records via email to Paralegal Tricia Russomanno at t[redacted]

AGENCY USE ONLY

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

Deposit Date: _____

AGENCY USE ONLY

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

In Progress: X Open: _____
Denied – Closed: _____
Filed – Closed: _____
Partial – Closed: _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

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

Records Provided

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

CC Irene Reinbold

Important Notice

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

Requestor Information – Please Print

First Name IRENE MI Last Name REINBOLD

Company B. LAUREN INVESTIGATIONS

Mailing Address 252 BROADWAY

City LONG BRANCH State NJ Zip 07740 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

OR EMAIL

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 Irene Reinbold Date 9/21/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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.

ANY AND ALL POLICE RECORDS (CAD LOGS, DISPATCH LOGS, ARREST REPORTS) FOR INCIDENT REGARDING [KENTAY SMITHEY] D.O.B. 04/28/1980:

ARREST DATE: 08/01/2009
AGENCY CASE #: 09-26833
SUMMONS #: S2009001234 0802

PLEASE EMAIL IF POSSIBLE [redacted]
COPIES OF ABOVE

THANK YOU...

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
SEP 21 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

CC
D Barth

Important Notice

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

Requestor Information -- Please Print

First Name Nancy MI J Last Name Rodney

Company

Mailing Address 2765 Jackson Rd.

City Williamstown State NJ Zip 08094 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 Nancy K Rodney Date 8/26/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ✓ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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.

- Copy of the ordinance changing the zoning of block 233 lot 10 to institutional.
- Copy of the above ordinance signed by the council president and/or the mayor and clerk.
- Copy of the notification of the zoning change of block 233 lot 10 to the property owner and the return receipt by registered mail.
- Any other pertinent information related to the zoning change to institutional for block 233 lot 10.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress - Open ____
Denied - Closed 9/13/17
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # ____
Rec'd Date 9/13/17
Ready Date 9/13/17
Total Pages 2

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

Records Provided

SEP - 5 2017 BY

TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature

9/13/17
Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

C.D. Bon

Important Notice

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

Requestor Information – Please Print

First Name Sharon MI ____ Last Name Ritchie

Company American Tax Reporting

Mailing Address 2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234 Email [redacted]

Business Hours Telephone: Area Code ____ Number [redacted] 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 *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Sharon Date 08/04/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 let us know if there are.
1) Open code violations - from year 2000 till date
2) Open/expired building permits - from year 2000 till date
for the below mentioned address:
Address: 205 UNION ST Deptford NJ 08096
County: Gloucester
Parcel: Block: 511 Lot: 28
File#: 598913

RECEIVED
AUG 14 2017
BT
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name KENNETH MI S Last Name RAINIER

Company STEVES AUTO REPAIR INC

Mailing Address 3220 STATE HWY 42

City SICKLERVILLE State NJ Zip 08081 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 8/10/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

CURRENT TOW CONTRACT/LICENSE
CURRENT TOW LIST
CURRENT TOW ORDINACE
LOG FOR VEHICLES TOWED FOR 2017 YEAR, AND CHARGES
TOW CONTRACT FOR UP COMING YEAR

RECEIVED
AUG 11 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information
Tracking #
Receipt Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

TR Broad

Important Notice

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

Requestor Information – Please Print

First Name Sharon MI ____ Last Name Ritchie

Company American Tax Reporting

Mailing Address 2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234 Email [redacted]

Business Hours Telephone: Area Code ____ Number [redacted] 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 *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature sharon Date 08/04/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 let us know if there are.
1) Liens/Special assessments like weed cutting/lot mowing/debris
2) Open code violations
3) Open/expired building permits
for the below mentioned address:
Address: 205 UNION ST Deptford NJ 08096
County: Gloucester
Parcel: Block: 511 Lot: 28
File#: 598913

RECEIVED
AUG - 7 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Natalie MI ____ Last Name Ramirez

Company ____

Mailing Address 306 Fifth Ave. FL 6

City New York State NY Zip 11360 Email [redacted]

Business Hours Telephone Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail Y 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 Natalie Ramirez Date ____

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

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.

631 Cornell Ave. Deptford, NJ 08096

any closed permits

all permits in the last year

RECEIVED

AUG – 1 2017 BY

TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est Extras Cost ____

Total Est Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Frank MI J Last Name Spadea JR.

Company Homeowner

Mailing Address 47 Gilbert Avenue

City Westville State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 *HAVE / (HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Frank J Spadea Jr Date 10/17/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05; Legal Size Page or Larger @$0.07

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 open or closed peemits, plans, all inspection Reports and Records, zoning permits, planning OR zoning board approvals, any variances. Requested or granted. Any UST or AST Removals or installs. for property located at 47 Gilbert Avenue, Westville NJ 08093 aka Block 49 Lot 4 District 0802. Please call if you have any questions. Thank you. from January 1, 2016 - October 17, 2017.

10-23-17 - Planning & Zoning have no files for this request [illegible]

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 10/23/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Read Date ____
Ready Date 10/23/17
Total Pages ____

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

Records Provided

RECEIVED
OCT 17 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature Date 10/23/17

CC D Banks

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information -- Please Print

First Name Leonard MI A. Last Name Smith

Company Archer & Greiner, PC

Mailing Address One Centennial Square

City Haddonfield State NJ Zip 08033 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 9/14/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

This request is for copies of any and all records relating to the following business entity:

Hello Gorgeous Salon and Spa
1450 Clements Bridge Road

Records requests include but is not limited to the following:

Construction permit applications and approvals:
Building Sub code applications and approvals;
Certificate of Occupancy applications and approvals;
Licensing applications and approvals;
Building design plans and blueprints;
Architectural drawings and plans;
Code Enforcement Inspection reports;
Health Department Inspection reports;
Code violations; and
Complaints.

RECEIVED
SEP 14 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Sara MI R Last Name Szymborski

Company Prime Law

Mailing Address 14000 Horizon Way, Suite 325

City Mount Laurel State NJ Zip 08054 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 [signature] Date 10/2/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

True and correct copies of all agreements, contracts, bids, plans, reports and/or other documentation pertaining to the development and/or construction of bus shelters within the Township of Deptford within the last 10 years, including, but not limited to, contracts for bus shelter advertisements.

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 ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

RECEIVED
SEP 26 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Important Notice

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

Requestor Information – Please Print

First Name Sara MI R Last Name Szymborski

Company Prime Law

Mailing Address 14000 Horizon Way, Suite 325

City Mount Laurel State NJ Zip 08054 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 [signature] Date 9/25/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

True and correct copies of all agreements, contracts, bids, plans, reports and/or other documentation pertaining to the development and/or construction of bus shelters within the Township of Deptford, including, but not limited to, contracts for bus shelter advertisements.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

ittany Todd

From: Dina Zawadski
Sent: Tuesday, September 12, 2017 3:23 PM
To: Brittany Todd
Subject: FW: Approval Inquiry

Brittany

This is an OPRA request however this is also an inquiry not a document.

From: Ashley Stasio [mailto:[redacted]]
Sent: Tuesday, September 12, 2017 11:11 AM
To: btodd@deptford.com; Dina Zawadski
Subject: Approval Inquiry

Good Morning:

As requested please find attached a opra request.

I am researching a property in Deptford Township.

I am trying to figure out whether or not the property has approvals on it, what they are for and when they were approved

- 1365 Clements Bridge Road
  Block 199, Lot 24
  APPROVALS?
  If so,
  When?
  What For?
  Building type?
  Building Square footage?

I'd appreciate any information / documents that you could provide.

If you have any questions feel free to call me at 732-518-2558.
Thank you kindly in advance!

Ashley Stasio
E: [redacted] | P: [redacted] | F: 732.518.2559

Otteau Group, Inc. | www.otteau.com
New Jersey Office: 100 Matawan Road - Suite 320, Matawan, NJ 07747
New York Office: 112 W. 34th Street - 18th Floor, Manhattan, NY 10120
Pennsylvania Office: 325-41 Chestnut Street - Suite 800, Philadelphia, PA 19106

cc: D. Banks

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Bittany MI A Last Name SMITH

Company Construction Information Systems

Mailing Address 170 Kinnelon Road

City Kinnelon State NJ Zip 07405 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension 104

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 *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Bittany Smith Date 9/6/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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.

A copy of only those pages of the Planning Board application for 2AWA Deptford, LLC (Block 203.01, Lots 20 and 23, located at 1215-1221 Hurffville Road) that includes the name, address, and telephone number for the owner, applicant, engineer, architect, and attorney.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress	Open	
Denied	Closed	
Filed	Closed	
Partial	Closed	

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
SEP - 7 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

CC N Banks

Important Notice

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

Requestor Information – Please Print

irst Name JAMES MI V. Last Name SESSIONS

ompany BLACK & VEATCH

alling Address 650 FROM ROAD

ty PARAMUS State NJ Zip 07652 Email [redacted]

isiness Hours Telephone: Area Code [redacted] Number [redacted] Extension

eferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

rcle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any lictable offense under the laws of New Jersey, any other state, or the United States.

gnature J. V. Sessions Date 8/10/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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

Extras: Extraordinary service fees dependent upon request.

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

opy of the Preliminary and Final Subdivision Site Plan for the Deptford Mall Expansion (1997)

AX MAP SHEET # 18

Block: 200.01

Lots: 16, 17, 18, 19, 21, 22

RECEIVED

AUG 11 2017

TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

Document Cost ____
Delivery Cost ____
Extras Cost ____
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AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature ____ Date ____

MARATHON
Engineering & Environmental Services
WWW.MARATHONCONSULTANTS.COM

cc Too Broad

August 21, 2017

RUM 001.01

Dina L. Zawadski, Township Clerk
Township of Deptford
1011 Cooper Street
Deptford, New Jersey 08096

RECEIVED
AUG 23 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

RE: Rohner Property
1349 Hurfville Road
Block 490, Lot 1 & Block 491, Lot 1
Township of Deptford, Gloucester County, New Jersey

Dear Ms. Zawadski:

Marathon Engineering & Environmental Services, Inc., (Marathon) is conducting a Phase I Environmental Site Assessment for the above referenced property. We request information your office may have regarding illegal waste discharges, underground and/or above ground storage tank information, environmental contamination and violations of environmental laws and/or permits at this location. In addition, we would like information your office may have regarding the following:

- Prior uses of the property;
- Conditions or events related to the environmental condition of the property;
- Any prior assessments of the property; and,
- Any proceedings involving the property.

Enclosed please find the completed Township of Deptford Request for Public Records Form.

Thank you for your time and cooperation. If you have any questions or comments, please contact me at [redacted] or via email at [redacted].

Sincerely,

Marathon Engineering & Environmental Services, Inc.

Kayleigh Sena,
Environmental Scientist

P:\RUM00101\Phase I\Inquiries\RUM00101_Deptford Twp.docx

Enclosure (1)

1616 PACIFIC AVENUE ▲ SUITE 501 ▲ ATLANTIC CITY ▲ NEW JERSEY 08401
TEL. [redacted] ▲ FAX (609) 437-2101

RECEIVED

AUG 23 2017

TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Kayleigh MI L Last Name Sena

Company Marathon Eng. & Env. Services, Inc.

Mailing Address 1elle Pacific Ave, Suite 501

City Atlantic City State NJ Zip 08401 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 [signature] Date 8/21/2012

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 see attached letter.

* preferred delivery method would be electronically via email, if possible.

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 ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

RECEIVED
AUG 22 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Important Notice

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

Requestor Information – Please Print

First Name SCOTT MI N Last Name SILVER

Company

Mailing Address 524 MAPLE AVENUE

City LINWOOD State NJ Zip 08221 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: E-MAIL 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 Scott N Silver Date 8/22/17

SCOTT N SILVER

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

COPY OF
MUNICIPAC RESOLUTION, SIGNED + SEALED RENEWING LIQUOR LICENSE OF
BWF LICENSE, LLC FOR [redacted] 2017-2018 LICENSE
TERM.

COPY OF 2017-2018 LICENSE CERTIFICATE

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

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

cc Clerks

Important Notice

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

Requestor Information – Please Print

First Name Rose MI Last Name Simila

Company Keller Williams - Swedesboro

Mailing Address 1455 Kings Hwy

City Swedesboro State NJ Zip 08085 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 *Rose Simila* dotloop verified 08/14/17 11:42AM EDT CKC3-SNEL-RUWA-EYNA Date 08/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 release information of any and all open and closed permit activity from January 1, 2015 thru August 14th 2017 for the property at:

637 Muhlenberg Dr
Deptford Twp, NJ 08096

RECEIVED
AUG 15 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

100 Brad

Important Notice

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

Requestor Information – Please Print

First Name Frank MI J Last Name Spadea JR.

Company Homeowner

Mailing Address 47 Gilbert Avenue

City Westville State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 *HAVE* / (*HAVE NOT*) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Frank J Spadea Jr Date 8/11/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 open or closed permits, plans, all inspection Reports and Receeds, zoning permits, planning or zoning board approvals, any variances. Requested or granted. Any UST or AST Removals or installs. for property located at 47 Gilbert Avenue, Westville NJ 08093 aka Block 49 Lot 4 District 0802. Please call if you have any questions. Thank you.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

AUG 11 2017 BT
TOWNSHIP OF DEPTFORD
Township Clerk's Office

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

cc to Brad

Important Notice

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

Requestor Information – Please Print

First Name Rose MI ____ Last Name Simila

Company Keller Williams - Swedesboro

Mailing Address 1455 Kings Hwy

City Swedesboro State NJ Zip 08085 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 Rose Simila dotloop verified 08/07/17 1:32PM EDT OCEO-RNZD-GVEV-2JNH Date 08/07/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 release information of any and all open and closed permit activity for the property at:

637 Muhlenberg Dr
Deptford Twp, NJ 08096

RECEIVED
AUG – 8 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Hannah MI _____ Last Name Templeton

Company QBW

Mailing Address 325 N 2nd St

City Wormleysburg State PA Zip 17043 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

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 Hannah Templeton Date 11/13/17

Payment Information

Maximum Authorization Cost $ 0.00

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 me with a permit report or list of addresses that are new residential issued to Jentsch Builders since August to present. I only need the address and footing inspection date. Please email. Thank you!

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

[redacted]

Important Notice

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

Requestor Information – Please Print

First Name MADELYNN MI ____ Last Name TEJEDA

Company CALIBER Home LOANS, Inc.

Mailing Address 1630 New Road, Suite 2A

City Northfield State NJ Zip 08225 Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ (email Please)

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/2/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

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 Be So kind To email Me a Copy Of the Building Permit For the following Home:

* 113 SAL CORMA PLACE
Wenonah, NJ 08090

Thank You Sooo much!

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

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

Cooper River Law Building
6951 North Park Drive
Pennsauken, NJ 08109
[redacted]
fax 856-486-7979
[redacted]

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

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

October 3, 2017

Dina Zawadski
Township of Deptford Municipal Building
1011 Cooper Street
Deptford, NJ 08096

cc D. Zawadski

OPRA REQUEST

Re: Melecio v. New Sharon Woods Associates, L.P., et al.
Docket No.: GLO-L-638-16

Dear Ms. Zawadski:

I have your letter of 9/25/17 responding to my prior OPRA request of 9/13/17. Copies of both letters are attached hererto.

With regard to your request for specific dates, it is my understanding that there was a change in occupancy in this matter in either September or October of 2014. My understanding is that Deptford Township inspects apartment units whenever there is a change in occupancy. Accordingly, please produce a copy of the inspection report that would have been generated in the approximate time frame of September or October of 2014. Again, this request is for Unit 212D of the New Sharon Woods Apartment Complex located at 100 Hillcrest Drive in Sewell, NJ.

Thank you for your time and attention in these regards.

Very truly yours,

JEFFREY M. THIEL, ESQUIRE

JMT:jm
enclosures

Kindly forward all correspondence to Pennsauken office.

Philadelphia Office
19 South 21st Street
Philadelphia, PA 19103

Woodbury Office
70 South Broad Street
Woodbury, NJ 08096

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

Cooper River Law Building
6951 North Park Drive
Pennsauken, NJ 08109
[redacted]
fax 856-486-7979
[redacted]

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

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

RECEIVED

SEP 20 2017

TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

September 13, 2017

Deptford Township
1011 Cooper Street
Deptford, NJ 08096

OPRA REQUEST

Re: Melecio v. New Sharon Woods Associates, L.P., et al.
Docket No.: GLO-L-638-16

Dear Sir/Madam:

My office represents Wineska Melecio with regard to the above-referenced matter. Ms. Melecio was injured in an accident at the New Sharon Woods Apartment complex located at 100 Hillcrest Drive in Sewell, New Jersey, on 9/1/14. Ms. Melecio's injury occurred when a portion of the floor in her apartment collapsed beneath her.

It has come to my attention that Deptford Township will inspect apartment units whenever there is a change in occupancy.

It has also come to my attention that the Deptford Township Fire Department conducts routine inspections of apartment unites every other year.

Upon receipt of this correspondence, would you please produce copies of any and all inspection reports in the possession of Deptford Township and the Deptford Township Fire Department for my client's unit, which was unit **212D**?

Kindly consider this correspondence in lieu of a more formal OPRA Request and please produce the requested documentation within the time permitted in the Act.

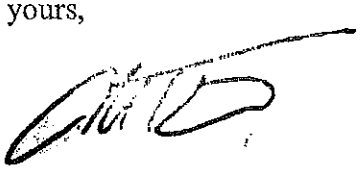
Kindly forward all correspondence to Pennsauken office.

Philadelphia Office
19 South 21st Street
Philadelphia, PA 19103

Woodbury Office
70 South Broad Street
Woodbury, NJ 08096

Thank you for your time and attention in these regards.

Very truly yours,



BY: _____
JEFFREY M. THIEL, ESQUIRE

JMT:nmg
Cc: Deptford Township Fire Department

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

cc D. Long R. Hatalovsky Hedgie

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

Requestor Information – Please Print

First Name Bonnie MI E. Last Name Terreri
Company
Mailing Address 1561 Tanyard Rd
City Sewell State NJ Zip 08080 Email [redacted]
Business Hours Telephone: Area Code [redacted] Number [redacted] Extension
Preferred Delivery: Pick Up ____ Email or 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 Bonnie Terreri Date 9-11-17

Payment Information
Maximum Authorization Cost $
Select Payment Method
Cash ___ Check ___ Money Order ___
Fees: Letter Size Page or Smaller @$0.05; Legal Size Page or Larger @$0.07
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.

On December 7, 2016, during a meeting in the conference room at the Deptford Twp Municipal Building, that included Rob Hatalovsky, Doug Long, esq., Jim Bennett and myself, I was told by Mr. Hatalovsky that I had submitted my resignation letter and that he had a copy of it, but not with him at this time.

- **<u>I would like a copy of this "resignation letter</u>," which Mr. Hatalovsky stated was written and submitted by me, Bonnie Terreri.**

Mr. Hatalovsky stated that my resignation letter was in his possession and located in his office.

Thank you, Bonnie Terreri

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 ____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Hannah MI ____ Last Name Templeton

Company QBWC

Mailing Address 325 N 2nd St

City Wormleysburg State PA Zip 17043 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

Preferred Delivery: EMAIL 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 Hannah Templeton Date 8/21/17

Payment Information

Maximum Authorization Cost $ 0.00

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 me with a permit report or list of addreses that are new residential issued to the contractor Jentsch Builders since February to present. I only need the address and the footing inspection date. Please email information. Thank you!

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Ind Benedict

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name BENEDICT MI _____ Last Name UGORJI

E-mail Address [redacted]

Mailing Address 757 BEATTY STREET

City TRENTON State NJ Zip 08611

Telephone [redacted] FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail [redacted]

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 B H Ugorji CR Date 10/4/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I need copies of permits approved for Radon Mitigation work done by Radon Shield LLC in the Deptford Twp, and which the signed agent for the owner is Benedict Ugorji.
The documents requested are needed for the records of the company as required by the NJDEP which is the supervising body in NJ for radon mitigation businesses.

RECEIVED
OCT 10 2017 BJ
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

Name: Elizabeth Unangst

Company:

Mailing Address: 770 Rt. 220

City: Nancy Valley State: PA Zip: 17758 Email: [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension:

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____ Email or fax

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: Elizabeth Unangst Date: 9/11/17

Payment Information

Maximum Authorization Cost: $ _____

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 looking for a copy of the most recent liquor license list. Please include, if possible, license #, status (active or pocket) & any owner info that may be available.

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

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SEP 11 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature _____ Date _____

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

CC Tax Board

Important Notice

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

Requestor Information – Please Print

First Name MATTHEW MI R Last Name WOODFORD

Company EBI CONSULTING

Mailing Address 9 PENN AVENUE

City COLLINGSWOOD State NJ Zip 08108 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

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 [redacted] Date 11/09/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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 records pertaining to site remediation, tank installation or removal, hazardous materials discharge or storage or hazardous waste generation to complete a Phase I Environmental site assessment for the property known as 1188 Hurffville Road, Block 484, Lot 8. Please e-mail copies of any records found. Thanks, Matt

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

NOV 13 2017 BT

TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Custodian Signature ____ Date ____

Inquiry

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

RECEIVED
OCT 19 2017
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

Important Notice

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

Requestor Information – Please Print

First Name Tywanna MI ____ Last Name Walker

Company Servicelink Property Preservation

Mailing Address 10385 Westmoor Dr

City Westminster State CO Zip 80021 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] 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 Tywanna L Date 10/11/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

Good afternoon,

we are a property preservation company representing the mortgage holder and we have been advised of a possible code violation on the property located at 560 Hamilton Rd Wenonah, NJ 08090 please provide the violations notice so we can proceed accordingly.

Thank you for your time.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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Total Pages ____

Final Cost

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Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

D Swadek 10-20-17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name ANGI MI Last Name WILLIAMS

Company PROPERTY DEBT RESEARCH

Mailing Address 6801 PALISADES PARK CT. SUITE 2

City FORT MYERS State FL Zip 33912 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

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 ANGI WILLIAMS Date 10/04/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

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.

ADDRESS: 624 WOODLAND AVE TOWNSHIP OF DEPTFORD, NJ 08093
BLOCK: 41 LOT: 14

PLEASE PROVIDE COPIES OF ONLY OPEN CODE ENFORCEMENT, PROPERTY MAINENANCE, OR NUISANCE VIOLATIONS. PLEASE PROVIDE COPIES OF ONLY OPEN OR EXPIRED PERMITS. PLEASE PROVIDE A COPY OF THE MOST RECENT UTILITY BILL. PLEASE PROVIDE COPIES OF ANY ASSESSMENTS (GRASS MOW, MISC. INVOICES). PLEASE PROVIDE ANY FINES, FEES, BALANCES, OR MUNICIPAL LIENS DUE.

RECEIVED
OCT – 4 2017
BY
TOWNSHIP OF DEPTFORD
TOWNSHIP CLERK'S OFFICE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

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Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Rec. 9/28/17

Brittany Todd

From: Dina Zawadski
Sent: Tuesday, September 19, 2017 10:29 AM
To: Brittany Todd
Cc: Doug Long (dlong@longmarmero.com); Al Marmero
Subject: FW: Deptford township Building Permits - Public Records Request

Follow Up Flag: Follow up
Flag Status: Flagged

Brittany:

Please log in. I'm forwarding to our attorney.

Thanks.
Dina

From: k[redacted]
Sent: Tuesday, September 19, 2017 10:20 AM
To: Dina Zawadski
Subject: Deptford township Building Permits - Public Records Request

Dear Dina Zawadski, NJ.8096.10688

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

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

Thank you very much for your time.

Kelsie Waechter
Data Acquisitionn Specialist, DataRole
[redacted]
(f) 513-672-2665
[redacted]

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

Brittany Todd

From: Dina Zawadski
Sent: Tuesday, September 26, 2017 3:19 PM
To: Brittany Todd
Subject: FW: OPRA

Follow Up Flag: Follow up
Flag Status: Flagged

Please log in.

From: Kate Baker [mailto:[redacted]]
Sent: Thursday, September 21, 2017 2:44 PM
To: Dina Zawadski
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 [redacted]

Kate Zielsdorf