



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
1 Parker Road, Chester NJ 07930
Telephone: 908-879-5100 Fax: 908-879-8281
rcollins@chestertownship.org
Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name Catherine MI J Last Name Conway
E-mail Address Catherine.Conway@cbmoves.com
Mailing Address 191 Main Street
City Chester State NJ Zip 07930
Telephone [REDACTED] FAX 862-345-3407
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Catherine J Conway Date 12-5-17

Payment Information

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

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

PLEASE email A copy of all permits for 9 Selma Blvd Lot 6 Block 54.
Would ALSO like to confirm there are no open permits?
ALSO please confirm 2 bedroom septic?
would love a copy of the AS-built if available.
Thank you!
Cathy Conway
Coldwell Banker

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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



Robin Collins <rcollins@chestertownship.org>

SmartProcure OPRA Request Township Of Chester For PO/Vendor Information

cblanding@smartprocure.com <cblanding@smartprocure.com>
To: rcollins@chestertownship.org

Tue, Dec 5, 2017 at 8:00 AM

Dear Robin or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Township Of Chester for purchasing records from 2017-09-05 (yyyy-mm-dd) 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

If you would like to let me know what type of financial software you use, I may have report samples that help to determine how, or if, you are able to respond.

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

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,

Curtis Blanding
Data Acquisition Specialist
SmartProcure
Direct: 954-299-3254 | Email: cblanding@smartprocure.com

Copy to Robin

State of New Jersey Standard
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 Doris MI MI Last Name Kobza
 E-mail Address Permit@NJPeila.com
 Mailing Address 4 Dedrick Place
 City West Caldwell State NJ Zip 07006
 Telephone 973-852-8538 FAX 866-396-9931
 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 12/04/2017

Payment Information

Maximum Authorization Cost: \$ 10.00
 Select Payment Method
 Cash ☐ **Check** ☒ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

Please provide a Permit Fee Log Detail Report or Permit Activity November 2017

If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

e-mailed to Doris
12/5/17
C.A. Purnell
12-5-17

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 rcollins@chester township.org
 Robin Collins, Municipal Clerk



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Requestor Information – Please Print

First Name	<u>SCOTT</u>	MI		Last Name	<u>MOLIN</u>
E-mail Address	<u>[REDACTED]</u>				
Mailing Address	<u>142 MAIN ST</u>				
City	<u>Chester</u>	State	<u>N.J.</u>	Zip	<u>07930</u>
Telephone	<u>[REDACTED]</u>		FAX	<u>[REDACTED]</u>	
Preferred Delivery:	☐ Pick Up	☐ US Mail	☐ On-Site Inspect	☐ Fax	☒ E-mail
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>			Date	<u>12/4/17</u>

Payment Information

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

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235 Old Chester Rd
Block 20
LOT 1

Are there any Surveys available
Does this property have a Septic System? Any AS-Bu.Hs?
How many Bedrooms?

Thank you
SCOTT MOLIN
Weichert Realtors - Chester

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____		Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____
Est. Delivery Cost	_____		Records Provided		
Est. Extras Cost	_____				
Total Est. Cost	_____				
Deposit Amount	_____				
Estimated Balance	_____				
Deposit Date	_____	In Progress - ☐ Open Denied - ☐ Closed Filled - ☐ Closed Partial - ☐ Closed	<u>[Signature]</u> Custodian Signature		<u>12/5/17</u> Date



Telephone: 908-879-5100 Fax: 908-879-8281
rcollins@chestertownship.org
Robin Collins, Municipal Clerk



Important Notice

Information related to your rights concerning government records. Please read it

Request

Joseph Last Name Gachko
jgachko@westfieldnj.com
Mailing Address 500 Dorian Road
City Westfield State NJ Zip 07090
Telephone [REDACTED] FAX 908 317 4901
Preferred Delivery: ☐ Pick Up ☐ U.S. Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 12/1/17

Payment Information

Maximum Authorization Cost
Select Payment
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
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Fox Chase Road Block 10.02 Lot 13
se provide copies of all documentation for the
K removal including Permit, Certificate of Approval,
Medial Action Report and NFA letter for
it #20060078
of open permit #20050623

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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Filled - Closed _____
Partial - Closed _____

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Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
[Signature]		12/4/17	
Custodian Signature		Date	



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Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name Andrea MI E Last Name Duda
E-mail Address ADuda@Weichert.com
Mailing Address 284 Rt-10 W.
City Randolph State NJ Zip 07869
Telephone [REDACTED] FAX 973-328-0289
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Andrea Duda Date 11/30/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
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Kindly Provide Records/Information Regarding 1 Duffy Rd LOT00001, BLK 0004 in the following manner;

Tax Collector: full year of 2016 Taxes - copy of survey

Building Dept: copies of all open, closed or pending permits and/or Any Violations relating to the Property;

Health Dept: Any "off-site" conditions affecting the property as well as any oil TANK Removal, well closures or septic closures.

Thank you,
Andrea Duda

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

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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 _____
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature

Date

12/5/17



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Robin Collins, Municipal Clerk



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Requestor Information - Please Print

First Name Jennifer MI A Last Name DonnellyE-mail Address muthott2@centurylink.netMailing Address 25 Perry StCity Chester State NJ Zip 07930Telephone 908-955-7516 FAX _____Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____

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

Signature Jennifer Donnelly Date 11/29/17

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.

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Please provide a list with NAME AND mailing Address
OF all licensed pet owners

THANK YOU

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

AGENCY USE ONLY

Tracking Information

Final Cost

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

Records Provided

[Signature]
Custodian Signature

12/8/17
Date



Robin Collins <rcollins@chestertownship.org>

Open Public Records Act request - Dog and Cat pet license holders/applications

1 message

ASK NJ Media Co. <opra+request-632-7a463d8d@requests.opramachine.com>
To: OPRA requests at Chester Township <rcollins@chestertownship.org>

Tue, Nov 28, 2017 at 1:06 AM

Dear Chester Township,

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

Records requested:

1. Copies of all current names and addresses of all dog and cat pet license holders/applications for the year of 2017.

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-632-7a463d8d@requests.opramachine.com

Is rcollins@chestertownship.org the wrong address for Open Public Records Act requests to Chester Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=chester_township

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

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



CHESTER TOWNSHIP

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1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

roollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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Requestor Information -- Please Print

First Name Amy MI Last Name Levine
 E-mail Address Amy@IdealNJHomes.com
 Mailing Address 185 Elm Street
 City Westfield State NJ Zip 07090
 Telephone 908 568 2279 FAX
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Amy Levine Date 11/28/2017

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
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Open Permits for.

411 Fox Chase Road, Chester

BLOCK 10.02 / LOT 13

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY		
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information		Final Cost	
Est. Delivery Cost	_____		Tracking #	_____	Total	_____
Est. Extras Cost	_____		Rec'd Date	_____	Deposit	_____
Total Est. Cost	_____		Ready Date	_____	Balance Due	_____
Deposit Amount	_____		Total Pages	_____	Balance Paid	_____
Estimated Balance	_____		Records Provided			
Deposit Date	_____	In Progress	-	Open	_____	 Custodian Signature Date <u>11/28/17</u>
		Denied	-	Closed	_____	
		Filed	-	Closed	_____	
		Partial	-	Closed	_____	



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 Telephone: 908-879-5100 Fax: 908-879-8281
 rcollins@chestertownship.org
 Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name	<u>Stephanie</u>	MI	<u>A</u>	Last Name	<u>Bourk</u>
E-mail Address	<u>[REDACTED]</u>				
Mailing Address	<u>245 Mountain Ave</u>				
City	<u>Berkley Heights</u>	State	<u>NJ</u>	Zip	<u>07922</u>
Telephone	<u>[REDACTED]</u>		FAX	<u>908-679-5252</u>	
Preferred Delivery:	☐ Pick Up ☐ US Mail ☐ On-Site Inspect	Fax	☒	E-mail	☒

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I 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 11/22/17

Payment Information

Maximum Authorization Cost	\$
Select Payment Method	
Cash	☐
Check	☐
Money Order	☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
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In regards to 52 State Park Rd (Block 16 Lot 18-2) we are inquiring about any records concerning Septic tanks on the property, whether that be removal, installation, etc.

Second, are there any open permits on the property?

Third, pertaining to permit number 86-90 starting 6.14.1990, there is a handwritten note stating "there will be no rooms above the garage." We're asking for an interpretation of that statement pertaining to what's a permissible use of the unfinished room above the garage. Can it be finished and turned into, for example, an office?

Fax or email are acceptable delivery methods. Thank you very much!

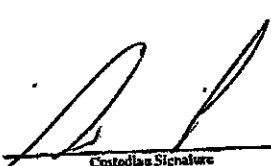
AGENCY USE ONLY

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

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
 Custodian Signature		<u>11/27/17</u> Date	

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1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

cisemann@chestertownship.org

Carol Isemann, Municipal Clerk

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Requestor Information - Please Print

First Name RON MI _____ Last Name CANTORE-mail Address RONCANTOR@CANTORCOMPANIES.COMMailing Address 1203 WEST SAINT GEORGES AVENUECity LINDEN State NJ Zip 07036Telephone 908-925-6650 FAX 908-925-9660Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail XXX

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

Signature [Signature] Date NOVEMBER 21, 2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

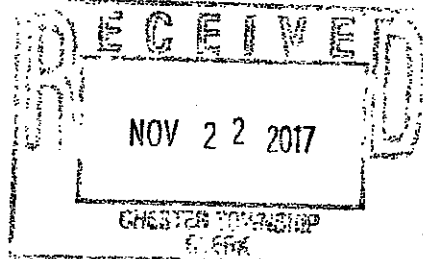
Cash ☐ Check Money Order

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
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ALL DOCUMENTS FILED AND ISSUED REGARDING ANY DENIED CONSTRUCTION PERMIT APPLICATIONS, ANY STOP CONSTRUCTION ORDERS, ANY RELATED PENALTIES ASSESSED AND/OR COLLECTED, ANY APPEALS AND THEIR FINAL DETERMINATIONS, ANY LITIGATION COMMENCED BY OR AGAINST THE TOWNSHIP AND/OR ITS REPRESENTATIVES ALL FROM JANUARY 1, 2012 THROUGH THE DATE OF RECORDS DELIVER



Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

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 Filled - Closed _____
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Tracking Information

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

Records Provided

Final Cost

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Custodian Signature _____

Date _____

Copy to Robin



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Requestor Information – Please Print

First Name Raymond MI A Last Name Cross
E-mail Address [REDACTED]
Mailing Address 46 Ashwood Drive
City Livingston State NJ Zip 07039
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 11/20/2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Letter size pages - \$0.05 per page
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THIS REQUEST IS SPECIFIC TO: 4 COOPER LANE, CHESTER TOWNSHIP, NJ 07930

We requesting any documentation including but not limited to building permits, zoning applications, history of inspection, and any other related documents. Please include any applications that were denied by the building department as well.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Records Provided

Report e-mailed to Raymond

C. Collins
Custodian Signature

11-20-17
Date



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name Jill MI Last Name Faherty
 E-mail Address Jill.Faherty@CBmoves.com
 Mailing Address 39 Olcott Square
 City Bernardsville State NJ Zip 07924
 Telephone [REDACTED] FAX
 Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature J. Faherty Date

Payment Information

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

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

Requesting Opra for 52 State Park Rd

Blk 16

Lot 18.2

If possible I would like to receive by Friday 11/17
 an 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 Information		Final Cost	
Tracking #	<u></u>	Total	<u></u>
Rec'd Date	<u></u>	Deposit	<u></u>
Ready Date	<u></u>	Balance Due	<u></u>
Total Pages	<u></u>	Balance Paid	<u></u>

Records Provided
 11/16 Spoke to Jill, requesting open records permit
 Supt. 11/16 (RC)
 Custodian Signature [Signature] Date 11/17/17



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name John MI MI Last Name Danko

E-mail Address john@midenv.com

Mailing Address 817 Broadway, 4th Floor, Suite 24

City NY State NY Zip 10003

Telephone [REDACTED] FAX

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

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

Signature John T. Danko Date 11/17/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Site: 2 & 4 Mill Ridge Lane, Chester, NJ

-Please provide:

- 1). The old property card;
- 2). Fire department tank information and the fuel oil tank card (if applicable);
- 3). Certificate of Occupancy;
- 4). Building/Construction Permits concerning the installation or removal of buried tanks.

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

AGENCY USE ONLY

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

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
<u>[Signature]</u> Custodian Signature		<u>11/17/17</u> Date	



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930
Telephone: 908-879-5100 Fax: 908-879-8281
rcollins@chestertownship.org
Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name Sarah MI M Last Name Conklin
E-mail Address [REDACTED]
Mailing Address 237 West Crystal Street
City Randolph State NJ Zip 07869
Telephone [REDACTED] FAX —
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11/16/17

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.

Requesting any information on 19 Selma Blvd, Chester Twp NJ. I AM a first time home buyer looking into the property. Please include:
• open + closed permits
• sewer and water information
• Building, zoning and construction information
• C/O information
Any other pertinent information is appreciated!
Thank you, Sarah

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

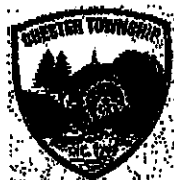
Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

Custodian Signature

Date 11/17/17

2011029 BOFH



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org
Robin Collins, Municipal Clerk

Important Notice

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

Requestor Information - Please Print

First Name JACK MI R Last Name Beierle
 E-mail Address office@pinnaclereo.net
 Mailing Address 13A main st Suite 2
 City Sparta State NJ Zip 07871
 Telephone 973-729 5692 ext 214 FAX 973 729 1648
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Jack Beierle Date 11/15/17

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.

2 Deer Court, Chester
 Block 32.01 Lot 9.
 Please Provide:
 Building History Report.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature <u>[Signature]</u>		Date <u>11/15/17</u>	



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name Janet MI 9 Last Name Hoven
E-mail Address [REDACTED]
Mailing Address 64 Fairmount Ave
City Chester State NJ Zip 07930
Telephone [REDACTED] FAX _____
Preferred Delivery: Pick Up _____ On-Site _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11.13.17

Payment Information

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

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

May I please have to Duplic size for
3 Howell Jr
Block 3
Lot 16.9

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date <u>11/14/17</u>	



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name W. TIM MI R Last Name WOODHULL
E-mail Address [REDACTED]
Mailing Address 214 B Pleasant Hill Rd
City Chester State NJ Zip 07930
Telephone [REDACTED] FAX 973 442-1024
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11/13/17

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 dependant upon request.

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

Block 33
Lot 110.02

Survey of property
open permits
History of septic.
Ven A shed + Barn
are within setback
requirements

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



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Copy to Robin

Important Notice

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

Requestor Information - Please Print

First Name Michael MI _____ Last Name Fusco

E-mail Address _____

Mailing Address 7 India Brook Dr

City Morhan State NJ Zip 07945

Telephone _____ 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 11/13/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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

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

Extras: Special service charge dependent upon request.

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

Permits for 25/37 310 R 24.

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

[Signature] 11/13/17
C. A. Quinn Date 11-13-17



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281
rcollins@chestertownship.org
Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name Albert MI _____ Last Name Brown
E-mail Address awb3@yahoo.com
Mailing Address 27 Bowers Lane Driscoll Rd Suite
City Clifton State NJ Zip 07928
Telephone 973-610-2621 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11/9/17

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.

Any + All Documents Relating to 28 Tanners Brook Rd.
Specifically: Planning Board Document Produced
Related to Easements for Driveways
at 28 Tanners Brook Rd.
Block 43 Lot 9.01

AGENCY USE ONLY

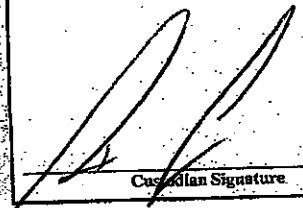
Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
1 Parker Road, Chester NJ 07930
Telephone: 908-879-5100 Fax: 908-879-8281
rcollins@chestertownship.org
Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name Janet MI _____ Last Name Hoven
E-mail Address _____
Mailing Address 64 Fairmount Ave
City Chester State NJ Zip 07930
Telephone _____ FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11.8.17

Payment Information

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

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

May I have septic size and construction records for
216 Pleasant Hill Road
Block 33
Lot 110

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
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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 _____
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

[Signature]
Custodian Signature

11/8/17
Date



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name	JOSEPH	MI	M	Last Name	GRASSO
E-mail Address	JGRASSO@1stNATIONSREVERSE.COM				
Mailing Address	1160 PARSIPPANY BLVD SUITE 103				
City	PARSIPPANY	State	NJ	Zip	07054
Telephone	973-240-1259	FAX	973-346-1148		
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	11/8/17

Payment Information

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

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

PLEASE SEND A LIST OF PROPERTIES WITH DELINQUENT PROPERTY TAXES

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
		11/8/17	
Custodian Signature		Date	



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

cisemann@chestertownship.org

Carol Isemann, Municipal Clerk



Important Notice

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

Requestor Information -- Please Print

First Name PATSY MI MI Last Name Soden
 E-mail Address Patsy@PATSYSoden.com
 Mailing Address Coldwell Banker 191 MAIN ST
 City Chester State NT Zip 07930
 Telephone 973 713 2471 FAX 862 345 3226
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒

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

Signature Patsy Soden Date 11/8/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Lot 13.01, Block 7.01
 2 WALNUT HILL, CHESTER, NJ 07930

Please could you share all permits, PLANS, & details that are in the file
 I am an agent selling this home to a buyer. Thank you so much Patsy Soden

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature <u>[Signature]</u>		Date <u>11/13/17</u>	

11-7-17



Telephone: 908-879-5100 Fax: 908-879-8281
rcollins@chestertownship.org
Robin Collins, Municipal Clerk

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

Payment Information

Select Payment Method

Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

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

We are requesting property survey,
Septic Design & Repair & well installation
for 1 Duffy Road.

BLOCK 44
LOT 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	_____
Filed	-	Closed	_____
Partial	-	Closed	_____

Tracking Information

Final Cost

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

Records Provided

Custodian Signature

11/7/17
Date



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
1 Parker Road, Chester NJ 07930
Telephone: 908-879-5100 Fax: 908-879-8281
rcollins@chestertownship.org
Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information – Please Print

First Name Christopher MI J Last Name Mongers
E-mail Address [REDACTED]
Mailing Address 75 Furnace Road
City Chester State N.J. Zip 07930
Telephone [REDACTED] FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~(HAVE NOT)~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Christopher J. Mongers Date 11/6/17

Payment Information

Maximum Authorization Cost \$ 10.00

Select Payment Method

Cash ☐ Check ☒ Money Order ☐

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Requesting a copy of Permits for 75 Furnace Road, Chester, NJ
LOT 2 / BLOCK 18

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 11/6/17

**CHESTER TOWNSHIP****OPEN PUBLIC RECORDS ACT REQUEST FORM**

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk

**Important Notice**

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

Requestor Information - Please Print

First Name Carolynn MI _____ Last Name Budd
E-mail Address _____
Mailing Address 112 Oakdale Rd.
City Chester State NJ Zip 07930
Telephone _____ FAX 862-345-1032
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Carolynn Budd Date 11/6/17

Payment Information

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

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

Re: 4 Cooper Ln. Block 25, Lot 34.1

I would like a copy of any construction/
building permits, septic info and well info.
Please e-mail if possible. Thanks!

AGENCY USE ONLY

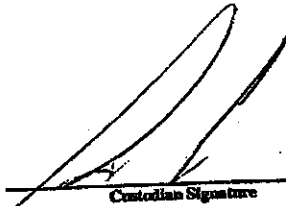
Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____
Deposit Date _____

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
		11/7/17	
Custodian Signature		Date	



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name	Tim	MI		Last Name	Ryan
E-mail Address	tryan@mdwgc.com				
Mailing Address	425 Eagle Rock Avenue				
City	Roseland	State	NJ	Zip	07068
Telephone				FAX	(973) 618-0685
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 Timothy Ryan Date 11/6/17

Payment Information

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

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

The entire project file with the file jacket including, but not limited to, all inspection reports, inspection approvals, inspection rejections, correspondences, plans, drawings, specifications, shop drawings, emails, testing reports, testing results, and/or any other documentation relating to septic system at the real property located at 630 Old Chester Road, Chester, New Jersey.

The entire project file with the file jacket including, but not limited to, all inspection reports, inspection approvals, inspection rejections, correspondences, plans, drawings, specifications, shop drawings, emails, testing reports, testing results, and/or any other documentation relating to any radon testing at the real property located at 630 Old Chester Road, Chester, New Jersey.

The entire project file with the file jacket including, but not limited to, all inspection reports, inspection approvals, inspection rejections, correspondences, plans, drawings, specifications, shop drawings, emails, testing reports, testing results, and/or any other documentation relating to lead paint at the real property located at 630 Old Chester Road, Chester, New Jersey.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date <u>11/6/17</u>	



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name Brian MI S Last Name Truchon

E-mail Address [REDACTED]

Mailing Address 118 Hillside Terrace

City Carlton State NY Zip 07830

Telephone [REDACTED] FAX [REDACTED]

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

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

Signature [REDACTED] Date 11/3/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Block 7 Lot 13.01 2 Walnut Hill drive, Chester

- Permits
- Survey
- Well
- Septic
- Zoning setbacks
- taxes - when assessed
- Zoning off-site conditions or developments (future)

Block 7 Lot 13.21 - 1 Walnut Hill

- Empty Lot
- permit?
- well?
- septic plan?
- taxes ownership history

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

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

In Progress ☐ Open ☐

Denied ☐ Closed ☐

Filled ☐ Closed ☐

Partial ☐ Closed ☐

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Records Provided

Note: email address was unclear on request

Custodian Signature [REDACTED] Date 11/3/17

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

The seal of Chester Township is a shield-shaped emblem. At the top, the words "CHESTER TOWNSHIP" are written in a curved banner. The central image depicts a landscape with a large, leafy tree on the left, a small building with a chimney in the middle, and a body of water with a bridge or path leading to it. At the bottom of the shield, the year "1847" is inscribed.

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Mitchell MI Last Name Ross
E-mail Address MitchRoss@kw.com
Mailing Address 21 Warren Cutting
City Chester State NJ Zip 07930
Telephone [REDACTED] FAX 888.369.0377
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐

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

Signature _____ Date 11/3/17

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

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

Extras: Special service charge
dependent upon request.

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

Permits for 111 Hacklebarney Road

Block: 1, Lot: 27 & 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 # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____

Records Provided

Report given out on the 11/3/17

C. A. Quinn
Custodian Signature

11-3-17
Date



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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Requestor Information -- Please Print

First Name Brian MI S Last Name Truchan
E-mail Address [REDACTED]
Mailing Address 118 Hillside Terrace
City Coleton State NY Zip 07830
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [REDACTED] Date 11/3/2017

Payment Information

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

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

Block 7 Lot 13.01 2 Walnut Hill drive, Chester

- Permits

- Survey

- Well

- Septic

- Zoning setbacks

- taxes - when assessed

- zoning off-site conditions or developments (future)

Block 7 Lot 13.21 - Two-story Hill
Empty lot

- permit?

- well?

- septic plan?

- taxes ownership history

AGENCY USE ONLY

AGENCY USE ONLY

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

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Final Cost

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

Records Provided

Custodian Signature

Date

11/5/17

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

Deposit Date

copy to Robin

State of New Jersey Standard
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	Doris	Mi		Last Name	Kobza
E-mail Address	Permit@NJPella.com				
Mailing Address	4 Dedrick Place				
City	West Caldwell	State	NJ	Zip	07006
Telephone	973-852-6538	FAX	866-396-9931		
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	11/03/2017

Payment Information

Maximum Authorization Cost	\$ 10.00
Select Payment Method	
Cash	☒ Check Money Order
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) -- actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

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

Please provide a Permit Fee Log Detail Report or Permit Activity October 2017
 If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.
 Copies can be faxed or emailed using the information above.
 I can also pick up the information in person if that is preferred.
 I realize there may be charges associated with providing this information. Please call me if there are any questions.
 I respect your time and appreciate your help.
 Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

*Report e-mailed to Doris**C. A. Quinn**11-3-17*

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

11/3/17



CHESTER TOWNSHIP **OPEN PUBLIC RECORDS ACT REQUEST FORM**

1 Parker Road, Chester NJ 07930
 Telephone: 908-879-5100 Fax: 908-879-8281
 rcollins@chestertownship.org
 Robin Collins, Municipal Clerk

Important Notice

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

Requestor Information -- Please Print

First Name John MI Last Name MANCINI
 E-mail Address JOHN.MORGANIZER@AOL.COM
 Mailing Address 1121 BRISTOL ROAD
 City MOUNTAINVIEW State NJ Zip 07092
 Telephone 609-462-6462 FAX 908-354-7089
 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 11-2-17

Payment Information

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

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

Please provide a copy of the Monthly Permit Fee LOG for all building construction permits issued from Oct 1 to Oct 31, 2017

A Sample report can be supplied upon request.

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 11/2/17



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name MEEKA MI _____ Last Name KULKARNI

E-mail Address _____

Mailing Address 142 MAIN ST

City CHESTER State NJ Zip 07930

Telephone _____ FAX _____

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

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

Signature Meeka Kulkarni Date 10/16/17

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.

Property Address: 311 NORTH ROAD, CHESTER TWP
Block 33 LOT 47.1

Please Forward Permit For Radon System

Thank you!
Meeka Kulkarni
Inverhert Realtors

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 _____

Records Provided _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Custodian Signature _____ Date 10/16/17



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 1 Parker Road, Chester NJ 07930
 Telephone: 908-879-5100 Fax: 908-879-8281
 rocollins@chestertownship.org
 Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name MEeka MI _____ Last Name KULKARNI
 E-mail Address _____
 Mailing Address 142 MAIN ST
 City Chester State NJ Zip 07930
 Telephone _____ FAX _____
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☒ E-mail
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Meeka Kulkarni Date 10/16/17

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.

Property Address: 280 NORTH ROAD, CHESTER TWP
Block 32.8 LOT 15

Please provide Survey for this property.
 Thank you!
Meeka Kulkarni
Chester Township

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
 Custodian Signature		<u>10/16/17</u> Date	



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name	Taffy	MI		Last Name	Holvenstot
E-mail Address					
Mailing Address	38 Cliffwood Rd.				
City	Chester	State	NJ	Zip	07930
Telephone					
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail XXX

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 Taffy Holvenstot Date 10/27/2017

Payment Information

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

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

Please send any permits, open or closed, on 75 Furnace Rd., Chester Twp. (Morgera) B18 L2. Specifically removal of UST, new gas furnace, septic, roof, windows, etc.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

11/7/17



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 1 Parker Road, Chester NJ 07930
 Telephone: 908-879-5100 Fax: 908-879-8281
 rcollins@chestertownship.org
 Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name MEeka MI _____ Last Name KULKARNI
 E-mail Address _____
 Mailing Address 142 MAIN ST
 City CHESTER State NJ Zip 07930
 Telephone _____ FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Meeka Kulkarni Date 10/26/17

Payment Information

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

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

Please provide the following for 2 Deer Court, Chester Block 32.1 Lot 9
 1) open and closed permits
 2) surveys
 3) date septic was installed
 4) Any municipal Liens on property
 5) Are taxes for property paid up to date?
 Listing Attached
 Thank you
 Meeka Kulkarni
 Luchert Realtors

AGENCY USE ONLY

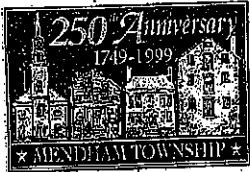
Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____

AGENCY USE ONLY

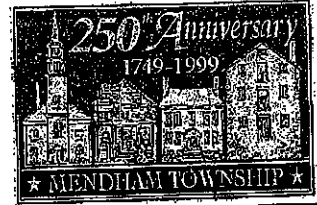
Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
 Custodian Signature		<u>10/26/17</u> Date	



TOWNSHIP OF MENDHAM
OPEN PUBLIC RECORDS ACT REQUEST FORM
2 WEST MAIN ST. & CHERRY LANE
PO BOX 520
BROOKSIDE, NJ 07926
PHONE 973-543-4555
FAX 973-543-6630



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	Andrew	MI	W	Last Name	Orihuela	
Company	American Animal Hospital					
Mailing Address	38 Cromwell Drive, Mendham, NJ					
City	Randolph	State	NJ	Zip	07945	
Email	[REDACTED]					
Business Hours Telephone:	Area Code	N/A	Number	N/A	Extension	N/A
Preferred Delivery:	Pick Up	N/A	US Mail	N/A	On Site Inspect	N/A
Fax	N/A					
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.						
Signature	Andrew Orihuela			Date	10/26/17	

Payment Information

Maximum Authorization Cost	\$	0			
Select Payment Method					
Cash	0	Check	0	Money Order	0
Fees:	1-9 pages	n/c			
	10 or more pages	@\$0.07 per page			
Delivery:	Delivery / postage fees additional depending upon delivery type.				
Extras:	Extraordinary service fees dependent upon request.				

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

The specific records that I am requesting are documents containing the number of cat owners who have obtained Cat Licenses within the timeframe of October 26, 2016 – October 26, 2017, which include the names of the cats and their breed type. My preferred method of delivery would be via email. If there is something I can do to clarify what documents I am requesting, then please email me.

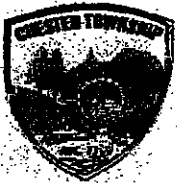
[Handwritten Signature]

11/20/17

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



CHESTER TOWNSHIP

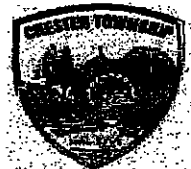
OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name Dawn MI MI Last Name HarrisE-mail Address recg02@optonline.netMailing Address 1037 Route 46 East Suite C205City Clifton State NJ Zip 07013Telephone 973-779-8199 FAX 973-779-0601Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒

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

Signature [Signature] Date 10/25/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Good morning:

Could you please email a copy of the Property Record card for the following:

Block Lot Address

44 20.04 30 Four Bridges Road

If you have any questions, please do not hesitate to call me.

Thank you

Dawn

The Real Estate Consulting and Appraisal Group

973-779-8199(P)

973-779-0601(F)

recg02@optonline.net

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

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

Records Provided

Custodian Signature

Date

10/25/17



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 1 Parker Road, Chester NJ 07930
 Telephone: 908-879-5100 Fax: 908-879-8281
 rcollins@chestertownship.org
 Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name MEEGA MI _____ Last Name KULKARNI
 E-mail Address _____
 Mailing Address 142 MAIN ST
 City CHESTER State NJ Zip 07930
 Telephone _____ FAX _____
 Preferred Delivery: Pick Up _____ On-Site Inspect _____ Fax _____ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Meeka Kulkarni Date 10/20/17

Payment Information

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

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

Please Provide the following for:
28 TANNERS BROOK ROAD Chester Twp
 Will the town allow a subdivision of this vacant land into Three (3) buildable lots?
Block 43
LOT 9.1
LISTING ATTACHED
 Thank you!
Meeka Kulkarni
Weichert Realtors

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 _____
 NOT SUBJECT TO OPRA
 Custodian Signature _____ Date 10/26/17

**CHESTER TOWNSHIP****OPEN PUBLIC RECORDS ACT REQUEST FORM**

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

cisemann@chestertownship.org

Carol Isemann, Municipal Clerk

**Important Notice**

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

Requestor Information - Please Print

First Name Larry MI Last Name Higgins
E-mail Address OPRA@NJPropertyRecords.com
Mailing Address 174 Lamington Rd, P.O. Box 180
City Oldwick State NJ Zip 08858
Telephone 908-255-9919 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

Payment Information

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

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

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

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

18/23/17
Date



Robin Collins <rcollins@chestertownship.org>

OPRA Request (1407.MORRIS_CHESTER TWP)

1 message

Larry Higgins <opra@njpropertyrecords.com>

Sat, Oct 21, 2017 at 9:43 AM

To: "cisemann@chestertownship.org" <cisemann@chestertownship.org>

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

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

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

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

Requested Information:

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

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

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

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

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

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

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

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

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

PHONE CALLS WILL NOT BE ACCEPTED

Thanks,

Larry Higgins

ORPA@NJPropertyRecords.com



1407.MORRIS_CHESTER TWP.pdf

138K



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name Joanne MI Last Name Laurio
 E-mail Address joanneL@cisleads.com
 Mailing Address 170 Kinnelon Road Suite #2
 City Kinnelon State NJ Zip 07405
 Telephone (973) 492-0509 FAX (973) 492-8378
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Joanne Laurio Date 10/20/17

Payment Information

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

Bid date 10/6/17 11AM Solid Waste,
 Bulky Waste and Recyclable Collection
 Please forward me a complete list of
 Contractors who bid and their bid amounts.
 Bid tabulations as opened. 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		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided <u> </u>			
Custodian Signature <u> </u>		Date <u>10/23/17</u>	



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name John MI Last Name MANCINI
 E-mail Address JOHN.MORGANIZER@AOL.COM
 Mailing Address 1121 BRISTOL ROAD
 City MOUNTAIN SIDE State NJ Zip 07092
 Telephone 609-462-6462 FAX 908-354-7089
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ Email ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C: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 10-20-17

Payment Information

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

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

Please provide a copy of the Monthly Permit Fee LOG for all building construction permits issued from

Sept. 1 to Sept. 30, 2017

A Sample report can be supplied upon request.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
		<u>10/20/17</u>	
Custodian Signature		Date	



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name Erika MI _____ Last Name Wagner-Frank

E-mail Address erikaw@proptaxappeal.net

Mailing Address c/o Stavitsky & Associates LLC, 350 Passaic Avenue

City Fairfield State NJ Zip 07004

Telephone 973-227-1912, Ext. 109 FAX 973-227-1925

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 Erika Wagner-Frank Date 10/19/17

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.

We are requesting copies of the following tax assessment data:

Tax Assessment Property Record card(s) including all costs or other work papers used to derive the assessments for UB Chester LLC, 395 Route 24, Chester Township, NJ.

Thank you.

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date <u>10/24/17</u>	



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 1 Parker Road, Chester NJ 07930
 Telephone: 908-879-5100 Fax: 908-879-8281
 rcollins@chestertownship.org
 Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name Robert MI E. Last Name Kumpf
 E-mail Address [REDACTED]
 Mailing Address P.O. Box 148
 City Pottersville State N.J. Zip 07929
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10-18-17

Payment Information

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

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

Good morning,
 my wife and I are interested in purchasing a home located on 630 Old Chester Road. I am interested in seeing what type of construction, electric or any other permit information that has been pulled for this residence.
 Thank you for your assistance,
 Rob K

AGENCY USE ONLY

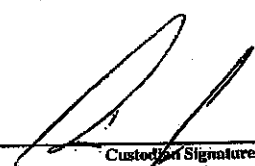
Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____

AGENCY USE ONLY

Disposition Notes
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In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
 Custodian Signature		<u>10/20/17</u> Date	



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name Zoe MI E. Last Name JamesonE-mail Address [REDACTED]Mailing Address 45 Wayne Blvd.City Madison State NJ Zip 07940Telephone [REDACTED] FAX [REDACTED]Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒

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

Signature Zoe Jameson Date 10/10/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

I am interested in purchasing a house in Chester, NJ. Before I put a bid in, I would like to pull all permits from the town to cross reference the "Seller's Disclosure". I would also like a copy of the Land Survey with any information on the location of the septic and septic field. The house is located at the following address:

75 Fumale Road
Chester, NJ

I would also like any zoning documents that may affect our ability to build an addition.

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 _____

Records Provided

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Custodian Signature

Date

10/17/17



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information – Please Print

First Name Tim MI Last Name Ryan
E-mail Address trryan@mdwgc.com
Mailing Address 425 Eagle Rock Avenue, Suite 300
City Roseland State NJ Zip 07068
Telephone FAX (973) 618-0685
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.
Signature [Signature] Date 10/16/17

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.

The entire construction file, including the file jacket, for the property, structure, and systems located at 630 Old Chester Road, Chester, NJ, including any and all permits, applications, rejections, approvals, correspondence, drawings, plans, sketches, and/or any other documents or records relating to this property.

Email would be preferred, however, I can pick up the documents if they are not in digital format. Additionally, please advise if any drawings or plans are in large format, and thus will require more significant copying costs.

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided <u> </u>			
<u>[Signature]</u> Custodian Signature		<u>10/16/17</u> Date	



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name Melissa MI MI Last Name Reynolds
E-mail Address melissa@cartonreynolds.com
Mailing Address 222 Mt. Airy Rd, Suite 222
City Berlin Bldg State NJ Zip 07920
Telephone 908-581-0555 FAX _____
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10/13/2017

Payment Information

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

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

Open / Closed permits
- Construction records
- Pool records
Easement information
21 Carlisle Ct.
Block: 43
Lot: 6.11
- Septic records

AGENCY USE ONLY

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Final Cost

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

Custodian Signature

Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

Telephone: 908-879-5100 Fax: 908-879-8281
rcollins@chestertownship.org
Robin Collins, Municipal Clerk



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

First Name Mohamed MI Last Name Elshikh
E-mail Address
Mailing Address P.O. Box 78
City E. Hanover State NJ Zip 07936
Telephone FAX
Preferred Delivery: Pick Up US Mail On-Site Fax E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Date 10/12/17

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.

I would like records of all violations, open permits, anything with the board of Health. any Structural Changes that is required moving forward. Flood Zone, Court Records. When will the house convert from Septic to Public Sewer.

L: 157.

8 SELMA BLVD.

AGENCY USE ONLY

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

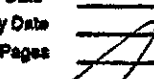
Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

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

Tracking information

Final Cost

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


 Records Provided
 10/14/17

Report e-mailed to Mohamed.

C. A. Quinn
10.13.17

Custodian Signature
 Date



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name Lyla MI Last Name Gray-Etherson
E-mail Address ecoordinator@propertytsolutionsinc.com
Mailing Address 323 New Albany Road
City Moorestown State NJ Zip 08057
Telephone 856-813-3000 ext 245 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 October 10, 2017

Payment Information

Maximum Authorization Cost \$25
Select Payment Method
☒ Cash ☒ Check ☐ Money Order
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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

- Permits, 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

Rainbow Child Care Center

395 Route 24 West

Block 26.05 Lot 11.02

Chester, Morris County, New Jersey 07930

Property Solutions Inc Project #: 20171362

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature <u>[Signature]</u>		Date <u>10/12/17</u>	



CHESTER TOWNSHIP **OPEN PUBLIC RECORDS ACT REQUEST FORM**

1 Parker Road, Chester NJ 07930
 Telephone: 908-879-5100 Fax: 908-879-8281
 rcollins@chestertownship.org
 Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name	Edward	MI	Last Name	Fimbel Jr.
E-mail Address				
Mailing Address	P.O. Box 96			
City	Whitehouse	State	NJ	Zip 08888
Telephone	908-534-2649	FAX	908-766-1972	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax ☒ E-mail
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.				
Signature	<i>[Signature]</i>		Date	10/2/87

Payment Information

Maximum Authorization Card \$	
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 less additional depending upon delivery type.
Extras:	Special services charge dependent upon request.

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

1. All zoning ordinances in effect between 1970 and 1994 effecting single family housing construction adjacent to Fox Chase Road.
2. Copy of the settlement agreement and/or resolution between Ramsey Corporation and Chester Township that allowed Ramsey to develop 120 acres off Fox Chase Road as a clustered 39 lot development in what had been designated as a 5 acre zone. This occurred between 1975 and 1986 - most likely between 1980 and 1985.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____ Est. Delivery Cost _____ Est. Extra Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress - ☐ Open _____ Denied - ☐ Closed _____ Filled - ☐ Closed _____ Partial - ☐ Closed _____	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____ Receipts Provided: _____ <i>[Signature]</i>
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CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name Eileen MI MI Last Name Lopez
E-mail Address [REDACTED]
Mailing Address 93 E. Main St.
City Stanhope State NJ Zip 07945
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date Oct. 6. 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.

Permits open / closed / construction & zoning
Size of Septic
copy of survey
9 Selma Blvd.
Randolph NJ 54 lot 6

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		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
<u>[Signature]</u> Custodian Signature		<u>10/10/17</u> Date	



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name ZDENKA MI - Last Name TICHY
E-mail Address HOMESBYZT@gmail.com
Mailing Address BHHS NJ PROP. c/o ZDENKA TICHY PO BOX 305
City MARTINSVILLE State NJ Zip 08836
Telephone 908-313-4609 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10/5/17

Payment Information

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

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

PLEASE PROVIDE ALL PERMITS ON FILE FOR
16 WALNUT HILL DRIVE LOT 13.8
BLOCK 7.1

THANK YOU.

Zdenka cell 908-313-4609

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		Final Cost
Tracking #	_____	Total _____
Rec'd Date	_____	Deposit _____
Ready Date	_____	Balance Due _____
Total Pages	_____	Balance Paid _____
Records Provided		
<u>[Signature]</u> Custodian Signature		<u>10/16/17</u> Date



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 1 Parker Road, Chester NJ 07930
 Telephone: 908-879-5100 Fax: 908-879-8281
 rcollins@chestertownship.org
 Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name DORENE MI _____ Last Name KURTZ
 E-mail Address _____
 Mailing Address 142 MAIN ST
 City CHESTER State NJ Zip 07930
 Telephone _____ FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Dorene Kurtz Date 10/3/17

Payment Information

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

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

Please provide the following for: 200LD MILL ROAD
Block 27 LOT 8
 1) Permit for inground pool
 2) Permit for deck
 3) ALL OPEN + closed permits including any renovations
 4) Septic - date of installation + verification of Bedrms
 5) Survey
 Listing Attached
 Thank you
 Jane Kury
 Weichert Realtors - Chester

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 10/12/17



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
1 Parker Road, Chester NJ 07930
Telephone: 908-879-5100 Fax: 908-879-8281
rcollins@chestertownship.org
Robin Collins, Municipal Clerk



Important Notice

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Requestor Information – Please Print

First Name Taffy MI _____ Last Name HOLVENSTOT
E-mail Address _____
Mailing Address 38 Cliffwood Rd.
City Chester State NJ Zip 07930
Telephone _____ FAX _____
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☒ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Patricia Holvenstot Date 10/2/17

Payment Information

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

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

Please any permits, open or closed on 2
contiguous properties, including elec, plumbing, health
& septic. Block 26 Lot 66.04 Eberhardt
" Lot 64 Eberhardt / Aloia.

Thanks,
Taffy Holvenstot

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

Records Provided

Custodian Signature _____

Date 10/3/17

Copy to Robin



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
1 Parker Road, Chester NJ 07930
Telephone: 908-879-5100 Fax: 908-879-8281
rcollins@chestertownship.org
Robin Collins, Municipal Clerk



Important Notice

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Requestor Information – Please Print

First Name	<u>Jennifer</u>	MI		Last Name	<u>Ford</u>
E-mail Address	<u>[Redacted]</u>				
Mailing Address	<u>106A E Main St.</u>				
City	<u>Mendham</u>	State	<u>NJ</u>	Zip	<u>07945</u>
Telephone	<u>[Redacted]</u>		FAX		
Preferred Delivery:	Pick Up ☒	US Mail	On-Site Inspect	Fax	E-mail
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>		Date	<u>9/29/17</u>	

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.

10 Cedar Ridge Drive. 28. 2.05. - ALL FILES

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>Placed all files to review -</u> <u>no one came in to review?</u>			
<u>C.A. Quinn</u>		<u>10.12.17</u>	
Custodian Signature		Date	

C. A. Quinn
Custodian Signature



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 1 Parker Road, Chester NJ 07930
 Telephone: 908-879-5100 Fax: 908-879-8281
 rcollins@chestertownship.org
 Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name DOREEN MI _____ Last Name KURTZ
 E-mail Address _____
 Mailing Address 142 MAIN ST
 City CHESTER State NJ Zip 07930
 Telephone _____ FAX _____
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Doreen Kurtz Date 10/3/17

Payment Information

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

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

Please provide the following for: 35 EAST FOX CHASE RD
CHESTER TWP Block 9 LOT 6.2

1) OPEN/CLOSED PERMITS; DECK, INGROUND POOL, POOL HOUSE
 SEPTIC (TO BE INSTALLED)

2) PERMITS FOR ANY and ALL Renovations

3) Survey

LISTINGS Attached

Thank you,
Doreen Kurtz
Weichert Realtors
Chester

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Final Cost

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

[Signature]
 Custodian Signature

10/5/17
 Date



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
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 Telephone: 908-879-5100 Fax: 908-879-8281
 rcollins@chestertownship.org
 Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name MEENA MI _____ Last Name KULKARNI
 E-mail Address _____
 Mailing Address 142 MAIN ST
 City CHESTER State NJ Zip 07930
 Telephone _____ FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site _____ Fax _____ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Meena Kulkarni Date 10/3/17

Payment Information

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

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

Please Provide the following for: 31 CORA LANE
 Chester TWP
 Block 31 LOT 10
 Listing Attached
 1) Permit for existing deck

Thank you!
 Meena Kulkarni
 Weichert Realtors - Chester

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date <u>10/5/17</u>	

copy to Robert

State of New Jersey Standard
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 Doris MI Last Name Kobza
 E-mail Address Permit@NJPeila.com
 Mailing Address 4 Dedrick Place
 City West Caldwell State NJ Zip 07006
 Telephone 973-852-6538 FAX 866-396-9931
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10/02/2017

Payment Information

Maximum Authorization Cost \$ 10.00
 Select Payment Method
 Cash ☐ ☒ Check Money Order
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

Please provide a Permit Fee Log Detail Report or Permit Activity September 2017
 If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.
 Copies can be faxed or emailed using the information above.
 I can also pick up the information in person if that is preferred.
 I realize there may be charges associated with providing this information. Please call me if there are any questions.
 I respect your time and appreciate your help.
 Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

Report e-mailed to Doris.

C. A. Quinn 10-2-17

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

[Signature] *10/2/17*



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rocollins@chestertownship.org
Robin Collins, Municipal Clerk

Important Notice

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Requestor Information - Please Print

First Name JACK MI R Last Name Beierle
 E-mail Address office@pinnaclereo.net
 Mailing Address 13A main st Suite 2
 City Sparta State NJ Zip 07871
 Telephone 973-729 5692 FAX 973 729 1648
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offenses under the laws of New Jersey, any other state, or the United States.
 Signature Jack Beierle Date 9/29/2017

Payment Information

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

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

Are there any open permits or violations @ 2 Deer Ct.
 Block # 32.01
 Lot # 9

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information
 Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
 Records Provided _____
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Report emailed to Jack. 10/2/17
 C. R. Quinn 10.2.17
 Custodian Signature Date



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name Kelly MI Last Name Holmquist
 E-mail Address holmquistteam@kw.com AND kholmquist@kw.com
 Mailing Address 55 Madison Avenue
 City Morristown State NJ Zip 07960
 Telephone 973-803-5403 FAX
 Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Kelly Holmquist dotloop verified 09/29/17 10:33AM EDT 63SU-QCZZ-X96-U30A Date 09/29/2017

Payment Information

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

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

26 Young Court, Chester Township, NJ / BLOCK 20, LOT 2

We are listing the above property and are requesting the following information:

2- Permits: Please supply us with a 1 page summary report of permits on the above property, and advise if there are currently any open permits.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
 Custodian Signature		<u>10/17/17</u> Date	



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 1 Parker Road, Chester NJ 07930
 Telephone: 908-879-5100 Fax: 908-879-8281
 rcollins@chestertownship.org
 Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name Charles MI Last Name Ciolino. SRA. SCRREA
 E-mail Address cassandra@gsacnj.com
 Mailing Address 125 Elm Street Suite 1
 City Westfield State NJ Zip 07090
 Telephone 908.264.7955 FAX 908.264.7958
 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 [Signature] Date Tuesday, September 26, 2017

Payment Information

Maximum Authorization Cost \$ 5
 Select Payment Method
 Cash Check Money Order
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

Please review our OPRA request for complete property record cards, including square footage, sketches, land calculations, building calculations and the like for the following property(s):

- Block: 7, Lot: 13.25 - 11-B Hickory Drive
- Block: 9, Lot: 4.04 - 3 Laurelwood Drive
- Block: 7.01, Lot: 16 - 5 Red Oak Row
- Block: 7.01, Lot: 13.03 - 6 Walnut Hill Drive
- Block: 9, Lot: 1.03 - 17 Springcroft Road
- Block: 16.01, lot: 1 - 2 Trout Brook Court
- Block: 16.01, Lot: 7 - 3 Pine Ridge Court

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
Custodian Signature <u>[Signature]</u>		Date <u>9/26/17</u>	



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name Shane MI A Last Name McDougallE-mail Address smcdougall@ibtmLaw.comMailing Address 7 Ridgedale AvenueCity Cedar Knolls State NJ Zip 07927Telephone (973) 539-2090 FAX (973) 539-0806Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒

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

Signature [Signature] Date 9/25/2017

Payment Information

Maximum Authorization Cost \$50.00

Select Payment Method

Cash ☐ Check ☒ Money Order ☐

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Any and all permits, permit applications, architectural drawings, site plans or drawings, correspondence, or notes related to the renovation and/or construction of the home located at Lot 103, Block 17, commonly known as 31 Hillside Road, Chester, NJ, between 2008 and 2012.

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

Records Provided _____

Custodian Signature _____

Date _____



Robin Collins <rcollins@chestertownship.org>

Fwd: Chester township Building Permits - Public Records Request

Ingrid O'Connor <ioconnor@chestertownship.org>
To: Robin Collins <rcollins@chestertownship.org>

Mon, Sep 25, 2017 at 9:24 AM

For you...

Ingrid O'Connor
Assistant to the Administrator
Chester Township
908-879-5100 x812

----- Forwarded message -----

From: kelsie@datarole.com <kelsie@datarole.com>
Date: Mon, Sep 25, 2017 at 9:04 AM
Subject: Chester township Building Permits - Public Records Request
To: robincollins@chestertownship.org

Dear Robin Collins,

NJ.7930.10584

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
(p) 970-231-3935
(f) 513-672-2665
Kelsie@datarole.com

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.

PS: If you don't want to hear from me anymore, just let me know

Be
Zo

9-22-17



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name MEENA MI _____ Last Name KULKARNI

E-mail Address _____

Mailing Address 142 MAIN STCity CHESTER State NJ Zip 07930

Telephone _____ FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.Signature Meena Kulkarni Date 9/22/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Please provide the following for 21 CORALANE
Block 31 LOT 10
Listing Attached

1) OPEN and closed permits
2) Survey
3) Septic info: 4 Bedroom? DATE OF INSTALLATION?
4) SHED ON PROPERTY. IS THERE a permit?

Thank you, Meena Kulkarni
WEICHERT REALTORS

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

9/26/17



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk

Copy to Robin



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 MOLLY MI _____ Last Name WENGER

E-mail Address _____

Mailing Address 27 ROCK RIDGE RD

City DENVILLE State NJ Zip 07834

Telephone _____ FAX _____

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

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

Signature [Signature] Date 9/22/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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

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

Extras: Special service charge dependent upon request.

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

PERMITS

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

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

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

Tracking Information

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

Records Provided

Handwritten note: Please pick up at the counter

C. G. Quinn 9.22.17
Custodian Signature Date

(Copy to Robin)



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name Bill MI 2nd Last Name Stillman
E-mail Address Bill.Stillman@CBmoves.com
Mailing Address 191 Main St
City Chester State NJ Zip 07930
Telephone 973 713 6054 FAX 862 345 1809
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/18/2017

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.

- OPEN & CLOSED PERMITS ALL 311 Pleasant Hill Rd CHESTER NJ 07930
- ANY RECORDS ON UGST
- ANY VIOLATION
- ANY FEES

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
[Signature]		9.18.17	
Custodian Signature		Date	



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name COURTNEY MI _____ Last Name HOLD

E-mail Address _____

Mailing Address 2211 LAKEVIEW TERRACE

City BULLINGTON State NC Zip 27215

Telephone _____ FAX _____

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

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

Signature Courtney Hold Date 9/14/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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

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

Extras: Special service charge dependent upon request.

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

PERMITS

15 OLD FARMHEAD RD.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

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

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

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided _____

Report given out over the counter

C. A. Quinn

9/15/17

9-15-17

Custodian Signature _____ Date _____



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org

Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name Kelly MI Last Name Holmquist
E-mail Address holmquistteam@kw.com AND kholmquist@kw.com
Mailing Address 55 Madison Avenue
City Morristown State NJ Zip 07960
Telephone 973-803-5403 FAX
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Kelly Holmquist Date 09/14/2017
dotloop verified 09/14/17 10:44AM EDT BQNC-OVBQ-DAV7-RBY

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.

35 Twinbrooks Trail, Chester Township, NJ / BLOCK 26.5, LOT 42

We are listing the above property and are requesting the following information:

- 1- Septic Verification: How many bedrooms was the septic built for?
- 2- Permits: Please supply us with a 1 page summary report of permits on the above property, and advise if there are currently any open permits.

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 9/15/17



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
Chester, New Jersey
Agency Telephone Number & Fax Number
Agency e-mail address
Name of Agency Custodian



Important Notice

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

Requestor Information – Please Print

First Name Deborah MI MI Last Name Post Post 07930
E-mail Address _____
Mailing Address 122 Oakdale Road
City Chester State NJ Zip 07930
Telephone [REDACTED] FAX _____
Preferred Delivery: Pick Up US Mail ☒ On-Site Inspect [REDACTED] Fax [REDACTED] 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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Deborah Post Date 9/13/17

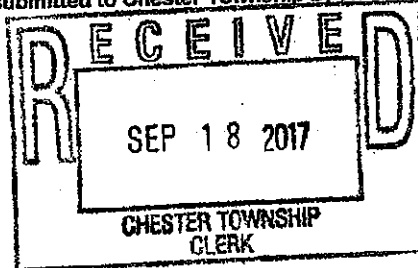
Payment Information

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.

Copy of the Chester Township responses to all OPRA requests submitted to Chester Township by Kurt Alstede between August 1, 2017 and September 10, 2017.

Email attachments acceptable. In the alternative, hard copy.



AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filled ☐ Closed ☐
Partial ☐ Closed ☐

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided _____			
Custodian Signature <u>[Signature]</u>		Date <u>10/4/17</u>	



AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address

Name of Agency Custodian



Important Notice

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

Requestor Information - Please Print

First Name JAMES MI Last Name Roberts
E-mail Address tristate.office.19034@gmail.com
Mailing Address 1341 E Chestnut Ave
North Wildwood State NJ Zip 08260
Telephone FAX
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date

Payment Information

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

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

Mailroom records relating to office equipment, specifically mail machine lease information and relevant documents regarding supplies, service and rental of mailing equipment (postage meters, fold-inserter, letter openers, etc) ... Package tracking software if applicable. Records for the 2017 tax year!

AGENCY USE ONLY

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

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		Final Cost
Tracking #	<u> </u>	Total <u> </u>
Rec'd Date	<u> </u>	Deposit <u> </u>
Ready Date	<u> </u>	Balance Due <u> </u>
Total Pages	<u> </u>	Balance Paid <u> </u>
Records Provided		
<u>[Signature]</u>		
SEP 12 2017		
CHESTER TOWNSHIP		



1 Parker Road, Chester NJ 07930
Telephone: 908-879-5100 Fax: 908-879-8281
rcollins@chestertownship.org
Robin Collins, Municipal Clerk

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

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.

Any and all permits (Open or closed) on
1 Frederick Pl., Chester - Block 9.2, Lot 1 (Barker)

Specifically: Septic size, repairs, upgrades
Pool
Shed
Additions/upgrades to baths & Kitchens (2 Kitchens)

AGENCY USE ONLY		Final Cost	
Tracking Information		Total	
Tracking #		Deposit	
Rec'd Date		Balance Due	
Ready Date		Balance Paid	
Total Pages			
Records Provided			

Custodian Signature Date



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
 1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281
 rcollins@chestertownship.org
 Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name Judith MI _____ Last Name Dourgarian
 E-mail Address _____
 Mailing Address Keller Williams Realty 55 Madison Ave
 City Morristown State NJ Zip 07960
 Telephone _____ FAX _____
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Judith Dourgarian Date 9/11/17

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.

30 Parker Rd. Block 17 Lot 15
Now Foreclosure 7/6/17
owner - M+T Bank
475 Crosspoint PKWY
Getzville, NY 14068
 - Copies of open & closed permits
 - Copies of UST/Tank removal
 - Property Card
 - Septic As Built & permits
 - Copy of Survey if Available
 - Current Easements
 - Info on abandoned well - was it done, what is required
Thank you Judy

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 9/13/17



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
1 Parker Road, Chester NJ 07930
Telephone: 908-879-5100 Fax: 908-879-8281
rcollins@chestertownship.org
Robin Collins, Municipal Clerk



Important Notice

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Requestor Information - Please Print

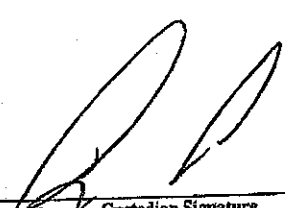
First Name Richard MI F Last Name Desiderio
E-mail Address [REDACTED]
Mailing Address 300 Old Chester Rd
City Chester State NJ Zip 07930
Telephone [REDACTED] FAX 908-955-7448
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/8/17

Payment Information

Maximum Authorization Cost \$ 100.00
Select Payment Method
Cash ☐ Check ☒ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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

I am requesting any and all records including all correspondence, communications, resolutions and any other public documents including Township Council minutes and executive session minutes related to Chester Township's participation in the sale of the development rights to Morris County and the state Agriculture Development Committee as well as all records related to the sale at auction of my farm, when I purchased the farm, which is known as:
Block 15, lot 42 (and or lot 42.2)
The farro Farm
Tranquillity Farm
I do not need to see or have copies made of any oversized prints of surveys or maps unless they mention any oversized survey plots.

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information		Final Cost
Est. Delivery Cost	_____		Tracking # _____	Total _____	
Est. Extras Cost	_____		Rec'd Date <u>9/8/17</u>	Deposit _____	
Total Est. Cost	_____		Ready Date <u>9/22/17</u>	Balance Due _____	
Deposit Amount	_____		Total Pages _____	Balance Paid _____	
Estimated Balance	_____		Records Provided		
Deposit Date	_____	In Progress - Open _____	 Custodian Signature		
		Denied - Closed _____			
		Partial - Closed _____			
			9/22/17 Date		

CHESTER TOWNSHIP



OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org
Robin Collins, Municipal Clerk

Important Notice

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

Requestor Information - Please Print

First Name John MI Last Name MANCINI
 E-mail Address JOHN.MORGANIZER@AOL.COM
 Mailing Address 1121 BRISTOL ROAD
 City MOUNTAIN SIDE State NJ Zip 07092
 Telephone 609-462-6462 FAX 908-354-7089
 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 9-8-17

Payment Information

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

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

Please provide a copy of the Monthly Permit Fee LOG
 for all building construction permits issued from
Aug. 1 to Aug. 31, 2017

A Sample report can be supplied upon request.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress Open
 Denied Closed
 Filled Closed
 Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
 Custodian Signature		<u>9/11/17</u> Date	



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org
Robin Collins, Municipal Clerk

Important Notice

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

Requestor Information - Please Print

First Name Neeka MI _____ Last Name Kulkarni
E-mail Address _____
Mailing Address 142 Main St.
City Chester State NJ Zip 07930
Telephone _____ FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Neeka Kulkarni Date 9/7/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Please provide the following for 311 North Rd. Chester Twp.
1.) All open & closed permits including deck.
2.) septic information.

Block 33 Lot 47.01
[Listing attached.
Thank you!!
Neeka Kulkarni
Weichert Realtors
Chester, N.J.

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

RECEIVED
SEP 07 REC'D
By [Signature]

Custodian Signature

Date



CHESTER TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

1 Parker Road, Chester NJ 07930

Telephone: 908-879-5100 Fax: 908-879-8281

rcollins@chestertownship.org
Robin Collins, Municipal Clerk

Important Notice

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Requestor Information - Please Print

First Name Neeka MI _____ Last Name Kulkarni
E-mail Address _____
Mailing Address 142 Main St.
City Chester State N.J. Zip 07930
Telephone _____ FAX _____
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Neeka Kulkarni Date 9/7/17

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
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Please provide the following for 311 North Rd. Chester Twp.
1.) All open & closed permits including deck.
2.) septic information.

Block 33 Lot 47.01
Listing attached.
Thank you!!
Neeka Kulkarni
Weichert Realtors
Chester, N.J.

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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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 9/13/17



CHESTER TOWNSHIP
OPEN PUBLIC RECORDS ACT REQUEST FORM
1 Parker Road, Chester NJ 07930
Telephone: 908-879-5100 Fax: 908-879-8281
rcollins@chestertownship.org
Robin Collins, Municipal Clerk



Important Notice

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

Requestor Information – Please Print

First Name DONNA MI _____ Last Name Dwyre
E-mail Address _____
Mailing Address 20 OLD MILL Rd
City Chester State NJ Zip 07930
Telephone _____ FAX _____
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Donna Dwyre Date 9/5/17

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.

OPEN / closed permits
copy of survey

Block 27 lot 8

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
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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 _____
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature

Date

9/05/17



Robin Collins <rcollins@chestertownship.org>

Re: Property Card Request

1 message

Anna McDougal <amcdougal@chestertownship.org>

Fri, Sep 1, 2017 at 8:22 AM

To: [REDACTED]
Cc: "cisemann@chestertownship.org" <rcollins@chestertownship.org>

Jaclyn,

I have attached the property card as per your request. In the future, there is no need to complete an OPRA form as we typically respond quickly. Thank you.

Regards,
Anna

Regards,

Anna Maria McDougal

Municipal Assessor

Chester Township

908-879-5100 ext 814

908-879-0780 (fax)

On Thu, Aug 31, 2017 at 11:13 AM, Jaclyn Matisak [REDACTED] wrote:
To Anna McDougal:

I am an appraiser requesting the property card for a property I just inspected. Normally, I would stop by and hand in the OPRA form, but I have appraisal appointments all day today and tomorrow and I fear I won't make it to your office during your hours. Attached below is the OPRA Request Form filled out.

Property Address:
54 State Park Road

Block:
16

Lot:
18.01

Thank you!

Best,
Jaclyn Matisak

16-18.01-prc.pdf
54K

State of New Jersey Standard
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

Payment Information

First Name Doris Mi Last Name Kobza
E-mail Address Permit@NJPella.com
Mailing Address 4 Dedrick Place
City West Caldwell State NJ Zip 07006
Telephone 973-852-8538 FAX 866-396-9931
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/01/2017

Maximum Authorization Cost \$ 10.00
Select Payment Method
Cash ☐ ☒ Check Money Order
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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

Please provide a Permit Fee Log Detail Report or Permit Activity August 2017
If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.
Copies can be faxed or emailed using the information above.
I can also pick up the information in person if that is preferred.
I realize there may be charges associated with providing this information. Please call me if there are any questions.
I respect your time and appreciate your help.
Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

Right to know to Doris
C.O. Quinn 9/1/17

AGENCY USE ONLY

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9/7/17