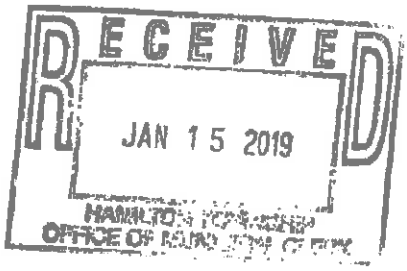
19-130

Brittani Calderone

From: Eileen Gore
Sent: Monday, January 14, 2019 10:08 PM
To: Brittani Calderone
Subject: FW: OPRA REQUEST



Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer[redacted]
Sent: Monday, January 14, 2019 10:09 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: OPRA REQUEST

a copy of ACO Activity Logs for August - September 2018

Terry

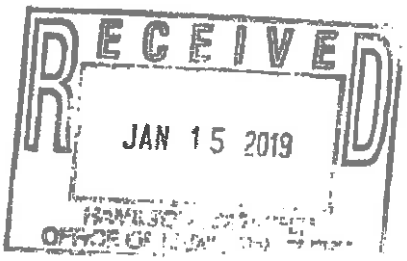
[redacted]

Due * 1/24/19

19-131

Brittani Calderone

From: Eileen Gore
Sent: Monday, January 14, 2019 10:04 PM
To: Brittani Calderone
Subject: FW: opra request



Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer [redacted]
Sent: Monday, January 14, 2019 10:04 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

a copy of the ACO Activity Logs for October and November 2018

--
Terry
[redacted]

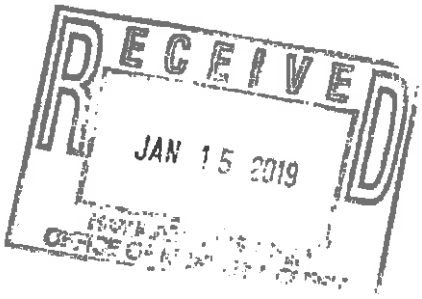
Due
* 1/24/19

19-132

Brittani Calderone

From: Eileen Gore
Sent: Monday, January 14, 2019 9:58 PM
To: Brittani Calderone
Subject: FW: opra request

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com



From: Terry peifer[redacted]
Sent: Monday, January 14, 2019 9:58 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of the current euthanasia policy from the animal shelter SOP

—
Terry
[redacted]

Due
*1/24/19

19-133

Brittani Calderone

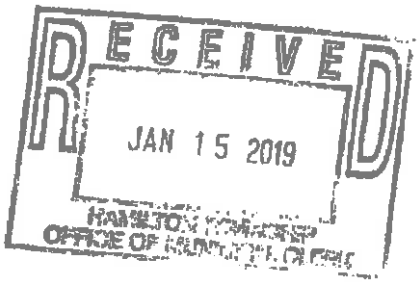
From: Eileen Gore
Sent: Monday, January 14, 2019 9:55 PM
To: Brittani Calderone
Subject: FW: opra request

Eileen Gore, RMC, CMR, CMC
Municipal Clerk
Township of Hamilton, NJ 08690
Phone (609) 890-3622
E.Gore@Hamiltonnj.com

From: Terry peife[redacted]
Sent: Monday, January 14, 2019 9:55 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

a copy of all medical records for the cats for December 2018

--
Terry
[redacted]

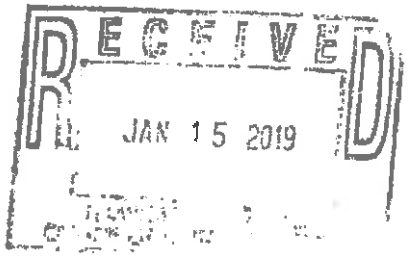


DUE
* 1/24/19

19-134

Brittani Calderone

From: Eileen Gore
Sent: Monday, January 14, 2019 9:52 PM
To: Brittani Calderone
Subject: FW: opra request



Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08690
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer [redacted]
Sent: Monday, January 14, 2019 9:53 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

a copy of the table of contents to the SOP for the animal shelter

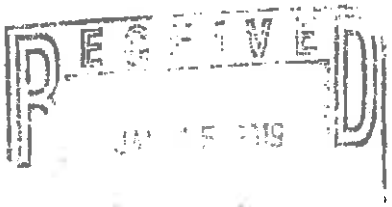
--
Terry
[redacted]

Due
* 1/24/19

19-135

Brittani Calderone

From: Eileen Gore
Sent: Monday, January 14, 2019 6:10 PM
To: Brittani Calderone
Subject: FW: opra request



Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peife[redacted]
Sent: Monday, January 14, 2019 6:11 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

All medical records and dispositon sheets for cats #230 - 240

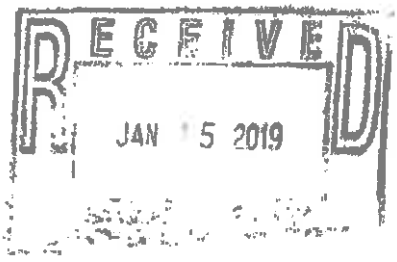
--
Terry
[redacted]

DW
* 1/24/19

19-136

Brittani Calderone

From: Eileen Gore
Sent: Tuesday, January 15, 2019 12:05 PM
To: Brittani Calderone
Subject: FW: opra request



Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry pelfer[redacted]
Sent: Tuesday, January 15, 2019 12:06 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of all intake logs, disposition records, medical records, medicine logs from 12/1 to current from the animal shelter.

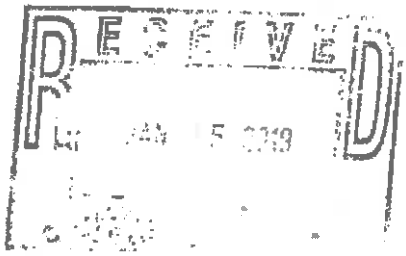
Terry
[redacted]

Due
* 1/24/19

19-137

Brittani Calderone

From: Eileen Gore
Sent: Tuesday, January 15, 2019 12:06 PM
To: Brittani Calderone
Subject: FW: opra request



Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer[redacted]
Sent: Tuesday, January 15, 2019 12:06 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of all Feline Intake Exam forms for 2018

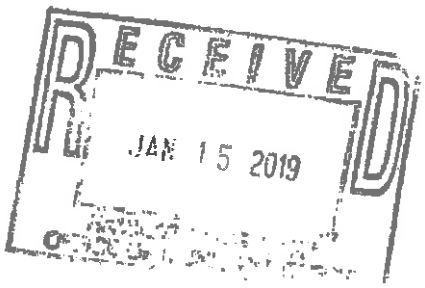
—
Terry
[redacted]

Due * 1/24/19

19-138

Brittani Calderone

From: Eileen Gore
Sent: Tuesday, January 15, 2019 12:06 PM
To: Brittani Calderone
Subject: FW: opra request



Eileen Gore, RMC, CMC, MMC
Municipal Clerk,
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@hamiltonnj.com

From: Terry peifer [redacted]
Sent: Tuesday, January 15, 2019 12:07 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of f all Canine Intake Exam forms from Nov 1 to current

--
Terry
[redacted]

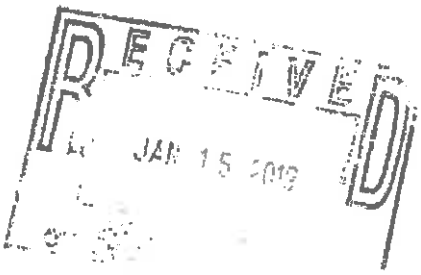
Due
* 1/24/19

19-139

Brittani Calderone

From: Eileen Gore
Sent: Tuesday, January 15, 2019 12:07 PM
To: Brittani Calderone
Subject: FW: opra request

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08690
Phone (609) 890-3622
EGore@Hamiltonnj.com



From: Terry peifer [redacted]
Sent: Tuesday, January 15, 2019 12:07 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

a copy of all disposition records for animals euthanized at the vets from Nov 1 to Dec 31, 2018

Terry
[redacted]

Due
*1/24/19

19-140

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone
REQUESTS VIA FAX WILL NOT BE ACCEPTED

RECEIVED
JAN 15 2019

Important Notice

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

Requestor Information – Please Print

First Name Kendra MI A Last Name Hansis

Company

Mailing Address 203 main Street, #233

City Flemington State NJ Zip 08822 Email [redacted]

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

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

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

Signature [signature] Date 01/15/2019

Payment Information

Max. Authorized Cost: $

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: Block: Lot(s):

Time Frame Sought : Starting Date End Date

Specifically Describe Identifiable Record(s) Sought:

Motor vehicle accident reports for the dates listed below.

Please email to accidentreportsTL1@gmail.com DW * 1/24/19

Please do not send zip files.

Start Date: 10/1/18 End date: 10/31/18

ROUTING INFO

Mayor's Office
Dept. of Administration
Personnel
Budget & Purchase
Finance
Revenue Collection
Assessor
Legal Department
Economic Devel & Tech.
Dept. of C. P. & C.
Land Use
Engineering
Planning
Housing
Inspections
Code Enforcement

Police Department
Dept. Health, Rec. & S.V.
Health Division
Recreation
Senior Services
Veterans Services
Dept. of Public Works
Dept of W.P.C.
Other
"DUE TO CLERK'S OFFICE"

REGISTRAR'S 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

dotloop signature verification: [redacted]

19-141

REQUEST FOR PUBLIC RECORD
TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Jane MI C Last Name Belger

Company RE/MAX TRI County

Mailing Address 2275 Route 33 Suite 308

City Hamilton Square State NJ Zip 08690 Ema[redacted]

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

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

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

Signature Jane Belger dotloop verified 01/15/19 2:27 PM EST ITSF-LBXO-FZVR-JEWH Date 01/15/2019

Payment Information

Max. Authorized Cost $ 10.00

Select Payment Method:

Cash ☐ Check ☑ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 153 N. Hamilton Avenue Block: 1675 Lot(s): 9

Specifically Describe Identifiable Record(s) Sought:
Roof, oil tank and/or plumbing permits

RECEIVED
JAN 15 2019
OFFICE OF [redacted]

Due *1/24/19

ROUTING INFO

Mayor's Office
Dept. of Administration
Personnel
Budget & Purchase
Finance
Revenue Collection
Assessor
Legal Department
Economic Devel & Tech.
Dept. of C. P. & C.
Land Use
Engineering
Planning
Housing
Inspections
"DUE TO CLERK'S OFFICE"

Police Department
Dept. Health, Rec. & S.V.
Health Division
Recreation
Senior Services
Veterans Services
Dept. of Public Works
Walt Bronek
Dept. of W.P.C
Municipal Court Clerk
Other
"DUE TO CLERK'S OFFICE"

REGISTRAR'S 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

19-142

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Charlene MI ____ Last Name Sarcone

Company Accu-Chek Septic Inspections

Mailing Address PO Box 326

City Orwigsburg State PA Zip 17961 Email [redacted]

Business Hours Telephone: Area Code 800 Number 890-9755 Extension ____

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

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

Signature Cha Sa Date 1/15/2019

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: Block: Lot(s):

Specifically Describe Identifiable Record(s) Sought:

As Built Plans or Repairs made to: Blk: 2739 Lot: 30 or 33 E. Acres Drive, Hamilton, NJ.
This is for a septic inspection to be performed on Jan. 18, 2019.

Due *1/24/19

RECEIVED
JAN 15 2019
HAMILTON TOWNSHIP CLERK'S OFFICE

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____
Legal Department ____
Economic Devel & Tech. ____
Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
"DUE TO CLERK'S OFFICE" ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____
Dept. of Public Works ____
Walt Bronek ____
Dept. of W.P.C ____
Municipal Court Clerk ____
Other ____
"DUE TO CLERK'S OFFICE" ____

Tracking Information

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

Final Cost

Total ____ Deposit ____ Balance Due ____ Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

19-143

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name John MI E Last Name Barrett

Company

Mailing Address 852 Holly Berry Lane

City Brick State NJ Zip 08724 Email [redacted]

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

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

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

Signature [signature] Date 1/15/19

Payment Information

Max. Authorized Cost $ 1.25

Select Payment Method:

Cash ☑ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: Block: Lot(s):

Time Frame Sought: Starting Date End Date

Specifically Describe Identifiable Record(s) Sought:

Please provide all emails sent or received for the period 10/1/18 to 1/15/19 between the following email addresses:

Sulaiman@trentonian.com & DKenny@hamiltonnj.com
kyaede@hamiltonnj.com / mayor@hamiltonnj.com & sulaiman@trentonian.com

Please include all files or attachments in the emails identified per the above request

RECEIVED
JAN 16 2019

Due 1/25/19

ROUTING INFO

Mayor's Office
Dept. of Administration
Personnel
Budget & Purchase
Finance
Revenue Collection
Assessor
Legal Department
Economic Devel & Trsh.
Dept. of C. P. & D.
Land Use
Engineering
Planning
Housing
Inspections
Code Enforcement

Police Department
Dept. Health, Rec. & S.V.
Health Division
Recreation
Senior Services
Veterans Services
Dept. of Public Works
Dept of W.P.C.
Other
"DUE TO CLERK'S OFFICE"

REGISTRAR'S 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

19-144

Brittani Calderone

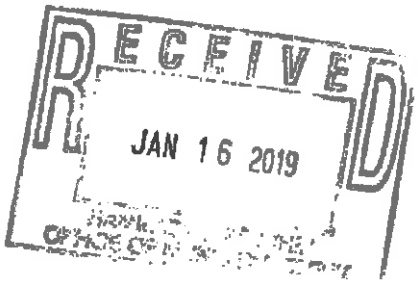
From: Eileen Gore
Sent: Wednesday, January 16, 2019 10:41 AM
To: Brittani Calderone
Subject: FW: opra request

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer[redacted]
Sent: Wednesday, January 16, 2019 10:42 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of the "on-call" schedules for the ACOs for December 2018 to current at the Animal Shelter

--
Terry
[redacted]



DUE
*1/29/19

19-145

Brittani Calderone

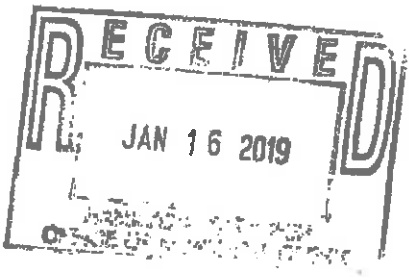
From: Eileen Gore
Sent: Wednesday, January 16, 2019 10:47 AM
To: Brittani Calderone
Subject: FW: opra request

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08690
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry pelfer[redacted]
Sent: Wednesday, January 16, 2019 10:47 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

a copy of all records for any animal seen by Dr. Boden at the animal shelter from 11/1 to current.

--
Terry
[redacted]



Due
* 1/24/19

19-146

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

RECEIVED
JAN 17 2019

Important Notice

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

Requestor Information – Please Print

First Name Michele MI R Last Name Donato
Company Michele R. Donato, PA
Mailing Address 106 Grand Central Ave
City Lavallette State NJ Zip 08735 Email [redacted]
Business Hours Telephone: Area Code 732 Number 830-0111 Extension
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐

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

Signature Michele Donato Date 1/14/19

Payment Information

Max. Authorized Cost $
Select Payment Method:
Cash ☐ Check ☐ Money Order ☐
Fee: $0.05 per page (letter/legal)
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address:
Block:

RECEIVED
JAN 17 2019
HAMILTON TOWNSHIP
OFFICE OF THE MUNICIPAL CLERK

Specifically Describe Identifiable Record(s) Sought:

Please see attached.

DUE 1/29/19

ROUTING INFO

Mayor's Office
Dept. of Administration
Personnel
Budget & Purchase
Finance
Revenue Collection
Assessor
Legal Department
Economic Devel & Tech.
Dept. of C. P. & C.
Land Use
Engineering
Planning
Housing
Inspections
"DUE TO CLERK'S OFFICE"

Police Department
Dept. Health, Rec. & S.V.
Health Division
Recreation
Senior Services
Veterans Services
Dept. of Public Works
Walt Bronek
Dept. of W.P.C
Municipal Court Clerk
Other
"DUE TO CLERK'S OFFICE"

REGISTRAR'S 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

OPRA request dated January 14, 2019

Duplicate recording of the Planning Board meeting of January 10, 2019 concerning the following application:

Re: Faith Baptist Church of Hamilton
Hamilton Township Planning Board
Application No. 16-12-039
4371 Crosswicks-Hamilton Square Road
Section 2712, Lot 163
Hamilton, New Jersey

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

19-047

Important Notice

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

Requestor Information – Please Print

First Name Matthew (Callahan) MI ____ Last Name Callahan

Company ____

Mailing Address 87 Carver Place [redacted]

City Lawrenceville State NJ Zip 08648 Email [redacted]

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

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

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

Signature [signature] Date 11/17/19

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Orde

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fee dependent upon request

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fa to identify records with particularity will be deemed invalid.

Property Address: 163 Acres Drive 08690 Hamilton. Block: ____ Lot(s): ____

Time Frame Sought : Starting Date 1999 End Date 11/17/19

Specifically Describe Identifiable Record(s) Sought:

All Permits open/closed.

Copy of Survey

Tax Records

RECEIVED
JAN 17 2019
HAMILTON TOWNSHIP
OFFICE OF THE MUNICIPAL CLERK

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchasing ____
Finance ____
Revenue Collection ____
Assessor ✓

Legal Department ____

Economic Devel & Tech. ____

Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ✓
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____

Dept. of Public Works ____

Dept of W.P.C. ____

Other ____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

19-047

due 11/28/19

Custodian Signature ____ Date ____

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone
REQUESTS VIA FAX WILL NOT BE ACCEPTED

RECEIVED
JAN 17 2019
HAMILTON TOWNSHIP
OFFICE OF THE MUNICIPAL CLERK

Important Notice

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

Requestor Information – Please Print

First Name DAVID MI A Last Name GRIMES

Company N/A

Mailing Address 203 ELTON AVE

City HAMILTON State NJ Zip 08620 Email [redacted]

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

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

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

All rights and liberties expressly reserved, none waived

Signature by: [redacted], A.I.P. Date 1/17/19

Payment Information

Max. Authorized Request $

Payment Method:

Cash [ ] Check [ ] Money Order [ ]

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

1-17-19 UP

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: Block: Lot(s):

Time Frame Sought : Starting Date End Date

Specifically Describe Identifiable Record(s) Sought:

① JIF Policy Information

②CAFR - Comprehensive Annual Financial Report CY 2018

Request lowest cost format suggest MS windows compatible CD

ROUTING INFO

Mayor's Office ___
Dept. of Administration ___
Personnel ___
Budget & Purchase ___
Finance ___
Revenue Collection ___
Assessor ___
Legal Department ___
Economic Devel & Tech. ___
Dept. of C. P. & C. ___
Land Use ___
Engineering ___
Planning ___
Housing ___
Inspections ___
Code Enforcement ___

Police Department ___
Dept. Health, Rec. & S.V. ___
Health Division ___
Recreation ___
Senior Services ___
Veterans Services ___
Dept. of Public Works ___
Dept of W.P.C. ___
Other ___

"DUE TO CLERK'S OFFICE" ___

REGISTRAR'S USE ONLY

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

Final Cost
Total ___
Deposit ___
Balance Due ___
Fee Paid ___
Receipt # ___

1-17-19

Custodian Signature Date

19-149

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone
REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Jill MI ____ Last Name Jampetro

Company Law Office of James P. Murray

Mailing Address 180 Tuckerton Road, Suite 6

City Medford State NJ Zip 08055 Email [redacted]

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

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

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

Signature [signature] Date 1/17/19

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☒ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 2 Ernies Court Hamilton, NJ 08690 Block: 01631 Lot(s): 00007

Time Frame Sought: Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

Requesting all permits and approvals including but not limited to undrground oil tanks, alterations, improvments and modifications.

Due + 1/29/19

RECEIVED
JAN 18 2019
REGISTRAR/RECORDS OFFICE

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____
Legal Department ____
Economic Devel & Tech. ____
Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____
Dept. of Public Works ____
Dept of W.P.C. ____
Other ____ ____
"DUE TO CLERK'S OFFICE" ____

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

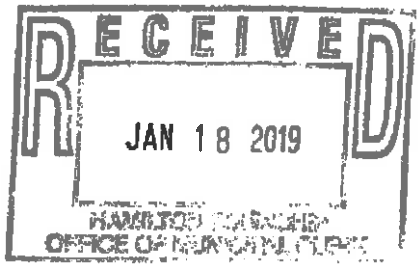
19-150

Brittani Calderone

From: Making Noise [redacted]
Sent: Thursday, January 17, 2019 9:58 PM
To: Brittani Calderone
Subject: Opra

I request copies of all purchase order forms signed by Michelle Bado as the Chief Finance Certifying Official from the years 2016, 2017 and 2018.

Due
*1/29/19



DK__
MB__
RM__

Hand delivered

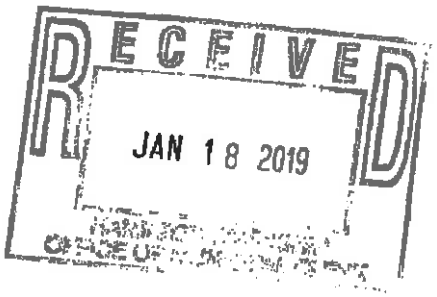
19-151

Brittani Calderone

From: Making Noise [redacted]
Sent: Thursday, January 17, 2019 10:00 PM
To: Brittani Calderone
Subject: Opra

I would like copies of all Township requisitions issued by Hamilton Township for John Barrett, cfo, for hotel accommodations covering 2015, 2016, 2017 and 2018.

Due
* 1/29/19



DK ___
MB ___
RM ___

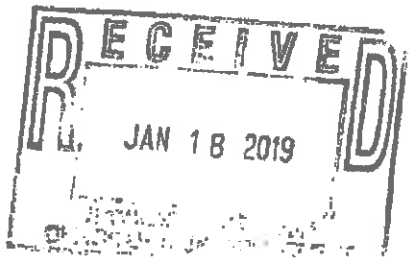
19-152

Brittani Calderone

From: Making Noise [redacted]
Sent: Thursday, January 17, 2019 10:03 PM
To: Brittani Calderone
Subject: Opra req

I would like copies of all memos, emails and any other Township documents related to reimbursement for church and/or deacon classses/training for the CFO.

Due
* 1/29/19



DK ___
MB ___
RM ___

hand delivered

19-153

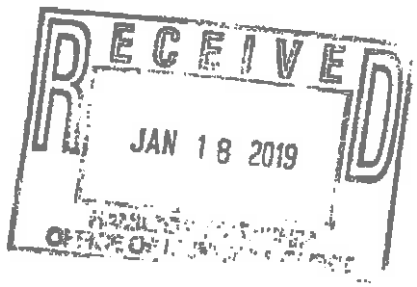
Brittani Calderone

From: Making Noise [redacted]
Sent: Thursday, January 17, 2019 10:09 PM
To: Brittani Calderone
Subject: Opra

I request copies of all emails sent to John Barrett from any Township employee from Jan 1, 2018 thru Aug 1, 2018.

Please search the subject and body for "approval of documents", "purchase approval", "how to approve", "approve", "purchase order".

Due
* 1/29/19



It_

19-154

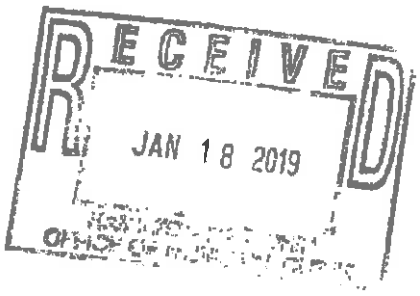
Brittani Calderone

From:	Making Noise [redacted]
Sent:	Thursday, January 17, 2019 10:14 PM
To:	Brittani Calderone
Subject:	Opra

I request all email correspondence between John Barrett and Ileana Schirmer from Jan 1, 2018 thru Dec 31, 2018. Please search Township and personal email accounts.

Please respond to this email address within 7 business days as required by state law.

Due
* 1/29/19



IT

19-155

Brittani Calderone

From: Eileen Gore
Sent: Friday, January 18, 2019 1:47 PM
To: Brittani Calderone
Subject: FW: IMMEDIATE OPRA REQUEST

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

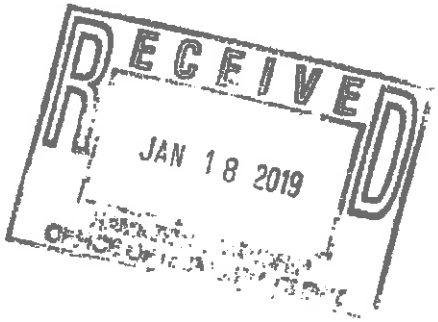
From: Opra HamiltonNJ[redacted]
Sent: Friday, January 18, 2019 1:48 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: IMMEDIATE OPRA REQUEST

All of the invoices for the furniture, cat condos, and all the other new bins,and for ventilation at the animal shelter for the expansion AND for 2018

Send all of these documents to this email within 7 business days, as required by law.

If this is an immediate OPRA request, send all documents to this email address immediately as required by N.J.S.A. 47:1A-5.e

Due
+1/29/19



19-156

REQUEST FOR PUBLIC RECORD
TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone
REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Jason MI E Last Name Barker

Company

Mailing Address 20 Chatham Ct

City Robbinsville State NJ Zip 08691 Email [redacted]

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

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

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

Signature [signature] Date 1/16/19

Payment Information

Max. Authorized Cost: $

Select Payment Method: E mail

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microform, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

RECEIVED
JAN 18 2019
HAMILTON TWP
OFFICE OF PUBLIC RECORDS

Property Address: 7 Terrapin Lane, Hamilton, NJ 08619 Block: Lot(s):

Specifically Describe Identifiable Record(s) Sought:

Property previously had an underground storage tank. I'm requesting records relating to the Underground Storage Tank, Heating Oil Tank Installation & Removal, Natural Gas Conversion Permits, Certificate of Occupancy, and Construction / Building Permits from 1965 - Present.

The current owner states that the tank was removed around 1986 but can not find any documentation regarding permits for its removal. Any information that can be provided regarding the storage tank removal and the location where it was previously buried would be greatly appreciated.

ROUTING INFO

Mayor's Office
Dept. of Administration
Personnel
Budget & Purchase
Finance
Revenue Collection
Assessor
Legal Department
Economic Devel & Tech.
Dept. of C. P. & C.
Land Use
Engineering
Planning
Housing
Inspections
"DUE TO CLERK'S OFFICE"

Police Department
Dept. Health, Rec. & S.V.
Health Division
Recreation
Senior Services
Veterans Services
Dept. of Public Works
Walt Bronek
Dept. of W.P.C
Municipal Court Clerk
Other
"DUE TO CLERK'S OFFICE"

REGISTRAR'S USE ONLY

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

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

DUE 1/29/19

Custodian Signature Date

19-157

Brittani Calderone

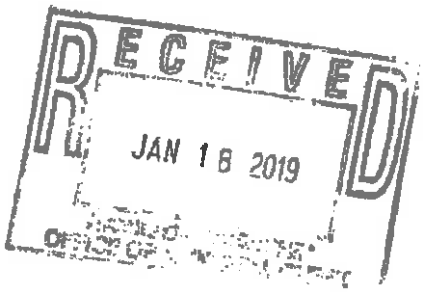
From: Eileen Gore
Sent: Friday, January 18, 2019 11:34 AM
To: Brittani Calderone
Subject: FW: opra request

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry pelfer[redacted]
Sent: Friday, January 18, 2019 11:35 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of all the opera request and receipts, check, or vouches from Dec 1, 2018 to January 28, 2019 for OPRA requests FROM Hamilton Township (OPRA requests submitted by Hamilton township to other townships or the state)

--
Terry
[redacted]



Due
1/29/19

19-158

Brittani Calderone

From: Eileen Gore
Sent: Friday, January 18, 2019 12:18 PM
To: Brittani Calderone
Subject: FW: Opra request

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Steven Wronka [redacted]
Sent: Friday, January 18, 2019 12:19 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: Opra request

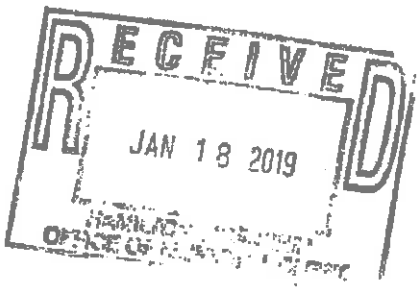
I would like a copy of Marty Flynn's time card for today, January 18, 2019

I would like a copy of all travel expenses submitted for payment by Marty Flynn for January 1, 2019 through January 19, 2019

--

Please send all correspondence to this email address. All opra requests should have email attachments and in their original form"

Due * 1/29/19



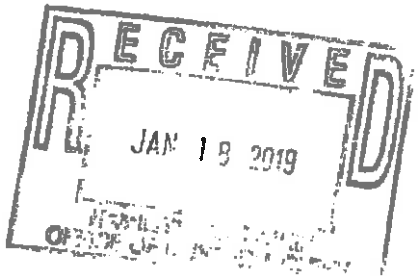
19-159

Brittani Calderone

From: James Hoffa [redacted]
Sent: Friday, January 18, 2019 12:03 PM
To: Eileen Gore; Brittani Calderone
Subject: OPRA Jan18_2019_1

Pursuant to OPRA and the common law, I would like the timesheets for Richard Mulrine from 2015 through 2018. These records should be sent immediately as per OPRA (N.J.S.A. 47:1A-1 et seq.)

Due
* 1/29/19



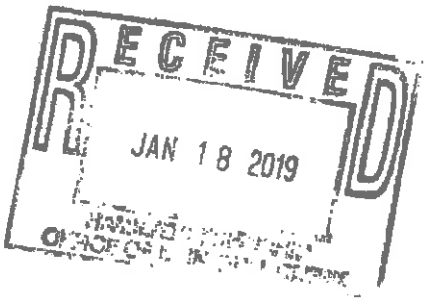
19-160

Brittani Calderone

From: James Hoffa [redacted]
Sent: Friday, January 18, 2019 11:42 AM
To: Eileen Gore; Brittani Calderone
Subject: OPRA JAN 18_2019

Pursuant to OPRA and the common law, I would like the payroll records and timesheets for John Barrett from 2016 through 2018. These records should be sent immediately as per OPRA (N.J.S.A. 47:1A-1 et seq.)

DUE 1/29/19



19-161

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information -- Please Print

First Name Carolina MI A Last Name Salazar

Company Kêr Farms LLC

Mailing Address 252 Nassau Street

City Princeton State NJ Zip 08542 Email: [redacted]

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

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

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

Signature [signature] Date 01/17/19

Payment Information

Max. Authorized Cost $ 0

Select Payment Method:

Cash ☐ Check ☑ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record -- any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: Block: Lot(s):

Time Frame Sought : Starting Date End Date

Specifically Describe Identifiable Record(s) Sought:

I would like to request a list of all the businesses associated with food and beverage sales or production in the Township of Hamilton This would include restaurants, bars, pubs, cafes, food markets, supermarkets, artisanal food producers, etc. Would like to include their address and phone number, and if known, the type of establishment they are, and if they are temporary, seasonal, or mobile. Thank you.

Due
1/29/19

RECEIVED
JAN 18 2019
REGISTRAR'S OFFICE

ROUTING INFO

Mayor's Office
Dept. of Administration
Personnel
Budget & Purchase
Finance
Revenue Collection
Assessor
Legal Department
Economic Devel & Tech.
Dept. of C, P, & C.
Land Use
Engineering
Planning
Housing
Inspections
Code Enforcement

Police Department
Dept. Health, Rec. & S.V.
Health Division
Recreation
Senior Services
Veterans Services
Dept. of Public Works
Dept of W.P.C.
Other
"DUE TO CLERK'S OFFICE"

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

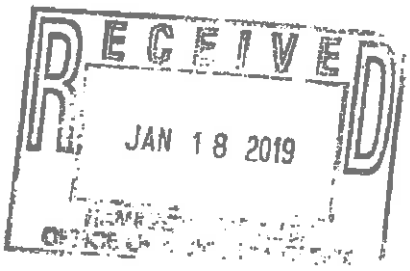
Custodian Signature Date

19-162

Brittani Calderone

From: Eileen Gore
Sent: Thursday, January 17, 2019 9:05 AM
To: Brittani Calderone
Subject: FW: opra requests

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com



From: Terry peifer [redacted]
Sent: Thursday, January 17, 2019 9:05 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra requests

1, All lawsuit settlement for 2018 to current.

--
Terry
[redacted]

DW
*1|29|19

19-163

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Anthony MI J Last Name McAnany

Company Gloria Nilson & Co. Real Estate

Mailing Address 2346 RT 33 Suite 107

City Robbinsville State NJ Zip 08691 Email [redacted]

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

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

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

Signature [signature] Date 1/16/19

Payment Information

Max. Authorized Cost $

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 250 Extonville Rd , Allentown NJ 08501 Block: 02743 Lot(s): 00020

Specifically Describe Identifiable Record(s) Sought:

Property survey, subdivision plan, any and all approved permits, tax information, zoning documents specific to 250 Extonville Rd, and dep/flood or other documents related to this specific property, well locations.

I am the listing sales agent supporting the owner to sell and make these requests in support of their needs and that of future purchasers.

Can the items be scanned and emailed? DW 1/29/19

RECEIVED
JAN 18 2019
REGISTRAR'S USE ONLY

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____
Legal Department ____
Economic Devel & Tech. ____
Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
"DUE TO CLERK'S OFFICE" ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____
Dept. of Public Works ____
Walt Bronek ____
Dept. of W.P.C ____
Municipal Court Clerk ____
Other ____
"DUE TO CLERK'S OFFICE" ____

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

19-164

CRAIG MCCARTHY, REPORTER
732-372-2078
[redacted]
Woodbridge Corporate Plaza
485 Route 1 South, Building E, Suite 300
Iselin, NJ 08830-3009

01/18/2019

Dear Custodian,

Please consider this a formal request under OPRA and common law right to know for the following:

- Payroll records for the municipal police department, including name, salary, payroll record, length of service, date of any separation and the reason for such separation, position ad their title under civil service, which means a police sergeant should not only be listed as a police officer

- Payroll records for the municipal fire department, including name, salary, payroll record, length of service, date of any separation and the reason for such separation, position ad their title under civil service, which means a fire captain should not only be listed as a fire fighter.

All of these records, as per state public records laws, must be maintained with all of the above information.

I ask for all these records in an csv or excel format, we do not want these in pdf, scans or any other form. (See Gannett v Raritan ruling)

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

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

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

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

Thank you for your assistance.

CRAIG MCCARTHY

DWe
*1/29/19

RECEIVED
JAN 18 2019

19-165

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name USA MI M Last Name SURTEES

Company

Mailing Address 106 Andover Place

City Robbinsville State NJ Zip 08691 Email [redacted]

Business Hours Telephone: Area Code 609 Number [redacted] Extension

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

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

Signature [signature] Date 1/22/19

Payment Information

Max. Authorized Cost $

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 370 Rourke DRIVE Block: Lot(s):

Time Frame Sought : Starting Date End Date

Specifically Describe Identifiable Record(s) Sought:

ANY & ALL SEPTIC & Well information for above address.

ROUTING INFO

- Mayor's Office
- Dept. of Administration
  - Personnel
  - Budget & Purchase
  - Finance
  - Revenue Collection
  - Assessor
- Legal Department
- Economic Devel & Tech.
- Dept. of C. P. & C.
  - Land Use
  - Engineering
  - Planning
  - Housing
  - Inspections
  - Code Enforcement
- Police Department
- Dept. Health, Rec. & S.V.
  - Health Division
  - Recreation
  - Senior Services
  - Veterans Services
- Dept. of Public Works
- Dept of W.P.C.
- Other
- *"DUE TO CLERK'S OFFICE"*

REGISTRAR'S USE ONLY

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

Records Provided

collected Jan. 22, 2019, cash $.55

Custodian Signature Date

19-166

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

JAN 2 2019

Important Notice

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

Requestor Information – Please Print

First Name David MI ____ Last Name Henderson

Company n/a

Mailing Address 92 Sharps Lane

City Hamilton State NJ Zip 08610 Email [redacted]

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

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

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

Signature [signature] Date 01/22/2019

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: ____ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

I seek all records for vehicle washing including but not limited to Broad Street Car Wash and Hamilton Car Wash and any and all other facitiies used for washing all vehicles and equipment including but not limited to cars, utility vehicles, trucks and equipment AND including but not limited to advertizements for bids, bid documents, bids and contracts for the years 2010 throught present

DUE * 1/30/19

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____
Legal Department ____
Economic Devel & Tech. ____
Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____
Dept. of Public Works ____
Dept of W.P.C. ____
Other ____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S 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 ____

19-167

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

RECEIVED JAN 22 2019

Important Notice

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

Requestor Information – Please Print

First Name David MI ____ Last Name Henderson

Company n/a

Mailing Address 92 Sharps Lane

City Hamilton State NJ Zip 08610 Email [redacted]

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

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

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

Signature [signature] Date 01/22/2019

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

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Property Address: ____ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

I seek all records for any vehicle assigned to the mayor for the years 2010 throught present including traffic violations, domiciled locations, accidents, maintaniance records, wash records, drivers, GPS logs and mileage records by year

Due * 1/30/19

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____

Legal Department ____

Economic Devel & Tech. ____

Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____

Dept. of Public Works ____

Dept of W.P.C. ____

Other ____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S 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 ____

19-168

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

RECEIVED
JAN 22 2019

Important Notice

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

Requestor Information – Please Print

First Name David MI ____ Last Name Henderson

Company n/a

Mailing Address 92 Sharps Lane

City Hamilton State NJ Zip 08610 Email [redacted]

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

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

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

Signature [signature] Date 01/22/2019

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

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Property Address: ____ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

I seek all records for any vehicle assigned to Dave Carothers for the years 2010 throught present including traffic violations, domiciled locations, accidents, maintaniance records, wash records, drivers, GPS logs and mileage records by year

Due * 1/30/19

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____
Legal Department ____
Economic Devel & Tech. ____
Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____
Dept. of Public Works ____
Dept of W.P.C. ____
Other ____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S 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 ____

19-168

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

RECEIVED
JAN 22 2019

Important Notice

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

Requestor Information – Please Print

First Name David MI ____ Last Name Henderson

Company n/a

Mailing Address 92 Sharps Lane

City Hamilton State NJ Zip 08610 Email [redacted]

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

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

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

Signature [signature] Date 01/22/2019

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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Property Address: ____ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

I seek all records for any vehicle assigned to Dave Carothers for the years 2010 throught present including traffic violations, domiciled locations, accidents, maintaniance records, wash records, drivers, GPS logs and mileage records by year

Due * 1/30/19

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____
Legal Department ____
Economic Devel & Tech. ____
Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____
Dept. of Public Works ____
Dept of W.P.C. ____
Other ____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S 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 ____

19-169

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

RECEIVED
JAN 22 2019

Important Notice

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

Requestor Information – Please Print

First Name David MI ____ Last Name Henderson

Company n/a

Mailing Address 92 Sharps Lane

City Hamilton State NJ Zip 08610 Email [redacted]

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

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

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

Signature [signature] Date 01/22/2019

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

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Property Address: ____ Block: ____ Lot(s): ____

Time Frame Sought ; Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

I seek all records for any vehicle assigned to Jeff Plunkett for the years 2010 throught present including traffic violations, domiciled locations, accidents, maintaniance records, wash records, drivers, GPS logs and mileage records by year

Due 1/30/19

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____
Legal Department ____
Economic Devel & Tech. ____
Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____
Dept. of Public Works ____
Dept of W.P.C. ____
Other ____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S 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 ____

19-170

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone
REQUESTS VIA FAX WILL NOT BE ACCEPTED

RECEIVED
JAN 21 2019

Important Notice

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

Requestor Information – Please Print

First Name David MI ____ Last Name Henderson

Company n/a

Mailing Address 92 Sharps Lane

City Hamilton State NJ Zip 08610 Email [redacted]

Business Hours Telephone: Area Code 609 Number [redacted] Extension ____

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

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

Signature [signature] Date 01/22/2019

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: ____ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

I seek all records and reponses to OPRA Request 19-0042

DM

Completed Cleanly

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____

Legal Department ____

Economic Devel & Tech. ____

Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____

Dept. of Public Works ____

Dept of W.P.C. ____

Other ____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

10x.05 .50¢
collected Jan. 22, 2019 EOC, cash

Custodian Signature ____ Date ____

19-171

Brittani Calderone

From: Eileen Gore
Sent: Tuesday, January 22, 2019 3:07 PM
To: Brittani Calderone
Subject: FW: Opra request

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Steven Wronko [redacted]
Sent: Tuesday, January 22, 2019 3:08 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: Opra request

I would like a copy of the police blotter or synapses of crimes, warrants, domestic violence and dwi's for the month of December 2019

--

Please send all correspondence to this email address. All opra requests should have email attachments and in their original form"

Copied 1/22/19

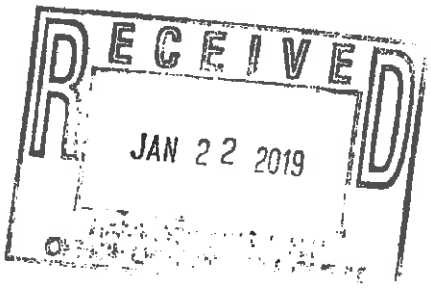
19-172

Brittani Calderone

From: Baxter Q [redacted]
Sent: Tuesday, January 22, 2019 2:49 PM
To: Brittani Calderone; Eileen Gore
Subject: OPRA 20190122

Pursuant to NJ law, the following is an Open Public Records request .
Please provide the disposition records for the following cats from the township animal shelter:

2016-572
2017-502
2018-80
2018-93
2018-95
2018-148
2018-182
2018-183
2018-189
2018-193
2018-203
2018-210
2018-226
2018-234
2018-235
2018-254
2018-261
2018-264
2018-288
2018-293
2018-294
2018-295
2018-310
2018-312
2018-322
2018-323
2018-329
2018-330
2018-331
2018-332
2018-333
2018-334
2018-336
2018-337
2018-338
2018-339



Due
* 1/30/19

2018-340
2018-342
2018-343
2018-344
2018-345
2018-346
2018-348
2018-341
2018-353
2018-358
2018-359
2018-361
2018-363
2018-364
2018-365
2018-366
2018-367
2018-368
2018-369
2018-374
2018-383
2018-384
2018-385
2018-388
2018-391
2018-392
2018-401
2018-405
2018-407
2018-408
2018-410

19-173

Brittani Calderone

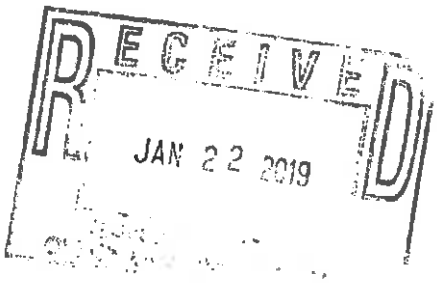
From: Eileen Gore
Sent: Tuesday, January 22, 2019 9:05 AM
To: Brittani Calderone
Subject: FW: opra request

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer [redacted]
Sent: Saturday, January 19, 2019 3:11 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of all animal information sheets from 1/1/19 to current

--
Terry
[redacted]

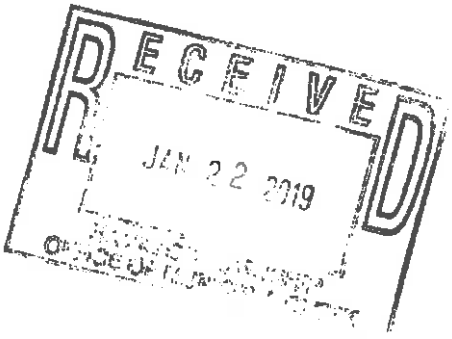


Due
* 1/30/19

19-174

Brittani Calderone

From: Eileen Gore
Sent: Tuesday, January 22, 2019 9:05 AM
To: Brittani Calderone
Subject: FW: opra request



Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer [redacted]
Sent: Saturday, January 19, 2019 10:09 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of all OPRA Requests from 1/5/19 until 1/20/19

--

Terry

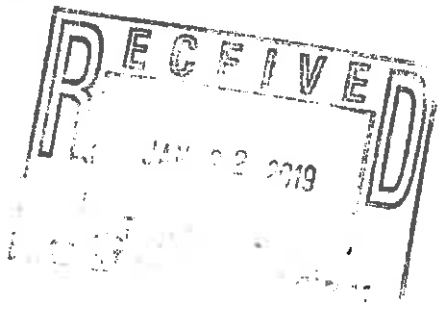
[redacted]

Due
+ 1/30/19

19-175

Brittani Calderone

From: Eileen Gore
Sent: Tuesday, January 22, 2019 9:05 AM
To: Brittani Calderone
Subject: FW: opra request



Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer [redacted]
Sent: Saturday, January 19, 2019 10:24 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

a copy of all records (intake, disposition, medical, exam, medication) for bite cases for 2018

--
Terry
[redacted]

Due
* 1/30/19

19-176

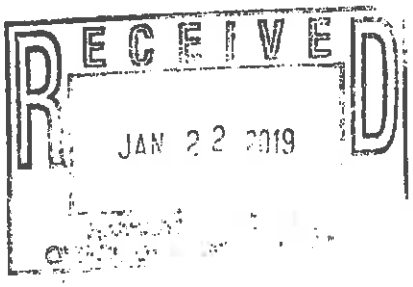
Brittani Calderone

From:	Eileen Gore
Sent:	Tuesday, January 22, 2019 9:05 AM
To:	Brittani Calderone
Subject:	FW: opra request

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer [redacted]
Sent: Monday, January 21, 2019 7:21 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

a copy of a Accruals History for time off, vacation, personal, sick, comp time, seminars, training, conferences, business travel, leave of absence or the E. Gore, D. Kenny, M. Flynn, T. Bencivango, J. Plunkett, K. Yaede for 2018.



--
Terry
[redacted]

DUE
* 1/30/19

19-177

Brittani Calderone

From: Eileen Gore
Sent: Tuesday, January 22, 2019 9:05 AM
To: Brittani Calderone
Subject: FW: IMMEDIATE ACCESS OPRA REQUEST

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

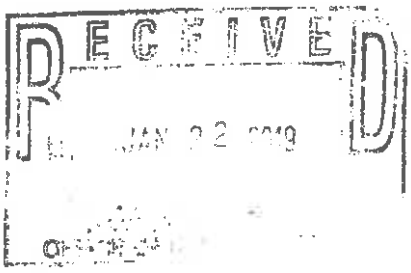
From: Terry peifer [redacted]
Sent: Monday, January 21, 2019 7:25 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: IMMEDIATE ACCESS OPRA REQUEST

1. a copy of all expense reports, vouchers, payments, copies of checks and reimbursements made to E. Gore for 2018

2. a copy of all expense reports, vouchers, payments, copies of check sand reimbursements made to K. Yaede 2018

--
Terry
[redacted]

Due
* 1/30/19



19-178

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Megan MI ____ Last Name Stoner

Company Brockerhoff Environmental Services LLC

Mailing Address 37 Belvidere Avenue

City Washington State NJ Zip 07882 Email [redacted]

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

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

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

Signature [signature] Date 1/21/19

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 866 Route 33, Hamilton, NJ Block: 1828 Lot(s): 51

Time Frame Sought : Starting Date 1900 End Date Present

Specifically Describe Identifiable Record(s) Sought:

I am looking for any records regarding Underground Storage Tanks (UST) for the address 866 Route 33, Hamilton, NJ

DW
#1/30/19

RECEIVED
JAN 22 2019

REGISTRAR'S USE ONLY

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____

Legal Department ____

Economic Devel & Tech. ____

Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____

Dept. of Public Works ____

Dept of W.P.C. ____

Other ____ ____

"DUE TO CLERK'S OFFICE" ____

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

19-199

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Michael MI P Last Name Sawka

Company

Mailing Address 92 Scrapetown Rd

City Pemberton State NJ Zip 08067 Email msawka@sawkalaw.com

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

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

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

Signature Michael P Sawka Date 01/22/2019

Payment Information

Max. Authorized Cost $

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: Block: Lot(s):

Time Frame Sought : Starting Date End Date

Specifically Describe Identifiable Record(s) Sought:

1) Copy of all Job postings to include date publicly posted, where posted, and closing date for all positions filled in 2017 and 2018 in Hamilton Township, Mercer County, municipal government.
2) Copy of resumes or any other documents submitted by applicants for proof of qualifications for all dispatchers currently employed by Hamilton Township.
3) List of all dispatchers currently employed by Hamilton Township to include their dispatcher #.
4) Copy of employment applications of all dispatchers currently employed by Hamilton Township.
5) List of all applicants for the position of dispatcher in Hamilton Township from 2016 to present.

ROUTING INFO

- Mayor's Office
- Dept. of Administration ____
  - Personnel ____
  - Budget & Purchase ____
  - Finance ____
  - Revenue Collection ____
  - Assessor ____
- Legal Department ____
- Economic Devel & Tech. ____
- Dept. of C. P. & C. ____
  - Land Use ____
  - Engineering ____
  - Planning ____
  - Housing ____
  - Inspections ____
  - Code Enforcement ____

- Police Department ____
- Dept. Health, Rec. & S.V. ____
  - Health Division ____
  - Recreation ____
  - Senior Services ____
  - Veterans Services ____
- Dept. of Public Works ____
- Dept of W.P.C. ____
- Other ____ ____
- *"DUE TO CLERK'S OFFICE"* ____

REGISTRAR'S USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid
Records Provided

RECEIVED JAN 22 2019

Due * 1/30/19

Custodian Signature Date

19-180

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone
REQUESTS VIA FAX WILL NOT BE ACCEPTED

RECEIVED
JAN 23 2019
HAMILTON TOWNSHIP
OFFICE OF THE MUNICIPAL CLERK

Important Notice

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

Requestor Information – Please Print

First Name Michael MI ____ Last Name Armes

Company ____

Mailing Address 173 Ranch Road

City Newtown State PA Zip 18940 Email [redacted]

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

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

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

Signature Michael J. Armes Date 1/18/2019

Payment Information

Max. Authorized Cost $ 50.00

Select Payment Method:

Cash ☐ Check ☑ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 572 Whitehead Road, Trenton, N.J. Block: 1581 Lot(s): 25

Specifically Describe Identifiable Record(s) Sought:
Any government record containing information concerning any remediation of hazardous materials, chemicals, minerals, fuels, or soils, including but not limited to asbestos, conducted or proposed for Block 1581, Lot 25 (formerly Block 46 Lot 1) at 572 Whitehead Road, Trenton, N.J., formerly the premises of Goodall Rubber Company.

Due * 1/31/19

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____
Legal Department ____
Economic Devel & Tech. ____
Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
"DUE TO CLERK'S OFFICE" ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____
Dept. of Public Works ____
Walt Bronek ____
Dept. of W.P.C ____
Municipal Court Clerk ____
Other ____
"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S 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 ____

19-181

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Michele MI R Last Name Donato
Company Michele R. Donato, PA
Mailing Address 106 Grand Central Ave
City Lavallette State NJ Zip 08735 Email mdonato@micheledonatoesq.com
Business Hours Telephone: Area Code 732 Number 830-0777 Extension
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐

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

Signature Michele Donato Date 1/17/19

Payment Information

Max. Authorized Cost $
Select Payment Method:
Cash ☐ Check ☐ Money Order ☐
Fee: $0.05 per page (letter/legal)
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address:

Block: Lot(s):

Specifically Describe Identifiable Record(s) Sought:

Please see attached.

DUE * 1/31/19

RECEIVED
JAN 23 2019
HAMILTON TOWNSHIP
OFFICE OF THE MUNICIPAL CLERK

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____
Legal Department ____
Economic Devel & Tech. ____
Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
"DUE TO CLERK'S OFFICE" ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____
Dept. of Public Works ____
Walt Bronek ____
Dept. of W.P.C ____
Municipal Court Clerk ____
Other ____ ____
"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S 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 ____

OPRA request dated January 17, 2019

Copies of all police reports regarding traffic and police assistance for directing, managing and controlling traffic in connection with activities at the Faith Baptist property also known as 4371 Crosswicks-Hamilton Square Road, Map 313, Section 2712, Lot 163, for the time period 2000 to 2018. This includes any events that required police to direct traffic on Crosswicks Hamilton Sq., Road, whether any of these events resulted in hiring Hamilton Township police officers, any accident reports or other incident reports involving traffic on the site.

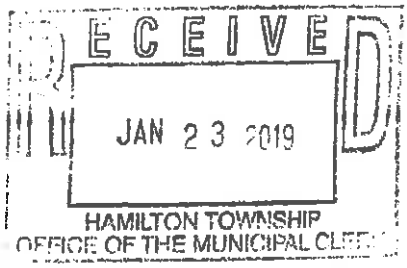
Any police reports regarding activities conducted on the site

Michele R. Donato
A Professional Corporation
Attorney at Law

P. O. Box 145
106 Grand Central Avenue
Lavallette, NJ 08735

Phone: (732) 830-0777
Telefax: (732) 830-0778
Email: mdonato@MicheleDonatoEsq.com

January 17, 2019



Hamilton Township Municipal Clerk's Office
2090 Greenwood Avenue
Hamilton, NJ 08609

Re: Request for Public Records

Dear Sir/Madam:

Enclosed please find a completed Request for Public Records form. Please provide the requested information in accordance with the Open Public Records Act. Thank you.

Very truly yours,

Michele Donato

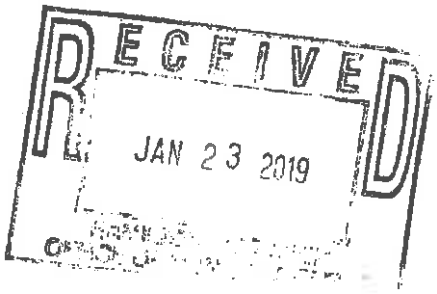
Michele R. Donato

MRD:dp
Enc.
cc: Save Hamilton Open Space
(by email transmission only)

19-182

Brittani Calderone

From: Eileen Gore
Sent: Tuesday, January 22, 2019 7:39 PM
To: Brittani Calderone
Subject: FW: opra request



Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer [redacted]
Sent: Tuesday, January 22, 2019 7:40 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

a copy of all records, including notes, for any animal seen by Dr. Boden at the animal shelter in 2018.

--
Terry
[redacted]

DUE
* 1/31/19

19-183

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Kaitlynn MI S Last Name Sweeney

Company NV5

Mailing Address 3000 S. Berry Rd., Ste 150

City Norman State OK Zip 73072 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension 226

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

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

Signature Kaitlynn Sweeney Date 1-23-19

Payment Information

Max. Authorized Cost $ _____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 49 Thomas J Rhodes Industrial Dr. Hamilton, NJ 08619 Block: 1520 Lot(s): 01

Specifically Describe Identifiable Record(s) Sought:

Please see attached.

Due + 1/31/19

RECEIVED
JAN 23 2019

ROUTING INFO

- Mayor's Office ____
- Dept. of Administration ____
  - Personnel ____
  - Budget & Purchase ____
  - Finance ____
  - Revenue Collection ____
  - Assessor ____
- Legal Department ____
- Economic Devel & Tech. ____
- Dept. of C. P. & C. ____
  - Land Use ____
  - Engineering ____
  - Planning ____
  - Housing ____
  - Inspections ____
- *"DUE TO CLERK'S OFFICE"* ____

- Police Department ____
- Dept. Health, Rec. & S.V. ____
  - Health Division ____
  - Recreation ____
  - Senior Services ____
  - Veterans Services ____
- Dept. of Public Works ____
  - Walt Bronek ____
- Dept. of W.P.C ____
- Municipal Court Clerk ____
- Other _____ ____
- *"DUE TO CLERK'S OFFICE"* ____

REGISTRAR'S 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 _____

Brittani Calderone

From:	Kaitlynn Sweeney [redacted]
Sent:	Wednesday, January 23, 2019 10:54 AM
To:	Brittani Calderone
Subject:	OPRA Request- 49 Thomas Rhodes Industrial Dr. Hamilton, NJ 08619
Attachments:	OPRA_Request Form.pdf; Template.docx

1/23/2019

Subject Property: 49 Thomas J Rhodes Industrial Dr.
Hamilton, NJ 08619
Block/Lot/Qual:1520.01 37
Tax ID 927

Dear Municipality Official,

At our client's request, we are seeking the following information:

- **Any Variances, Special Permits, Conditions, etc**: Please note the existence of these items as they relate to the subject property and supply documentation, if available.
- **Code Violations**: Please note whether or not there are currently any open/outstanding zoning, building or fire code violations of record that apply to the subject property.
- **Certificates of Occupancy**: Please supply copies of any existing certificates of occupancy for the subject property. If none are available, please state the reason for this and whether there is any expected enforcement action due to the lack of certificate copies.
- **Approved Site Plan and/or Conditions of Approval**, if applicable: Please supply available documents, particularly if the subject property is located in a Planned Development.

Please advise us at your earliest convenience of any additional fees or forms, if any of these items is not available or if I should be directing any portion of my request to another party. We are on a strict timeline, and your prompt attention to this request is greatly appreciated. Upon completion, please forward the information via email or **toll-free fax (877) 600-8721**. We truly appreciate your help with this request and look forward to your reply. Please feel free to contact me **toll-free at (800) 787-8390** or via email at Kaitlynn.Sweeney@NV5.com with any questions or concerns you may have regarding this request.

Thank you very much for your assistance!

Kaitlynn Sweeney | Research Assistant| **NV5**
3000 S. Berry Road, Suite 150 | Norman, OK 73072 | P: 800.787.8390 ext. 226
Kaitlynn.sweeney@nv5.com

REQUEST FOR PUBLIC RECORD

19-184

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Jennifer MI ____ Last Name Moock

Company G4S Compliance & Investigations

Mailing Address 910 Paverstone Drive

City Raleigh State NC Zip 27615 Email [redacted]

Business Hours Telephone: Area Code (610) Number 551-5285 Extension ____

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

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

Signature ____ Date 1/23/2019

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 34 Park Lane Hamilton, NJ 08609 Block: ____ Lot(s): ____

Time Frame Sought : Starting Date 1/1/2014 End Date 1/23/2019

Specifically Describe Identifiable Record(s) Sought:

DUE 1/31/19

RECEIVED
JAN 23 2019

ROUTING INFO

Mayor's Office
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____

Legal Department ____

Economic Devel & Tech. ____

Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____

Dept. of Public Works ____

Dept of W.P.C. ____

Other ____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

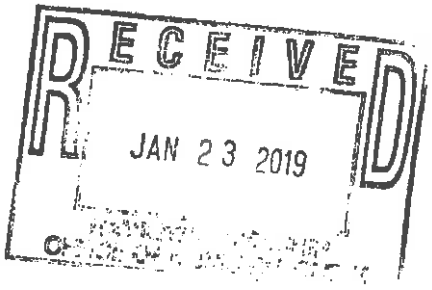
Custodian Signature ____ Date ____

19-185

Brittani Calderone

From: Eileen Gore
Sent: Wednesday, January 23, 2019 11:54 AM
To: Brittani Calderone
Subject: FW: opra request

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609)890-3622
EGore@Hamiltonnj.com



From: Terry peifer [redacted]
Sent: Wednesday, January 23, 2019 11:54 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of all inspections from Dec 1 to current at the animal shelter

--
Terry
[redacted]

DUE
* 1/31/19

19-186

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Alexandria MI _____ Last Name Brown

Company Pemco Limited

Mailing Address 4600 S. Ulster St Suite 530

City Denver State CO Zip 80237 Email [redacted]

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

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

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

Signature Alexandria Brown Digitally signed by Alexandria Brown Date: 2019.01.23 11:34:21 -07'00' Date

Payment Information

Max. Authorized Cost $ _____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 53 FLORISTER DR Block: 746 Lot(s): 35

Time Frame Sought : Starting Date 01/1970 End Date 01/23/17

Specifically Describe Identifiable Record(s) Sought:

In search of any open code violations on the property that could result in a fine, summons or lien and prevent the sale of the property to a third party.

Due + 1/31/19

RECEIVED
JAN 23 2019

REGISTRAR'S USE ONLY

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____

Legal Department ____

Economic Devel & Tech. ____

Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____

Dept. of Public Works ____

Dept of W.P.C. ____

Other _____ ____

"DUE TO CLERK'S OFFICE" ____

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

19-187

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Luiza MI P Last Name Guazzelli

Company Dynamic Engineering Consultants, PC

Mailing Address 1904 Main Street

City Lake Como State NJ Zip 07719 Email lguazzelli@dynamicec.com

Business Hours Telephone: Area Code 732 Number 974-0198 Extension

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

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

Signature Luiza Guazzelli Date 01/22/2019

Payment Information

Max. Authorized Cost $

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 325 Sloan Avenue Block: 1603 Lot(s): 15.01

Time Frame Sought : Starting Date 1995 End Date present

Specifically Describe Identifiable Record(s) Sought:

Our office would like to request copies of any previous permits, site plans, subdivision plans, drawings, reports, resolutions, statements, approvals and professional review letters for the specific property listed above.

DUE * 1/31/19

RECEIVED
JAN 23 2019

REGISTRAR'S USE ONLY

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____

Legal Department ____

Economic Devel & Tech. ____

Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____

Dept. of Public Works ____

Dept of W.P.C. ____

Other ____ ____

"DUE TO CLERK'S OFFICE" ____

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

19-188

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone
REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name ANDREW MI E Last Name KUBY

Company AES DUE DILIGENCE INC

Mailing Address 3000 DUNDEE RD SUITE 410

City NORTHBROOK State IL Zip 60062 Email akuby@aesdd.com

Business Hours Telephone: Area Code 847 Number 498-4780 Extension

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

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

Signature Date January 23, 2019

Payment Information

Max. Authorized Cost $ 50.00

Select Payment Method:

Cash ☐ Check ☑ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

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Property Address: 49 Thomas J. Rhodes Industrial Drive Block: 1520.1 Lot(s): 37

Time Frame Sought : Starting Date January 1, 1950 End Date January 23, 2019

Specifically Describe Identifiable Record(s) Sought:

See attached

DUE 1/31/19

RECEIVED
JAN 23 2019

ROUTING INFO

- Mayor's Office
- Dept. of Administration
  - Personnel
  - Budget & Purchase
  - Finance
  - Revenue Collection
  - Assessor
- Legal Department
- Economic Devel & Tech.
- Dept. of C. P. & C.
  - Land Use
  - Engineering
  - Planning
  - Housing
  - Inspections
  - Code Enforcement
- Police Department
- Dept. Health, Rec. & S.V.
  - Health Division
  - Recreation
  - Senior Services
  - Veterans Services
- Dept. of Public Works
- Dept of W.P.C.
- Other
- *"DUE TO CLERK'S OFFICE"*

REGISTRAR'S USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

Due Diligence, Inc.

Architectural/Environmental/Seismic Consultants

OPEN RECORDS REQUEST

Hamilton Township Building Department
Hamilton Twp. NJ

Via mail

Att: Open Records Officer

January 23, 2019

Re: 49 Thomas J. Rhodes Industrial Drive
Hamilton Twp., New Jersey 08619

AES Project #19121001

As part of our due diligence review of the subject property, AES Due Diligence respectfully requests the following information be provided in order for us to meet our client's requirements:

1) The fire protection code edition and date as presently adopted.

2) The number and nature of any outstanding fire code violations on record.

3) The dates of the last fire department inspections.

4) A copy of any open permits.

Please fax, email or mail to:

Andrew Kuby
AES Due Diligence
3000 Dundee Road, Suite 410
Northbrook, Illinois 60062

847-498-4780 voice
847-498-5079 fax
847-922-8201 mobile
Email: akuby@aesdd.com

Thank you for your prompt attention to the above. If you have any questions please call.

AES Due Diligence

Andrew E. Kuby III

Due Diligence, Inc.

Architectural/Environmental/Seismic Consultants

OPEN RECORDS REQUEST

Hamilton Township Zoning Department
Hamilton Twp. NJ

Via mail

Att: Open Records Officer

January 23, 2019

Re: 49 Thomas J. Rhodes Industrial Drive
Hamilton Twp., New Jersey 08619

AES Project #19121001

As part of our due diligence review of the above referenced property, please provide a written Zoning Compliance Statement from the agency with jurisdiction over this site. The statement should confirm the current zoning of the parcel and clearly state if the current use is in compliance. The statement should also confirm that the current parking provided on site is in compliance.

Please send the Zoning Compliance Statement to AES Due Diligence at the following address:

AES Due Diligence, Inc.
3000 Dundee Road, Suite 410
Northbrook, Illinois 60062
847-498-4780 phone
847-498-5079 fax
email: akuby@aesdd.com

Thank you for your prompt attention to this matter.

Very truly yours,

AES DUE DILIGENCE, INC.

Andrew Kuby
Executive Vice President

19-189

REQUEST FOR PUBLIC RECORD
TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Michaela MI D Last Name Edwards

Company

Mailing Address 15 Chestnut Street

City Norwalk State CT Zip 06854 Email [redacted]

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

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

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

Signature Date January 22, 2019

Payment Information

Max. Authorized Cost $

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: Block: Lot(s):

Time Frame Sought : Starting Date 01/01/2016 End Date 01/22/2019

Specifically Describe Identifiable Record(s) Sought:

Due * 1/31/19

RECEIVED JAN 22 2019

ROUTING INFO

Mayor's Office
Dept. of Administration
Personnel
Budget & Purchase
Finance
Revenue Collection
Assessor
Legal Department
Economic Devel & Tech.
Dept. of C. P. & C.
Land Use
Engineering
Planning
Housing
Inspections
Code Enforcement

Police Department
Dept. Health, Rec. & S.V.
Health Division
Recreation
Senior Services
Veterans Services
Dept. of Public Works
Dept of W.P.C.
Other
"DUE TO CLERK'S OFFICE"

REGISTRAR'S 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

Brittani Calderone

From: Michaela Church [redacted]
Sent: Tuesday, January 22, 2019 11:25 PM
To: Brittani Calderone
Cc: Michaela Church
Subject: Open Records Request - Hamilton
Attachments: OPRA_Request_Form.Hamilton.pdf

Greetings,

This is an open records request made under the Public Information Act , which guarantees the public's access to information in the custody of governmental agencies.

I respectfully request copies of the following information: Records of all code enforcement infractions (violations, citations, documentations, posting of notices, etc.) related to residential properties having Substandard Residential Structures, Boarded Up Residential Structures, Burn/Fire Damaged Homes, Illegal Dumping at residences, Litter at residential properties & residential properties where the Water has been turned off and remains off.

The Date range for the open reports can range from Jan 1, 2016 thru January 22, 2019. Please only include open/unresolved Residential Code Violations

If possible, can the records be provided in an Excel, spreadsheet, or CSV type file. In the event that spreadsheets are not available, PDFs of complete violation or incident reports are acceptable. All records are requested to be delivered electronically when possible.

This request is for OPEN records or Unresolved records. Please do not include any Closed reports.

Thank you in advance for all of your help.

Sincerely, Michaela Church

19-190

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name: Katherine MI: Last Name: Eldridge

Company: Langan Engineering & Environmental Services Inc

Mailing Address: 300 Kimball Drive, 4th Floor

City: Parsippany State: NJ Zip: 07054 Email: keldridge@Langan.com

Business Hours Telephone: Area Code: 973 Number: 560-4492 Extension:

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

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

Signature: [signature] Date: 1/23/2019

Payment Information

Max. Authorized Cost $

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 49 THOMAS J RHODES INDUSTRIAL DRIVE Block: 1520.01 Lot(s): 37

Time Frame Sought: Starting Date: 2000 End Date: present

Specifically Describe Identifiable Record(s) Sought:

I am performing a Phase I Environmental Site Assessment for the property known as 49 Thomas J Rhodes Industrial Drive (Block 1520.01, Lot 37, formerly known as Block 1520, Lot 31.02, formerly known as Block 5, Lots 28, 77, and 78). I am requesting Building, Tax, Fire, Health, and Zoning records associated with the history and environmental integrity of the site. Specifically seeking: property cards, permits (building/construction/demolition/asbestos), under/aboveground storage tank records, hazardous waste/spill incident reports, community right-to-know records

DUE * 1/31/19

RECEIVED
JAN 2019

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
- Personnel ____
- Budget & Purchase ____
- Finance ____
- Revenue Collection ____
- Assessor ____

Legal Department ____

Economic Devel & Tech. ____

Dept. of C. P. & C. ____
- Land Use ____
- Engineering ____
- Planning ____
- Housing ____
- Inspections ____
- Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
- Health Division ____
- Recreation ____
- Senior Services ____
- Veterans Services ____

Dept. of Public Works ____
Dept of W.P.C. ____
Other _____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S 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

19-191

Brittani Calderone

From: Eileen Gore
Sent: Wednesday, January 23, 2019 3:10 PM
To: Brittani Calderone
Subject: FW: Opra request

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609)890-3622
EGore@Hamiltonnj.com

From: Collene Freda-Wronko [redacted]
Sent: Wednesday, January 23, 2019 3:11 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: Opra request

Can I have all medical records for all sogs and cats spayed and neutered ny AFEW from Octobed 1 to present.

Thia is an opra request.

Get Outlook for Android

RECEIVED
JAN 23 2019

Due
* 1/31/19

19-192

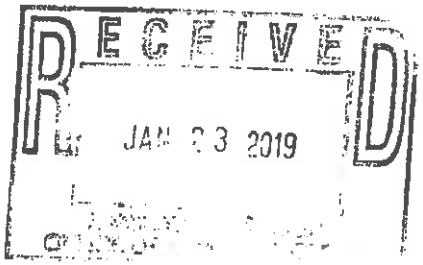
Brittani Calderone

From: Baxter Q [redacted]
Sent: Wednesday, January 23, 2019 3:57 PM
To: Eileen Gore; Brittani Calderone
Subject: OPRA 20190123

Pursuant to NJ law, the following is an Open Public Records request .
Please provide the disposition records for the following dogs from the township animal shelter:

2017-157
2017-225
2017-233
2017-251
2017-269
2017-270
2018-095
2018-114
2018-124
2018-143
2018-177
2018-182
2018-192
2018-201
2018-207
2018-209
2018-218
2018-228
2018-246
2018-250
2018-271
2018-275
2018-292
2018-294
2018-297
2018-300
2018-304
2018-311
2018-317
2018-327
2018-330
2018-340

Due *1/31/19



REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

RECEIVED
JAN 24 2019
HAMILTON TOWNSHIP
OFFICE OF THE MUNICIPAL CLERK

Important Notice

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

19-193

Requestor Information – Please Print

First Name Christopher MI D Last Name Bianchini

Company Brinkerhoff Environmental Services, Inc.

Mailing Address 1805 Atlantic Avenue

City Manasquan State NJ Zip 08736 Email cbianchini@brinkenv.com

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

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

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

Signature [signature] Date January 18, 2019

Payment Information

Max. Authorized Cost $ 100.00

Select Payment Method:

Cash ☐ Check ☑ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record -- any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 47 Yardville Groveville Road Block: 2658 Lot(s): 13

Time Frame Sought : Starting Date 1-1-1930 End Date Present

Specifically Describe Identifiable Record(s) Sought:

I am seeking files relative to the environmental issues at the property located at 47 Yardville Groveville Road (formerly Church Street). I am seeking all environmental records, violations associated with the handling, storage, and disposal of hazardous materials; hazardous materials spills or releases; underground storage tank information; land use restrictions; onsite wells; and other information regarding potential areas of environmental concern. Thank you for your time and attention to this matter

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____
Legal Department ____
Economic Devel & Tech. ____
Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____
Dept. of Public Works ____
Dept of W.P.C. ____
Other ____
"DUE TO CLERK'S OFFICE" ____

Emailed

due 2/1/19

REGISTRAR'S USE ONLY

Tracking Information

Tracking # ____
Record Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone
REQUESTS VIA FAX WILL NOT BE ACCEPTED

RECEIVED
JAN 24 2019
HAMILTON TOWNSHIP
OFFICE OF THE MUNICIPAL CLERK

Important Notice

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

19-194

Requestor Information – Please Print

First Name Christopher MI D Last Name Bianchini

Company Brinkerhoff Environmental Services, Inc.

Mailing Address 1805 Atlantic Avenue

City Manasquan State NJ Zip 08736 Email cbianchini@brinkenv.com

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

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

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

Signature [signature] Date January 18, 2019

Payment Information

Max. Authorized Cost $ 100.00

Select Payment Method:

Cash ☐ Check ☑ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

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Record Request Information: Please provide the following information:

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Property Address: 4407 Broad Street Block: 2658 Lot(s): 5

Time Frame Sought : Starting Date 1-1-1930 End Date Present

Specifically Describe Identifiable Record(s) Sought:

I am seeking files relative to the environmental issues at the property located at 4407 Broad Street. I am seeking all environmental records, violations associated with the handling, storage, and disposal of hazardous materials; hazardous materials spills or releases; underground storage tank information; land use restrictions; onsite wells; and other information regarding potential areas of environmental concern. Thank you for your time and attention to this matter

ROUTING INFO

Mayor's Office
Dept. of Administration
Personnel
Budget & Purchase
Finance
Revenue Collection
Assessor
Legal Department
Economic Devel & Tech.
Dept. of C. P. & C.
Land Use
Engineering
Planning
Housing
Inspections
Code Enforcement

Police Department
Dept. Health, Rec. & S.V. ✓
Health Division
Recreation
Senior Services
Veterans Services
Dept. of Public Works
Dept of W.P.C.
Other

"DUE TO CLERK'S OFFICE"

REGISTRAR'S 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

Completed 2-4-19 due 2/11/19

19-~~#~~195

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information -- Please Print

First Name David MI ____ Last Name Henderson

Company n/a

Mailing Address 92 Sharps Lane

City Hamilton State NJ Zip 08610 Email [redacted]

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

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

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

Signature [signature] Date 01/24/2018

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record -- any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: ____ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

I seek records of the cost of the mayor's security detail for 2016

RECEIVED
JAN 24 2019

Due + 2/1/19

ROUTING INFO

- Mayor's Office ____
- Dept. of Administration ____
  - Personnel ____
  - Budget & Purchase ____
  - Finance ____
  - Revenue Collection ____
  - Assessor ____
- Legal Department ____
- Economic Devel & Tech. ____
- Dept. of C. P. & C. ____
  - Land Use ____
  - Engineering ____
  - Planning ____
  - Housing ____
  - Inspections ____
  - Code Enforcement ____

- Police Department ____
- Dept. Health, Rec. & S.V. ____
  - Health Division ____
  - Recreation ____
  - Senior Services ____
  - Veterans Services ____
- Dept. of Public Works ____
- Dept of W.P.C. ____
- Other ____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S 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 ____

19-196

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name David MI ____ Last Name Henderson

Company n/a

Mailing Address 92 Sharps Lane

City Hamilton State NJ Zip 08610 Email [redacted]

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

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

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

Signature [signature] Date 01/24/2018

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: ____ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

I seek records of the cost of the mayor's security detail for 2017

RECEIVED
JAN 24 2019

Due
*2/1/19

ROUTING INFO

- Mayor's Office ____
- Dept. of Administration ____
  - Personnel ____
  - Budget & Purchase ____
  - Finance ____
  - Revenue Collection ____
  - Assessor ____
- Legal Department ____
- Economic Devel & Tech. ____
- Dept. of C. P. & C. ____
  - Land Use ____
  - Engineering ____
  - Planning ____
  - Housing ____
  - Inspections ____
  - Code Enforcement ____

- Police Department ____
- Dept. Health, Rec. & S.V. ____
  - Health Division ____
  - Recreation ____
  - Senior Services ____
  - Veterans Services ____
- Dept. of Public Works ____
- Dept of W.P.C. ____
- Other ____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S 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 ____

19-197

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name David MI ____ Last Name Henderson

Company n/a

Mailing Address 92 Sharps Lane

City Hamilton State NJ Zip 08610 Email [redacted]

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

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

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

Signature [signature] Date 01/24/2018

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: ____ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

I seek records of the cost of the mayor's security detail for 2018

RECEIVED
JAN 24 2019

Due 2/1/19

ROUTING INFO

- Mayor's Office ____
- Dept. of Administration ____
  - Personnel ____
  - Budget & Purchase ____
  - Finance ____
  - Revenue Collection ____
  - Assessor ____
- Legal Department ____
- Economic Devel & Tech. ____
- Dept. of C. P. & C. ____
  - Land Use ____
  - Engineering ____
  - Planning ____
  - Housing ____
  - Inspections ____
  - Code Enforcement ____

- Police Department ____
- Dept. Health, Rec. & S.V. ____
  - Health Division ____
  - Recreation ____
  - Senior Services ____
  - Veterans Services ____
- Dept. of Public Works ____
- Dept of W.P.C. ____
- Other ____ ____
- *"DUE TO CLERK'S OFFICE"* ____

REGISTRAR'S 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 ____

19-198

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name David MI ____ Last Name Henderson

Company n/a

Mailing Address 92 Sharps Lane

City Hamilton State NJ Zip 08610 Email [redacted]

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

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

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

Signature [signature] Date 01/24/2018

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

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Property Address: ____ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

I seek all complaints filed by Megan Yaede between 01/01/2018 and present

Police

Due 2/1/19

RECEIVED
JAN 24 2019

ROUTING INFO

- Mayor's Office ____
- Dept. of Administration ____
  - Personnel ____
  - Budget & Purchase ____
  - Finance ____
  - Revenue Collection ____
  - Assessor ____
- Legal Department ____
- Economic Devel & Tech. ____
- Dept. of C. P. & C. ____
  - Land Use ____
  - Engineering ____
  - Planning ____
  - Housing ____
  - Inspections ____
  - Code Enforcement ____

- Police Department ____
- Dept. Health, Rec. & S.V. ____
  - Health Division ____
  - Recreation ____
  - Senior Services ____
  - Veterans Services ____
- Dept. of Public Works ____
- Dept of W.P.C. ____
- Other ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S 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 ____

19-199

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name David MI ____ Last Name Henderson

Company n/a

Mailing Address 92 Sharps Lane

City Hamilton State NJ Zip 08610 Email [redacted]

Business Hours Telephone: Area Code 609 Number [redacted] Extension ____

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

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

Signature [signature] Date 01/24/2018

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: ____ Block: ____ Lot(s): ____

Time Frame Sought ; Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

I seek all criminal records and complaints filed against Martin Flynn between 01/01/2000 and present

Due 2/1/19

RECEIVED
JAN 24 2019

ROUTING INFO

- Mayor's Office ____
- Dept. of Administration ____
  - Personnel ____
  - Budget & Purchase ____
  - Finance ____
  - Revenue Collection ____
  - Assessor ____
- Legal Department ____
- Economic Devel & Tech. ____
- Dept. of C. P. & C. ____
  - Land Use ____
  - Engineering ____
  - Planning ____
  - Housing ____
  - Inspections ____
  - Code Enforcement ____

- Police Department ____
- Dept. Health, Rec. & S.V. ____
  - Health Division ____
  - Recreation ____
  - Senior Services ____
  - Veterans Services ____
- Dept. of Public Works ____
- Dept of W.P.C. ____
- Other ____

"DUE TO CLERK'S OFFICE" ____

Completed 2/4/19

REGISTRAR'S USE ONLY

Tracking Information

Request #

Ready Date

Total Pages

Final Cost

Total

Deposit

Balance Due

Balance Paid

Records Provided

Custodian Signature Date

19-200

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name David MI ____ Last Name Henderson

Company n/a

Mailing Address 92 Sharps Lane

City Hamilton State NJ Zip 08610 Email [redacted]

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

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

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

Signature [signature] Date 01/24/2018

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: ____ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

I seek all criminal records and complaints filed against Kelly Yaede between 01/01/2000 and present

Due 2/1/19

RECEIVED
JAN 24 2019

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____
Legal Department ____
Economic Devel & Tech. ____
Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____
Dept. of Public Works ____
Dept of W.P.C. ____
Other ____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S 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 ____

19-201

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

RECEIVED JAN 24 2019

Important Notice

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

Requestor Information – Please Print

First Name David MI ____ Last Name Henderson

Company N/A

Mailing Address 92 Sharps Lane

City Hamilton State NJ Zip 08610 Email [redacted]

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

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

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

Signature [signature] Date 01/24/2018

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: ____ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

I am seeking a copy of the mayor's schedule and calender of activities from Jan. 01, 2019 until today January 29, 2019 including to close of Business today

Due 2/1/19

ROUTING INFO

- Mayor's Office ____
- Dept. of Administration ____
  - Personnel ____
  - Budget & Purchase ____
  - Finance ____
  - Revenue Collection ____
  - Assessor ____
- Legal Department ____
- Economic Devel & Tech. ____
- Dept. of C. P. & C. ____
  - Land Use ____
  - Engineering ____
  - Planning ____
  - Housing ____
  - Inspections ____
  - Code Enforcement ____

- Police Department ____
- Dept. Health, Rec. & S.V. ____
  - Health Division ____
  - Recreation ____
  - Senior Services ____
  - Veterans Services ____
- Dept. of Public Works ____
- Dept of W.P.C. ____
- Other ____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

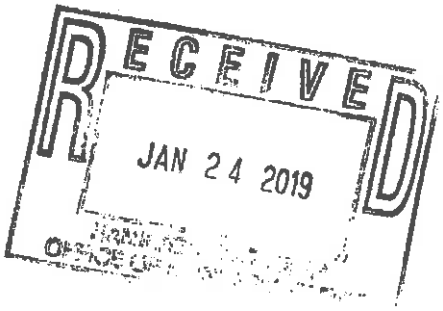
Custodian Signature ____ Date ____

19-202

Brittani Calderone

From: Eileen Gore
Sent: Thursday, January 24, 2019 9:04 AM
To: Brittani Calderone
Subject: FW: IMMEDIATE ACCESS OPRA

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609)890-3622
EGore@Hamiltonnj.com



From: Terry peifer [redacted]
Sent: Thursday, January 24, 2019 1:48 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: IMMEDIATE ACCESS OPRA

A copy of all contracts for Dr. M. Boden and/ or company (Supervising Vet) at the Animsl Shelter.

OPRA requires that custodians must grant immediate access to budgets, bills, vouchers, contracts (including collective negotiations agreements and individual employment contracts), and public employee salary and overtime information. N.J.S.A. 47:1A-5.e

--

Terry, [redacted]

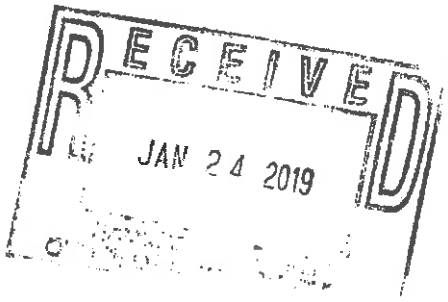
Due
*2/1/19

19-203

Brittani Calderone

From: Eileen Gore
Sent: Thursday, January 24, 2019 9:04 AM
To: Brittani Calderone
Subject: FW: Public records

Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com



From: alicia edwards [redacted]
Sent: Wednesday, January 23, 2019 6:51 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: Public records

Greetings,
This is an open records request made under the Public Information Act , which guarantees the public's access to information in the custody of governmental agencies.

I respectfully request copies of the following information: Records of all code enforcement infractions (violations, citations, documentations, posting of notices, etc.) related to residential properties having Substandard Residential Structures, Boarded Up Residential Structures, Burn/Fire Damaged Homes, Illegal Dumping at residences, Litter at residential properties & residential properties where the Water has been turned off and remains off.

The Date range for the open reports can range from Jan 1, 2015 thru December 31, 2018
Please include: Owner`s name Street address Zip code Name of the Code Violation If the code violation is open/unresolved Open date of Code Violation.
If possible, can the records be provided in an Excel, spreadsheet, or CSV type file. In the event that spreadsheets are not available, PDFs of complete violation or incident reports are acceptable. All records are requested to be delivered electronically when possible.
This request is for OPEN records or Unresolved records. Please do not include any Closed reports.
Thank you in advance for all of your help.

Due
* 2/1/19

19-204

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

RECEIVED
JAN 24 2019

Important Notice

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

Requestor Information – Please Print

First Name Michael MI R Last Name Danbury

Company

Mailing Address 2 Amherst Ct

City Bordentown State NJ Zip 08505 Email [redacted]

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

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

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

Signature [signature] Date 1/23/2018

Payment Information

Max. Authorized Cost $

Select Payment Method:

Cash ☑ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: Block: Lot(s):

Time Frame Sought : Starting Date 10/1/2018 End Date 1/23/2019

Specifically Describe Identifiable Record(s) Sought:

1. A copy of all correspondence email between David Kenny and any News organization and the State of New Jersey
2. A copy of all Text Messages (incoming and outgoing) between David Kenny and any News organization and the State of New Jersey
3. A copy of all phone records (incoming and outgoing) between David Kenny and any News Organization and the State of New Jersey
4. A copy of all correspondence email between Martin Flynn and any News Organization and the State of New Jersey
5. A copy of all Text Messages (incoming and outgoing) between Martin Flynn and any News Organization and the State of New Jersey.
6. A copy of all phone records (incoming and outgoing) between Martin Flynn and any News Organization and the State of New Jersey
7. A copy of all correspondence email between Kelly Yaede and any News organization and the State of New Jersey
8. A copy of all Text Messages (incoming and outgoing) between Kelly Yaede and any News organization and the State of New Jersey
9. A copy of all phone records (incoming and outgoing) between Kelly Yaede and any News Organization and the State of New Jersey

Due + 2/1/19

ROUTING INFO

Mayor's Office ___
Dept. of Administration ___
Personnel ___
Budget & Purchase ___
Finance ___
Revenue Collection ___
Assessor ___
Legal Department ___
Economic Devel & Tech. ___
Dept. of C. P. & C. ___
Land Use ___
Engineering ___
Planning ___
Housing ___
Inspections ___
Code Enforcement ___

Police Department ___
Dept. Health, Rec. & S.V. ___
Health Division ___
Recreation ___
Senior Services ___
Veterans Services ___
Dept. of Public Works ___
Dept of W.P.C. ___
Other ___
"DUE TO CLERK'S OFFICE" ___

REGISTRAR'S 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 ___

19-205

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Michael MI R Last Name Danbury

Company

Mailing Address 2 Amherst Ct

City Bordentown State NJ Zip 08505 Email [redacted]

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

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

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

Signature [signature] Date 1/23/2018

Payment Information

Max. Authorized Cost $

Select Payment Method:

Cash ☑ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: Block: Lot(s):

Time Frame Sought : Starting Date 10/1/2018 End Date 1/23/2019

Specifically Describe Identifiable Record(s) Sought:

1. A copy of all correspondence email between Dominic DeGregory and any News organization and the State of New Jersey
2. A copy of all Text Messages (incoming and outgoing) between Dominic DeGregory and any News organization and the State of New Jersey
3. A copy of all phone records (incoming and outgoing) between Dominic DeGregory and any News Organization and the State of New Jersey

Due * 2/1/19

RECEIVED
JAN 24 2019
OFFICE OF THE CLERK

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____
Legal Department ____
Economic Devel & Tech. ____
Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____
Dept. of Public Works ____
Dept of W.P.C. ____
Other ____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S USE ONLY

Tracking Information

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

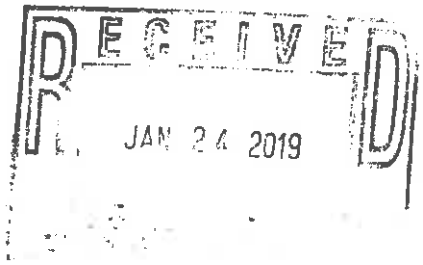
Records Provided

Custodian Signature Date

19-206

Brittani Calderone

From: Eileen Gore
Sent: Thursday, January 24, 2019 9:57 AM
To: Brittani Calderone
Subject: FW: opra request



Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: OPRA HamiltonNJ [redacted]
Sent: Thursday, January 24, 2019 9:57 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of all disposition records for Cats from Jan 1 to current

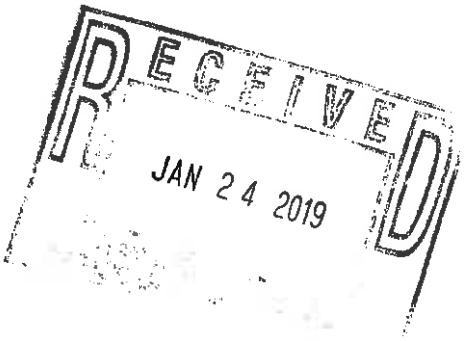
Please send these records to this email address within 7 days, as required by law.

Due
2/1/19

19-207

Brittani Calderone

From: Eileen Gore
Sent: Thursday, January 24, 2019 10:17 AM
To: Brittani Calderone
Subject: FW: opra request



Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer [redacted]
Sent: Thursday, January 24, 2019 10:18 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

a copy of medication inventory from Jan 1, 2019 to current at the animal shelter

--
Terry
[redacted]

Due *2/1/19

Completed 2/5/19

19-208

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Bernadette MI ____ Last Name Morris

Company ____

Mailing Address 88 Elmont Rd

City Hamilton State NJ Zip 08610 Email [redacted]

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

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

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

Signature B Morris Date 1-24-19

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 88 Elmont Rd Block: 2575 Lot(s): 136

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

Environmental Impact Statement for Sharbell Building Company, LLC

Pages 8–14

18-12-049

Due 2/1/19

RECEIVED
JAN 24 2019

ROUTING INFO

- Mayor's Office ____
- Dept. of Administration ____
  - Personnel ____
  - Budget & Purchase ____
  - Finance ____
  - Revenue Collection ____
  - Assessor ____
- Legal Department ____
- Economic Devel & Tech. ____
- Dept. of C. P. & C. ____
  - Land Use ____
  - Engineering ____
  - Planning ____
  - Housing ____
  - Inspections ____
  - Code Enforcement ____

- Police Department ____
- Dept. Health, Rec. & S.V. ____
  - Health Division ____
  - Recreation ____
  - Senior Services ____
  - Veterans Services ____
- Dept. of Public Works ____
- Dept of W.P.C. ____
- Other ____ ____

"DUE TO CLERK'S OFFICE" ____

REGISTRAR 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 ____

19-209

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Kelly MI A Last Name Foster

Company

Mailing Address 400 Samuel Street

City Hamilton State NJ Zip 08610 Email [redacted]

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

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

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

Signature Date 01/23/2019

Payment Information

Max. Authorized Cost $ n/a

Select Payment Method:

Cash ☑ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: Block: Lot(s):

Time Frame Sought : Starting Date End Date

Specifically Describe Identifiable Record(s) Sought:
I am looking for my records in regards to two incidents in 1999-2000. I need police reports and proof of fine payment if possible. I am requesting all this information to submit to the NJ State Board of Nursing. The incident on April 12 1999 has a case # S 1999 731 and the incident on May 2 2000 has a case # S 2000 818. If I am not submitting this to the right office please let me know.

Due 2/1/19

RECEIVED
JAN 24 2019

ROUTING INFO

- Mayor's Office ____
- Dept. of Administration ____
  - Personnel ____
  - Budget & Purchase ____
  - Finance ____
  - Revenue Collection ____
  - Assessor ____
- Legal Department ____
- Economic Devel & Tech. ____
- Dept. of C. P. & C. ____
  - Land Use ____
  - Engineering ____
  - Planning ____
  - Housing ____
  - Inspections ____
  - Code Enforcement ____

- Police Department ____
- Dept. Health, Rec. & S.V. ____
  - Health Division ____
  - Recreation ____
  - Senior Services ____
  - Veterans Services ____
- Dept. of Public Works ____
- Dept of W.P.C. ____
- Other ____ ____
- *"DUE TO CLERK'S OFFICE"* ____

REGISTRAR'S USE ONLY

Tracking Information **Final Cost**

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

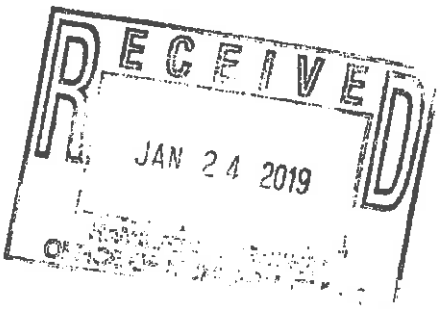
Records Provided

Custodian Signature Date

19-210

Brittani Calderone

From: Eileen Gore
Sent: Thursday, January 24, 2019 1:00 PM
To: Brittani Calderone
Subject: FW: opra request



Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08690
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer [redacted]
Sent: Thursday, January 24, 2019 1:01 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

1. A copy of Accrual Balance and Accrual History for 2018 for K. Yaede's time.

--
Terry
[redacted]

Due
*2/1/19

19-211

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name William MI ____ Last Name Nehls

Company IWM Inc.

Mailing Address 135 Lincoln Boulevard

City Middlesex State NJ Zip 08846 Email [redacted]

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

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

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

Signature [signature] Date 1/24/2019

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 1641 S. Olden Avenue Block: 2244 Lot(s): 2

Time Frame Sought : Starting Date 01/01/1990 End Date 01/24/2019

Specifically Describe Identifiable Record(s) Sought:

Permits and records regarding underground stroage tanks, hazardous materials and spills.

Due 2/1/19

RECEIVED
JAN 24 2019

ROUTING INFO

Mayor's Office ____
Dept. of Administration ____
Personnel ____
Budget & Purchase ____
Finance ____
Revenue Collection ____
Assessor ____
Legal Department ____
Economic Devel & Tech. ____
Dept. of C. P. & C. ____
Land Use ____
Engineering ____
Planning ____
Housing ____
Inspections ____
Code Enforcement ____

Police Department ____
Dept. Health, Rec. & S.V. ____
Health Division ____
Recreation ____
Senior Services ____
Veterans Services ____
Dept. of Public Works ____
Dept of W.P.C. ____
Other ____
"DUE TO CLERK'S OFFICE" ____

REGISTRAR'S 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 ____

19-212

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Adriana MI ____ Last Name Cuellar

Company Cagan Management Group

Mailing Address 3856 Oakton Street

City Skokie State IL Zip 60076 Email acuellar@cagan.com

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

Preferred Delivery: Pick Up ____ US Mail [X] On-Site Inspect ____

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

Signature Adriana Cuellar Date 11/29/18

Payment Information

Max. Authorized Cost $ ____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: 34 Reed Ave Hamilton Twp NJ 08610 Block: 2196 Lot(s): 53

Specifically Describe Identifiable Record(s) Sought:

Please include open liens, outstanding property violations, open permits, and outstanding water bill.

Please advise if delivery can be made by email, thank you.

Due *2/1/19

RECEIVED
JAN 24 2019

ROUTING INFO

- Mayor's Office ____
- Dept. of Administration ____
  - Personnel ____
  - Budget & Purchase ____
  - Finance ____
  - Revenue Collection ____
  - Assessor ____
- Legal Department ____
- Economic Devel & Tech. ____
- Dept. of C. P. & C. ____
  - Land Use ____
  - Engineering ____
  - Planning ____
  - Housing ____
  - Inspections ____
- *"DUE TO CLERK'S OFFICE"* ____

- Police Department ____
- Dept. Health, Rec. & S.V. ____
  - Health Division ____
  - Recreation ____
  - Senior Services ____
  - Veterans Services ____
- Dept. of Public Works ____
  - Walt Bronek ____
- Dept. of W.P.C ____
- Municipal Court Clerk ____
- Other ____ ____
- *"DUE TO CLERK'S OFFICE"* ____

REGISTRAR'S 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 ____

19-213

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Marc MI a Last Name Navarro

Company

Mailing Address Timberlake Dr

City Ewing State NJ Zip 08618 Email [redacted]

Business Hours Telephone: Area Code Number [redacted] Extension

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

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

Signature Date 1/24/19

Payment Information

Max. Authorized Cost $

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

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Property Address: Block: Lot(s):

Specifically Describe Identifiable Record(s) Sought:

I need all the current Public Works employees names, positions and salaries. If yu can email me this info that would also work. My email is Navarro305@gmail.com

DUE *2/1/19

RECEIVED
JAN 24 2019
OFFICE OF THE CLERK

ROUTING INFO

- Mayor's Office ____
- Dept. of Administration ____
  - Personnel ____
  - Budget & Purchase ____
  - Finance ____
  - Revenue Collection ____
  - Assessor ____
- Legal Department ____
- Economic Devel & Tech. ____
- Dept. of C. P. & C. ____
  - Land Use ____
  - Engineering ____
  - Planning ____
  - Housing ____
  - Inspections ____
- *"DUE TO CLERK'S OFFICE"* ____

- Police Department ____
- Dept. Health, Rec. & S.V. ____
  - Health Division ____
  - Recreation ____
  - Senior Services ____
  - Veterans Services ____
- Dept. of Public Works ____
  - Walt Bronek ____
- Dept. of W.P.C ____
- Municipal Court Clerk ____
- Other ____ ____
- *"DUE TO CLERK'S OFFICE"* ____

REGISTRAR'S 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

19-214

REQUEST FOR PUBLIC RECORD

TOWNSHIP OF HAMILTON
2090 Greenwood Avenue
Hamilton, NJ 08609
(609) 890-3622 Phone

REQUESTS VIA FAX WILL NOT BE ACCEPTED

Important Notice

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

Requestor Information – Please Print

First Name Daniel MI E Last Name Hewitt

Company Lieberman & Blecher, P.C.

Mailing Address 10 Jefferson Plaza, Suite 400

City Princeton State NJ Zip 08540 Email deh@liebermanblecher.com

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension 20

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

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

Signature Date 1/25/2019

Payment Information

Max. Authorized Cost $ _____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fee: $0.05 per page (letter/legal)

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: Please provide the following information:

Definition of government record – any paper, written or printed book, document, drawing, map, plan, photograph, microfilm, data-processed or image-processed document, info stored or maintained electronically or by sound-recording or in a similar device. An open-ended request that fails to identify records with particularity will be deemed invalid.

Property Address: Block: Lot(s):

RECEIVED JAN 25 2019

Specifically Describe Identifiable Record(s) Sought:

1) Please provide the No Objection Letter issued by the Township of Hamilton on November 28, 2017. This No Objection letter was related to the application to extend the Sewer Service Area in Conjunction with the Radvany Site (Program Interest No. 435452 Activity No. AMD160001).

2) Please provide all documents and information reviewed by the Township of Hamilton related to the Proposed Amendment to the Mercer County Water Quality Management Plan related to the Radvany Site (Program Interest No. 435452 Activity No. AMD 160001).

DUE *2/4/19

ROUTING INFO

- Mayor's Office ____
- Dept. of Administration ____
  - Personnel ____
  - Budget & Purchase ____
  - Finance ____
  - Revenue Collection ____
  - Assessor ____
- Legal Department ____
- Economic Devel & Tech. ____
- Dept. of C. P. & C. ____
  - Land Use ____
  - Engineering ____
  - Planning ____
  - Housing ____
  - Inspections ____
- *"DUE TO CLERK'S OFFICE"* ____

- Police Department ____
- Dept. Health, Rec. & S.V. ____
  - Health Division ____
  - Recreation ____
  - Senior Services ____
  - Veterans Services ____
- Dept. of Public Works ____
  - Walt Bronek ____
- Dept. of W.P.C ____
- Municipal Court Clerk ____
- Other _____ ____
- *"DUE TO CLERK'S OFFICE"* ____

REGISTRAR'S 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