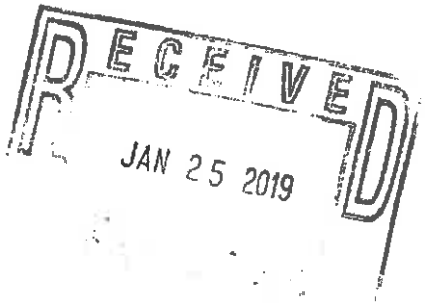
19-215

Brittani Calderone

From: James Hoffa <[redacted]>
Sent: Friday, January 25, 2019 10:39 AM
To: Eileen Gore; Brittani Calderone
Subject: OPRA Jan25_2019

Pursuant to OPRA and the common law, I would like all records for the following cats from the animal shelter from 2018- - 233, 322, 323, 324, 326, 336, 355, 356, 357, 355, 363, 393, 394, 406.

Due
*2/4/19



REQUEST FOR PUBLIC RECORD

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

REQUESTS VIA FAX WILL NOT BE ACCEPTED

19-216

Important Notice

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

Requestor Information – Please Print

First Name LEONARD MI ____ Last Name BRIGMAN

Company ____

Mailing Address 54 MONTE CARLO

City HAMILTON State N.J. Zip 08691 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.

Signature Leonard Brigman Date 1-25-19

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: 54 MONTE CARLO 08691 Block: 2613 Lot(s): 4.181

Time Frame Sought : Starting Date 2005 End Date CURRENT

Specifically Describe Identifiable Record(s) Sought:

ANY AND ALL DRAWING ON THE CONSTRUCTION OF THE HOME

(FRAME, PLUMBING, ELECTRICAL AND SPRINTLER SYSTEM)

RECEIVED
JAN 25 2019

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 ____
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 ____

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 25 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 E. Pfeiffer MI C Last Name Pfeiffer

Company North Crosswicks Friends of Open Space

Mailing Address 4 Halley Dr.

City Hamilton 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 Edward C Pfeiffer Date 1/25/2019

Payment Information

Max. Authorized Cost $ 100.-

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.

19-27

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: Radvany Site, RRC zone Block: 2712 Lot(s): 151, 156 (all play)
Crosswicks Hamilton Sq. Rd.

Specifically Describe Identifiable Record(s) Sought: All correspondence between applicant and Hamilton Twp. all correspondence between Hamilton Twp and NJDEP and County Planning Board concerning sewer extension into RRC district zone up to and including Dec. 3, 2018. Include plans, reports and other documents e.p.

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 Bronak
- Dept. of W.P.C
- Municipal Court Clerk
- Other
- "DUE TO CLERK'S OFFICE"

REGISTRAR'S USE ONLY

Tracking Information
Tracking # 1410
Rec'd Date
Ready Date
Total Pages 50
Fax 50
1 x
due 2.4.19

Final Cost
Total
Deposit
Balance Due
Balance Paid
Records Provided

Custodian Signature Date 2/8/19

19-218

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 Fred MI ____ Last Name Stine

Company Delaware Riverkeeper Network

Mailing Address 925 Canal St., Suite 3701

City Bristol State PA Zip 19007 Email fred@delawareriverkeeper.org

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 January 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: Synnergy Solar DUE* 2/4/19 Block: 1581 Lot(s): 27

Specifically Describe Identifiable Record(s) Sought:

1) To review the complete file, including files in both Planning Board and Twp Engineering,
2) Audio for Jan. 24, 2019 Planning Board meeting in a ".wav" or similar format for transcribing purposes
3) Original land use and waiver applications submitted by applicant to Hamilton Township
4) The EIS Addendum dated May 11, 2018 per Banc3's Comprehensive Review #1 dated August 27, 2018
5) All professional and expert reports, including, but not limited to the applicants tree/forest expert. They stated on record that a report was submitted to Township
6) All records (hard copy and electronic) pertaining to new proposed plans submitted January 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
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided ____

RECEIVED JAN 25 2019

Custodian Signature ____ Date ____

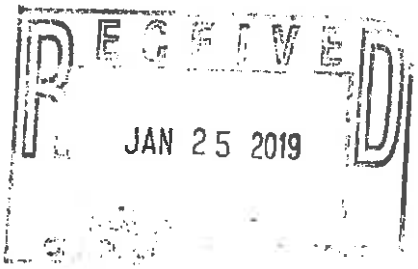
19-219

Brittani Calderone

From: James Hoffa [redacted]
Sent: Friday, January 25, 2019 2:17 PM
To: Brittani Calderone; Eileen Gore
Subject: OPRA JAN25_2019_1

Pursuant to OPRA and the common law, I would like all records for police case # 19-01341

Due * 2/4/19



19-220

Brittani Calderone

From: Eileen Gore
Sent: Friday, January 25, 2019 11:48 AM
To: Brittani Calderone
Subject: FW: opra request

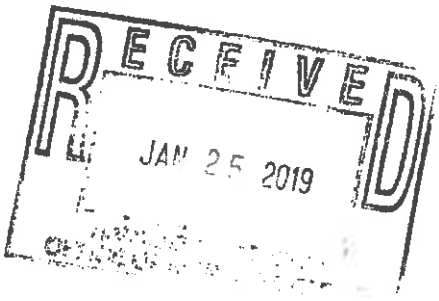
Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer [redacted]
Sent: Friday, January 25, 2019 11:49 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of the detailed account and summary account for MCBVDM for 2018 to current.
A copy of the detailed account and summary account for Penn Vet Supplies from 2018 to current

--
Terry
[redacted]

Due 2/4/19



EMAIL:
egore@hamiltonnj.com

REQUEST FOR PUBLIC RECORD

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

REQUESTS VIA FAX WILL NOT BE ACCEPTED

19-221

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 DIANNE MI A Last Name TEJERA

Company SKYLINE LIEN SEARCH, INC

Mailing Address 8785 SW 165 AVE, STE 301

City MIAMI State FLORIDA Zip 33193 Email DIANNE@SKYLINELIEN.COM

Business Hours Telephone: Area Code 305 Number 553.4627 Extension 1246

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 Dianne A Tejera Date 01/25/2019

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: 461 LYNWOOD AVE, HAMILTON NJ 08629 Block: 1874. 18. Lot(s): 1874. 18.

Specifically Describe Identifiable Record(s) Sought:

PLEASE PROVIDE COPIES OF: OPEN/EXPIRED BUILDING, FIRE, ELECTRICAL, AND/OR PLUMBING PERMITS AS WELL AS COPIES OF ANY ACTIVE ZONING OR BUILDING CODE VIOLATIONS AGAINST THE ABOVE MENTIONED PROPERTY ADDRESS.

Due 2/4/19

RECEIVED
JAN 25 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 _____

19-222

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 Linda MI J Last Name Klein

Company Construction Journal

Mailing Address 400 SW 7th Street

City Stuart State FL Zip 34994 Email lklein@constructionjournal.com

Business Hours Telephone: Area Code 772 Number 781-2144 Extension 437

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 Linda J. Klein Date 1/25/2019

Payment Information

Max. Authorized Cost $ 0.00

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: 621 Route 130 Block: 2712 Lot(s): 136

Specifically Describe Identifiable Record(s) Sought:

PLEASE EMAIL RESPONSES: 4 Requests for the following: a) site/planning application (no plans), b) copy of the resolution with approval/denial, c) copy of the building permit, d) copy of the first 10 building inspections (date & type) OR a copy of the Certificate of approval

Dunkin Donuts
621 Route 130, Block 2712, Lot 136
Project: Drive Thru addition
This would be after February 2018

Due * 2/4/19

RECEIVED
JAN 25 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

19-223

Brittani Calderone

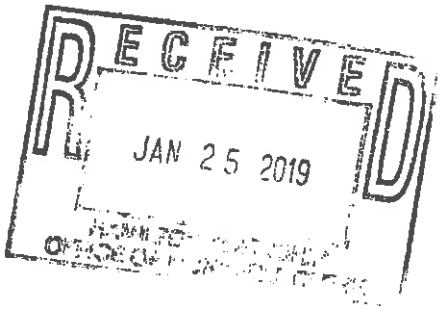
From: Haewon Park <hpark@trentonnj.org>
Sent: Friday, January 25, 2019 2:56 PM
To: Brittani Calderone
Cc: Kristin Epstein
Subject: Request of permission under OPRA

Dear Hamilton Township,

My name is Haewon Park, and I am a special project coordinator at the Trenton Water Works.
Currently we are working with DEP to complete our Lead Service Line Inventory, and we are asking for your permission for us to have an access to the Tax assessment records for all houses existing in the Hamilton Municipality. The particular information we are looking for is the **construction dates** for each and all homes. One of the way we can eliminate our burdens of visiting individual homes and test their service lines is to eliminate any homes built after 1987. It is because the use of lead was banned nationwide in 1986, and NJ adopted it and got effective in 1987.
If you already have some sort of file that you can sort out, then all we need is the addresses of homes that were built before 1987. Otherwise, we like to request a permission to go through each tax assessment records, and some period of time we can accomplish this daunting task. Thank you very much for your help.

Sincerely yours,

Haewon Park, Ph.D.



Due
* 2/4/19

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 2 8 2019
HAMILTON TOWNSHIP
CLERK OF THE MUNICIPALITY

Important Notice

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

19-221

Requestor Information – Please Print

First Name Kristen MI ____ Last Name Macholtz

Company Van Cleef Engineering Associates

Mailing Address 32 Brower Lane

City Hillsborough State NJ Zip 08844 Email KMacholtz@vcea.org

Business Hours Telephone: Area Code 908 Number 359-8291 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 Kristen Macholtz Date 1/23/19

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: ____ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date 12-1-18 End Date Today

Specifically Describe Identifiable Record(s) Sought:

The Township Engineer, Richard Williams, sent letters to local businesses and residents with a reference of "Maintenance of Stormwater Facilities, Hamilton Township, Mercer County" during the above period. I would like to request of the names and mailing address of all recipients of this letter.

completed 2/7/19

due 2/5/19 *

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 ____

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 28 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.

19-225

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:

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: 1520.1 Lot(s): 37

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

Specifically Describe Identifiable Record(s) Sought:

See attached

Completed 2/7/19

19-225 due 2/15/19

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. & Sr. V. ____
  - Health Division ____
  - Recreation ____
  - Senior Services ____
  - Veterans Services ____
- Dept. of Public Works ____
- Dept of W.P.C. ____
- Other Scott McCrouch

"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

19-226

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 Gary MI S. Last Name Forshner

Company Greenbaum, Rowe, Smith & Davis LLP

Mailing Address 99 Wood Avenue South

City Iselin State NJ Zip 08830 Email gforshner@greenbaumlaw.com

Business Hours Telephone: Area Code 732 Number 476-2690 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 1/25/19

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:

Copy of audio recording of the November 8, 2018 Planning Board hearing.

RECEIVED
JAN 29 2019

Due *2/6/19

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

dotloop signature verification:

19-227

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 Ashley MI L Last Name Hernandez

Company ERA Central Realty Group

Mailing Address 20 Main Street

City Hamilton State NJ Zip 08691 Email ahernandez@eracentral.com

Business Hours Telephone: Area Code 609 Number 269-9900 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 dotloop verified 01/25/19 4:24 PM EST QUVB-QDLK-XHPE-CBQT 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: 268 Emanuel St. Hamilton, NJ 08610 Block: 02101 Lot(s): 00033

Time Frame Sought : Starting Date 1/1/1930 End Date 1/30/2019

Specifically Describe Identifiable Record(s) Sought:

Looking for information on flood maps/zones in the area, and if this home has flooded during any storms or hurricanes. What is the last report of a flood in that neighborhood.

Permits obtained on any construction done to the home, including roof and garage.

RECEIVED JAN 29 2019

Due * 2/6/19

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 ____

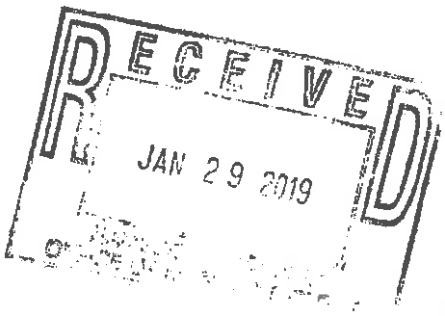
Records Provided

Custodian Signature ____ Date ____

19-228

Brittani Calderone

From: Eileen Gore
Sent: Monday, January 28, 2019 11:35 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 28, 2019 11:36 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: Re: opra request

On Tue, Jan 15, 2019 at 12:06 PM Terry peifer <happydoghayden@gmail.com> wrote:

A copy of all Feline Intake Exam forms for 2018

--
Terry
[redacted]

--
Terry
[redacted]

Due 2/6/19

19-228

Brittani Calderone

From: Eileen Gore
Sent: Thursday, January 31, 2019 11:14 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

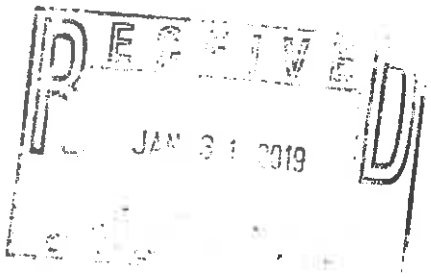
From: Make Some Noise [redacted]
Sent: Thursday, January 31, 2019 11:14 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: OPRA REQUEST

A COPY OF ALL INTAKE RECORDS FOR JANUARY 2018

--

Send these records to this email within the 7 business days required by law.

DUE
*2/8/19



19-229

Brittani Calderone

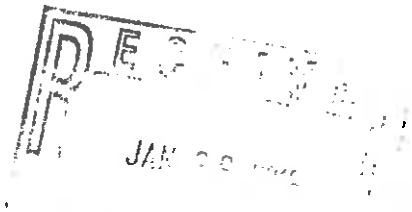
From: Eileen Gore
Sent: Monday, January 28, 2019 11:40 AM
To: Brittani Calderone
Subject: FW: opra request

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 28, 2019 11:41 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of all intake records from Jan 1 to Jan 31 2019 from the Animal Shelter

--
Terry
[redacted]



Due
* 2/6/19

19-230

Brittani Calderone

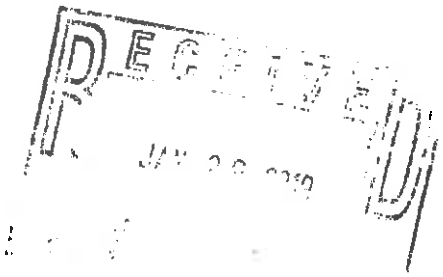
From: Eileen Gore
Sent: Monday, January 28, 2019 11:41 AM
To: Brittani Calderone
Subject: FW: opra request

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

From: Terry peifer [redacted]
Sent: Monday, January 28, 2019 11:42 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of all Cat Dispositon sheets from Jan 1 to Jan 31, 2019

--
Terry
[redacted]



Due
+2/6/19

19-231

Brittani Calderone

From: Eileen Gore
Sent: Monday, January 28, 2019 11:43 AM
To: Brittani Calderone
Subject: FW: opra request

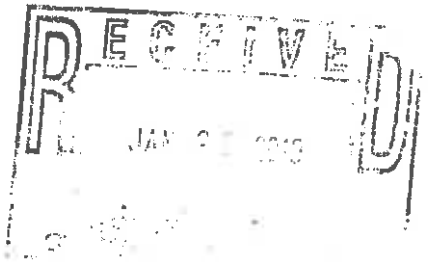
Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer [redacted]
Sent: Monday, January 28, 2019 11:43 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of all Disposition sheets for dogs at the animal shelter from Jan 1 to Jan 31 2019

--
Terry
[redacted]

Due
* 2/6/19



19-232

Brittani Calderone

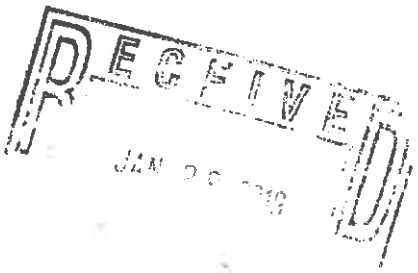
From: Eileen Gore
Sent: Monday, January 28, 2019 11:44 AM
To: Brittani Calderone
Subject: FW: opra reqeust

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 28, 2019 11:45 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra reqeust

A copy of medication inventory documentation from Nov 1, 2018 to Jan 31, 2019 from the Animal Shelter

--
Terry
[redacted]



Due
* 2/6/19

19-233

Brittani Calderone

From: Eileen Gore
Sent: Monday, January 28, 2019 11:45 AM
To: Brittani Calderone
Subject: FW: opra requests

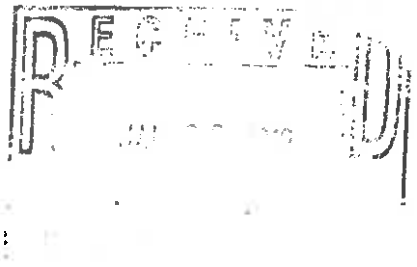
Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peifer [redacted]
Sent: Monday, January 28, 2019 11:46 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra requests

A copy of ACO activity logs from Jan 1 to Jan 31 2019 from the Animal Shelter

--
Terry
[redacted]

Due
*2/6/19



19-234

Brittani Calderone

From:	Eileen Gore
Sent:	Monday, January 28, 2019 11:58 AM
To:	Brittani Calderone
Subject:	FW: opra request

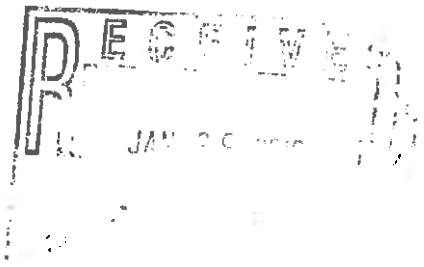
Eileen Gore, RMC, CMC, MMC
Municipal Clerk
Township of Hamilton, NJ 08609
Phone (609) 890-3622
EGore@Hamiltonnj.com

From: Terry peife[redacted]
Sent: Monday, January 28, 2019 11:59 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of the Disease Control and Healthcare Program for the Animal Shelter

--
Terry
[redacted]

Due
* 2/6/19



19-235

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 Fred MI ____ Last Name Stine

Company Delaware Riverkeeper Network

Mailing Address 925 Canal St

City Bristol State PA Zip 19007 Email Fred@delawareriverkeeper.org

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 Fred Stine Date 1/29/2019

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: ____ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

All Hamilton Twp files & documents pertaining to the Natural Resources Conservation Service's Veteran's Park Dam Restoration Project. Dam #8. Please include access to all paper & electronic files & documents, including emails with HT Engineering, HT Planning, etc.

DUE *2/6/19

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

JAN 29 2019

Custodian Signature ____ Date ____

REQUEST FOR PUBLIC RECORD

19-236

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 Fred MI ____ Last Name Stutz

Company Delaware Riverkeeper Network

Mailing Address 925 Canal St.

City Bristol State PA Zip 19007 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 1/29/2019

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: ____ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

All Hamilton Twp Records pertaining to the U.S. Army Corps of Eng. Assunpink Creek Flood Study. Please include records to ~~App~~ all PAPER (hardcopy) AND electronic files + documents, including emails with HT ENGINEERING, HT PLANNING, ETC.

DUE * 2/6/19

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 # ____
Req'd Date ____
Reply Date ____
Total Pages ____

RECEIVED JAN 29 2019

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

19-237

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 Kayleigh MI L Last Name Sena

Company Marathon Eng. & Env. Services, Inc.

Mailing Address 1616 Pacific Avenue, Suite 501

City Atlantic City State NJ Zip 08401 Email kayleigh.sena@marathonsconsultants.com

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 January 29, 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: 646 State Highway 130 Block: 2610 Lot(s): 30

Specifically Describe Identifiable Record(s) Sought:

I'm am looking for documents/information specifically for three (3) communication center case #s tied to the Subject Property. 99-03-11-1347-05, 99-07-27-1302-31, 04-06-18-0015-54.

We have communication center notification report or report of incident/complaint for each case number. We are looking for any files documenting closure of these case numbers.

Due *2/6/19

RECEIVED
JAN 29 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

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

Final Cost

Records Provided

_____ Custodian Signature _____ Date

19-238

Brittani Calderone

From: Eileen Gore
Sent: Tuesday, January 29, 2019 10:14 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: Tuesday, January 29, 2019 10:14 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

1. A copy of all reports of any zoonotic diseases from the animal shelter to Hamilton townships health department from 11/1 to current.

--
Terry
[redacted]

RECEIVED
JAN 29 2019

DUE
* 2/6/19

DA

Brittani Calderone

19-239

From: Eileen Gore
Sent: Tuesday, January 29, 2019 1:37 PM
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: Tuesday, January 29, 2019 1:38 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: IMMEDIATE ACCESS 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

--
Terry
[redacted]

Completed 2/1/19

19-240

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 30 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 01/30/2018

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:
Immediate Record Request:

-All December 2018 Bank Reconciliations including but not limited to all pages of reconciliation, bank statements, Edmunds General Ledger, O/S Checks

- One line General Ledger for all funds for the period 1/1/18 to 12/31/18
- Edmunds account status reports for all funds for the period 1/1/18 to 12/31/18 summarized sub accounts.
- Detailed trial balance for all funds for the period 12/1/18 to 12/31/18
- Revenue account status for all funds for the period 1/1/18 to 12/31/18
- Revenue Transaction audit trail for all funds for the period 1/1/18 to 12/31/18

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" ____

Completed 2/8/19

REGISTRAR'S USE ONLY

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

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

Records Provided
1/30 hand delivered to Finance due 2/8

Custodian Signature ____ Date ____

19-241

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 Tracy MI ____ Last Name Fredrick

Company ____

Mailing Address 62 Arrowhead Drive

City Burlington State NJ Zip 08016 E-mail [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 Tracy Fredrick Date 01/29/2019

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 11/22/2018 End Date 11/22/2018

Specifically Describe Identifiable Record(s) Sought:

Copy of Police Report and any related documents or recordings from case no. 18-46138, initiated on November 22, 2018, including any documents completed by Sgt. Gary Burger D13 (see attached).

The report was commenced by Anastasia Lugo against Edward Lugo for custodial interference.

RECEIVED
JAN 30 2019

Due * 2/7/19

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 ____

19-242

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

19-243

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 Deborah MI J Last Name Mara

Company RE/MAX Homeland WEST

Mailing Address 494 Monmouth Rd RTE 537 Unit # 6

City Millstone State NJ Zip 08510 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 01/29/2019

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: 44 Junior Ave - Hamilton, NJ 08619 Block: 1648 Lot(s): 13

Time Frame Sought : Starting Date 1962 End Date 01/29/2019

Specifically Describe Identifiable Record(s) Sought.

Looking for any and all outstanding permits, if they exist, and whether there was an underground oil tank. If an underground oil tank existed, was it removed/decommission properly or filled with sand.

Due * 2/7/19

RECEIVED
JAN 30 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 _____

19-244

Brittani Calderone

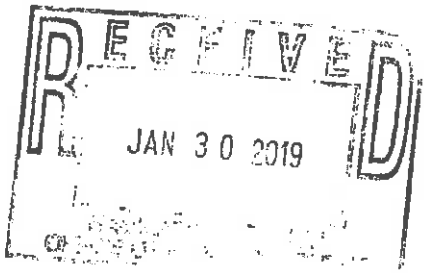
From:	Eileen Gore
Sent:	Tuesday, January 29, 2019 3:43 PM
To:	Brittani Calderone
Subject:	FW: opra request

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 29, 2019 3:44 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of all disposition records for all Dogs taken to Columbus in Oct, Nov and Dec 2018

--
Terry
[redacted]



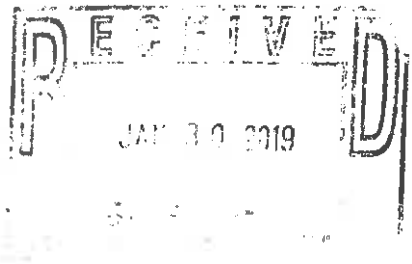
Due
* 2/7/19

19-245

Brittani Calderone

From: Eileen Gore
Sent: Tuesday, January 29, 2019 5:27 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: Laura Nelson [redacted]
Sent: Tuesday, January 29, 2019 5:13 PM
To: Laura Nelson <ln@surenian.com>
Subject: OPRA REQUEST

Good afternoon:

Kindly accept this email as a formal OPRA request for a total of all the monies paid to the firms listed below between November 2016 and July 2017 for the Methodology Trial before Judge Jacobson:

Jeffrey R. Surenian and Associates, LLC
Econsult Solutions Inc.
Nassau Capital Advisors
Richard Reading Associates
The Buzak Law Group

Due
* 2/7/19

Please provide responsive document(s) by way of email

Laura Nelson
Assistant to Jeffrey R. Surenian, Esq. &
Michael J. Edwards, Esq.
Jeffrey R. Surenian and Associates, LLC
707 Union Avenue | Suite 301 | Brielle NJ 08730 |
P: 732.612.3100 | F: 732.612.3101

19-246

Brittani Calderone

From: FOIA@Buildzoom <foia@buildzoom.com>
Sent: Tuesday, January 29, 2019 5:04 PM
To: Brittani Calderone
Subject: Request: Building Permit Records

To whom it may concern,

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

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

We do business in Hamilton Township and would like to provide the service to its residents.

Can you please provide us with a report of all building permits processed by your department since Dec 11, 2018?

Such reports typically:

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

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

Please feel free to email me or call Vidhan Agrawal, the Product Manager for our Data Platform at (415) 890-3706.

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

Regards,

Jairus Garcia

Due
* 2/7/19

RECEIVED
JAN 30 2019

--
Zoom
A better way to remodel
301 Howard Street, Suite 1410
San Francisco, CA, 94105
www.buildzoom.com
(415) 890-3706

19-247

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 Ryan MI P Last Name Migliaccio

Company MCIA

Mailing Address 80 Hamilton Ave

City Trenton State NJ Zip 08611 Email Rmigliaccio@Mercerus.org

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 1-30-19

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: 1200 Klein Rd. 08619 Block: _____ Lot(s): _____

Time Frame Sought : Starting Date _____ End Date _____

Specifically Describe Identifiable Record(s) Sought:

All open and closed permits - including list

DUE *2/7/19

RECEIVED
JAN 30 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 _____

REQUEST FOR PUBLIC RECORD

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

REQUESTS VIA FAX WILL NOT BE ACCEPTED

19-248

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 LISA MI ____ Last Name DEL REY

Company CROWN REALTY INC

Mailing Address P.O. BOX 84

City BROWNS MILLS State NJ Zip 08015 Email lisa@crownrealtynj.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 Lisa DelRey Date 1-30-19

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: 1532 CHAMBERS ST Block: 02095 Lot(s): 00034

Time Frame Sought : Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

looking for any tax liens or other property and utility liens

RECEIVED
JAN 30 2019

Due *2/7/19

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 ____

19-249

Brittani Calderone

From: Eileen Gore
Sent: Wednesday, January 30, 2019 11:46 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

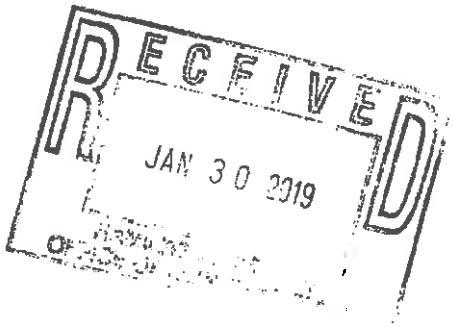
From: Collene Freda-Wronko [redacted]
Sent: Wednesday, January 30, 2019 11:47 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: Opra request

Pursuant to the New Jersey Open Public Recorda Act I would like the following documents.

Copies of the 2016 2017, and the 2018 pay kea and receivables for the Animal Trust Account.

Thank You

Get Outlook for Android



DUE
+ 2/7/19

19-250

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 31 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 01/30/2018

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 the body camera video of Officer Aaron Kulak #461 for January 4, 2019 at 12:45 hours when he responded to a computer thief report.

DUE *2/8/19

RECEIVED
JAN 31 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	____

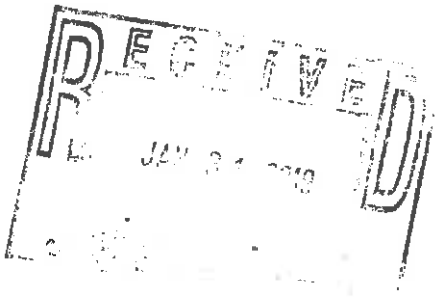
Records Provided

Custodian Signature ____ Date ____

19-251

Brittani Calderone

From: Eileen Gore
Sent: Wednesday, January 30, 2019 2:08 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: Liars N Bullies [redacted]
Sent: Wednesday, January 30, 2019 2:08 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of an email to Mayor Kelly Yaede from Kathleen Saboski in October 2018 regarding the Animal Shelter

Please send all records to this email within 7 business days unless they are immediate response request. If they are immediate response requests, send immediately.

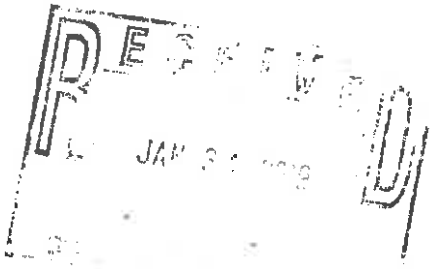
Due
+ 2/8/19

19-252

Brittani Calderone

From: Eileen Gore
Sent: Wednesday, January 30, 2019 3:26 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: Wednesday, January 30, 2019 3:26 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of the current Shelter License

--
Terry
[redacted]

DUE
*2/8/19

19-253

Brittani Calderone

From: Eileen Gore
Sent: Wednesday, January 30, 2019 5:00 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: Wednesday, January 30, 2019 5:01 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

a copy of the SOP for the fire response to the animal shelter

--
Terry
[redacted]

Due * 2/8/19

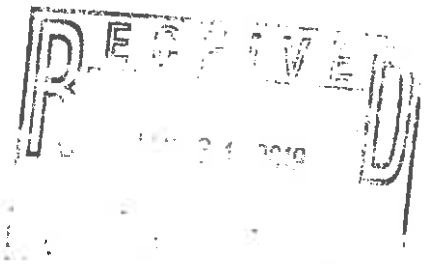
19-254

Brittani Calderone

From: Opra Hamilton [redacted]
Sent: Wednesday, January 30, 2019 7:16 PM
To: Brittani Calderone
Subject: Opra

I request all service calls and responses from the Hamilton police department in reference to David Henderson at 92 Sharps Lane from 1/1/1989 to Present. Please include regular and swat calls.

Due
* 2/8/19



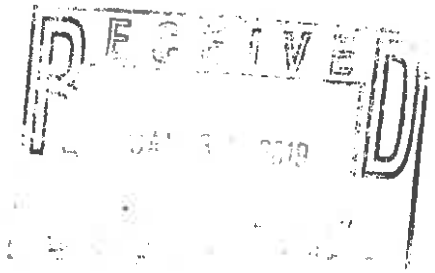
19-255

Brittani Calderone

From: Opra Hamilton [redacted]
Sent: Wednesday, January 30, 2019 7:18 PM
To: Brittani Calderone
Subject: Opra

I request a copy of the timesheet for John Barrett for October 26, 2017.

Due
*2/8/19



19-256

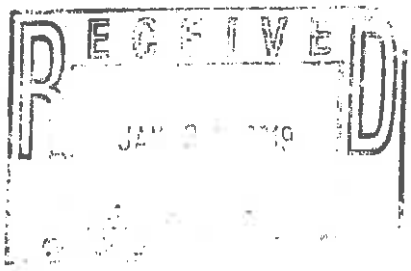
Brittani Calderone

From: Opra Hamilton [redacted]
Sent: Wednesday, January 30, 2019 7:21 PM
To: Brittani Calderone
Subject: Opra

I request copies of all emails to or from John Barrett for 1/1/2017 to 12/31/2018. Please search the subject and body for the following key words:

Spring lake heights
Hawthorne
Bill
Financial statement
Time record

Please respond with 7 days as required by law.

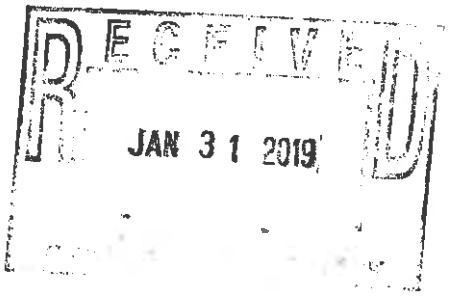


DUE
* 2/8/19

IA 19-0257

Brittani Calderone

From: Eileen Gore
Sent: Thursday, January 31, 2019 11:26 AM
To: Brittani Calderone
Subject: FW: Immediate access 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 31, 2019 11:26 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: Immediate access request

A copy of all vouchers, invoices and bills for temporary help at the shelter and in the clerks office from October 1 2018 to current

OPRA requires that custodians must ordinarily 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.

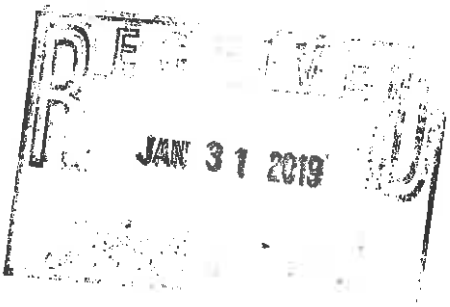
--
Terry
[redacted]

Completed 1/31/19

IA 19-0258

Brittani Calderone

From: Eileen Gore
Sent: Thursday, January 31, 2019 11:20 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: Thursday, January 31, 2019 11:21 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: IMMEDIATE ACCESS OPRA REQUEST

1. A copy of all of Todd Bencivengo's overtime records for December 2018
2. A copy of all overtime records for all employee in the clerk's office from November 2018 to current

OPRA requires that custodians must ordinarily 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]

Completed 1/31/19

19-259

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 Arti MI ____ Last Name Rath

Company Berkshire Hathaway HomeServices Fox&Roach Realtors

Mailing Address 17 Main St, Suite 402

City Robbinsville State NJ Zip 08691 Email ARTI.RATH@FOXROACH.COM

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 Arti Rath Date 1/31/19

Payment Information

Max. Authorized Cost $ 20

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: 7 Pintinalli Dr, Trenton Block: 01709 Lot(s): 00007

Specifically Describe Identifiable Record(s) Sought:

All Open and Closed permits for 7 pintinalli.

Due * 2/8/19

RECEIVED
JAN 31 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

19-260

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 D Last Name Markey

Company

Mailing Address 18202 Warbler Way

City Princeton Junction State NJ Zip 08550 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 1/31/2019

Payment Information

Max. Authorized Cost $ 25.00

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: 2786 Nottingham Way, Hamilton NJ Block: 1697 Lot(s): 67

Time Frame Sought: Starting Date 1901 End Date 2019

Specifically Describe Identifiable Record(s) Sought:

I am looking for any records pertaining to construction, renovations, alterations, or permitting associated with the address of 2786 Nottingham Way.

Due * 2/8/19

RECEIVED
JAN 31 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

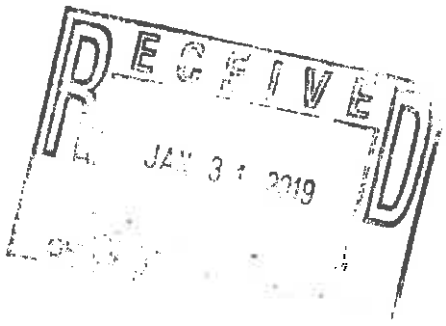
Records Provided

Custodian Signature Date

19-261

Brittani Calderone

From: Eileen Gore
Sent: Thursday, January 31, 2019 4:13 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: Truth 2 Power [redacted]
Sent: Thursday, January 31, 2019 4:14 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

a copy of all medical records of any shelter animal that was spay or neutered from Nov 1 to current.

Send these documents to this email within 7 business days

Immediate request documents should be sent to this email within 24 hours, according to the law.

Due
*2/8/19

19-0262

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 01/31/2019

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 notes, memos, reports and emails generated by Dominic Degregory regarding Township mayoral staff meeting for the year 2018 and 2019

Due
* 2/11/19

RECEIVED
FEB - 1 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 ____

19-0263

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 01/31/2019

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 notes, memos, reports and emails generated by Marty Flynn regarding Township economic development opportunities, contacts and meetings for the year 2018 and 2019

Due
* 2/11/19

RECEIVED
FEB - 1 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 ____

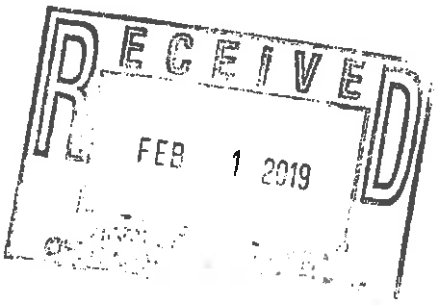
19-264

Brittani Calderone

From: Eileen Gore
Sent: Thursday, January 31, 2019 4:21 PM
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 31, 2019 4:22 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra requests



A copy of all contracts/agreements with

1. Bucks County SPCA,
2. Burlington County Animal Shelter,
3. EASEL,
4. Resque Pets, Res-Q-Pets
5. Tabby's Place and
6. A-Few

and Hamilton Township and/or Hamilton Township Animal Shelter

OPRA requires that custodians must ordinarily 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]

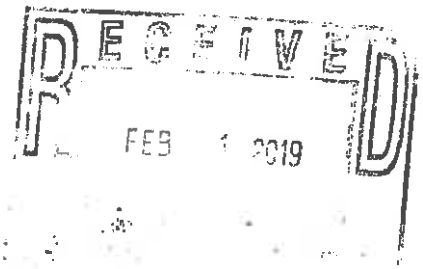
DUE
*2/11/19

19-265

Brittani Calderone

From: Eileen Gore
Sent: Thursday, January 31, 2019 4:26 PM
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: Thursday, January 31, 2019 4:27 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: IMMEDIATE ACCESS OPRA REQUEST

all overtime records for e gore from 1/1/18 to 12/31/18

--
Terry
[redacted]

Due
* 2/11/19

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
FEB - 1 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.

19-264

Requestor Information – Please Print

First Name Daniel MI G Last Name Flynn

Company Stormwater Compliance Solutions, LLC

Mailing Address 180 Main Street, P.O. Box 572

City Chester State NJ Zip 07930 Email dflynn@scsstorm.com

Business Hours Telephone: Area Code 908 Number 879-1145 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 1/24/2018

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 12/1/2018 End Date 1/24/2018

Specifically Describe Identifiable Record(s) Sought:

We are requesting the he mailing or physical address list of all properties that were issued a letter on or around January 8, 2018 regarding Maintenance of Stormwater Facilities. The letter was sent by Township Engineer Richard S. Williams, PE, PP, CME. The letter references the property owner's obligations to comply with Township ordinance 577, Chapter 10. A digital list of address is preferred to hard copy.

emailed 2/1/19 19-264

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

19-267

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 Diana MI ____ Last Name Zita

Company Hamilton Area YMCA

Mailing Address 1315 Whitehourse-Mercerville Road

City Hamilton State NJ Zip 08619 Email [redacted]

Business Hours Telephone: Area Code 609 Number 581-9622 Extension 130

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 _____

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: 185 Sawmill Road Block: 2730 Lot(s): 14.01

Time Frame Sought : Starting Date 1/1/2000 End Date 2/1/2019

Specifically Describe Identifiable Record(s) Sought:

Any and all records associated with the above property including public hearings records, comments, drawings, topographic contours, LIDAR Survey, etc...

If the documents can be made available for inspection, and at such time we will be able to identify what specific documents are needed to be copied.

Due * 2/11/19

RECEIVED
FEB 1 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

19-268

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 Dominik MI ____ Last Name Klucha

Company ____

Mailing Address 101 Dunleigh Ct

City Pennington State NJ Zip 08534 Email [redacted]

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

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

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

Signature Dominik Klucha Date 02/01/2019

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: 132 Miry Brook Rd

Due *2/11/19

Block: 1847 Lot(s): 15

RECEIVED FEB 1 2019

Specifically Describe Identifiable Record(s) Sought:

- All open permits,
- All permits from last 3 years.

Especially permits for back room (sunroom) addition and for upgrading electric system.

We are in the process of buying this property, so we would be grateful for your prompt response. Thank you.

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 ____

19-269

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 Jodi MI ____ Last Name Westhead

Company Maser Consulting P.A.

Mailing Address 1000 Waterview Drive, Suite 201

City Hamilton State NJ Zip 08060 Email jwesthead@maserconsulting.com

Business Hours Telephone: Area Code 609 Number 587-8200 Extension 4340

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 Jodi A. Westhead Date 2/1/2019

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: 4371 Crosswicks-Hamilton Square Road Block: 2712 Lot(s): 163

Specifically Describe Identifiable Record(s) Sought:

We are looking to review Soil Logs and SHWT data for the neighboring lots (listed below) of the above referenced subject property.

Block 2713, Lot 27
Block 2713, Lot 28
Block 2712, Lots 1 & 2
Block 2712, Lots 3 & 4
Block 2712, Lot 5
Block 2712, Lot 6

Due * 2/11/19

RECEIVED
FEB 1 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

19-270

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

Signature [signature] Date 02.24.2018

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:

Immediate:

I seek a copy of the 2018 Annual Debt Statement

Completed IH

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" ____

FOR CUSTODIAN'S USE ONLY

Tracking Information

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

Total Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

11 X .05 = .554
Cash

Custodian Signature ____ Date ____

19-271

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
FEB 4 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 02.24.2018

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 EZ Pass records for Township vehicle license plate #D54-AZE for 2018 and 2017

DUE * 2/12/19

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 ____

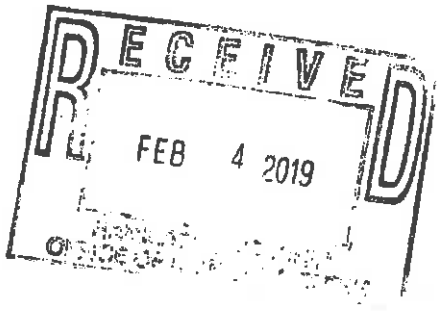
19-272

Brittani Calderone

From: Sandeep Goyal [redacted]
Sent: Sunday, February 03, 2019 2:32 PM
To: Brittani Calderone
Cc: [redacted]
Subject: 7 Pintinalli Records
Attachments: OPRA_Request_Form_Sandeep.pdf

Hello Sir - This is Sandeep and Kavita Goyal, we are planning to buy the property at
7 Pintinalli Dr
Hamilton, NJ 08619
And appreciate your help to have the records for the related to past inspections, permits, septic tank removal and well filling and any other pending violations earliest possible.
We are attaching the complete OPRA form for your records.

Thanks,
Sandeep



Due
+ 2/12/19

19-273

Brittani Calderone

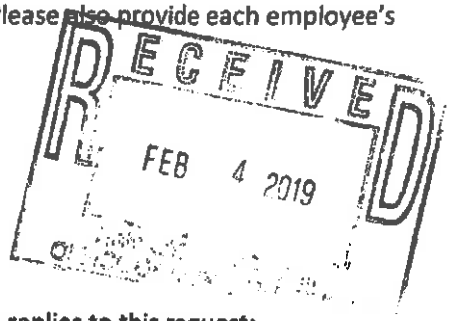
From: ASK NJ Media Co. <opra+request-3930-5bfe9709@requests.opramachine.com>
Sent: Sunday, February 03, 2019 10:23 AM
To: Brittani Calderone
Subject: OPRA request - Employee Payroll Records

Dear Hamilton Township (Mercer),

This is an OPRA request. Please send your response in PDF form.

1. I seek the 2018 year-end payroll record for each employee of your municipality. Please also provide each employee's name, title, salary, and length of service pursuant to N.J.S.A. 47:1A-10..

2. I seek the January 2019 payroll record(s) for each employee of your municipality. Please also provide each employee's name, title, salary, and length of service pursuant to N.J.S.A. 47:1A-10.



Yours faithfully,

ASK NJ Media Co.

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-3930-5bfe9709@requests.opramachine.com

Is BCalderone@Hamiltonnj.com the wrong address for OPRA requests to Hamilton Township (Mercer)? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=hamilton_township_mercer

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

View this OPRA request & responses online:
https://opramachine.com/request/employee_payroll_records_149

Please note that in some cases publication of requests and responses will be delayed.

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

Due *2/12/19

19-274

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 2/4/19

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: 762 Whitehorse Hamilton Square Road Block: 02537 Lot(s): 00032

Time Frame Sought: Start no Date _____ End Date _____

Specifically Describe Identifiable Record(s) Sought:

Requesting all permits and approvals for any and all alterations, improvements and modifications for the above address

RECEIVED
FEB 4 2019

Due
*2/12/19

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 _____

19-275

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 ROBERT MI E Last Name Williams

Company —

Mailing Address 36 GEORGE AVENUE EAST

City EDISON State NJ Zip 08820 Email [redacted]

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

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

[redacted]

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

Signature Date

Payment Information

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: 349 McClellan Avenue, Hamilton NJ 08610 Block: 2334 Lot(s): 14

Time Frame Sought : Starting Date End Date

Specifically Describe Identifiable Record(s) Sought:

List of all permits open and closed

Due 2/12/19

RECEIVED
FEB 4 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

19-276

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 Tyler MI ____ Last Name Freeman

Company ____

Mailing Address 17 Clayton Drive

City Clarksburg State NJ Zip 08510 Email [redacted]

Business Hours Telephone: Area Code 08510 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 02/04/2019

Payment Information

Max. Authorized Cost $ 5.00

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: 3 Harwick Drive, Hamilton Township, NJ 08619 Block: ____ Lot(s): ____

Time Frame Sought : Starting Date 01/01/2017 End Date Current Date

Specifically Describe Identifiable Record(s) Sought:

I am looking for any open or closed building permits for renovations done on the house. Also I am looking for information as to when this address was set up for natural gas.

Due *2/12/19

RECEIVED
FEB - 4 2019
HAMILTON TOWNSHIP
REGISTRARS USE ONLY
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 ____
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 # ____ Total ____
Rec'd Date ____ Deposit ____
Ready Date ____ Balance Due ____
Total Pages ____ Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

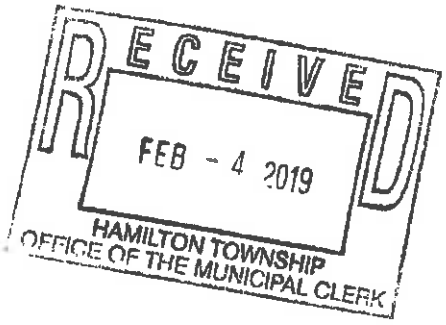
19-277

Brittani Calderone

From: Baxter Q [redacted]
Sent: Monday, February 04, 2019 12:00 PM
To: Eileen Gore; Brittani Calderone
Subject: OPRA 20190204

Pursuant to NJ law, the following is an Open Public Records request .
Pleas provide the budget status account audit trail for the Twp animal shelter for 2018, including salaries and all other expenses.

Due
* 2/12/19



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
FEB 4 2019

19-278

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 PETER MI J Last Name San Paolo

Company BHHS

Mailing Address 29 BARBARA DR

City HAMILTON State N.J Zip 08619 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 2-04-19

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): _____

Time Frame Sought : Starting Date _____ End Date _____

Specifically Describe Identifiable Record(s) Sought:

LIST OF LIQUOR LICENSE IN HAMILTON, N.J

RECEIVED
FEB - 4 2019
HAMILTON TOWNSHIP
OFFICE OF THE MUNICIPAL CLERK

Due *2/12/19

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 _____

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

19-279

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 Jose MI F. Last Name FERNANDEZ
Company EZ Police Reports, L.L.C.
Mailing Address 7 Shelby Court
City Paramus State NJ Zip 07652 Email [redacted]
Business Hours Telephone: Area Code 201 Number [redacted] Extension
Preferred Delivery: Pick Up [X] US Mail [ ] On-Site Inspect [ ]

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

Signature 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: Block: Lot(s):

Specifically Describe Identifiable Record(s) Sought: All reports for the month of January 2019.

RECEIVED
FEB 5 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"

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records revised

19-279
2-14-19
$1.00

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

19,280

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 Mallon MI J Last Name Thomas

Company Mallon and Tranger

Mailing Address 86 Court Street

City Freehold State NJ Zip 07728 Email tomw@tmallonlaw.com

Business Hours Telephone: Area Code 732 Number 780-0230 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 January 28, 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:

The entire investigation file in connection with an armed robbery occurring on 1/19/16 at a Hamilton Township Subway located in the 3200 block of Quakerbridge Road. The file should include but not is not limited to the following: written reports; witness interviews, written, transcribed and/or recorded; MVR recordings; Police dispatch and Police radio transmissions recordings, and any and all photographs.

Completed 2/14/19

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	

19,280 due 2-14-19

Custodian Signature Date

RECEIVED FEB 5 2019 HAMILTON TOWNSHIP OFFICE OF MUNICIPAL CLERK

REQUEST FOR PUBLIC RECORD

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

REQUESTS VIA FAX WILL NOT BE ACCEPTED

19-281

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: ____ Last Name: Portnoy

Company: Edgewood Properties

Mailing Address: 2901 Hamilton Boulevard

City: South Plainfield State: NJ Zip: 07080 Email: mportnoy@edgewoodproperties.com

Business Hours Telephone: Area Code: 908 Number: 205-0443 Extension: 3046

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

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

Signature: [signature] Date: 01/28/2019

Payment Information

Max. Authorized Cost $ ______

Select Payment Method:

Cash [x] 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: The Crossings Block: 1505.01 Lot(s): 1 & 2

Specifically Describe Identifiable Record(s) Sought: Copy of Township Resolution #09-512 on November 10, 2009.

This is pertaining to a surety bond # 0421001 being reduced, which is needed for the bond reduction process.

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: clerk

"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

complete 2.5.19

Custodian Signature Date

RECEIVED
FEB 6 2019

19-283

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 Christopher MI K Last Name Costa

Company Stevens & Lee

Mailing Address 100 Lenox Drive Suite 200

City Lawrenceville State NJ Zip 08648 Email

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 Date 7/1/19

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: 17 Thomas Rhodes Industrial Drive Block: 1520 Lot(s): 11.05

Specifically Describe Identifiable Record(s) Sought:

Subdivision Resolution for mother lot (Block 1520, Lot 11) - Subdivision -00-07-081
Any applications for Lot 11.05 – approved or submitted
Plans – approved or as submitted
Filed Map
Developer Agreement for original Lot 11, or Lot 11.05
Maintenance and or Drainage Agreement original Lot 11, or Lot 11.05
Profession Reports
Any other information on this lot

Due * 2/14/19

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 ____

19-284

Brittani Calderone

From: Baxter Q [redacted]
Sent: Tuesday, February 05, 2019 2:58 PM
To: Brittani Calderone; Eileen Gore
Subject: OPRA 20190205

Pursuant to NJ law, the following is an Open Public Records request .
Pleas provide all shared services agreements for Health services.

Due 2/14/19

2/6/19 Time Stop Ask for Clarification

Clarified 2/6/19

RECEIVED
FEB - 6 2019
HAMILTON TOWNSHIP
OFFICE OF THE MUNICIPAL CLERK

Completed 2/19/19

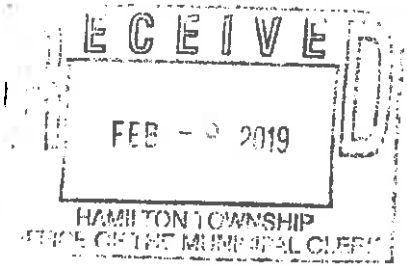
19-285

Brittani Calderone

From: Baxter Q [redacted]
Sent: Wednesday, February 06, 2019 11:17 AM
To: Brittani Calderone; Eileen Gore
Subject: OPRA 20190206

Pursuant to NJ law, the following is an Open Public Records request .
Please provide the payroll records, timesheets and work schedules for all animal control and animal shelter employees for 2019.

Due *2/14/19



19-286

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
FEB - 6 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 Anthony MI ____ Last Name Angelico

Company IBEW LU 269.

Mailing Address 661 Whitehead Rd

City Trenton State NJ Zip 08648 Email aangelico@ibew269.com

Business Hours Telephone: Area Code 609 Number 394-8129 Extension 129

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

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

Signature Anthony Angelico Date 2-6-19

Payment Information

Max. Authorized Cost $ 5.00

Select Payment Method:

Cash [X] 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: 691 Rt 130 Hamilton NJ 08691 Block: Lot(s):

Specifically Describe Identifiable Record(s) Sought:

Requesting copies of sealed mechanical and electrical permits issued for Deerpath Pavilion located at address above between December 2018 and January 2019.

Due * 2/14/19

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

19-287

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 DIEGO MI ____ Last Name AYALA

Company LERCH

Mailing Address 104 INTERCHANGE PLAZA SUIT 304

City MONROE TWP State NJ Zip 08831 Email dayala@lerch.org

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

Preferred Delivery: Pick Up ☑ USPS 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 02-05-2019

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: CHARLOTTE AVE, HOLLYWOOD DR, & ANDREW STREET ROW IMPROV. Block: Lot(s):

RECEIVED
FEB – 6 2019
HAMILTON TOWNSHIP

Specifically Describe Identifiable Record(s) Sought:

1. BID PACKETS FOR ALL BIDDERS
2. CHANGE ORDERS (IF ANY)
3. EXTRA WORK TICKET
4. FINAL PAYMENT

DUE *2/14/19

ALL FROM EARL ASPHALT. C.

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 ____

19-288

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 DIEGO MI ____ Last Name AYALA

Company LEROF

Mailing Address 104 INTERPLANCE PLAZA SUIT 304

City MONROE TWP State NJ Zip 08831 Email dayala@lerof.org

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

Preferred Delivery: Pick Up ☑ U.S. 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 02-05-2019

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: KRISTEN WAY / PAYSON AVE / STRATTON DR Block: Lot(s):
ROAD IMPROVEMENTS

Specifically Describe Identifiable Record(s) Sought:

BID PACKETS FROM ALL BIDDERS

DUE *2/14/19

RECEIVED
FEB - 5 2019
HAMILTON TOWNSHIP
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		Final Cost	
Tracking #		Total	
Rec'd Date		Deposit	
Ready Date		Balance Due	
Total Pages		Balance Paid	

Records Provided

Custodian Signature ____ Date ____

19-289

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 DIEGO MI ____ Last Name AYALA

Company LEPOF

Mailing Address 104 INTERCHANGE PLAZA SUIT 304

City MONROE TWP State NJ Zip 08831 Email dayala@lepof.org

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

Preferred Delivery: Pick Up ☑ U.S. 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 02-05-2019

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: MADDOCK AVE, CHURCHILL AVE, E. MCGALLIARD AVE. ROAD MINOR Block: Lot(s):

SANITARY SEWER IMPROVEMENTS

Specifically Describe Identifiable Record(s) Sought:

FOR EARLE ASPHALT COMPANY: CHANGE ORDERS (IF ANY) ② EXTRA WORK TICKET ③ FINAL PAYMENT

DUE *2/14/19

FOR ALL BIDDERS BUT EARLE: BID PACKAGES

RECEIVED
FEB - 5 2019
HAMILTON TOWNSHIP

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 ____

19-290

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 DIEGO MI ____ Last Name AYALA

Company LEPAF

Mailing Address 104 INTERCHANGE PLAZA suit # 304

City MONROE TWP State N.J Zip 08831 Email dayala@lepaf.org

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

Preferred Delivery: Pick Up [ ] 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 02-05-2019

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: MERCER STREET & BENTLEY AVE. ROAD IMPROVEMENTS AS PER SPECIFI. Block: Lot(s):

Specifically Describe Identifiable Record(s) Sought:

1) BID PACKETS FOR ALL BIDDERS

DUE *2/14/19

RECEIVED
FEB - 6 2019
HAMILTON TOWNSHIP

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 ____

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.

19-291

Requestor Information – Please Print

First Name ANONYMOUS MI ____ Last Name ____

Company ____

Mailing Address ____

City ____ State ____ Zip ____ Email ____

Business Hours Telephone: Area Code ____ Number ____ 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 ____

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:

POLICE REPORTS - 2001

01-26426

01-26725X

01-26875

RECEIVED
FEB 7 2019
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 ____
  - 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

19-291 due 2/19/19 Completed

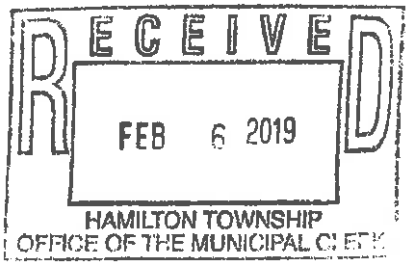
Custodian Signature ____ Date ____

19-292

Brittani Calderone

From: Eileen Gore
Sent: Wednesday, February 06, 2019 4:18 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: Terry peifer [redacted]
Sent: Wednesday, February 06, 2019 4:19 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: OPRA Request

A copy of all OPRA request with the keywords: "92 Sharps Lane" in the subject line or the body of the text from 1/1/19 to current.
Please send all of these documents to this email address within 7 business days, as required by law.
--
Terry
[redacted]

Due * 2/14/19

19-293

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 Chris MI ____ Last Name Ricciardi

Company O'Neill Associates

Mailing Address P.O. Box 516

City Somerville State NJ Zip 08876 Email cricciardi@oneillassociates.biz

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

Signature *Chris Ricciardi* Date 02-06-19

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: 1781 East State Street Block: ____ Lot(s): ____

Time Frame Sought: Starting Date ____ End Date ____

Specifically Describe Identifiable Record(s) Sought:

Please provide a copy of the following documents relative to a fire that occurred on/about Sat. Feb 2, 2019
Fire Department Incident Report and Fire Investigation Report.
Fire Inspection Records, including reports, violations, and approvals, for past 5 years.
Building Department (UCC) Permits issued in past 10 years, along with their inspection reports.
Certificate of Occupancy
Police Department Incident Report

Due * 2/14/19

RECEIVED
FEB 6 2019
TOWNSHIP OF HAMILTON
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	____
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 / Cost

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

Records Provided

Custodian Signature ____ Date ____

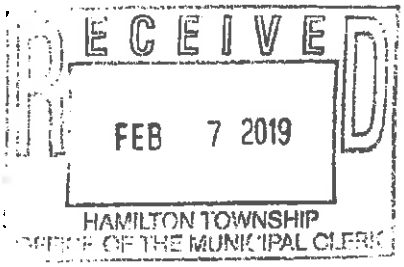
19-294

Brittani Calderone

From: Opra Hamilton [redacted]
Sent: Wednesday, February 06, 2019 9:48 PM
To: Brittani Calderone
Subject: Opra

Pursuant to public law I request all expense reports submitted by the Purchasing Agent from 8/1/2018 to 2/4/2019. I also request copies of this employees time sheets for the same time period.

Due
*2/19/19



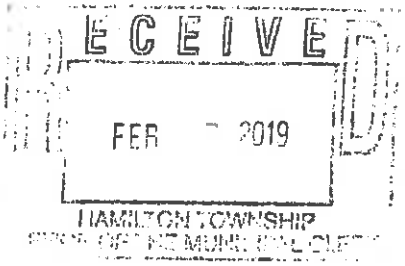
19-295

Brittani Calderone

From: Opra Hamilton [redacted]
Sent: Wednesday, February 06, 2019 9:45 PM
To: Brittani Calderone
Subject: Opra

Pursuant to public law I request copies of all OPRA request submitted by David Henderson from 10/1/18 to 2/1/19.

Due
*2/19/19



19-296

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 Robert MI ____ Last Name Luthman

Company Weir Attorneys

Mailing Address 2109 Pennington Road

City Ewing State NJ Zip 08638 Email rluthman@weirattorneys.com

Business Hours Telephone: Area Code 609 Number 594-4000 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 Rob Luthman Date February 7, 2019

Payment Information

Max. Authorized Cost $ 75.00

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: Motor vehicle accident - Greenwood Ave., Hamilton, NJ Block: ____ Lot(s): ____

Time Frame Sought : Starting Date 12/21/16 End Date 12/21/16

Specifically Describe Identifiable Record(s) Sought:

Please provide the entire police and township file, including all 911 calls (audio and transcribed), CAD reports, dispatch records, and photographs pertaining to an automobile accident on Greenwood Ave., Hamilton, NJ at approximately 17:14 on December 21, 2016 as referenced in the attached police report, case number 16-48710.

Due *2/19/19

RECEIVED
FEB 7 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 ____
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 ____

Print 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

19-297

Important Notice

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

Requestor Information – Please Print

First Name Philip MI ____ Last Name Alcaidinho

Company ____

Mailing Address ____

City ____ State ____ Zip ____ 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 2/7/19

Payment Information

Max. Authorized Cost $ 5

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) I am requesting the most recent tax title / tax delinquent list for Hamilton Township.

Thank you!

RECEIVED
FEB - 6 2019
HAMILTON TOWNSHIP
OFFICE OF THE MUNICIPAL CLERK

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 ____

19-298

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
FEB - 8 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 JUDITH B. MI ____ Last Name BUDWIG

Company GLORIA NILSON + CO REAL ESTATE

Mailing Address 33 FARM RD

City EWING State NJ Zip 08638 Email jbudwig@glorianilson.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 Judith Budwig Date 2/8/19

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: 14 Gaskill Ave Block: ____ Lot(s): ____

Time Frame Sought : Starting Date 1999 End Date Present

Specifically Describe Identifiable Record(s) Sought:

History of permits

Due * 2/20/19

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 ____

19299

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
FEB - 8 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 JUDITH MI ____ Last Name BUDWIG

Company GLORIA NILSON + CO Real Estate

Mailing Address 33 FARM RD

City EWING State NJ Zip 08638 Email jbudwig@glorianilson.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 Judith Budwig Date 2/8/19

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: 86 Kristopher Dr. Hamilton Block: ____ Lot(s): ____

Time Frame Sought : Starting Date 1999 End Date to Present

Specifically Describe Identifiable Record(s) Sought:

History of permits

1999 – Present

Due
* 2/20/19

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 ____

19-300

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 ____ Last Name Danbury

Company ____

Mailing Address 2 Amherst Ct

City Bordentown State NJ Zip 08505 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 2/8/19

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): ____

Time Frame Sought : Starting Date 08/01/2018 End Date 02/08/2019

Specifically Describe Identifiable Record(s) Sought:

I seek all documents and records regarding any employee of the township communicating with or sending information, records, documents or opinions to the media, including but not limited to newspapers and to any government agency including but not limited to the Department of Community Affairs concerning the fire service and/or firefighters. This request includes but is not limited to emails, text messages, photographs, telephone records and meeting minutes.

Due * 2/20/19

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 ____

19-301

Brittani Calderone

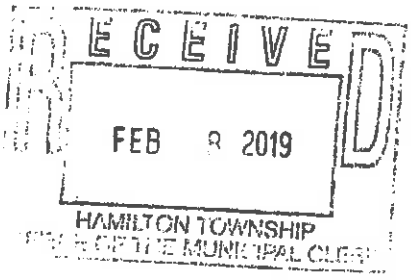
From: Eileen Gore
Sent: Friday, February 08, 2019 10:21 AM
To: Brittani Calderone
Subject: FW: opra request

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

From: Terry peifer [redacted]
Sent: Friday, February 08, 2019 10:21 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

A copy of all health inspections on restaurants in Hamilton township from 2/2/18 to current.

--
Terry
[redacted]



Due
* 2/20/19

REQUEST FOR PUBLIC RECORD

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

REQUESTS VIA FAX WILL NOT BE ACCEPTED

19-302

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 Peggy MI J Last Name Maliborski

Company Performance Spine & Sports Medicine

Mailing Address 9500 K. Johnson Blvd

City Bordentown State NJ Zip 08606 Email pmaliborski@pssmwellness.com

Business Hours Telephone: Area Code 609 Number 817-0050 Extension 318

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 P Maliborski Date 2/7/2019

Payment Information

Max. Authorized Cost $ 100

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 copies of all motor vehicle accident reports for the date 1/1/19 - 1/31/19. Thank you very much for your assistance.

Due 2/20/19

RECEIVED
FEB 8 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 ____
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 ____

19-303

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 Mark MI P Last Name Van Wagner

Company N/A

Mailing Address 235 Hansen Ave

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 ☐

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 Mark P. Van Wagner Date 2/8/2019

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.

RECEIVED
FEB – 8 2019
HAMILTON TOWNSHIP
OFFICE OF THE MUNICIPAL CLERK

Property Address: Block: Lot(s):

Specifically Describe Identifiable Record(s) Sought:

Please provide the total number of municipal employees currently on the rolls of the Township of Hamilton.

Please provide the total number of employees currently on the rolls of the Township of Hamilton in each of the following demographic categories: White, Black, Hispanic, Asian.

Please provide the total number of persons currently serving on all of the Township of Hamilton Boards & Commissions and the number of these persons that belonging to each of the following demographic categories: White, Black, Hispanic, Asian.

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

Out 2/20/19

Custodian Signature _____ Date _____

RECEIVED
FEB - 8 2019
HAMILTON TOWNSHIP
OFFICE OF THE MUNICIPAL CLERK

REQUEST FOR PUBLIC RECORD

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

REQUESTS VIA FAX WILL NOT BE ACCEPTED

19-304

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 Dan MI _____ Last Name Pula

Company WSP USA

Mailing Address 2000 Lenox Drive, 3rd Floor

City Lawrenceville State NJ Zip 08648 Email dan.pula@wsp.com

Business Hours Telephone: Area Code 609 Number 512-3678 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 2/8/19

Payment Information

Max. Authorized Cost $ 10

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: 17 Quakerbridge Road Block: 1520.01 Lot(s): 38

Time Frame Sought : Starting Date Earliest End Date Present

Specifically Describe Identifiable Record(s) Sought:

WSP USA would like to review any available information regarding air emissions, ground water quality, solid and hazardous wastes, spills or releases, aboveground and/or underground storage tanks, records of environmental permits, complaints, violations, or incident reports for the above property.

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 Clerk ✓

"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

dlw 2/20

Custodian Signature _____ Date _____

19-305

Brittani Calderone

From: Eileen Gore
Sent: Tuesday, January 29, 2019 10:31 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: Tuesday, January 29, 2019 10:32 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

all emails and attachments to/from the paint manufacture from D. Kenny and/or J Plunkett and/or T. Bencivengo regarding the peeling paint on the old section of the animal shelter that was noted in the DOH inspection of 1/15/19.

--
Terry
[redacted]

due ASAP

Hamilton Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-890-3622 Fax:

19-306

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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

Signature Christina Mota Date 2/11/2019

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

RECEIVED
FEB 11 2019
HAMILTON TOWNSHIP

Start Date 01/01/2019

End Date 01/31/2019

Due * 2/21/19

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

REQUEST FOR PUBLIC RECORD

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

REQUESTS VIA FAX WILL NOT BE ACCEPTED

19-307

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

Mailing Address 10 Jefferson Plaza, Suite 400

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

Business Hours Telephone: Area Code 732 Number 355-1311 Extension 20

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 2/11/2019

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:

Please provide the transcript and auido recording from the February 5, 2019 Town Council Meeting.

Due *2/21/19

RECEIVED
FEB 11 2019
HAMILTON TOWNSHIP

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

19-308

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 Royston MI _____ Last Name D'souza

Company SLK global solution

Mailing Address 2727 LBJ Freeway, Suite 420

City Dallas State TX Zip 75324 Email rajith.shekhar@slkgroup.com

Business Hours Telephone: Area Code 855 Number 512-4803 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 Royston Date 02/11/2019

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: 11 Berrywood Dr, HAMILTON, NJ, 08619 Block: 1824.03 Lot(s): 90

Time Frame Sought : Starting Date 01/01/2000 End Date 02/11/2019

Specifically Describe Identifiable Record(s) Sought:

Please check and advise for the below address:

1. Open Code Violations
2. Open/Expired Building Permits
3. Liens /Special Assessments

Due * 2/21/19

RECEIVED
FEB 11 2019
HAMILTON TOWNSHIP

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 _____

REQUEST FOR PUBLIC RECORD

19-309

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 Grace MI ____ Last Name D'Souza

Company SNAP Tax & Lien Search

Mailing Address 1701 W. Northwest Hwy. Ste. 100

City Grapevine State TX Zip 76051 Email adore@snaptaxsearch.com

Business Hours Telephone: Area Code 469 Number 270-0416 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 Grace D'Souza Date 02/11/2019

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: 153 Maple Shade Avenue, Trenton, NJ 08690 Block: 1832 Lot(s): 11

Specifically Describe Identifiable Record(s) Sought:

Kindly let us know if there are any Open code violations, Open/Expired Building Permits or any Special Assessments/Liens for the above mentioned property address.

RECEIVED
FEB 2019

Due * 2/21/19

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 ____

18-310

RECEIVED
FEB 11 2019
HAMILTON TOWNSHIP
OFFICE OF THE MUNICIPAL CLERK

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 Joseph MI D Last Name Welfel

Company

Mailing Address 222 Dakota Drive

City Trenton State NJ Zip 08691 Email [redacted]

Business Hours Telephone: Area Code 973 Number 476-3043 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 Joseph Welfel Date 02/11/2019

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: 66 Albemarle Rd, Hamilton, NJ 08690 Block: Lot(s):

Specifically Describe Identifiable Record(s) Sought:

We are in attorneys review with the current seller.

We want to pull a record of all permits on the house to make sure there are none missing or open/incomplete.

After speaking to a women on the phone at the Clerks office, I would like these results emailed to my above email. JOSEPHWELFEL@gmail.com

Thanks in advance!

Completed 2/21/19 + email + 2/22/19

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 ____

19-311

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
FEB 11 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 Sharon MI E Last Name Maher

Company Environmental Alliance, Inc.

Mailing Address 515 Plainfield Avenue, Suite 202

City Edison State NJ Zip 08817 Email smaher@envalliance.com

Business Hours Telephone: Area Code 732 Number 5370250 Extension 2016

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 Sharon E. Maher Date 2/4/2019

Payment Information

Max. Authorized Cost $ 20.00

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: 3500 Mercerville-Quakerbridge Road Block: 1520.01 Lot(s): 34 and 35

Time Frame Sought: Starting Date 1990 End Date 2019

Specifically Describe Identifiable Record(s) Sought:

Tax Assessor - Property Record card, deeds, assessments

Engineering/Zoning/Inspections/Building Department -site plans, construction permits, any records of tank removal or installation, zoning resolutions

Health Department - any records or inspections

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

19-312

RECEIVED
FEB 12 2019
HAMILTON TOWNSHIP
OFFICE OF THE MUNICIPAL CLERK

Brittani Calderone

From: James Hoffa <[redacted]>
Sent: Monday, February 11, 2019 4:20 PM
To: Brittani Calderone; Eileen Gore
Subject: OPRA Feb11_2019

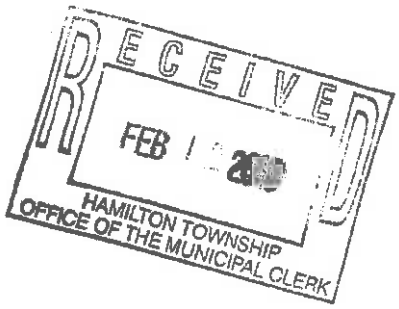
Pursuant to OPRA and the common law, I would like the 2018 calendars for the mayor, Business Administrator, and all directors

due x 2/22/19

19-313

Brittani Calderone

From: Eileen Gore
Sent: Tuesday, February 12, 2019 9:56 AM
To: Brittani Calderone
Subject: FW: IMMEDIATE ACCESS 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, February 12, 2019 9:57 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: IMMEDIATE ACCESS OPRA REQUEST

1. A copy of all purchase orders, invoices, vouchers, payment approvals or records for the Stone Terrace for the "State of the Township" for 2019
2. Copies of all other purchase orders, vouchers, invoices, payment records or approvals associated with the "State of the Township" for 2019

Immediate access means at once, without delay

47:1A-5(e)

Immediate access shall be granted to budgets, **bills, vouchers,** contracts, including collective negotiations agreements and individual employment contracts, and public employee salary and overtime information.

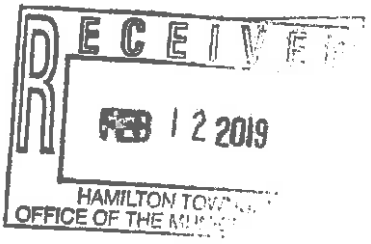
Terry [redacted]

due 2/21/19

19-314

Brittani Calderone

From: Eileen Gore
Sent: Tuesday, February 12, 2019 12:25 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: Tuesday, February 12, 2019 12:26 PM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: Opra Request

1. A copy of all police reports and complaints filed by Kelly Yaede for 2018
2. A copy of all police reports and complaints filed by Mayor Kelly Yaede for 2018.

--
Terry
[redacted]

due
2/22

19-315

RECEIVED
FEB 12 2019
HAMILTON TOWNSHIP
OFFICE OF THE MAYOR

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 Steven MI ____ Last Name Kipnis

Company ____

Mailing Address ____

City ____ State ____ Zip ____ Email [redacted]

Business Hours Telephone: Area Code 732 Number 796-5132 Extension ____

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

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

Signature S.K. Date 02/08/2019

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:

List of all vacant properties in Hamilton. Please include owner's full address. Please send in Excel format.

Please email.

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 # 2/22/19

Custodian Signature ____ Date ____

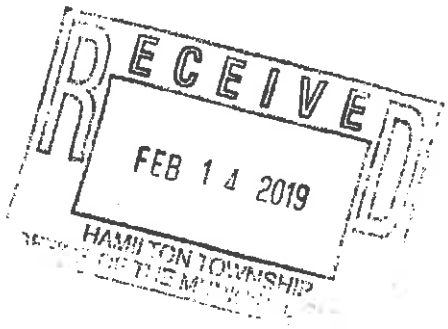
19-316

Brittani Calderone

From: Baxter Q [redacted]
Sent: Thursday, February 14, 2019 9:31 AM
To: Eileen Gore; Brittani Calderone
Subject: OPRA Request 20190214

Pursuant to NJ law, the following is an Open Public Records request. Please provide all OPRA requests received by the clerk's office between Jan 21 and Feb 13, 2019 requiring records from the animal shelter. I do not need the responses to those requests.

Due
* 2/26/19



19-317

Brittani Calderone

From: Baxter Q <[redacted]>
Sent: Thursday, February 14, 2019 9:33 AM
To: Brittani Calderone; Eileen Gore
Subject: OPRA Request 20190214-1

Pursuant to NJ law, the following is an Open Public Records request. Please provide all emails between the clerk's office or any employee of the clerks office and the animal shelter or any employee of the animal shelter between Jan 21 and Feb 14, 2019 containing the word "OPRA" in either the subject or message body.

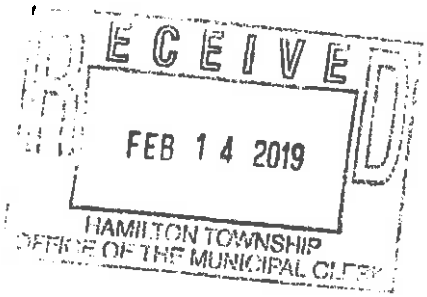
Due
* 2/26/19

19-318

Brittani Calderone

From: Eileen Gore
Sent: Thursday, February 14, 2019 10:57 AM
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: Terry peifer [redacted]
Sent: Thursday, February 14, 2019 10:58 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: IMMEDIATE opra request

copy of all invoices of any shelter animal that was spay or neutered from July 1 to current.

THIS IS AN IMMEDIATE OPRA REQUEST.

--

Terry

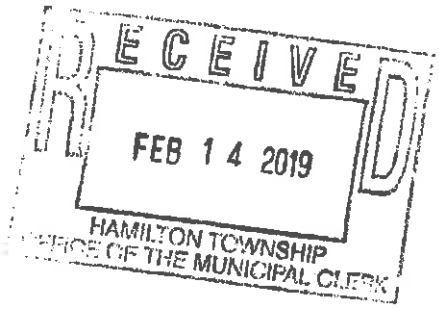
[redacted]

Due
*2/26/19

19-319

Brittani Calderone

From: Eileen Gore
Sent: Thursday, February 14, 2019 10:08 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, February 14, 2019 10:09 AM
To: Eileen Gore <EGore@hamiltonnj.com>
Subject: opra request

all animal intake records from 1/1/19 to current from the animal shelter

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

*2/26/19