



TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information - Please Print

First Name BRIAN MI R Last Name QUENTZEL
E-mail Address b.quentzel@gmail.com
Mailing Address 64 N. Summit St. #209
City TENAFLY State NJ Zip 07670
Telephone 201 816-1901 FAX (888) 221 9076
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 3/23/17

Payment Information

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

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

Any documents indicating if Block 1105.10, Lot 3.05 (Rockport Road):

- a. had or has any underground and/or above-ground storage tank(s);
- b. has any restriction(s) that would prevent my client from building a single-family dwelling on the subject property and/or subdividing the property in half;
- c. has an accessible point to tie into water and/or other utilities;
- d. is in a flood hazard or flood zone;
- e. had or has any well(s) on the property; Box
- f. has or had any environmental contamination of any kind, including but not limited to excess pesticide or fertilizer.

AGENCY USE ONLY

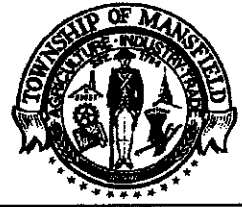
AGENCY USE ONLY

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Requestor Information – Please Print

First Name Brian MI Last Name McKevitt
E-mail Address brianmckevitt@comcast.net
Mailing Address 29 Blau Road
City Hackettstown State NJ Zip 07840
Telephone 908-850-9333 FAX 866-429-1855
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 3/23/2017

Payment Information

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

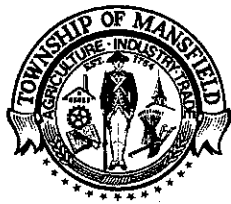
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

- 1) Communications and/or letters sent to the property owner(s) of 445 Watters Road, Mansfield Twp. Block:1301 Lots: 5 & 5.03, from Mansfield Twp., Zoning Officers and Township Engineers. Dates included in the search are from 3/1/2014 to present.
- 2) Communications and/or letters sent from the property owner(s) of 445 Watters Road, Mansfield Twp. Block:1301 Lots: 5 & 5.03, to Mansfield Twp., Zoning Officers and Township Engineers. Dates included in the search are from 3/1/2014 to present.
- 3) All Zoning/Land use Permit Applications for 445 Watters Road, Mansfield Twp. Block:1301 Lots: 5 & 5.03 from 3/1/2014 to present.

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TOWNSHIP OF MANSFIELD

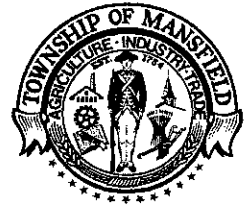
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Requestor Information - Please Print

First Name Scott MI M Last Name MINTER

E-mail Address sminter@countways.com

Mailing Address 515 Mount Bethel Rd

City Albion State NJ Zip 07863

Telephone 908 755 3125 FAX _____

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

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

Signature [Signature] Date 4/13/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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12/6/16 Special Meeting Minutes - Not Posted
MUN + DEC 2016 Executive Session Minutes

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Sent email 4/19/17
requesting media
drive +
providing
other
info

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Requestor Information - Please Print

First Name Elizabeth MI A. Last Name Griggs
E-mail Address betsy.griggs@winterweb.com
Mailing Address 545 Mount Bethel Road
City Oxford State NJ Zip 07863
Telephone 908-799-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Griggs Date April 17, 2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0. _____ per page
Legal size pages - \$0. _____ per page
Other materials (CD, etc) - actual
Delivery: Delivery / postage fees additional depending on delivery type.
Extras: Special service charge dependent upon request

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will be jeopardized by such method of delivery.

- 1) Audio for the 12/06/2016 Township Committee special meeting.
- 2) Audio for the 04/12/2016 Township Committee meeting.
- 3) Minutes for the 12/06/2016 Township Committee special meeting.
- 4) Annual 1099s for the last three years for the Rosenblum who ran the tennis clinics.
- 5) Annual total revenue for the last three years by year for the tennis clinics.

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15 mins.

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information - Please Print

First Name ANGELA MI _____ Last Name COLON

Company SKOLOFF & WOLFE, P.C.

Mailing Address 293 EISENHOWER PARKWAY

City LIVINGSTON State NJ Zip 07039 Email acolon@skoloffwolfe.com

Business Hours Telephone: Area Code 973 Number 992-0900 Extension 125

Preferred Delivery: E-Mail ☒ 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 April 28, 2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Extraordinary service fees dependent upon request.

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

With Regard to WH Realty I LLC., Block 301- Lot 8.03 - 350 Oxford Ave., Mansfield, New Jersey, - I respectfully request that you provide me with a copy of the Tax Assessor's entire file including but not limited to the entire property record card including field inspection notes, the income and cost approaches for the subject property and any sketches or diagrams of the building and/or the land.

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Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

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

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

Tracking Information

Final Cost

Tracking # 3 Total _____

Rec'd Date 5/2/17 Deposit _____

Ready Date 5/4/17 Balance Due _____

Total Pages _____ Balance Paid _____

Records Provided

Custodian Signature

Date



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Requestor Information – Please Print

First Name Renil MI M Last Name George
E-mail Address metroconnections2016@gmail.com
Mailing Address 159 Lincoln Street
City Hackensack State NJ Zip 07601
Telephone 201 838 4255 FAX _____
Preferred Delivery: Pick Up _____ US Mail X On-Site Inspect _____ Fax _____ E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 04/27/2017

Payment Information

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

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

Partner Engineering & Science, Inc. has been engaged to conduct a Property Condition Assessment on the following property: Retail Building, 1930 Route 57, Hackettstown, NJ 07840. Please respond to the attached documentation/information requests. Please call or email the PES contact person listed above to discuss questions and/or fees associated with this request.

Thank you for your assistance.

Renil M George
Partner Associate, PES Inc

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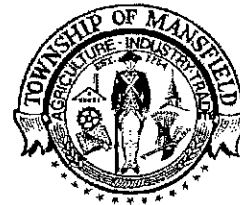
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Requestor Information – Please Print

First Name Ramesh MI Last Name Challapalli
E-mail Address ramesh@capars.com
Mailing Address 2 McCathern Court
City Bridgewater State NJ Zip 08807
Telephone 908 296 4338 FAX 908 349 3236
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ~~HAVE~~ **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Ry Date 5/6/2017

Payment Information

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

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Address: 1930 Route 57, Hackensack NJ; located in Mansfield Township, Warren County; Block 1104 and Lot 10

Building, Fire Prevention and Health Departments,
Copies of Permits for install, removal or closure of aboveground or underground storage tanks,
Known Environmental Concerns,
Tax Assessor's Office Copies of Property Card

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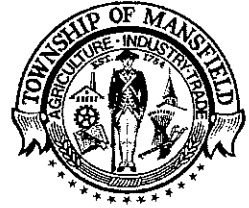
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Requestor Information – Please Print

First Name Constance MI _____ Last Name Adasavage
E-mail Address conandershonis@aol.com
Mailing Address 208 Snyder Road
City Port Murray State NJ Zip 07865
Telephone 908-813-1393 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
☒ Please use stick drive provided
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature _____ Date _____

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual
Delivery: Delivery / postage fees additional depending upon delivery type.
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2016 & 2017
Committeeperson Financial Disclosure Form

2017 Petition endorsing Nomination Candidates for Municipal Office
All candidates

~~2017 Petition endorsing Nomination Candidates for Municipal Office~~
~~All candidates~~

* Please use stick drive/usb drive provided

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TOWNSHIP OF MANSFIELD

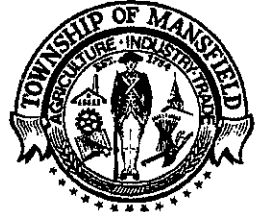
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Requestor Information - Please Print

First Name Elizabeth MI A Last Name Griggs
E-mail Address ehgriggs@public@minkmets.com
Mailing Address 545 Mount Bethel Road
City Oxford State NJ Zip 07863
Telephone 908-799-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Griggs Date May 11, 2017

Payment Information

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

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- 1) Please provide audio for May 10, 2017 Township Committee meeting.
- 2) Please provide the minutes from the Nov. 15, 2016 Special Meeting (Township Committee)

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TOWNSHIP OF MANSFIELD

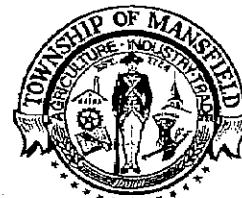
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dhrebenak@mansfieldtownship-nj.gov

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Requestor Information – Please Print

First Name	Annie	MI		Last Name	Baran
E-mail Address	baran 0323 @ yahoo. com				
Mailing Address	1204 Schmidt Ave				
City	Union	State	NJ	Zip	07083
Telephone	908-256-0843		FAX	908-688-6203	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Annie Baran			Date	5-18-17

Payment Information

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

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

3 Elmwood Dr, Hackensacktown 07840 (Mansfield)
Block: 1906 Lot: 9

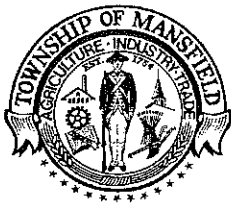
Please send property record card, This information
is use for appraisal ~~seo~~ purpose.

Thank you.

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dhrebenak@mansfieldtownship-nj.gov
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5/31 emailed property record card

Important Notice

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Requestor Information – Please Print

First Name REGINA MI Last Name TAN
E-mail Address REGINAGLTAN@GMAIL.COM
Mailing Address P.O. BOX 7205
City HACKETTSTOWN State NJ Zip 07840
Telephone FAX
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature REGINA TAN Date 5/31/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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REQUEST FOR PROPERTY TAX RECORD CARD + DEED (RECENT SALE IN 2017) FOR:

2020 NJ-ROUTE 57

MANSFIELD, NJ 07840

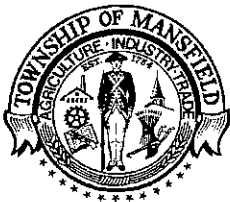
Thank you.

110314

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TOWNSHIP OF MANSFIELD

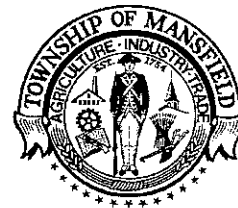
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Requestor Information – Please Print

First Name Gregg MI N Last Name Didia
E-mail Address g.didia@maicomllc.com
Mailing Address 21 ANN ST
City VERONA State NJ Zip 07044
Telephone 201-757-2418 FAX —
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 5/4/17

Payment Information

Maximum Authorization Cost \$ 14.09
Select Payment Method
☒ Cash ☒ Check ☐ Money Order J2 Collaborative Design
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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REQUESTING HEREIN SITE PLANS, SURVEYS, ETC.
PERTAINING TO THE COMCAST FACILITY AT
155 PORT MURRAY ROAD, PORT MURRAY, NJ.
I WORK WITH MAICOM, LLC, WE ARE A G.C.
WORKING FOR COMCAST IN THE NORTHEAST REGION.
155 PORT MURRAY RD IS RESEARCHING CURRENTLY
OPTIONS ON A SMALL BUILDING ADDITION.
1511/1.02 Thank you, Gregg Didia

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Requestor Information – Please Print

First Name Tom MI MI Last Name Duran
E-mail Address Thomas @ 1zenbergappraisal.com
Mailing Address 205 MAIN STREET
City Chatham State NJ Zip 07928
Telephone 973 515 4700 x 106 FAX 973 515 4725
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 6/7/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
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Block 1105, LOT 12.01
- Request Property Record Card w/ sketch drawing
- Planning Board development Resolution Approvals
- Construction Permits / Costs for Walmart Property
Known as Mansfield Commons (Walmart & Kohls with inline retail)
Email: thomas @ 1zenbergappraisal.com

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TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information - Please Print

Payment Information

First Name Catherine MI J Last Name Conway
E-mail Address Catherine.Conway@cbmovers.com
Mailing Address 191 Main Street
City Cheser State NJ Zip 07530
Telephone 201-412-5537 FAX 862-345-3407
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Catherine J Conway Date 6-13-17

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

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

Would like a copy of all permits on 601
Rockport Road Lot 20.03 Block 1001.01

Also please confirm there are no open permits.

Thank you!

- Cathy Conway
Coldwell Banker

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-669-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information - Please Print

First Name Ann MI M Last Name BellE-mail Address casabell@comcast.netMailing Address 11 Parkview DriveCity Hackettstown State NJ Zip 07840Telephone 908-684-3686 FAX _____Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.Signature Christina BellDate 6/15/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Special service charge dependent upon request

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

Police Report +/- Data Entry Reports for Noise Complaints
on 6/11/17 and 6/14/17 on Parkview Drive, Diamond
Hill Development. Copy of any summons issued.
Copy of Local Ordinance regarding noise (residential)

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information - Please Print

First Name ROBIN MI _____ Last Name MARTINOS
E-mail Address R.martinos@constructionjournal.com
Mailing Address 400 SW 7TH ST
City STUART State FL Zip 34994
Telephone 800-785-5165 x421 FAX 800-581-7204
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax X E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Robin Martinos Date 7-3-17

Payment Information

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

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

DPW BUILDING - STANDBY GENERATOR

BIDS OPENED 5-10-17

PLEASE PROVIDE COPY OF BID TABULATION

emailed 7/7/17 JJS

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information - Please Print

First Name Annie MI MI Last Name Baran
 E-mail Address baran 0323 @ yahoo. com
 Mailing Address 1204 Schmidt Ave
 City Union State NJ Zip 07083
 Telephone 908-256-0843 FAX 908-688-6203
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Annie Baran Date 7-10-17

Payment Information

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

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

214 Mount Bethel Rd, Port Murray NJ 07865 (Mansfield)
 Block: 3101 Lot: 1.02

Please send property record card, This information is use for appraisal purpose.

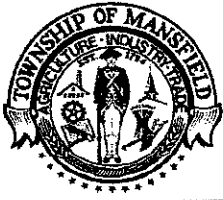
Thank you

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emailed 7/11/17



TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Elizabeth MI A Last Name Griggs
E-mail Address Egriggs-public@winterweb.com
Mailing Address 543 Mount Bethel Road
City Oxford State NJ Zip 07863
Telephone 908-799-3125 FAX _____
Preferred Delivery: Pick Up _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Griggs Date January 1, 2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

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

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

Please provide all of Mansfield Township Committeeman Joseph Watters emails in their entirety including attachments from 2006, 2007, September 1, 2014 through and including February 15, 2015, April 1 through and including June 30, 2015, March 14 through September 1, 2016. This would include emails in multiple email accounts (lindajoywatters@gmail.com) and jwatters@mansfieldtownship-nj.gov) as although he has served on Township Committee for over 16 years he only utilized a personal email account through 2015 at which time he finally established a government email account.

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OPRA request

Racioppi, Dustin <Racioppi@northjersey.com>

Sat 1/7/2017 9:56 AM

To: Dena Hrebenak <dhrebenak@mansfieldtownship-nj.gov>;

Good morning.

Under the Open Public Records Act, I am writing to request a vendor history report detailing the total paid by Mannington in each of the last three fiscal or calendar years, whichever applies, for legal notices in newspapers. If possible, please note the reason for the legal notice(s) and the newspaper(s) in which they were published. Please note that I am not seeking each individual purchase order, only a listing.

If possible, please provide each year as its own attachment.

I agree to pay any reasonable duplication fees for the processing of this request in an amount not to exceed \$25. If the cost will be more than this amount, please contact me as soon as possible to discuss the fee. My email is racioppi@northjersey.com and my cell phone is 732-513-7780.

If there are portions of a record(s) which must be redacted, please identify the record that has been redacted and the legal basis for your contention that the redacted portion(s) is exempt from disclosure under OPRA. If a record(s), in its entirety, is exempt from disclosure under OPRA, kindly notify me, in writing, of the exemption under OPRA upon which you are relying. I reserve the right to appeal any decision to withhold any information and/or to dispute fees charged.

Because such information must be made readily available, I anticipate receiving it as soon as possible but, in no event, later than the seven (7) business days required by law.

Dustin Racioppi

State House reporter

The Record**USA TODAY
NETWORK**

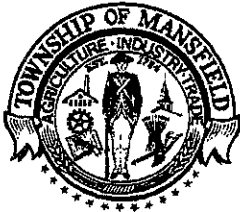
Mobile: 732-513-7780

Office: 609-984-6623

racioppi@northjersey.com

@dracioppi

NorthJersey.com



TOWNSHIP OF MANSFIELD

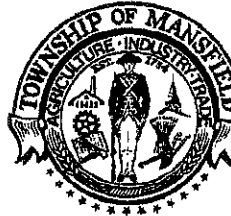
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information - Please Print

First Name Elizabeth MI A. Last Name Griggs
E-mail Address betty.griggs@interweb.com
Mailing Address 545 Mount Bethel Road
City Oxford State NJ Zip 07863
Telephone 908-749-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Griggs Date January 12, 2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.10 per page
Legal size pages - \$0.10 per page
Other materials (CD, DVD, etc) - actual
Delivery: Delivery / postage fees additional depending on delivery type.
Extras: Special service charge dependent upon request

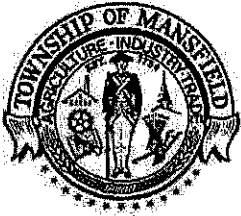
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will be jeopardized by such method of delivery.

Please provide the audio recordings for the Township Committee meetings for the following dates on the provided drive:
October 12 & 26, 2016
November 9 & 22, 2016
December 14 & 28, 2016
January 2 & 11, 2017

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Carol MI A. Last Name Thompson

E-mail Address carolthompson18@comcast.net

Mailing Address 510 Rt 57

City Port Murray State NJ Zip 07865

Telephone 908-565-6502 FAX _____

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Request for cd copy of Mansfield Twp Committee Meeting
12/14/16 as recorded. Please advise approx cost of
cd.

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TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information - Please Print

First Name Elizabeth MI A. Last Name Griggs
E-mail Address egriggs.public@att.net
Mailing Address 545 Mount Pleasant Road
City Oxford State NJ Zip 07863
Telephone 908-749-3125 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Griggs Date January 13, 2017

Payment Information

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

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

Please provide a copy of the invoice for "Wash Bay Maintenance" by J&D Sales & Service for November 2016 PO/Invoice 03661 161343.
Copy of page of bill list page 5 attached noting invoice.

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NEW JERSEY SENATE

January 25, 2017

SENATE CHAMBERS

P.O. Box 099

TRENTON, NEW JERSEY 08625-0099

Sent via email and regular mail.

The Honorable Dena Hrebenak
Municipal Clerk
Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865

Dear Ms. Hrebenak:

On behalf of Senate Majority Leader Loretta Weinberg we are submitting this OPRA request regarding the following documents related to the healthcare waiver payments made to the employees of your municipality:

This request covers the time period from January 1, 2010 through January 1, 2017.

Does your municipality provide incentive payments to employees who elect to waive health care coverage provided by the school district?

If yes, please provide the (1) resolutions adopted by the board, (2) the provisions in each individual contract of employment, or (3) the provisions in each collective negotiations agreement that authorize or provide for such payments.

Please provide a list containing the position of each employee who received an incentive payment and the amount of the payment to the employee in each year.

If the information provided is by fiscal year, please so state and provide the start date of the fiscal year.

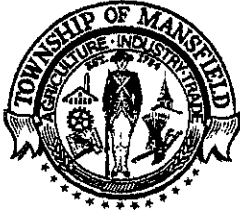
If a list is not available, please provide: (1) the application form or request submitted by each employee who waived health care coverage and received an incentive payment; (2) your written response to each application or request; and (3) the amount of the payment.

Kindly send the documents to this e-mail address: senweinberg@njleg.org

Please feel free to contact me if you need clarification or to discuss your response.

Sincerely,

Louis Couture



TOWNSHIP OF MANSFIELD

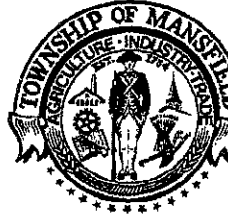
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Elizabeth MI A. Last Name Griggs
E-mail Address betsy.griggs@interweb.com
Mailing Address 545 Mount Bethel Road
City Oxford State NJ Zip 07863
Telephone 908-799-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Griggs Date January 26, 2016

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Letter size pages - \$0. _____ per page
Legal size pages - \$0. _____ per page
Other materials (CD, etc) – actual _____
Delivery: Delivery / postage fees additional depending on delivery type.
Extras: Special service charge dependent upon request

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will be jeopardized by such method of delivery.

Please provide the audio recording of the 1/25/2017
Mansfield Township Committee meeting on the
provided date sheet.

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information - Please Print

First Name	Melaine	MI	R	Last Name	Palen
E-mail Address	mbombardo@enviro-sciences.com				
Mailing Address	781 Rt. 15				
City	Lake Hopatcong	State	NJ	Zip	07849
Telephone	973-398-8983	ext.	271	FAX	973-398-8037
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail
			☒		
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Melaine Palen			Date	1-26-17

Payment Information

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

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

Property Info Request for: 2020 Route 57
Mansfield, NJ

We are conducting an environmental assessment of the above referenced property. We are requesting any permits applications, records pertaining to this property. Examples include current or past environmental / underground storage tanks at the site, current or past environmental contamination or remediation, or any other environmental permits, violations, conditions or covenants. Also any construction or building permits associated with the property. Thank you!

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Kimberlee MI C Last Name Balas
E-mail Address Kim@thecslawfirm.com
Mailing Address Carlson Siedsma 1099 Mt. Kemble Avenue
City Morristown State NJ Zip 07960
Telephone 973-870-0470 x104 FAX 973-870-0076
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☐ E-mail ☒

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

Signature [Signature] Date 2-1-17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

All town Permits, including any Permits Related to oil tanks
for: 332 Allen Road, Mansfield Township.
Block No.: 1102 Lot No.: 3.18

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THE CANNING GROUP LLC



WWW.TheCanningGroup.org
Info@TheCanningGroup.org

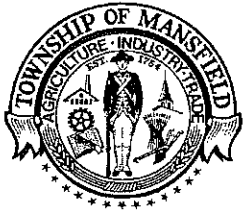
February 2, 2017

Dear Municipal Clerk,

Re: OPRA Request

Kindly please provide the below listed information.

1. 2016 and/or 2017 Salary Resolution or Salary Ordinance listing salaried positions
2. Pertinent Public works contract
 - a. (JUST PAGE INDICATING SALARY LEVELS FOR COVERED POSITIONS 2016 and/or 2017)
3. Any other document indicating the salary level for the below listed positions



TOWNSHIP OF MANSFIELD

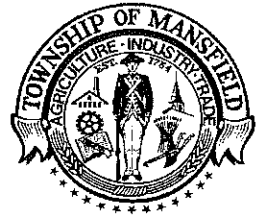
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information – Please Print

First Name Constance MI _____ Last Name Adasavage
E-mail Address conandershonis@aol.com
Mailing Address 208 Snyder Road
City Port Murray State NJ Zip 07865
Telephone 908-813-1393 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Constance Adasavage Date 1/30/17

Payment Information

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

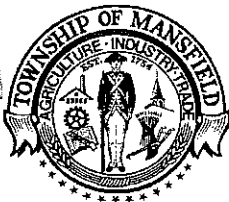
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

OpenSpace Meeting Minutes for ~~2016~~
2015, 2016 & 2017

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AGENCY USE ONLY



TOWNSHIP OF MANSFIELD

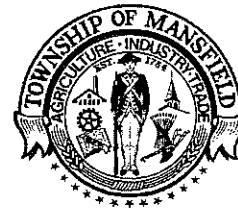
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information – Please Print

First Name Elizabeth MI A. Last Name Griggs
E-mail Address egriggs.pamela@minternet.com
Mailing Address 545 Mount Carmel Road
City Oxford State NJ Zip 07863
Telephone 908-799-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth R Griggs Date February 17, 2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

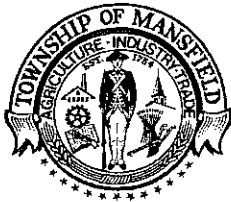
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

- 1) Meeting Audio from the February 8, 2017 Township Committee meeting.
- 2) Copy of the Employee Handbook

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

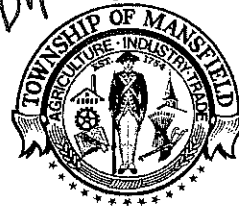
100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian

Completed
DH SMH



Important Notice

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Requestor Information – Please Print

First Name Constance MI _____ Last Name Adasavage
E-mail Address conandershonis@aol.com
Mailing Address 208 Snyder Road
City Port Murray State NJ Zip 07865
Telephone 908-813-1393 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE** / **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Constance Adasavage Date 2/23/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

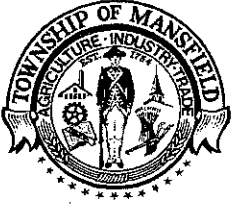
2017 Township Committee Meeting Audio recording
JANUARY & FEBRUARY

Providing - stick drive to copy onto

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AGENCY USE ONLY



TOWNSHIP OF MANSFIELD
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908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Jeremy MI J Last Name DeLuca
E-mail Address jrmymdeluca@yahoo.com
Mailing Address 445 Watters Road
City Hackettstown State NJ Zip 07840
Telephone (908) 296 - 1632 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 03/02/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

☒ Cash ☐ Check ☐ Money Order

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

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

Extras: Special service charge dependent upon request.

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

I, Jeremy DeLuca, am requesting records/information for the home owner below regarding zoning approval for the operation of a home occupation. Please include all permits and applications regarding this situation.

Dennis McKeivitt
29 Blau Road
Hackettstown, NJ 07840
Block 13.01
Lot 4.04

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OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information - Please Print

First Name Amy MI _____ Last Name Han

E-mail Address amyhan324@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone 856-383-0803 FAX _____

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

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

Signature [Signature] Date _____

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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

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

Extras: Special service charge dependent upon request.

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

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

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

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Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

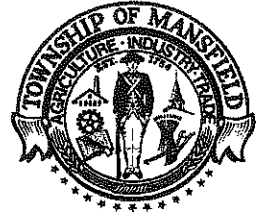
AGENCY USE ONLY

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



TOWNSHIP OF MANSFIELD
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dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name John MI M Last Name Craven
E-mail Address John Craven 84@gmail.com
Mailing Address 302C Greenhut Ave Randolph NJ 07869
City Randolph State NJ Zip 07869
Telephone 973-271-9282 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 3/15/17

Payment Information

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

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

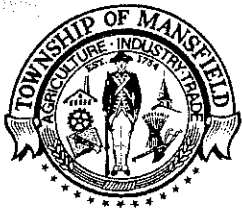
Any information pertaining to 255 Main Street, Port Murray, NJ.
1602/15

- Any Past Permits, open + closed
- Any Applications for permits
- Septic tests, information
- Variances
- land assessments + tax assessments

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AGENCY USE ONLY



TOWNSHIP OF MANSFIELD

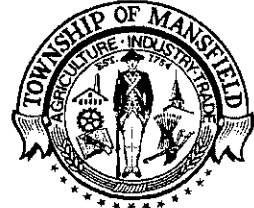
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908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name CAROL MI A Last Name Thompson

E-mail Address carol.thompson18@comcast.net

Mailing Address 510 Rt 57

City Port Murray State NJ Zip 07865

Telephone 908-565-6502

FAX

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

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

Signature Carol Thompson Date 3/21/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Request for Land Use Board Meeting copied to provided cd's for Jan 18th & Feb 15, 2017 meetings.

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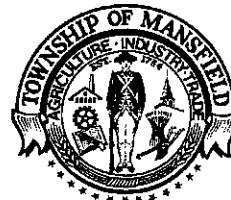
AGENCY USE ONLY



TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Elizabeth MI A Last Name Griggs
E-mail Address egriggs.public@mintweb.com
Mailing Address 545 Mount Bethel Road
City Oxford State NJ Zip 07863
Telephone 908-799-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Griggs Date March 23, 2017

Payment Information

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

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

- 1) Please provide the audio recordings of the Mansfield Township Committee meetings for February 27, March 8, March 22, 2017.
- 2) Please provide the audio recording of the Mansfield Township Committee budget meeting on March 17, 2017.
- 3) Please provide a copy of the Mansfield Township introduced budget 2017 (website only has anticipated revenues).

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908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information - Please Print

First Name Jeffrey MI L Last Name Alte, Jr
E-mail Address alterroofing@hotmail.com
Mailing Address 446 Mount Bethel Rd.
City Oxford State NJ Zip 07863
Telephone 908-256-1791 FAX _____
Preferred Delivery: Pick Up US Mail _____ On-Site _____ Inspect _____ Fax _____ E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 3/21/17

Payment Information

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

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

580 Rockport Rd. Mansfield Twp. Block: 1204 Lot: 2.01

Any and all permits - open + closed
construction documents
maps or surveys
health department records

gas furnace

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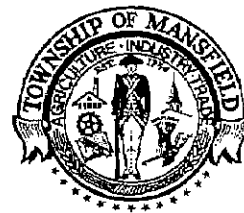
TOWNSHIP OF MANSFIELD
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100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information – Please Print

First Name Annie MI MI Last Name Baran
 E-mail Address baran 0323 @ yahoo.com
 Mailing Address 1204 Schmidt Ave
 City Union State NT Zip 07083
 Telephone 908-256-0863 FAX 908-688-6203
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Annie Baran Date 4-7-17

Payment Information

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

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

1430 Route 57, Port Murray 07865 (Mansfield)

Block: 1303 Lot: 17

Please send property record card, This information is use for appraisal purpose.

Thank You -

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TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Joanne MI Last Name Lauro
 E-mail Address joanneL@cisleads.com
 Mailing Address 1170 Kinnelon Road Suite #2
 City Kinnelon State NJ Zip 07405
 Telephone (973) 492-0509 FAX (973) 492-8378
 Preferred Delivery: Pick Up US Mail On-Site Inspect Fax ✓ E-mail ✓
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Joanne Lauro Date 4/10/17

Payment Information

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

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

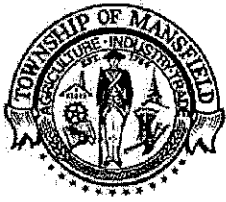
Bid date 3/22/17 10AM Lawn Mowing and Trimming
 Please forward a complete list of contractors who
 bid on this project. Bid tabulations as opened.
 Thank you.

ACF Landscape Lawncare Maintenance + Design \$34,000

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dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Carol MI A Last Name Thompson
E-mail Address carolthompson18@comcast.net
Mailing Address 510 Rt 57
City Port Murray State NJ Zip 07865
Telephone 908-565-6502 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Carol Thompson Date 4-17-17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Request for 2017 Junkyard license renewal completed application for Rt 57 Auto Salvage, NJ Car LLC
Woodland Auto Sales.

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AGENCY USE ONLY

AGENCY USE ONLY



TOWNSHIP OF MANSFIELD

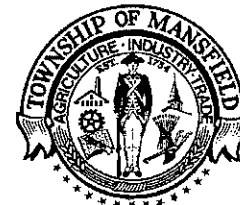
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Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information - Please Print

First Name Carol MI A Last Name ThompsonE-mail Address carol.thompson18@comcast.netMailing Address 510 Rt 57City Port Murray State NJ Zip 07865Telephone 908-565-6502

FAX _____

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

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

Signature Carol Thompson Date 7-19-17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Request for recording of June 19, 2017 Land Use Board Meeting

Copied 7/19/17 3:15pm JA

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AGENCY USE ONLY

AGENCY USE ONLY

Called for pickup

Rec'd 7/19/17
8:05 JF



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Dena Hrebenak, Records Custodian



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Requestor Information – Please Print

First Name Elizabeth MI A. Last Name Griggs
E-mail Address egriggs@public@minterweb.com
Mailing Address 545 Mount Bethel Road
City Orona State NJ Zip 07863
Telephone 908-799-3125 FAX _____
Preferred Delivery: Pick Up _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date May 9, 2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide all quotes for the basketball courts being converted from tennis courts.

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TOWNSHIP OF MANSFIELD

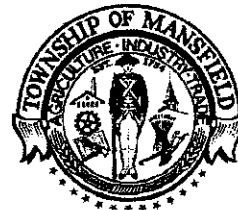
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dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



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Requestor Information – Please Print

First Name Elizabeth MI A. Last Name Griggs
 E-mail Address lgriggspublic@comcast.net
 Mailing Address 545 Mount Bethel Road
 City Oxford State NJ Zip 07863
 Telephone 908-799-3125 FAX _____
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail

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

Signature Elizabeth A. Griggs Date 05/09/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Please provide all quotes for fire gear that Deputy Mayor Ron Hayes and Committeeman Michael Misertino were debating during the April 26, 2016 Township Committee meeting.

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information – Please Print

First Name Elizabeth MI A. Last Name Griggs
 E-mail Address egriggs@public-minterweb.com
 Mailing Address 545 Mount Berkel Road
 City Delford State NJ Zip 07863
 Telephone 908-799-3125 FAX _____
 Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Elizabeth A. Griggs Date July 25, 2017

Payment Information

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

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

Please provide the audio for the following
 Township Committee Meetings:
 June 14, 2017
 June 28, 2017
 July 12, 2017
 I will stop by with a USB drive.

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Missing Pages and Info from OPRA Requests 05092017 Response

egriggs.public@minterweb.com

Thu 7/27/2017 9:00 AM

To: Dena Hrebenak <dhrebenak@mansfieldtownship-nj.gov>; Michael Lavery <mlavery@lsaciaw.com>; JoAnn Griffith <jgriffith@mansfieldtownship-nj.gov>;

1 attachments (3 MB)

OPRA Request 05092017 All Pothole Claims Since 2013.pdf;

Please complete this past submitted OPRA request in full. See the omitted highlighted items from your past response below.

Kind regards,
Elizabeth A. Griggs
545 Mount Bethel Road
Oxford, NJ 07863

----- Original Message -----

Subject: RE: Missing Pages from OPRA Requests 05092017 Response

From: <egriggs.public@minterweb.com>

Date: Fri, May 19, 2017 10:06 am

To: "Dena Hrebenak" <dhrebenak@mansfieldtownship-nj.gov>

Thank you for your response. There appears to be some information missing:

- 1) Can you provide the Harrington quote submitted and used to make a decision at the November 15th special meeting (i.e. how many tons of asphalt was the quote for). What are the components of the \$4,000 quote?
- 2) Can you provide all pages of the quote from Halecon? You only included the first page.
- 3) Can you provide all pages of the Fire Fighters Equipment, Inc. quote (you only provided pages 1, 3 and 5). Also, can you provide the other company (competitor) quotes.
- 4) Can you provide a response to the pothole OPRA request as that appears to be missing from your response. I have attached for your easy reference.

Thank you,
Elizabeth A. Griggs

----- Original Message -----

Subject: Re: OPRA Requests 05092017

From: Dena Hrebenak <dhrebenak@mansfieldtownship-nj.gov>

Date: Wed, May 17, 2017 4:22 pm

To: "egriggs.public@minterweb.com" <egriggs.public@minterweb.com>



TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information – Please Print

First Name Constance MI _____ Last Name Adasavage
E-mail Address conandershonis@aol.com
Mailing Address 208 Snyder Road
City Port Murray State NJ Zip 07865
Telephone 908-813-1343 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
☒ USB Drive
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Constance Adasavage Date 5/12/17

Payment Information

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

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

- 1- Township Committee Mtg recordings 4/12/17, 4/26/17, 5/10/17
 - 2- Township Committee Handbook ~~(provided)~~ ^{Twp} Handbook provided to new Committee members when sworn into Twp Committee)
 - 3- Township Volunteer Handbook (Twp provided handbook provided to new volunteers when appointed ~~recruited~~)
- * USB Drive provided

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TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Elizabeth MI A. Last Name Griggs
E-mail Address egriggs.public@minterweb.com
Mailing Address 545 Mount Bethel Road
City Orford State NJ Zip 07863
Telephone 908-799-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____

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

Signature Elizabeth A. Griggs Date May 25, 2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

- ✓ 1) Please provide the audio for the May 24, 2017 Township Committee meeting.
- 2) Please provide all engineering expense invoices for the Rt. 57 Salt Shed.

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TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



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Requestor Information - Please Print

First Name Elizabeth MI A Last Name Griggs
E-mail Address egriggs_public@minterweb.com
Mailing Address 545 Mount Bethel Road
City Oxford State NJ Zip 07863
Telephone 908-799-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Griggs Date April 24, 2017

Payment Information

Maximum Authorization Cost \$ 5.00

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

Extras: Special service charge dependent upon request.

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

Please provide the emails regarding the following content (section 1 attached) including attachments in the following date range (section 2 attached) with the following senders (from), receivers (to) and copied (cc:) (section 3 attached) in Joe Watters email. This includes multiple email accounts (lindaioywatters@gmail.com and jwatters@mansfieldtownship-nj.gov) as although he has served on Township Committee for over 16 years he only utilized a personal email account through 2015 at which time he established a municipal email account.

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908.680.6451 phone, 908.680.2840 fax

e-mailed 8/14/2017
8:15min.

Important Notice

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

Requestor Information - Please Print

First Name Donna MI Last Name Mulvihill
E-mail Address muldinh@aol.com
Mailing Address 631 Valley Rd
City Oxford State NJ Zip 07863
Telephone 908-797-7976 FAX
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Donna Mulvihill Date 8/14/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

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

- 1) Need a copy of the application of the grant Hector A Cafferata Jr multi use Trail 24,000.00
- 2) need all the documents that were submitted with the application for the grant of 24,000.00
- 3) need a copy of one of the business plan of the 24,000.00 grant. (see below name)
- 4) need a copy of the existing trail outline.

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- 5) Need what the state sent back with the details of the 24,000.00 Grant (see below grant name)

* This is for the Hector A Cafferata Jr multi use Trail 24,000.00

DOMINIC A. DELAURENTIS, JR.*
DAVID P. BRIGHAM
ROBERT D. BROWN
MARCIA STANDER FREEDMAN**
JOHN A. TALVACCHIA*

STAHL & DELAURENTIS, P.C.

ATTORNEYS AT LAW

10 E. CLEMENT'S BRIDGE ROAD
RUNNEMEDE, NJ 08078

(856) 380-9200

FAX: (856) 939-1354

VISIT OUR WEB SITE: WWW.STAHL-DELAURENTIS.COM

SHARON K. GALPERN
BRYAN GASTER+
DOUGLAS C. MAUTE
ERICA L. BUSCH

* Certified by the Supreme Court of
New Jersey as a Civil Trial Attorney
** Certified by the Supreme Court of New
Jersey as a Workers' Compensation
Law Attorney
+ Of Counsel

E-mail: rdb@sdnjlaw.com

Direct Dial: 856-402-2560

Assistant: 856-402-2580

File No.: 17850

August 11, 2017

Dena Hrenbenak, Records Custodian
Township of Mansfield
100 Port Murray Road
Port Murray, NJ 07665

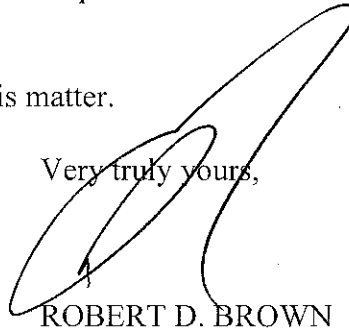
Re: Paszkowski (Richard) v. Paguay
D/A: 12/5/16

Dear Ms. Hrenbenak:

I represent defendant, Manuel Paguay, with regard to the above captioned matter. Enclosed please find a completed Open Public Records Act Request Form requesting any and all written statements provided by Manuel Paguay to the police for Case #2016-006619. Please advise if there are any fees for this request.

Thank you for your attention to this matter.

Very truly yours,



ROBERT D. BROWN

RDB/mc
Enclosure

20min



TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
 908-689-6151 phone, 908-689-2840 fax
 dhrebenak@mansfieldtownship-nj.gov
 Dena Hrebenak, Records Custodian



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Requestor Information – Please Print

First Name Elizabeth MI A Last Name Griggs
 E-mail Address Rgriggs-public@mintnetweb.com
 Mailing Address 543 Mount Bethel Road
 City Oxford State NJ Zip 07863
 Telephone 908-799-3125 FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Elizabeth R. Griggs Date July 28, 2017

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual
 Delivery: Delivery / postage fees additional depending upon delivery type.
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Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Please provide the below as per the OPRA:

Total number of claims that were filed with the Township by year from 2013, 2014, 2015, 2016 2 1 2

Total number of claims that were filed with the Township and denied by year from 2013, 2014, 2015, 2016 2

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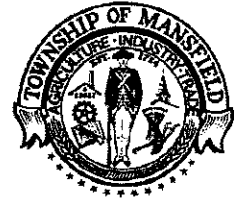
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TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



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Requestor Information - Please Print

First Name Elizabeth MI A. Last Name Griggs
E-mail Address egriggs_public@minternet.com
Mailing Address 545 Mount Bethel Road
City Oxford State NJ Zip 07863
Telephone 908-399-3125 FAX _____
Preferred Delivery: Pick Up _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Griggs Date May 9, 2017

Payment Information

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

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

Please provide the number of claims to the township for potholes and their locations since January 2013.

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15min



TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
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dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



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Requestor Information – Please Print

First Name Elizabeth MI A. Last Name Griggs
 E-mail Address Rgriggs-public@montanweb.com
 Mailing Address 545 Mount Bethel Road
 City Oxford State NJ Zip 07863
 Telephone 908-799-3125 FAX _____
 Preferred Delivery: Pick Up _____ On-Site Inspect _____ Fax _____ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Elizabeth R. Griggs Date July 28, 2017

Payment Information

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

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

Please provide the below as per the OPRA:

DPW Supervisor's Monthly Report for February, March, April and May 2017

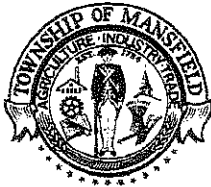
DPW Pot Hole Reports for 2015, 2016, 2017

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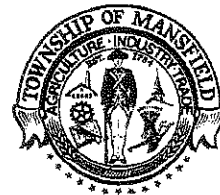
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10min



TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
 908-689-6151 phone, 908-689-2840 fax
 dhrebenak@mansfieldtownship-nj.gov
 Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name	<u>Elizabeth</u>	MI	<u>A.</u>	Last Name	<u>Griggo</u>
E-mail Address	<u>Rgriggo-public@midwestweb.com</u>				
Mailing Address	<u>543 Mount Bethel Road</u>				
City	<u>Oxford</u>	State	<u>NJ</u>	Zip	<u>07863</u>
Telephone	<u>908-799-3125</u>		FAX		
Preferred Delivery:	Pick Up ☐	US Mail ☐	On-Site Inspect ☐	Fax ☐	E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>Elizabeth R. Griggo</u>			Date	<u>July 25, 2017</u>

Payment Information

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

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

Please provide the below as per the OPRA:

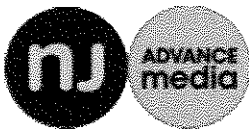
Purchasing Policy Pre July 12, 2017

Purchasing Policy Post July 12, 2017

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PROVIDING SERVICES FOR

nj.com + **Star-Ledger**

CRAIG MCCARTHY, REPORTER

732-372-2078

cmccarthy@njadvancemedia.com

Woodbridge Corporate Plaza

485 Route 1 South, Building E, Suite 300

Iselin, NJ 08830-3009

5mm

8/21/17

Dear Custodian,

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

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

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

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

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

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

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

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

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

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

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

Thank you for your assistance.
CRAIG MCCARTHY



TOWNSHIP OF MANSFIELD

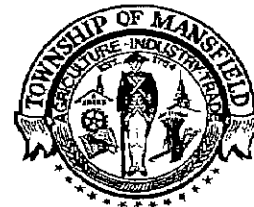
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information - Please Print

First Name Karen MI _____ Last Name Campo

E-mail Address Campo@optonline.net

Mailing Address 633 Beasel Dr

City Leading State NJ Zip 07850

Telephone 973-770-0822 FAX 973-398-1005

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

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

Signature Karen Campo Date 8/23/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Any open or closed permits, liens (if any). The home is located on 108 Highview Ter., Mansfield township. Block 1807, Lot 5

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information - Please Print

First Name Karen MI B Last Name CampoE-mail Address campocoptonline.netMailing Address 633 Bessel DrCity Landing State NJ Zip 07850Telephone 973-770-8222 FAX 973-398-1005Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail

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

Signature Karen Campo Date 8/23/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

108 Highview Ter (Mansfield Twp), Block 1807 L45
 All Septic information, all permits (open & closed), all liens (if any)
 (ie, is it original, updated,
 etc. Is it a 4 bedroom
 septic, etc)

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information - Please Print

First Name BRIAN MI V Last Name MONDADORI

E-mail Address bmondadori@zpblaw.com

Mailing Address 26 Journal Square, Suite 1102

City Jersey City State NJ Zip 07306

Telephone 201 653-1155 FAX 201 653-0808

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

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

Signature [Signature] Date 8/4/17

Payment Information

Maximum Authorization Cost \$ 25.00

Select Payment Method

Cash ☐ Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

- 1 - Any and all township ordinances, related to trees and sidewalks, that were in effect prior to 2014.
- 2 - Any written or recorded minutes from the Township's meeting(s) that took place on September 23, 2013.
- 3 - Copies of the engineering approvals/inspections for 36 Canterbury Lane.
- 4 - Copies of any certificates of occupancy for 36 Canterbury Lane.
- 5 - Copies of any engineering or development plans for the development in which 36 Canterbury Lane is located.
- 6 - Copies of the Township's minutes recorded when the Township approved its updated sidewalk ordinance in 2014.

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 dhrebenak@mansfieldtownship-nj.gov
 Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name	Joanne	MI		Last Name	Lauro
E-mail Address	joanneL@cisleads.com				
Mailing Address	170 Kinnelon Road Suite #2				
City	Kinnelon	State	NJ	Zip	07405
Telephone	(973) 492-0504		FAX	(973) 492-8378	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail
				☒	☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Joanne Lauro			Date	8/24/17

Payment Information

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

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

Bid date 8/23/17 12 PM Municipal Building Roof Replacement

Please forward me a complete list of contractors who bid and their bid amounts. Bid tabulations as opened. Thank you.

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ff emailed 5m.



TOWNSHIP OF MANSFIELD

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dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



responded by
email. no bids
filed.

Important Notice

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Requestor Information - Please Print

First Name Joanne MI _____ Last Name Lauro
 E-mail Address joanneL@cisleads.com
 Mailing Address 170 Kinnelon Road Suite #2
 City Kinnelon State NJ Zip 07405
 Telephone (973) 492-0509 FAX (973) 492-8378
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax ☒ E-mail ☒

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

Signature Joanne Lauro Date 9/12/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Bid date 9/12/17 10AM Watters Road Improvements
 Please forward me a complete list of contractors who bid and their bid amounts. Bid tabulations as opened. Thank you.

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TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
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dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name	<u>Kaitlin</u>	MI	<u>A</u>	Last Name	<u>Bruen</u>
E-mail Address	<u>kaitycollins@icloud.com</u>				
Mailing Address	<u>46 Park Avenue Apt. B4</u>				
City	<u>Washington</u>	State	<u>NJ</u>	Zip	<u>07882</u>
Telephone	<u>908-343-1857</u>	FAX			
Preferred Delivery:	Pick Up ☐	US Mail ☐	On-Site Inspect ☐	Fax ☐	E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>Kaitlin Bruen</u>		Date	<u>9/18/17</u>	

Payment Information

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

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

I am requesting information regarding property address
112 Adams St.; Block 2710, Lot 10:

all open + closed permits from building/construction,
Zoning, and Health Dept. Including all septic records,
survey of property, variances, violations, liens/fines.
Thank you!

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TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 dhrebenak@mansfieldtownship-nj.gov
 Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Annie MI Last Name Baran
 E-mail Address baran D323@yahoo.com
 Mailing Address 1204 Schmidt Ave
 City Union State NJ Zip 07883
 Telephone 908-688-6203 FAX 908-256-0843
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Annie Baran Date 9-18-17

Payment Information

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

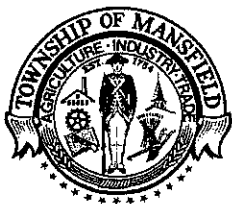
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

11 Par/Lview Dr, Hackettstown NJ 07840 (Mansfield)
Block: 1903 Lot: 4
Please send property record card, This information is
use for appraisal purpose.
Thank you.

AGENCY USE ONLY

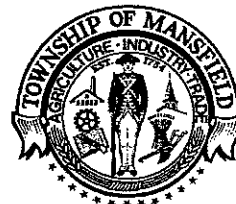
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TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name ALEXANDRIA MI M Last Name ESTRELLA
E-mail Address ALEXANDRIA@SKYLINELIEN.COM
Mailing Address 8785 SW 165 AVE, STE 301
City MIAMI State FLORIDA Zip 33193
Telephone 305.553.4627 FAX 305.553.4626
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE** / **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Alexandria Estrella Date 09/27/2017

Payment Information

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

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

PLEASE ADVISE IF THERE ARE ANY OPEN/EXPIRED PERMITS AND/OR ACTIVE CODE VIOLATIONS AGAINST THE FOLLOWING PROPERTY:

272 CHERRY TREE BEND RD (BLOCK 801, LOT 6)

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emailed Zoning/Construction 9/28/17

OPRA

I request all emails from Joe Watters's email account that were received from or sent to the following individuals.

Desiree Dillon

Ron Hayes

Richard Rosenblum

Michael Lavery

Katrina Campbell

Dena Hrebenak

Patrick Wood

Leslie Parikh

Senator Michael Doherty

Freeholder Edward Smith

Freeholder Richard Gardner

I request all emails from Desiree Dillon's email account that were received from or sent to the following individuals.

Joe Watters

Ron Hayes - 1 printed

Brian Bigham - 1 printed

Richard Rosenblum

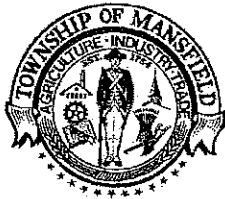
Michael Lavery

Katrina Campbell

Dena Hrebenak

Patrick Wood

Leslie Parikh



TOWNSHIP OF MANSFIELD

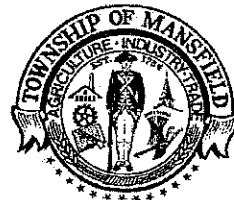
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information - Please Print

First Name SHARON MI Last Name BAXTER
E-mail Address SHARONABAXTER@HOTMAIL.COM
Mailing Address 142 MAIN ST.
City CHESLER State WI Zip 07930
Telephone 908.908.6303 FAX
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Sharon Baxter Date 10/2/17

Payment Information

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

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

PLEASE PROVIDE ALL OPEN & CLOSED
PERMITS FOR 15 CLAREMONT.

LOT # B.1

Block # 2101

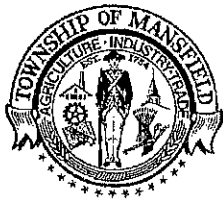
ALSO PROVIDE ANY INFORMATION
YOU HAVE REGARDING A DRAINAGE
EASEMENT ON THE PROPERTY

THANK YOU!

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information - Please Print

First Name	DEBBIE	Mi		Last Name	MCINTOSH.
E-mail Address	mcdebbie@optonline.net				
Mailing Address	WELCHT REALTORS, 142 MAIN STREET				
City	CHESTER	State	NJ	Zip	07930
Telephone	(203) 856-1421		FAX	(908) 879-2140	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail ☒

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

Signature [Signature] Date 10/2/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

I WOULD LIKE COPIES OF ALL OPEN AND CLOSED BUILDING, PLUMBING AND ELECTRICAL PERMITS SINCE 1980.
ALSO COPIES OF ANY INFORMATION, OPEN OR CLOSED ZONING VIOLATIONS SINCE 1980.
ON
LOT 4 BLOCK 1102-19
187 CYNTHIA DRIVE
HACKETTSTOWN, NJ 07840

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TOWNSHIP OF MANSFIELD

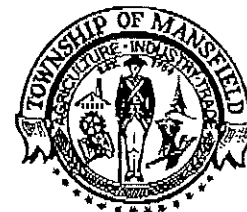
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information - Please Print

First Name Jeffery MI Last Name Friedler
 E-mail Address j.friedler@trebac.com
 Mailing Address 227 Main St
 City Hackettstown State NJ Zip 07840
 Telephone 908-852-2586 FAX 908-852-2587
 Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail ☒

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

Signature [Signature] Date 10/24/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Are there any Code Violations or Municipal Liens
 for 138 Marilyn Dr. Mansfield

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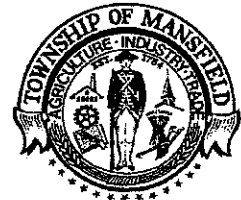
TOWNSHIP OF MANSFIELD
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dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



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Requestor Information -- Please Print

First Name	<u>Marilyn</u>	MI		Last Name	<u>Lipp</u>
E-mail Address	<u>marilynlipp@yahoo.com</u>				
Mailing Address	<u>P.O. Box 165</u>				
City	<u>Phillipsburg</u>	State	<u>NJ</u>	Zip	<u>08865</u>
Telephone	<u>908 403-0197</u>	FAX			
Preferred Delivery:	Pick Up ☐	US Mail ☐	On-Site Inspect ☐	Fax ☐	E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>Marilyn Lipp</u>		Date	<u>10/16/17</u>	

Payment Information

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

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

I would like to request open public records
for 495 Rt. 57
Mansfield, NJ
Lot 1501 Block 3
because I intend on being the new owner.
Thank you

04-08 Oil fired Hot Water Boiler

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TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Maureen MI Last Name Toye
E-mail Address maureentoye@gmail.com
Mailing Address 46 Weichert, Realtors, 21 W. Main St.
City Mendham State NJ Zip 07945
Telephone 908-255-6107 FAX
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11-2-17

Payment Information

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

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

Re: 22 Brookside Ave., Mansfield, NJ
Block 2401, Lot 1
① Please provide all info. re permits - closed and Open
② Are there any off site conditions
③ Are there any easements on the property

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TOWNSHIP OF MANSFIELD

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dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information - Please Print

First Name Virginia MI A Last Name BuechelE-mail Address v.buechel@yahoo.comMailing Address 29 Tansy CourtCity Bedminster State NJ Zip 07921Telephone 973-362-6141

FAX _____

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

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

Signature [Signature] Date 11/28/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

I would like to request public document information for the property at 1464 State Route 57, Mansfield, NJ 07865.

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AGENCY USE ONLY

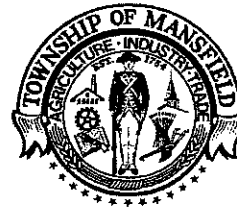
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- ☐ Certain records of higher education institutions.
- ☐ Research records
- ☐ Questions or scores for exam for employment or academics
- ☐ Charitable contribution information
- ☐ Rare book collections gifted for limited access
- ☐ Admission applications
- ☐ Student records, grievances or disciplinary proceedings revealing a student's identification
- ☐ Biotechnology trade secrets **N.J.S.A. 47:1A-1.2**
- ☐ Convicts requesting their victims' records **N.J.S.A. 47:1A-2.2**



TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Sterling MI _____ Last Name Lund
E-mail Address team@atbnj.com
Mailing Address AT BROKERS, LLC 100 Enterprise Dr, Ste 301
City Rockaway State NJ Zip 07866
Telephone 973-939-0010 x119 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

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

Signature Sterling Lund

Digitally signed by Sterling Lund
DN: cn=Sterling Lund, email=team@atbnj.com, c=US
Date: 2017.11.29 15:06:58 -0500

Date 11/29/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

We are the listing agents for the following address:

626 Route 57 Hackettstown, NJ 07840 Block: 2702 Lot: 15

We are looking to find out if there are any liens, open permits or code violations on the property.

Thank you.

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

908-689-6151 phone, 908-689-2840 fax

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information – Please Print

First Name Priscilla MI J Last Name Triolo, Esq.

E-mail Address ptriolo@bittlaw.com

Mailing Address 12 Route 17 North, Suite 206

City Paramus State NJ Zip 07652

Telephone (201) 438-7770 FAX (201) 438-5726

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

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

Signature Priscilla Triolo Date 11/30/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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Records pertaining to 189 Watters Road Port Murray, New Jersey Block 1403 Lot 1.10

- 1.) Zone identification zoning map link
- 2.) Resolution approving original subdivision LVB
- 3.) Any resolution for other approvals ☒
- 4.) All building permits issued from 2000 to the Present ☒ construction files
- 5.) Any violations issued ☒
- 6.) Any open violations ☒
- 7.) Flood hazard designation - fema link

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Request for Information

Priority Search Services <customerservice@prioritysearchservices.com>

Mon 11/27/2017 11:26 AM

To: Dena Hrebenak <dhrebenak@mansfieldtownship-nj.gov>;

Please provide any open/due/paid fees for Code Enforcement violations and Vacant/Abandoned Property Registration Fees and the dates those fees cover for the following properties in Mansfield Township, Warren County: (ie. VPR Fee \$500.00 paid for 12/17/15-12/16/16. \$1,500.00 due 12/17/16 for 12/17/16-12/16/17)

Block 601.02 Lot 45.02 at 335 HOFFMAN ROAD owned by WEBB, BRAD & JACLYN

Priority Search Services, LLC
788 Shrewsbury Avenue, Suite 2131
Tinton Falls, NJ 07724
Phone: (732) 741-5080
Fax: (732) 741-5068

--- PSS REF ID 17824057 ---

none
no



TOWNSHIP OF MANSFIELD
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dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Aimee MI K Last Name Pacheco
E-mail Address aimee.pacheco@pemco-limited.com
Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd
City West Trenton State NJ Zip 08628
Telephone 720-509-3245 FAX 303-284-8026
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature *Aimee Pacheco* Date 11/22/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Please e-mail me my response to this OPRA request.

I need a copy of any 1. open permits and 2. open code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party.

3. I found the Vacant Property Registration ordinance 2015-13, can you provide the form you would like us to use when registering properties in this municipality?

968 Rockport Rd, Hackettstown, NJ
Block 1105.10 / Lot 3.01

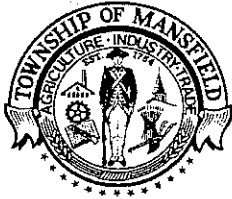
Thank you!

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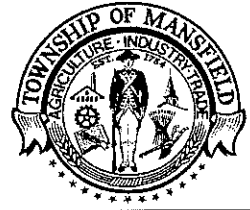
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12/1/17
attached
vacant-abandoned
registration form
open permits to W
code violations to
zoning



TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Carol MI A Last Name Thompson
E-mail Address carolthompson18@comcast.net
Mailing Address 510 Rt 57
City Port Murray State NJ Zip 07865
Telephone 908-565-6502 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____

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

Signature Carol Thompson Date 12-5-17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

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

Please record Land Use Board meetings from Aug 21, Sept 18, Oct 16 + Nov 20, 2017. Enclosed are cd's for recording

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12/1/17 Jd

15 min



TOWNSHIP OF MANSFIELD
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908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Annie MI _____ Last Name Baran 0323
 E-mail Address baran 0323@yahoo.com
 Mailing Address 1204 Schmidt Ave
 City Union State NJ Zip 07083
 Telephone 908-256-0843 FAX 908-688-6203
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒

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

Signature Annie Baran Date 12-11-17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
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Delivery: Delivery / postage fees additional depending upon delivery type.

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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.

1464 Rt 57 Port Murray, NJ 07865
 Block: 1303 Lot: 6
 Please send property record card, This
 information is use for appraisal purpose.
 Thank you.

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J6 emailed 12/12

OPRA

Ron Hayes

Wed 11/8/2017 9:07 AM

To: Dena Hrebenak <dhrebenak@mansfieldtownship-nj.gov>;

Dena I would like an OPRA request for Shirley Kocher's emails regarding EDAC from from 1/1/15 to present. Any correspondence with Dawn Smith, Cindy Korakowski, Betsy Griggs , betsy.griggs@minterweb.com, egriggs.public@minterweb.com, Mike Misertino. Warren County EDAC. Thank You

Ron Hayes
Deputy Mayor
Mansfield Township, Warren County NJ
Cell 908-752-1277

OPRA request

Ron Hayes

Wed 11/8/2017 9:02 AM

To: Dena Hrebenak <dhrebenak@mansfieldtownship-nj.gov>;

Dena , I would like to ask for a OPRA request for Mike Misertino's emails regaerding the trail grant. Any correspondence with Dawn Smith, Shirley Kocher, Betsy Griggs,egriggs.public@minterweb.com, betsy.griggs@minterweb.com ,Nj DEP, Kevin Appleget,Brandi Chapman and Mike Lavery's office .Dating back to the original application to present.Thank you for your help.

Ron Hayes
Deputy Mayor
Mansfield Township, Warren County NJ
Cell 908-752-1277



TOWNSHIP OF MANSFIELD
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dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name David MI D Last Name Arvary

E-mail Address davearvary@hotmail.com

Mailing Address 14 Cherry Ln

City Blainstown State NJ Zip 07825

Telephone 862 354 0897 FAX _____

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

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

Signature [Signature] Date 11/27/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
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Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

I would like ~~an~~ information on 130 Karrville Rd, Port Murray, NJ 07865
-permits
-inspections
-Citations
703.01/32

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dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information - Please Print

First Name Elizabeth MI A. Last Name Griggs
E-mail Address egriggs@pub.c@minterweb.com
Mailing Address 585 Mount Berner Road
City Oxford State NJ Zip 07863
Telephone 908-799-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Griggs Date December 15, 2017

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual
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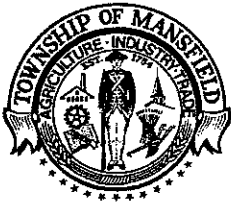
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Please provide the audio for the following township committee meetings:
November 8, 2017
November 21, 2017
December 13, 2017

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TOWNSHIP OF MANSFIELD
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dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Ingrid MI Last Name Kelly
E-mail Address ingrid@northern-nj-homes.com
Mailing Address 1585 Route 517
City Hackettstown State NJ Zip 07840
Telephone 908 303 7360 FAX
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.
Signature Ingrid Kelly Date 2018.01.01 09:10:10 -05'00'
Digitally signed by Ingrid Kelly
DN: cn=Ingrid Kelly, o, ou,
email=ingrid@northern-nj-homes.com, c=US

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual
Delivery: Delivery / postage fees additional depending upon delivery type.
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Please provide all opened/closed permits you have on file for
1450 Route 57 07865
Block 1303
Lot 11

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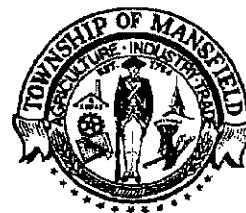
AGENCY USE ONLY

emailed 1/2/18 Jot



TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865
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dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



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Requestor Information – Please Print

First Name DANIEL MI _____ Last Name HORNICKEL, ESQ.

E-mail Address danh@njlabor.lawyer

Mailing Address Armando V. Riccio, LLC, 7 N. Main Street, Suite A

City Medford State NJ Zip 08055

Telephone 609-634-2784 FAX 609-667-7650

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

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

Signature Daniel Hornickel/poh Date 12-21-17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash _____ Check _____ Money Order _____

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

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

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

PLEASE SEE ATTACHED

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