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 _____ 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; BOH

f. has or had any environmental contamination of any kind, including but not limited to excess pesticide or fertilizer.

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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 X 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 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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emailed 4/19/17

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 Scott MI M Last Name MINTER

E-mail Address SMinter@aol.com

Mailing Address 575 Mount Bethel Rd

City Andover State NJ Zip 07863

Telephone 973 786 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 _____ 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.

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.

12/6/16 Special meeting Minutes - Not Posted
Nov + Dec 2016 Executive Session Minutes

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

TOWNSHIP OF MANSFIELD

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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 carefull

Requestor Information – Please Print

First Name Elizabeth MI A. Last Name Griggs

E-mail Address betsy.griggs@masterweb.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 April 17, 2017

Payment Informatio

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Or

Fees: Letter size pages - $0. per page
Legal size pages - $0.(per page
Other materials (CD, D etc) – actual

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

Extras: Special service charge dependent upon reque

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 x US Mail ____ On Site Inspect ____

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

Signature [signature] Date 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 ____

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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

Tracking # 3
Rec'd Date 5/2/17
Ready Date 5/4/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

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 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, 1930Route 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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Dena Hrebenak, Records Custodian

Important Notice

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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 _____ 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.

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.

Address:1930 Route 57, Hackesttstown 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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Dena Hrebenak, Records Custodian

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 X US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

* Please use strick 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.

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.

2016 & 2017
Committeeperson Financial Disclosure Form

2017 Petition endorsing Nomination Candidates for Municipal Office
All candidates

~~2017 Ethics Training Conflicts of Interest Training~~
~~Signature Page~~

* Please use strick drive/usb drive provided

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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.public@mintermes.com

Mailing Address 545 Mount Pemel Road

City Oxford State NJ Zip 07863

Telephone 908-797-3125 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, 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 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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Important Notice

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Requestor Information – Please Print

First Name Annie MI ____ Last Name Baran

E-mail Address baran0323@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 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, Hackettstown 07840 (Mansfield)
Block: 1906 Lot: 9
Please send property record card, This information is use for appraisal ~~Sec~~ purpose.
Thank you.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

5/31 emailed property record card

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 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***~~ XXXXXX 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.

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

2020 NJ-ROUTE 57

MANSFIELD, NJ 07840

Thank you.

1103 | 4

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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 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 X 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 5/4/17

Payment Information

Maximum Authorization Cost $ 14.09

Select Payment Method

Cash (X) Check ( ) Money Order ( ) J2 Collaborative Design #413

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.

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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Dena Hrebenak, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Tom MI ____ Last Name Delran

E-mail Address thomas@izenbergappraisal.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 X

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

Signature _____ Date 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
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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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@izenbergappraisal.com

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Important Notice

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Requestor Information – Please Print

First Name Catherine MI J Last Name Conway

E-mail Address Catherine.Conway@cbmove.com

Mailing Address 191 Main Street

City Chester State NJ Zip 07930

Telephone 201-412-9537 FAX 862-345-3407

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 Catherine J Conway Date 6-13-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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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 Bell

E-mail Address casabell@comcast.net

Mailing Address 11 Parkview Drive

City Hackettstown State NJ Zip 07840

Telephone 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 Ann Marie Bell Date 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 +/or Data Entry Reports for Noise Complaints on 6/11/17 and 6/14/17 on Parkview Drive, Diamond Hill Development. Copy of any summons(s) issued. Copy of Local Ordinance regarding noise (residential)

AGENCY USE ONLY AGENCY USE ONLY 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 REGINA MI _____ Last Name TAN

E-mail Address REGINAGLTAN@GMAIL.COM

Mailing Address P.O. BO 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 7/5/17

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.

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.

Hi, staff.

OPRA query for deed (recent 2017 sale) for:

1103/4

2020 NJ-Route 57

Mansfield, NJ 07840

Thank you.

emailed nothing on file

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

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 ROBIN MI ____ Last Name MARTINOS

E-mail Address Rmartinos@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 JS

AGENCY USE ONLY AGENCY USE ONLY 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 Annie MI ____ Last Name Baran

E-mail Address baran0323@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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

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@frontier-web.com

Mailing Address 543 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-797-3125 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 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.

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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 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

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Requestor Information – Please Print

First Name Elizabeth MI A. Last Name Griggs

E-mail Address betty.griggs@mnterweb.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 17, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Or

Fees: Letter size pages - $0.
per page
Legal size pages - $0.
per page
Other materials (CD, D
etc) – actual

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

Extras: Special service charge
dependent upon reque

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

AGENCY USE ONLY AGENCY USE ONLY 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 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 Committe Meeting 12/14/16 as recorded. Please aduise approx cost of cd.

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

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 Elizabeth MI A. Last Name Griggs

E-mail Address egriggs.public@mnternet.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-791-3125 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/check 03661 161343.

Copy of page of bill list page 5 attached noting invoice.

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

NEW JERSEY SENATE

SENATE CHAMBERS
P.O. BOX 099
TRENTON, NEW JERSEY 08625-0099

January 25, 2017

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@mindspring.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 Or

Fees: Letter size pages - $0. per page
Legal size pages - $0.(per page
Other materials (CD, D etc) – actual

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

Extras: Special service charge dependent upon reque

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 1/25/2016 Mansfield Township Committee meeting on the provided data stick

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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 Melanie 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 973-398-8183 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 ***HAVE*** / ***(HAVE NOT)*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Melanie R. 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 easements. 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 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 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.

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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.

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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15mm

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.

Open Space Meeting Minutes for 2015, 2016 & 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 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 February 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.

1) Meeting Audio from the February 8, 2017 Township Committee meeting

2) Copy of the Employee Handbook

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

Completed DH 5/2/17

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 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 X US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

pp

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 2/23/17

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

AGENCY USE ONLY **AGENCY USE ONLY** **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 Jeremy MI J Last Name DeLuca

E-mail Address jrmydeluca@yahoo.com

Mailing Address 445 Watters Road

City Hackettstown State NJ Zip 07840

Telephone (908) 296 - 1632 FAX

Preferred Delivery: Pick Up X 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 McKevitt
29 Blau Road
Hackettstown, NJ 07840
Block 13.01
Lot 4.04

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

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.

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

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 John MI M Last Name Craven

E-mail Address JohnCraven84@gmail.com

Mailing Address 302C Greenhut Ave Randolph NJ 07869

City Randolph State NJ Zip 07869

Telephone 973-271-9782 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 _____ 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

AGENCY USE ONLY **AGENCY USE ONLY** **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 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 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 18 & Feb 15, 2017 meetings.

AGENCY USE ONLY **AGENCY USE ONLY** **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.public@mintonweb.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-791-3125 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).

AGENCY USE ONLY **AGENCY USE ONLY** **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 Jeffrey MI L Last Name Alte, Jr.

E-mail Address alteroofing@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

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 Annie, MI ____ Last Name Baran

E-mail Address baran0323@yahoo.com

Mailing Address 1204 Schmidt Ave

City Union State NJ 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 -

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

12. Information provided on this form may be subject to disclosure under the Open Public Records Act.

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 Joanne MI ____ Last Name Lauro

E-mail Address joanne L@ cfsleads.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 fward a complete list of contractors who bid on this project. Bid tabulations as opened.
Thank you.

ACF Landscape Lawncare Maintenance + Design $34,000

AGENCY USE ONLY AGENCY USE ONLY 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 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.

AGENCY USE ONLY AGENCY USE ONLY 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 Carol MI A Last Name Thompson

E-mail Address carol thompson 18 @ 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 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 JF

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

Called for pickup

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

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 EGriggspublic@mindspring.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-719-3125 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 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.

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

5 min.

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@mindspring.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-739-3125 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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Provided 7/25/17 5min.

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.maintenweb.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 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 WB drive.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

5mun

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@lsaclaw.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

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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 ✓ 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 (~~Volunteer~~ Twp Handbook provided to new Committee members when sworn onto Twp Committee)

3- Township Volunteer Handbook (Twp provided handbook provided to new volunteers when appointed ~~(illegible)~~)

* 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

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@rminterweb.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-796-3125 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.

AGENCY USE ONLY **AGENCY USE ONLY** **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.public@mindspring.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 (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 established a municipal email account.

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emailed 8/14/2017 & 15min.

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

Important Notice

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Requestor Information – Please Print

First Name Donna MI ____ Last Name Mulvihill

E-mail Address muldihig@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.

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) 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 if 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*

* 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

STAHL & DELAURENTIS, P.C.
ATTORNEYS AT LAW

10 E. CLEMENTS 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

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

20mun

TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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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 Elizabeth MI A. Last Name Griggs

E-mail Address Rgriggs-public@mintbrook.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-797-3125 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 below as per the OPRA:

Total number of claims that were filed with the Township by year from 2013, 2014, 2015, 2016
3 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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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 Elizabeth MI A. Last Name Griggs

E-mail Address egriggs.public@mindspring.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-739-3125 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 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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TOWNSHIP OF MANSFIELD

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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 Rgriggs-public@mintonweb.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-797-3125 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.

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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:

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

DPW Pot Hole Reports for 2015, 2016, 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 Elizabeth MI A. Last Name Griggs

E-mail Address Egriggs.public@mindspring.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-979-3125 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.

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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:

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

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 e optonline. net

Mailing Address 633 Basel Dr

City Leesburg State NJ Zip 08850

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
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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 campoc@optonline.net

Mailing Address 633 Bensel Dr

City Landing State NJ Zip 07850

Telephone 973-770-8822 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.

108 Highview Ter (Mansfield Twp.) Block 1807 Lot 5
All Septic information, all permits (open + closed), all tests (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

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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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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 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 *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 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 12PM Municipal Building Roof Replacement

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

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JJ emailed 5m.

responded by email. no bids filed.

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 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 foward 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

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

Important Notice

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Requestor Information – Please Print

First Name Kaitlin MI A. Last Name Bruen

E-mail Address kaitycollins@icloud.com

Mailing Address 166 Park Avenue Apt. B4

City Washington State NJ Zip 07882

Telephone 908-343-1857 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 Kaitlin Bruen 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.

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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 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

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Dena Hrebenak, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Annie MI ____ Last Name Baran

E-mail Address baran0323@yahoo.com

Mailing Address 1204 Schmidt Ave

City Union State NJ Zip 07083

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 Parkview Dr, Hackettstown NJ 07840 (Mansfield)
Block: 1903 Lot: 4.
Please send property record card, This information is use for appraisal purpose.

Thank you.

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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 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 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 *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)

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

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 none
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

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 SHARON MI _____ Last Name BAXTER

E-mail Address SHARONABAXTER@HOTMAIL.COM

Mailing Address 142 MAIN ST.

City CHESTER State NJ 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 # 13.1
BLOCK # 2101
ALSO PROVIDE ANY INFORMATION YOU HAVE REGARDING A DRAINAGE EASEMENT ON THE PROPERTY
THANK YOU!

AGENCY USE ONLY AGENCY USE ONLY 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 DEBBIE MI Last Name MCINTOSH.

E-mail Address mcdebbie@optonline.net.

Mailing Address WEICHERT REALTORS, 142 MAINSTREET

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 _____ 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 ON OPEN OR CLOSED ZONING. VIOLATIONS SINCE 1980.

LOT 4 BLOCK 1102.19
187 CYNTHIA DRIVE
HACKETTSTOWN, NJ 07840

AGENCY USE ONLY AGENCY USE ONLY 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 Jeffery MI ____ Last Name Fiedler

E-mail Address jfiedler@frebec.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 _____ 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

AGENCY USE ONLY AGENCY USE ONLY 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 Marilyn MI ____ Last Name Lipp

E-mail Address marilynlipp@yahoo.com

Mailing Address P.O. Box 1165

City Phillipsburg State NJ Zip 08865

Telephone 908 403-0197 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 Marilyn Lipp Date 10/16/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

AGENCY USE ONLY AGENCY USE ONLY 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 Maureen MI ____ Last Name Toye

E-mail Address Maureentoye@gmail.com

Mailing Address c/o 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

AGENCY USE ONLY **AGENCY USE ONLY** **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 Virginia MI A Last Name Buechel

E-mail Address v.buechel@yahoo.com

Mailing Address 29 Tansy Court

City Bedminster State NJ Zip 07921

Telephone 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 _____ 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.

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

☐ 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 students' 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, o=AT BROKERS, LLC, ou, email=team@atbnj.com, c=US Date: 2017.11.29 11:06:55 -05'00' 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.

AGENCY USE ONLY **AGENCY USE ONLY** **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 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 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 Priscilla J 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.

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.

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 ✓
3.) Any resolution for other approvals ✓ LUB
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>;

NONE

NO

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 ---

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 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 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 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!

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

12/1/17
attached
Vacant-abandoned
registration form/
open permits to WT,
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.

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

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

12/7/17 fd

15 min

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 ____ Last Name Baran ~~0323~~

E-mail Address baran0323@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
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.

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.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

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

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 David MI D Last Name Arvary

E-mail Address davearvary@Hotmail.com

Mailing Address 14 Cherry Ln

City Oldwick State NJ Zip 07825

Telephone 862 354 0897 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 11/27/17

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
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 Information on 130 Karrville Rd, Port Murray, NJ 07865
-permits
-inspections
-Citations
Block 103.01 Lot 32

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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 egriggspublic@mindspring.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 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

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:

November 8, 2017
November 21, 2017
December 13, 2017

AGENCY USE ONLY **AGENCY USE ONLY** **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 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 Digitally signed by Ingrid Kelly DN: cn=Ingrid Kelly, o, ou, email=ingrid@northern-nj-homes.com, c=US Date: 2018.01.01 09:10:10 -05'00' 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.

Please provide all opened/closed permits you have on file for
1450 Route 57 07865
Block 1303
Lot 11

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

emailed 1/2/18 jd

TOWNSHIP OF MANSFIELD

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Dena Hrebenak, Records Custodian

Important Notice

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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/pdf 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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PLEASE SEE ATTACHED

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