

SIR,

Under the Freedom of Information Act (FOIA) I am requesting the name of the individuals making calls to the Police Dept.* Regarding my address.

The N.J. Open Records Act requires a response time of seven days business days.

If you deny this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

The data I am requesting are from 1/1/2000 to the present date.

Thank You.

Tom Webber

16 HIGHLAND AVE.

MANSFIELD Township. N.J.

07840

* OR ANY OTHER AGENCY - D.P.W. ANIMAL CONTROL
ETC...

Records

James Dieckman <james_dieckman@hotmail.com>

Mon 1/18/2016 9:09 PM

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

📎 1 attachment (2 MB)

Picture 1860 Census John and Rose.jpg;

Ms. Hrebenak,

I am doing research on my ancestors and I am trying to locate some records in Mansfield from the 1860's. The website for Warren County said to contact the municipality for birth, marriage and death certificates.

John R. McGinley (from Ireland) married Rose Brogran (from New Jersey) in your township about 1854 – 1855. They had three daughters: Anne (1856), Mary (1858) and Sallie (1860). Rose died between 1860 and 1870. Attached is a picture of the 1860 federal census (#214) if that helps.

Could you tell me who I could contact about locating historical records?

Thank you for your assistance.

James Dieckman
James_dieckman@hotmail.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

dhrebanak@mansfieldtownship-nj.gov

Dena Hrebanak, 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	JAMES	MI		Last Name	RANNEY
E-mail Address	JAMESR@PRIORITYSEARCHSERVICES.COM				
Mailing Address	PRIORITY SEARCH SERVICES / 830 BROAD STREET				
City	SHREWSBURY	State	NJ	Zip	08753
Telephone	732-741-5080		FAX	732-741-5068	
Preferred Delivery:	Pick Up	US Mail	On Site Inspect	Fax	X or 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 XXXXX HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	James Ranney			Date	01/07/16

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.

To Tax Collector,

Please provide our Company with a detailed (condensed if too long) status report showing outstanding liens for years available. The report should include, at a minimum; block, lot, and certificate number. Additional information such as sale date, tax year, municipal or third party, and current balances would be greatly appreciated. Please include bankruptcy accounts. Email back as a file attachment or fax preferred. We are not looking for tax sale lists at this time and will not be using report for redemptions.

Also, please indicate the date of your last and next tax sale. If you have an upcoming sale, please fulfill this request after the sale.

Thank you,
James Ranney
Director of Data Acquisition

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dhrebenak@mansfieldtownship-nj.gov
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Requestor Information - Please Print

First Name MARIANNE MI Last Name INFUSINOE-mail Address MARE.INFUSINO@GMAIL.COMMailing Address 372 FRANKLIN AVECity WYCKOFF State NJ Zip Telephone 201 697-5887 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 Marianne Infusino Date 1/15/16

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: 109 SNYDER / PORT MURRAY, MANSFIELD

CONSTRUCTION / OPEN / CLOSED PERMITS
SURVEY

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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 Jeffrey MI E Last Name Mulligan
 E-mail Address jmulligan@ecolSciences.com
 Mailing Address EcolSciences 75 Fleetwood Dr. Suite 250
 City Rockaway State NJ Zip 07866
 Telephone 973-366-9500 FAX 9593
 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 Jeffrey Mulligan Date Sept 15/2015

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 any environmental issues including storage tank installations or removals, spill incidents or dumping violations / asbestos abatement for

Alexandria Apartments

61 Alexandria Drive Block 1102 Lot 3.03

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



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Requestor Information – Please Print

First Name Jeffrey MI E Last Name MulliganE-mail Address dmulligan@ecolsciences.comMailing Address Ecol Sciences 75 Fleetwood Dr. Suite 250City Rockaway State NJ Zip 07866Telephone 973-366-9500 FAX 9593Preferred 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 Jeffrey Mulligan Date November 6, 2015

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.

Records pertaining to any environmental issues
 including storage tank removals or installations,
 spill incidents or dumping violations for

Mansfield Plaza
 2045 Route 57
 Block 1102 Lot 4.05

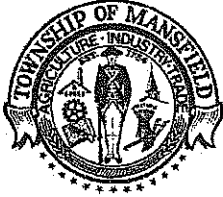
— for an environmental assessment of the property

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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 Anthony MI S. Last Name Merino
 E-mail Address mthntnn@msn.com
 Mailing Address 25 Red Tail Hawk Court
 City Annandale State NJ Zip 08801
 Telephone 856-982-9559 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 Anthony Merino Date 11/13/15

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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I am in a contract to buy the property located at: 8 Parkview Drive, in Mansfield, NJ 07840. I would like to request copies of all records related to constructions and electrical fixtures on the premises including the records of installation of the inground pool (filtering and draining system), any records related to the roof of the house and garage as well. Any records related to any addition or changes or fixture or improvements. I would like to have any records related to unpaid taxes or possible liens if any. Please notify me if you do have records and when can I stop in. Thank you. A. Merino

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Rec.
11/13/2015

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 Michael MI D Last Name DickeyE-mail Address mdickey@donctaylor.comMailing Address P.O. Box 1936City Cherry Hill State NJ Zip 08034Telephone 856 906 4392 FAX 856 406 2808Preferred 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 11/11/15

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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- Copies of Municipal Ordinance 2014-08 (already have)
- Land Use Records regarding Kensington Development - when construction began and completed
when streets dedicated to municipality
- Reported complaints regarding sidewalk at 36 Canterbury Lane
Copies
- When installed curb trees on Canterbury Lane and when
Copies

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Requestor Information - Please Print

First Name Elizabeth MI A Last Name Griggs
E-mail Address betty_griggs@minix-web.com
Mailing Address 545 Mount Benet Road
City Oxford State NJ Zip 07863
Telephone 908-799-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth R. Griggs Date February 16, 2016

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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Please provide the audio recordings for the Township Committee meetings on
December 9, 2015
December 22, 2015
January 1, 2016
January 13, 2016
January 27, 2016
February 10, 2016

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Requestor Information – Please Print

First Name Joanne MI Last Name Lawro
 E-mail Address joanneL@cislead5.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 Lawro Date 2/16/16

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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Bid date 10/21/15 Site Prep Work for Salt Storage Structure

Can you please tell me if this bid has been awarded?
 If so, who recieved the award, when was the date awarded,
 and what was the amount? Thank you very much.

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TOWNSHIP OF MANSFIELD

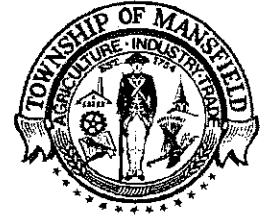
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

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

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



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Requestor Information – Please Print

First Name Scott MI M Last Name Minter
E-mail Address sminter@minterweb.com
Mailing Address 545 Mount Bethel Rd
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 NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [Signature] Date 2/23/2016

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

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

1. Please provide the current bid response and contract for the architect that is working on the Mount Bethel Church project.
2. Please provide the full submission packet of information that was presented to Warren County in support of the grant funding acquired for the Mount Bethel Church project.

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Requestor Information – Please Print

First Name	Steven	MI		Last Name	Gruenberg
E-mail Address	stevenpgruenberg@hotmail.com				
Mailing Address	1 East Main Street Suite 1				
City	Flemington	State	NJ	Zip	08822
Telephone	908 788 9000	FAX	908 788 1758		
Preferred Delivery:	Pick Up ☒	US Mail ☐	On-Site Inspect ☐	Fax ☐	E-mail ☐
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	2/25/16

Payment Information

Maximum Authorization Cost	\$ 11.64
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.

A complete copy of all records, exhibits, agendas and minutes pertaining to the Land Use Board applications Thompson.

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\$7 -

NOT PAID

2/26/16

\$14.64 for CS

Paid
3/4/16
CS # 7615

YOUR COPY
Customer Copy

CARLIN & WARD

ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION

25A VREELAND ROAD
P.O. BOX 751
FLORHAM PARK, NEW JERSEY 07932

EDVIE M. CASTRO

973-377-3350
FAX: 973-377-5626
E-MAIL: edvie.castro@carlinward.com
WEBSITE: www.carlinward.com

February 18, 2016

VIA EMAIL

(dhrebenak@mansfieldtownship-nj.gov)

Township of Mansfield
100 Port Murray Road
Port Murray, New Jersey 07865

Attn: Dena Hrebenak, Records Custodian

**Re: OPRA Request Re: Constellation Solar Array Project/
461 Route 57, Mansfield Township, NJ
Block 601.03, Lot 68
Block 1501, Lot 2
Our File No. 40251-02**

Dear Ms. Hrebenak:

Pursuant to the Open Public Records Act, N.J.S.A. 47:1A-1 et seq., on behalf of and as counsel to Poli P. Logothetis, the owner of 461 Route 57, Mansfield Township, New Jersey, I hereby request that you provide the following documents for inspection on Friday, February 19, 2016 at 11:00 a.m. at the Township of Mansfield Municipal Building and thereafter provide copies of same via email (Edvie.Castro@carlinward.com) or regular mail:

1. All site plans, site plan applications, zoning permits, resolutions, construction permits, construction or building applications, any approvals submitted and/or granted, and any other plans, maps, applications and/or permits for or relating to the property located at 461 Route 57, Mansfield Township, New Jersey and designated as Block 601.03, Lot 68 and Block 1501, Lot 2 on Mansfield Township tax map from January 1, 2010 to present.
2. All site plans, site plan applications, zoning permits, resolutions, construction permits, construction or building applications, any approvals submitted and/or granted, and any other plans, maps, applications and/or permits for or relating to any solar array or energy project within ten (10) miles of the property located at 461 Route 57, Mansfield

pd \$3.00



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



Important Notice

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Requestor Information – Please Print

First Name Carol or John MI _____ Last Name Thompson
E-mail Address carol.thompson18@comcast.net
Mailing Address 510 Rt 57
City Port Murray State NJ Zip 07865
Telephone 908-565-6502 FAX 473-983-4944
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 3.18.16

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.

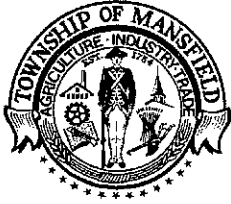
Request for Mansfield Township Land Use
Board recording via disc for meetings
on Dec 21, 2015 and Jan 18, 2016

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viewed 3/23/16



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Requestor Information – Please Print

First Name Rich MI MI Last Name BApst
E-mail Address rbapst@dcrenv.com
Mailing Address 3900 North 10th Street, suite 102
City Phila State PA Zip 19140
Telephone 6106084363 FAX 2154732951
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 March 9, 2016

Payment Information

Maximum Authorization Cost \$ 15

Select Payment Method

Cash ☐ Check Money Order

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

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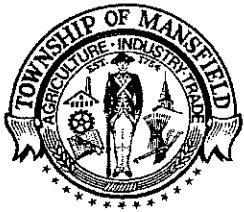
I would like to stop by and review available property records within the construction and zoning depts. for the Walgreens property located at 1982 Route 57, Block 1104, Lots 1 and 2 in association with Preliminary Assessment i am preparing. Alternatively, if you will not allow me to review the records myself, i am looking for: · Permits, reports, and information for Underground or Aboveground Storage Tanks (UST/AST), oil / water separator or clarifier installation or removal any current or previous building at the property · Permits for flammable materials storage · Permits of asbestos removal · Permits for the installation or decommissioning of drinking water wells & septic systems · Demolition/renovation permits for the current building of any other prior building on this property · Any known spills, releases, hazardous materials · Outstanding fire code violations associated with storage / handling / use of flammable or hazardous materials · Fires or spills

please let me know any questions or when the records have been pulled for review. Thanks!

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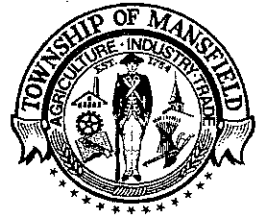
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908-689-6151 phone, 908-689-2840 fax
dhrebenak@mansfieldtownship-nj.gov
Dena Hrebenak, Records Custodian



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 HENRY MI _____ Last Name RIEWERTS
E-mail Address hriewerts@msw.com
Mailing Address Box 154
City Asbury State NJ Zip 08802
Telephone 973-452-3417 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.

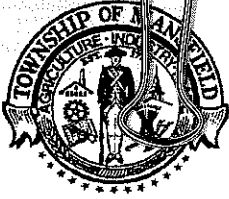
APPROVAL/SIGN OFF OIL TANK REMOVAL
104 MORRIS CANAL TRAIL

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10496



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 Patricia MI A Last Name Dannhardt
 E-mail Address trish@careagaengineering.com
 Mailing Address Careaga Engineering; 382 Route 46 W
 City Budd Lake State NJ Zip 07028
 Telephone 973-448-0651 FAX 973-448-0652
 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 Patricia Dannhardt Date 1/25/16

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.

DB 1092 page 129 references the following two documents:

① Subdivision Plat:

The above descriptions are drawn in accordance with a plat entitled "Minor Subdivision Plat, Tax Map Lot 8, Block 1204, Mansfield Township, Warren County, New Jersey," dated September 21, 1987, last revised February 3, 1988, prepared by Frank J. Kowalick, L.S.

② Resolution

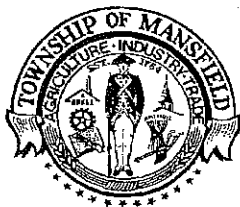
THIS DEED IS MADE AND THE DESCRIPTIONS HAVE BEEN DRAWN IN ACCORDANCE WITH A RESOLUTION GRANTING MINOR SUBDIVISION APPROVAL ADOPTED BY THE MANSFIELD TOWNSHIP PLANNING BOARD ON MARCH 21, 1988.

*I would like a copy of these two documents.
 Thank you.*

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TOWNSHIP OF MANSFIELD

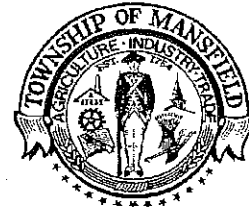
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 Manny MI Last Name RuffinE-mail Address cls@slkgroup.comMailing Address 2727 LBJ FREEWAY SUITE 420City Dallas State TX Zip 75234Telephone 855-512-4803 FAX 888-908-3471Preferred 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 MANNY RUFFINDate 04/08/2016

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 check and advise for the below address:

1. Liens & Special assessments none
 2. Code Violations none
 3. Open/Expired Building Permits none
 4. Any Water/sewer Balance due with a good through date till 04/30/2016 to make payment. Well + Septic
- File # : 465462
- Name : THE HUNTINGTON NATIONAL BANK
- Block 1307 Lot 10.01
- Add : 15 Thomas Road port murray NJ 07865

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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 Cecilia MI _____ Last Name De Vnezia
E-mail Address jeffde@optonline.net
Mailing Address 389 Route 46
City Budd Lake State NJ Zip 07828
Telephone (973) 691-0022 FAX (973) 691-0028
Preferred Delivery: Pick _____ On-Site _____
Up _____ US Mail _____ 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 Cecilia De Vnezia Date 4-1-16

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.

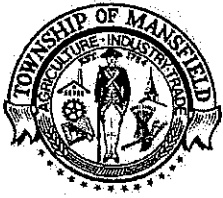
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

Property tax card.
outstanding permits
violations
outstanding balance on taxes and others.

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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 Anthony MI J Last Name Sposaro, Esq.
E-mail Address: asposaro@njfarmlaw.com
Mailing Address 444 East Main St
City Chester State NJ Zip 07930
Telephone (908) 879-8400 FAX (908) 879-8404
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 4/6/16

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.

Copies of all permits for the existing pool and Shed on the property located at 549 Rockport Road, Lot 29.2, Block 1001.2. Please also identify the zone district that the property is located in.

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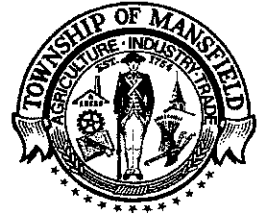
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TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

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



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 Joe MI Last Name Farino
E-mail Address joe.farino@comcast.net
Mailing Address 195 Blau Road
City Hackettstown State NJ Zip 07840
Telephone 908-303-5655 FAX
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 4/22/16

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.

Audio of 4/13/16 meeting

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

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

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information - Please Print

First Name Elizabeth MI A Last Name Griggs
E-mail Address bery-griggs@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 March 6, 2016

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) Open Space Trust Financials
- 2) Open Space Bill Lists
- 3) Leader / Chair / Head of Friends Preserving Mansfield's Past
- 4) Copies of signed risk waivers for all Mount Bethel Church Property Volunteers

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TOWNSHIP OF WASHINGTON

OPEN PUBLIC RECORDS ACT REQUEST FORM

43 Schooley's Mountain Road
Long Valley, New Jersey 07853
Telephone: (908) 876-3315
Fax: (908) 876-5138

Nina DiGregorio, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name	Linda	MI	Last Name	Dawson
E-mail Address	LDawson217@aol.com			
Mailing Address	8 Kloss Ct			
City	Highborough	State	NJ	Zip 08844
Telephone	908 236-0766	FAX	908 431-5060	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax
	☒	☐	☐	☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 20:26-3, I certify that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.				
Signature	[Signature]		Date	4-11-16

Payment Information

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

Other costs for police records: copies of reports when request is not part of discovery request and is not made in person - \$5 (plus cost of copies); copies of police reports when request is part of discovery request and is not made in person - cost of postage, \$.25 per envelope (plus cost of copies); incident verification letter - \$5; duplicate photographs - actual cost of duplicating.

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 permit information including copy of survey for 417 James Chapel Rd. Mansfield Twp., NJ.

Acknowledgment of Receipt

Signature

Date

Print Name

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AGENCY USE ONLY

Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	Disposition Notice Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress - ☐ Open _____ Denied - ☐ Closed _____ Filled - ☐ Closed _____ Partial - ☐ Closed _____	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____ Research Provided _____ RECEIVED APR 12 2016 WASHINGTON TOWNSHIP Custodian Signature _____ Date _____
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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	Kevin	MI	M.	Last Name	DeFilippis
E-mail Address	KD@hollegal.com				
Mailing Address	1 Gold Mine Rd., Suite 6				
City	Frankers	State	NJ	Zip	07836
Telephone	973-527-7400		FAX	973-527-7403	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<i>[Signature]</i>			Date	4-15-16

Payment Information

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

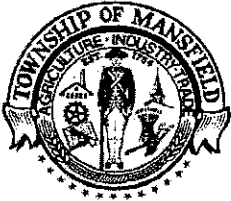
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

Please provide any and all documents relating to open and closed permits and approvals for the property known as 20 Country Meadow Road, Mansfield Twp., NJ 07865. Please also provide any information regarding above ground or below ground storage tanks of any kind.

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TOWNSHIP OF MANSFIELD

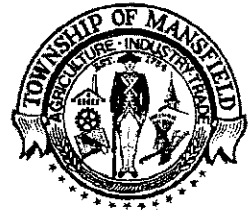
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 Ginger
E-mail Address betty.ginger@interweb.com
Mailing Address 575 Mount Pleasant 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 NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date March 6, 2016

Payment Information

Maximum Authorization Cost \$ 10.00
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual
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 DPW Road Plan

2016 DPW Road Grant Application

2016 DPW Temporary Budget

2016 DPW Budget

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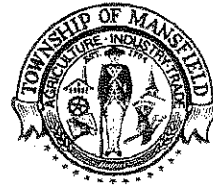
TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 Grigore
E-mail Address betsy_grigore@mltweb.com
Mailing Address 545 Mount Pleasant Road
City Oxford State MT 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 [Signature] Date May 6, 2016

Payment Information

Maximum Authorization Cost \$ 10.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

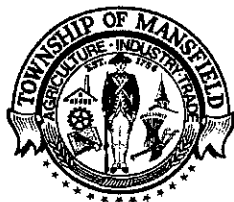
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

2016 DPW Road Plan - nothing.
2016 DPW Road Grant Application
2016 DPW Temporary Budget - answered
2016 DPW Budget -

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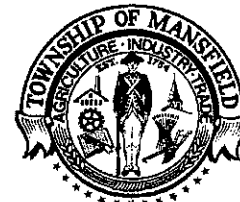
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TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

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



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 Scott MI M Last Name MINTER
E-mail Address SMINTER@MINTERWEB.COM
Mailing Address 545 MOUNT BETHEL RD
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 [Signature] Date 4/4/2016

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 copies of all petitions for municipal office filed in Mansfield Township for the position of Mansfield Township Committee for the 2016 election cycle filed as of 4:30 pm 4/4/2016.

Scanned via email or printed copies are fine.

② 2016 Budget is introduced.

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AGENCY USE ONLY



TOWNSHIP OF MANSFIELD

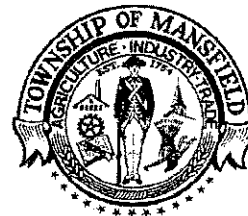
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

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

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information – Please Print

First Name Elizabeth MI A Last Name Griggs
E-mail Address betty.griggs@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 January 28, 2016

Payment Information

Maximum Authorization Cost \$ 10.00

Select Payment Method

Cash ☐ Check Money Order

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

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

Extras: Special service charge dependent upon request.

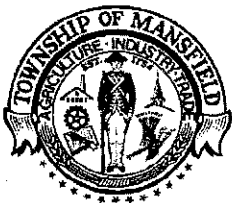
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

Please provide all open space committee documentation including but not limited to meeting minutes for the time period July through December 31, 2015.

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TOWNSHIP OF MANSFIELD

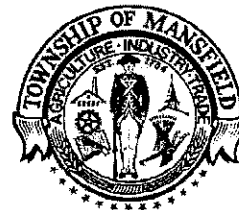
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 betty.griggs@mintweb.com
Mailing Address 575 Mount Bethel Road
City Oxford State NJ Zip 07863
Telephone 908-799-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Griggs Date March 6, 2016

Payment Information

Maximum Authorization Cost \$ 10.00

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

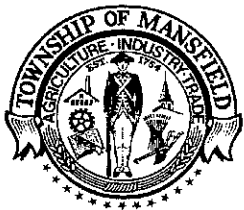
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

2007 Bill Lists

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TOWNSHIP OF MANSFIELD

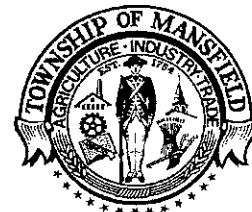
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 Rich MI Last Name Bapst
E-mail Address rbapst@dcrenv.com
Mailing Address 3900 North 10th Street, suite 102
City Phila State PA Zip 19140
Telephone 6106084363 FAX 2154732951
Preferred Delivery: Pick Up US Mail On-Site Inspect X 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 March 9, 2016

Payment Information

Maximum Authorization Cost \$ 15

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 stop by and review available property records within the construction and zoning depts. for the Walgreens property located at 1982 Route 57, Block 1104, Lots 1 and 2 in association with Preliminary Assessment i am preparing. Alternatively, if you will not allow me to review the records myself, i am looking for: • Permits, reports, and information for Underground or Aboveground Storage Tanks (UST/AST), oil / water separator or clarifier installation or removal any current or previous building at the property • Permits for flammable materials storage • Permits of asbestos removal • Permits for the installation or decommissioning of drinking water wells & septic systems • Demolition/renovation permits for the current building of any other prior building on this property • Any known spills, releases, hazardous materials • Outstanding fire code violations associated with storage / handling / use of flammable or hazardous materials • Fires or spills

please let me know any questions or when the records have been pulled for review. Thanks!

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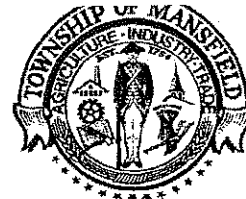
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 Ritta Cesaro MI MI Last Name Cesaro
E-mail Address tinkytunk@yahoo.com
Mailing Address 28 Jefferson Trail
City Hopatcong State NJ Zip 07843
Telephone 201-704-9542 FAX
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail A
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 01/21/16

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 may I have all documents regarding this home, closed or open, & any Construction Plans approved & implemented.
Thank You

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TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

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



Important Notice

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

Requestor Information – Please Print

First Name MARK MI A Last Name Wizner
 E-mail Address MARK0212@OPTonline.net
 Mailing Address 6 Academy Ln
 City Budd Lk State NJ Zip 07828
 Telephone 973-668-0288 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 Mark Wizner Date 5/23/16

Payment Information

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

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

I am purchasing a home at 134 Winters Ave Port Murray N.J..
Can you tell me
① Has there ever been an oil Tank Removed from the ground
② what permits have been taken out for this home and what was their purpose

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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 Shirley MI A Last Name Kocher
E-mail Address torhferi@comcast.net
Mailing Address 5 Clover Rd.
City Washington State NJ Zip 07862
Telephone 908-689-6068 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 Shirley Kocher Date 5/23/2016

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.

Copy of all audio of Township meetings from
1/1/2012 to present - Including Special meetings.

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Subject add: 702 State Route 57
Mansfield, NJ



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 Cecilia MI _____ Last Name De Venezia
E-mail Address cecirealestate@gmail.com
Mailing Address _____
City _____ State _____ Zip _____
Telephone _____ FAX _____
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Cecilia De Venezia Date 5/26/16

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.

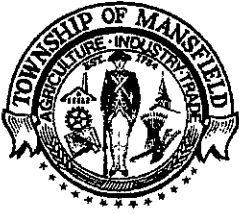
Property Card.
property tax map.
Septic Information
Water-Well information

outstanding permits
UG oil tank
Outstanding balances on taxes, water (if applicable)

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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 betty.griggs@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 June 6, 2016

Payment Information

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

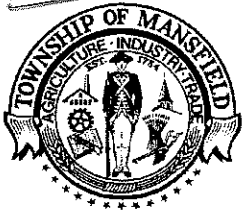
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

Please provide the audio for all Township Committee meetings in 2014.

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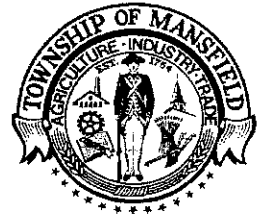
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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

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

Important Notice

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

Requestor Information - Please Print

First Name James MI P. Last Name Gibson
E-mail Address jjgibson@brinkerhoff.com
Mailing Address 133 Jackson Road / Suite D
City Medford State NJ Zip 08055
Telephone 609-714-2141 FAX 609-714-2143
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 James P. Gibson Date 6/10/16

Payment Information

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

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

"All Phase I Environmental Site Assessment info." for: Vacant Land
Owner: 1940 Route 57
Block 1104, Lot 9
Mansfield Twp., Warren Co., NJ
Brinkerhoff Project # 16-0255

6/14/16 spoke to James
referred to NJ DEP & Construction

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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 Joseph MI J Last Name Williams
E-mail Address jchorsemanship@verizon.net
Mailing Address 122 CORNWELL AVE
City Berkley Hts State NJ Zip 07922
Telephone (908) 477-5769 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 6/14/16

Payment Information

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

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

All permits taken out open + closed on:
1 MT Bethel Rd
MANSFIELD, NJ 07865

804.01/8

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None



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	Robert	MI	F.	Last Name	Goetting
E-mail Address	robgo423@gmail.com				
Mailing Address	423 Hurley Drive #				
City	Hackettstown	State	NJ	Zip	07840
Telephone	973 769-2064		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.

Zoning of 28 Ridgley Street. (Single Family)

+ guidelines, permits or requirements to either rent rooms or be a boarding house at 28 Ridgley St.

1105/40

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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 Laura MI Last Name Murphy

E-mail Address erahomes@cnj.net.com

Mailing Address 284 Route 206, Suite B

City Hillsborough State NJ Zip 08844

Telephone 908 642-6257 FAX 908 874 7260

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

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

Signature [Signature] Date 6-21-16

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.

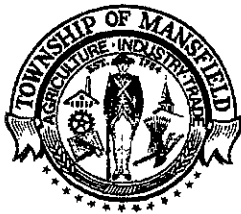
This is a bank owned property. There is a newer oil tank in basement. Neighbor indicated there is an underground tank. Do you have any information as to location, was it properly removed or abandoned.

30 Jefferson St
 2707 / 1

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TOWNSHIP OF MANSFIELD

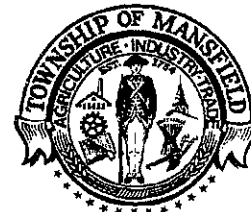
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 betsy_griggs@interweb.com
Mailing Address 545 Mount Bethel Road
City Oxford State NJ Zip 07863
Telephone 908-749-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Griggs Date 06/21/2016

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

Extras: Special service charge dependent upon request.

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) Tax map showing the right of way for Caffretha Park (copy & electronic)
- 2) Deed for same / Caffretha Park & right of way

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AGENCY USE ONLY

Completed 6/21/16

900 South Broad St.

JoAnn Fascenelli

From: Dena Hrebenak
Sent: Friday, May 06, 2016 3:02 PM
To: JoAnn Fascenelli; Charles Daniel
Subject: Re: OPRA REQUEST

From: Scott Minter <sminter@minterweb.com>
Sent: Friday, May 6, 2016 2:14 PM
To: Dena Hrebenak
Subject: OPRA REQUEST

Dena,

Please consider this email as an official request for public documents covered by the Open Public Records Act.

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

Please provide these documents electronically if available.

1. Please provide a complete list of all payments associated with the Meadows at Mansfield litigation from initial inception through settlement.
These should include all payments to professionals including legal counsel fees, court filing fees, litigation expenses, other professional fees etc.
2. Please provide supporting documentation for any fees including but not limited to professional services invoices, court receipts, etc

Please find attached the official request form downloaded from the Mansfield Township website.

I am available at 908-799-3125 or 908-229-4602 should you have any questions or concerns regarding the above requested items.

Thank you,

Scott M. Minter
545 Mount Bethel Road
Oxford, NJ 07863



TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM
Municipal Clerk's Office
3135 Route 206 South, Suite 1, Columbus, NJ 08022
Phone: 609-298-0542 Fax: 609-298-1863

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	<u>Paul</u>	MI	<u>G</u>	Last Name	<u>Beninati</u>
E-mail Address	<u>Info@Aduhomesvs.com</u>				
Mailing Address	<u>P.O. Box 307</u>				
City	<u>Oakland</u>	State	<u>NJ</u>	Zip	<u>07436</u>
Telephone	<u>201-522-6102</u>	FAX	<u>201-337-3604</u>		
Preferred Delivery:	Pick Up ☐	US Mail ☐	On-Site Inspect ☐	Fax ☐	E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>			Date	<u>7/6/16</u>

Payment Information

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

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

Property Record Card
22 Winchester Ave
Block 1105.02 Lot 9

mailed 7/6/16

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

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

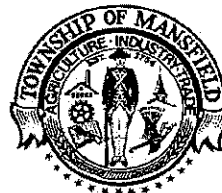
AGENCY USE ONLY

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



TOWNSHIP OF MANSFIELD
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 Jerry MI Last Name Tuscano
E-mail Address Jerry.Tuscano@C21.COM
Mailing Address 337 Changebridge Rd Po Box 631
City Pine Brook State NJ Zip 07058
Telephone 973-223-3364 FAX 973-244-7330
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 1/28/16

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.

111 Sunnyview west Hackettstown (Mansfield)
Septic & well - Permits & plans & Repairs
Taxes up to Date
Open & closed permits 2000-Present
Lot 17 Block 1804

AGENCY USE ONLY

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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 Dawn MI J Last Name Smith
E-mail Address dawnjeansmith@aol.com
Mailing Address 324 Mt. Bethel Rd
City Port Murray State NJ Zip 07865
Telephone 9088525684 FAX 9
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 Dawn Smith 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.

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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

Rec'd 3/30/16



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 Kevin MI Last Name Brown
E-mail Address kbrown@northeastcarpenters.org
Mailing Address 91 Fiddcrest Ave
City Edison State NJ Zip 08837
Telephone 609-218-2610 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 NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Kevin Brown Date 3-30-16

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 zoning, planning board application for block 1501 lot 9.01 655 RT 57 Mansfield, NJ.

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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 berg.griggs@mintelweb.com
Mailing Address 545 Mount Bethel Road
City Oxford State NJ Zip 07863
Telephone 908-799-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Griggs Date March 6, 2016

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) Open Space Trust Financials
- 2) Open Space Bill Lists
- 3) Leader / Chair / Head of Friends Preserving Mansfield Part.
- 4) Copies of signed risk waivers for all Mount Bethel Church Property Volunteers

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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 Donna MI Last Name Walling
 E-mail Address Donna Walling @ me. com
 Mailing Address 142 Main St
 City Chester State NJ Zip 07930
 Telephone 908 246 1284 FAX
 Preferred Delivery: Pick On-Site
 Up US Mail 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. 4-20-16
 Signature [Signature] Date 2-26-16

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 copy me on all permits for
 22 Winchester Ave. Lot 9 Block 1105.02
 from all departments.
 Are the taxes up to date? NO

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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 Scott MI M Last Name Minter

E-mail Address sminter@minterweb.com

Mailing Address 545 Mount Bethel Rd

City Oxford State NJ Zip 07863

Telephone 908-799-3125

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 May 6, 2016

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 complete list of all payments associated with the Meadows at Mansfield litigation from initial inception through settlement. These should include all payments to professionals including legal counsel fees, court filing fees, litigation expenses, other professional fees etc.

Please provide supporting documentation for any fees including but not limited to professional services invoices, court receipts, etc

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

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

Important Notice

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

Requestor Information - Please Print

First Name Elizabeth MI A. Last Name Griggs
E-mail Address betsy.griggs@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 July 18, 2016

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.

*Audio recordings of all township committee meetings
May 2016 to July 2016.*

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Jul 20, 2016 9:24AM

No. 0528 P. 1



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
 Dana Hrebenak, Records Custodian



Important Notice

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Requestor Information - Please Print

First Name STEVEN MI S Last Name KARALI
 E-mail Address SKARALI@CAPITALAPPRAISAL.COM
 Mailing Address 215 RIDGEDALE AVE.
 City FLORHAM PARK State NJ Zip 07932
 Telephone 973-845-6629 FAX 973-845-6634
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspection ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.A. 2C:28-3, I certify that 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 7/20/16

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.

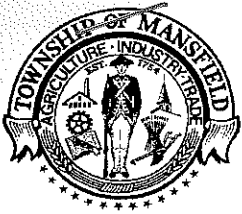
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

PROPERTY RECORD CARD FOR
 106 AIRPORT ROAD
 BLOCK 1105.4 LOT 26

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



TOWNSHIP OF MANSFIELD

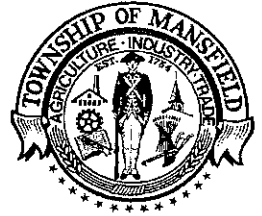
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 Michael MI V Last Name Maniucso
E-mail Address Michael.valentine.maniucso@gmail.com
Mailing Address 16 Brantwood Terrace
City Hackettstown State NJ Zip 07840
Telephone 908-892-7153 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 Michael V Maniucso Date 7-22-16

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

I am requesting the application for a major subdivision of ~~lot~~ block 12 of lot 22, Case 04-16 Brinkerhoff Enterprises to be reviewed

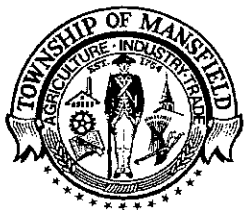
7/22/16 supplied APPLICANT WITH 2 SETS OF minutes
& 1 RESOLUTION

They PHOTOGRAPHED COPIES OF SUBD MAP.

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AGENCY USE ONLY



TOWNSHIP OF MANSFIELD

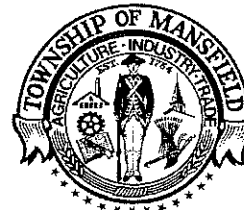
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

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

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Teri MI Last Name Rhodes

E-mail Address poepee@gmail.com

Mailing Address 470 Schooley's Mtn Rd #144

City Hackettstown State NJ Zip 07840

Telephone 914-204-2543 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 7.27.16

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.

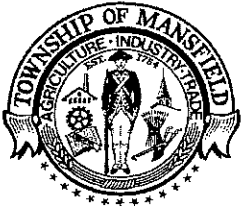
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

Resolution for Spender Family Trust Subdivision

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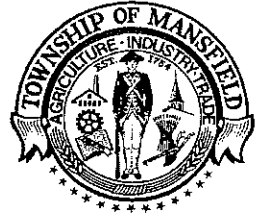
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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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



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 Mary MI B Last Name Mancuso
E-mail Address marybmancuso@gmail.com
Mailing Address 16 BRANTWOOD Terrace
City Hackettstown State NJ Zip 07840
Telephone 908 684-1516 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 Mary B Mancuso Date 7/28/2016

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.

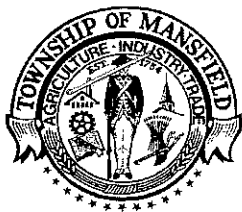
Circulation Plan for the Master Plan

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AGENCY USE ONLY

AGENCY USE ONLY

7/28/16 DH



TOWNSHIP OF MANSFIELD

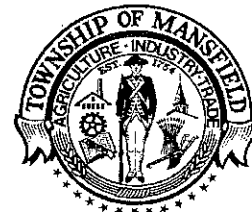
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 MaryBeth MI Last Name McAvoyE-mail Address m.mcavoy@constructionjournal.comMailing Address 400 SW 7th StreetCity Stuart State FL Zip 34994Telephone 800-785-5165 FAX 800-581-7204Preferred 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 Mary Beth McAvoy Date 06/08/16

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.

Structural Repairs and Roofing Replacement - Bids Due 12/22/15 - Bid Award with Amount or Decision

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

Payment Information

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

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

Please provide the audio recording for the
July 27, 2016 Mansfield Township Committee meeting.

AGENCY USE ONLY

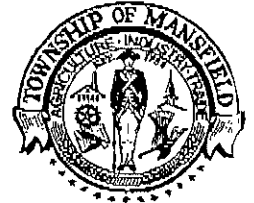
AGENCY USE ONLY

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 Nicole MI B. Last Name Dory
E-mail Address ndory@connellfoley.com
Mailing Address Connell Foley LLP, 85 Livingston Avenue
City Roseland State NJ Zip 07068
Telephone 973-535-0500 FAX 973-535-9217
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 N. Dory (slane) Date 7/26/16

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.00 per page
Legal size pages - \$0.00 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 me with copies of the Planning and Zoning Board resolutions prior to December 31, 2015 for the 300+ active-adult single project located in Mansfield Township developed by Pulte/Centex.

7/29/16 DISREGARD PER NICOLE DORY
BURLINGTON County 

AGENCY USE ONLY

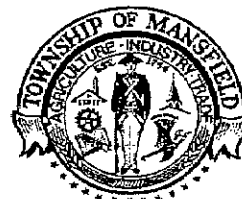
AGENCY USE ONLY

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 Annie MI Last Name Baran
E-mail Address baran.0323@yahoo.com
Mailing Address 1204 Schmidt Ave
City Union State NJ Zip 07083
Telephone 908-256-0843 FAX 908-688-6203
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I 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 8-18-16

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.

6 Brantwood Terrace, Hackettstown NJ 07840 [Mansfield District]
Block: 2201.02 Lot: 13.01 owner: Federal National Mtg Ass
Please email property record card; This information is
use for appraisal purpose.
Thank you

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Please cancel my request for 10 Brantwood Terr
which was faxed last week This is an incorrect
address.

Thank you
Annie Baran



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Important Notice

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Requestor Information – Please Print

First Name Erin MI _____ Last Name Thompson
E-mail Address info@bogaardlaw.com
Mailing Address 61 West Main Street
City Mendham State NJ Zip 07945
Telephone (973) 543-2000 FAX (973) 543-2100
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒

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

Signature [Signature]

Date 6/17/16

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.

Copies of any construction permits as well as information pertaining to any septic system, well and/or underground storage tank that may exist on the property located at
162 Westervelt Rd.
Block 601.01 Lot 4

[Signature]

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AGENCY USE ONLY

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Dena Hrebenak, Records Custodian



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Requestor Information – Please Print

First Name <u>Michael</u>	MI <u>V</u>	Last Name <u>Mariani</u>
E-mail Address <u>MMar24@gmail.com</u>		
Mailing Address <u>4 North Maple Ave</u>		
City <u>Levy Valley</u>	State <u>NJ</u>	Zip <u>07853</u>
Telephone <u>862-219-2234</u>		FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail <u>X</u>		
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.		
Signature <u>Michael Mariani</u>		Date <u>6/20/16</u>

Payment Information

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

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

I am looking to purchase a property in Mansfield. I would like to see if there are any construction or building permits that have been issued to the property. The property is located at 564 Valley Rd, which is block Block 202 Lot 15 and Block 201 Lot 15.02.

Thank You. I can be reached at 862-219-2234 or via email at MMar24@gmail.com

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TOWNSHIP OF MANSFIELD

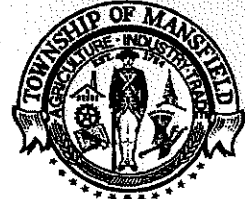
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

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

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information - Please Print

First Name Jerry MI MI Last Name Tuscano
E-mail Address Jerry.Tuscano@C21.com
Mailing Address 337 Chancelbridge Rd Po Box 161
City Princeton State NJ Zip 07058
Telephone 973-244-7980 FAX 973 244 7330
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 8/5/14

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.

111 Sunny View W Mansfield

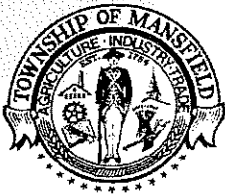
Lot 1804 Block 7

Any Permits/Records For install, Removal, Abandoned
Oil Tank (UST) For Property

AGENCY USE ONLY

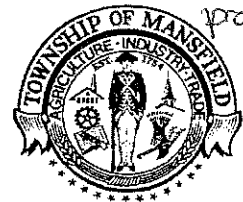
AGENCY USE ONLY

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



8/31/16
 const. permits
 prop record
 card

Important Notice

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Requestor Information – Please Print

First Name Rose Lynn MI MI Last Name Hughes
 E-mail Address Rhughes@kw.com
 Mailing Address 222 Mt Airy Road
 City Bas King Ridge State NJ Zip 07920
 Telephone 908 507 3260 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 Rhughes Date 8/30/2016

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.

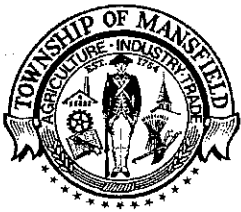
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

RE: Block 1701, LOT 13.11, address: 25 Ryan way, Mansfield
 looking for the following information:
 age type & make of well size & age of septic, # bedrooms
 copy of tax record any easements on property, any
 wetlands on property. Copy of open/closed permits
 Thank you -

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TOWNSHIP OF MANSFIELD

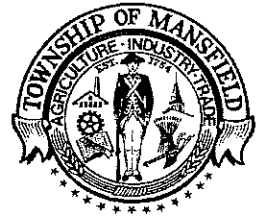
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 SARAH MI G Last Name SMITHE-mail Address sgilbertsmith@e901.comMailing Address 142 main stCity CHESTER State NJ Zip 07930Telephone 973-722-2636 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 8/6/16

Payment Information

Maximum Authorization Cost \$ 25

Select Payment Method



Cash

Check

Money Order

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

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

Extras: Special service charge dependent upon request.

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

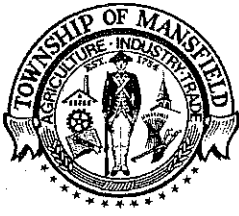
Block 1804 / Lot 17 111 sunnyview Ave W

- Property Tax Card
- All permits

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TOWNSHIP OF MANSFIELD

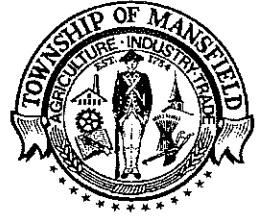
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



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Requestor Information – Please Print

First Name SUSAN MI F Last Name DONERTY-PANTIN

E-mail Address SUE.PANTIN@YAHOO.COM

Mailing Address 90 OAKWOOD VILLAGE APT.

City FLANDERS State NJ Zip 07836

Telephone 908-296-1371 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 Susan F. Donerty Pantin Date 10/5/16

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.

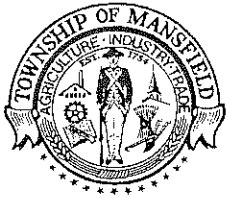
TO PURCHASE 30 JEFFERSON ST, PORT MURRAY, NJ
WHAT BLDG PERMITS ISSUED

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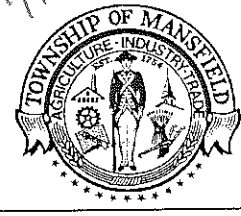
AGENCY USE ONLY

FelEx
11/1/2016



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 Elizabeth MI A Last Name Griggs
E-mail Address e.griggs.public@minternetweb.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 September 7, 2016

Payment Information

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

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

Please provide all of Mansfield Township Committeeman Michael Misertino's emails in his Mansfield Township email account (mmisertino@mansfieldtownship-nj.gov) from March 14, 2016 through and including September 1, 2016
[I have provided a data stick for file transfer if easier]

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dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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Requestor Information – Please Print

First Name Janine MI Last Name Motta
E-mail Address admin@lohvnj.org
Mailing Address 18 McBride Road
City Manalapan State NJ Zip 07726
Telephone 732-266-9080 FAX 732-446-0227
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 Janine Motta Date 9-14-16

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.

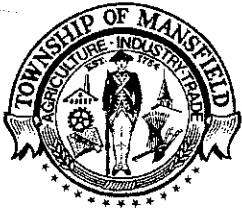
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

A list of the names and addresses of current pet license holders

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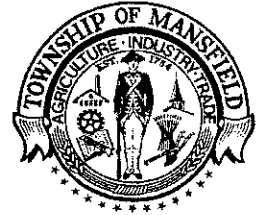
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Dena Hrebenak, Records Custodian

Important Notice

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Requestor Information - Please Print

First Name John MI of Lebanon Last Name Fasciulli
E-mail Address treasurer@lebanon.net
Mailing Address 530 West Hill Rd
City Glen Gardner State NJ Zip 08826
Telephone 908-638-8523 FAX _____
Preferred Delivery: ☒ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature John Fasciulli Date 11/8/16

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.

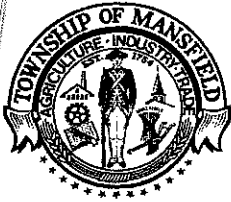
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

PO # 161102 - Ph Custom Body & Equipment
Contract # AM10-14 dt 9/28/16 HGAC Buy
Inter Local Contract 16-5405 HGAC Buy

AGENCY USE ONLY

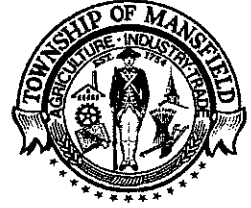
AGENCY USE ONLY

AGENCY USE ONLY



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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 Curtis MI _____ Last Name Blanding

E-mail Address cblanding@smartprocure.us

Mailing Address 700 W. Hillsboro Blvd. Suite 4-100

City Deerfield Beach State FL Zip 33441

Telephone 954-637-0742 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 11/11/2016

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.

SmartProcure is submitting an OPRA request to the Township Of Mansfield for any and all purchasing records from 01/01/2014 to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

1. Purchase order number. If purchase orders are not used a comparable substitute is acceptable, i.e., invoice, encumbrance, or check number
2. Purchase date
3. Line item details (Detailed description of the purchase)
4. Line item quantity
5. Line item price
6. Vendor ID number, name, address, contact person and their email address
7. What is the beginning of your fiscal year?

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11/15/16 Responded that of our software does not generate ~~any~~ report requested. DL



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 Stephen MI J Last Name CagnassolaE-mail Address SteveCags@aol.comMailing Address 39 Canterbury LaneCity Hackettstown State NJ Zip 07840Telephone 908 894 0070 FAX 978 506 1876Preferred 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 8/4/15

Payment Information

Maximum Authorization Cost \$

Select Payment Method

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

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

Extras: Special service charge dependent upon request.

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

All correspondence, including emails regarding sidewalk repairs in Residential Neighborhoods.

All correspondence, including emails regarding tree maintenance & repairs in Residential neighborhoods.

P.S. Kindly let me know how much the cost is and I will provide prompt payment. Thank you!

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



TOWNSHIP OF MANSFIELD

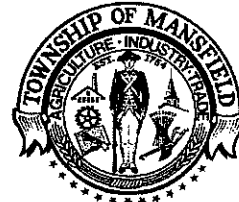
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 Ryan MI A Last Name PaliukaitisE-mail Address ryan@ryanpal.comMailing Address PO Box 394, Rockaway, NJCity Rockaway State NJ Zip 07866Telephone 973-551-8210 FAX 973-265-7666Preferred 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 Ryan Paliukaitis Date 11/30/2016

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 send me the tax delinquent list for 2016

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TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM
Municipal Clerk's Office
3135 Route 206 South, Suite 1, Columbus, NJ 08022
Phone: 609-298-0542 Fax: 609-298-1863

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	SCOTT	MI		Last Name	FLIEGEL
E-mail Address	SELIEGELO@TCPNJ.COM				
Mailing Address	901 ROUTE 10 EAST				
City	BAMMOLPH		State	NJ	
Zip	07889				
Telephone	908-735-2324		FAX	973-584-3410	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<i>Scott Fliegel</i>			Date	11/21/16

Payment Information

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

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

May I please see a copy of all your current lease contracts and invoices for copiers and managed print services within your municipality, Thank you

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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 _____

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

sent email
12/27/16



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 _____ Last Name McKevitt
E-mail Address bmckevitt@comcast.net
Mailing Address 29 Blau Road
City Hackettstown State NJ Zip 07840
Telephone 908-850-9333 FAX 866-429-1855
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 12/22/2016

Payment Information

Maximum Authorization Cost \$ 10.00
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual
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.

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AGENCY USE ONLY

sent email
12/27/14



TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

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



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E-mail Address bmckevitt@comcast.net
Mailing Address 29 Blau Road
City Hackettstown State NJ Zip 07840
Telephone 908-850-9333 FAX 866-429-1855
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
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Signature [Signature] Date 12/22/2016

Payment Information

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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) Permits issued for 445 Watters Road, Mansfield Twp. Block: 1301 Lots: 5 & 5.03, including but not limited to the construction of the buildings (two), driveways, etc. Dates included in the search are from 3/1/2014 to present.

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