SIR,
UNDER the Freedom of Information act (FOIA) I am requesting the name of the individuals making calls to the Police Dept.* Regarding my adress.
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 dates 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

mes 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
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 ____ 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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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 MARIANNE MI _____ Last Name INFUSINO

E-mail Address MARE.INFUSINO@GMAIL.COM

Mailing Address 372 FRANKLIN AVE

City 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

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

TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Jeffrey MI 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 abatements for

Alexandria Apartments
61 Alexandria Drive Block 1102 Lot 3.03

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Jeffrey MI E Last Name Mulligan

E-mail Address JMulligan@ecolsciences.com

Mailing Address Ecol Sciences 75 Fleetwood Dr. Suite 250

City Rockaway State NJ Zip 07866

Telephone 973-366-9500 FAX 9593

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

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

Signature [signature] Date 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.

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 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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

1902/8

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 Anthony MI S. Last Name Marino

E-mail Address mrhntnn@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 Marino 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.

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 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 or the improvements including the records of installation of the inground pool (filtering and shelving 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. Marino

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Rec 11/13/2015

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 Michael MI D Last Name Dickey

E-mail Address mdickey@donctaylor.com

Mailing Address PO Box 1936

City Cherry Hill State NJ Zip 08034

Telephone 856 906 4392 FAX 856 616 2808

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

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

Signature _____ Date 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.

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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.

- 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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TOWNSHIP OF MANSFIELD

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

Important Notice

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Requestor Information – Please Print

First Name Elizabeth MI A Last Name Grigg

E-mail Address betsy.grigg@mindspring.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-759-3125 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 Grigg 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

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 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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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Joanne MI ____ Last Name Lauro

E-mail Address joanneLgcisleads.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 V E-mail V

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

Signature Joanne Lauro Date 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.

Extras: Special service charge dependent upon request.

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

Bid date 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

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

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

Signature [signature] Date 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.

Extras: Special service charge dependent upon request.

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

1. Please provide the 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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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 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 ***HAVE*** / ***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 application Thompson

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$7 –
NOT PAID
2/26/16

$4.64 for CDs

Paid 3/4/16 Ck # 7615

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 Black 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

TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Carol or John MI ____ Last Name Thompson

E-mail Address carolthompson18@comcast.net

Mailing Address 510 Rt 57

City Port Murray State NJ Zip 07865

Telephone 908.565.6502 FAX 973.983.4944

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

viewed 3/23/16

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

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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 _____ 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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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 HENRY MI _____ Last Name RIEWERTS

E-mail Address hriewerts@msn.com

Mailing Address BOX 154

City ASHURY State NJ Zip 08802

Telephone 973-452-3417 FAX _____

Preferred Delivery: ~~Picky~~ 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

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

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 07828

Telephone 973-448-0651 FAX 973-448-0652

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 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 MANFIELD TOWNSHIP PLANNING BOARD ON MARCH 21 , 1988.

I would like a copy of these two documents. 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

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 Manny MI _____ Last Name Ruffin

E-mail Address cls@slkgroup.com

Mailing Address 2727 LBJ FREEWAY SUITE 420

City DAllas State TX Zip 75234

Telephone 855-512-4803 FAX 888-908-3471

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 MANNY RUFFIN Date 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

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 Cecilia MI ____ Last Name De Venezia

E-mail Address jeffdc@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 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 DeVenezia 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

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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 _____ 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.

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 Joe MI ____ Last Name Farino

E-mail Address joefarino@comcast.net

Mailing Address 195 Blau Road

City Hackettstown State NJ Zip 07840

Telephone 908-303-5655 FAX ____

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

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

Signature Joe Farino 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

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

TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Elizabeth MI A Last Name Griggs

E-mail Address betty.griggs@minkernet.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 of Preserving Mansfield's Past.
4) Copies of signed risk waivers for all Mount Bethel Church Property Volunteers

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

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 Hillsborough State NJ Zip 08844

Telephone 908 256-0766 FAX 908 431-5060

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

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

Signature _____ Date 4-11-16

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 dependent 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 47 James Chapel Rd. Mansfield Twp., NJ.

Acknowledgement of Receipt

_____ Signature _____ Date _____ Print Name

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
APR 12 2016
WASHINGTON TOWNSHIP

_____ 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

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Requestor Information – Please Print

First Name Kevin MI M. Last Name DeFilippis

E-mail Address KD@hdlegal.com

Mailing Address 1 Gold Mine Rd., Suite 1e

City Flanders 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 ~~HAVE~~ / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 4-15-16

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

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

Important Notice

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Requestor Information – Please Print

First Name Elizabeth MI A Last Name Griggo

E-mail Address betsy.griggo@mindspring.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-799-3125 FAX

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

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

Signature Elizabeth A Griggo 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

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 Grigg

E-mail Address betsy.grigg@mindspring.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-979-3125 FAX

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

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

Signature Elizabeth A. Grigg 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 – nothing.

2016 DPW Road Grant Application

2016 DPW Temporary Budget – answered

2016 DPW Budget –

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

TOWNSHIP OF MANSFIELD

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

Important Notice

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Requestor Information – Please Print

First Name Scott MI M Last Name MINTER

E-mail Address SMINTER@MINTERWEB.COM

Mailing Address 545 MOUNT BETHEL RD

City Oxford State NJ Zip 07863

Telephone 9087993125 FAX

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

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

Signature [signature] Date 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.

1) 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 as introduced.

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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@mindspring.com

Mailing Address 545 mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-739-3125 FAX

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

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

Signature Elizabeth A Griggs Date January 25, 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 Amongst December 31, 2015.

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Elizabeth MI A Last Name Griggs

E-mail Address betsy.griggs@mindspring.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-799-3125 FAX

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

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

Signature Elizabeth A. Griggs Date 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

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 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 _____ 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!

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

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 ____ 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 5/12/16

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

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

TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name 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

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 Shirley MI A Last Name Kocher

E-mail Address tithferi@comcast.net

Mailing Address 5 Clover Rd.

City Washington State NJ Zip 07882

Telephone 908-689-6068 FAX

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

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

Signature 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.

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

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

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Requestor Information – Please Print

First Name Cecilia MI ____ Last Name DeVenezia

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 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 Cecilia DeVenezia 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)

No

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 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 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, DVD etc) – actual

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

Extras: Special service charge dependent upon request.

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

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

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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 James MI P. Last Name Gibson

E-mail Address jgibson@brinkenv.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 (BMO) 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 rpts." 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 CORNELL AVE

City Berkeley Hts State NJ Zip 07922

Telephone (908) 477-5769 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 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

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

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 Groetting

E-mail Address robg423@gmail.com

Mailing Address 423 Hurley Drive Fl

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.

11/05/40

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 Laura MI ____ Last Name Murphy

E-mail Address Crahoms@cnjnet.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

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 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 908-749-3125 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, 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) Tax map showing the right of way for Cattretta Park (copy & electronic)

2) Deed for same / Cattretta Park & right of way

C

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

completed 6/21/16

To: All Warren County Municipal Assessors and Attorneys

You have asked us to provide material that is responsive to Shawn Hopkins' OPRA request dated on or about April 14, 2016.

Our counsel advises that on April 18, 2016 the Superior Court, Appellate Division, issued an opinion in Paff v. Galloway Township, Docket No. A-0125-14 (copy attached FYI), in which the court held that "OPRA does not require the creation of a new government record that does not yet exist at the time of the request, even if the information sought to be included in the new government record is stored or maintained electronically." (page 15) Counsel also advises that because the decision is "approved for publication" it is binding on all trial courts.

Vital can produce the data Mr. Hopkins has requested, but it does not presently exist in the .mdb format or sort orders that Mr. Hopkins has requested. The CAMA data extraction would normally exist in .csv (comma delimited) text format and the sketch graphics are exported and viewable only in a .pdf format. These can be provided to the requester without charge. Conversion of these data into an .mdb or any other format requires the creation of a new government record, which we do not believe is required under the Appellate Division's decision. If you would nevertheless like us to provide these data in a format other than .csv and .pdf, please advise and we will give you a price quote for the necessary (and significant) programming and related work that would be required.

So that you are in compliance with the statutory deadline for a response to the requester, our attorney suggests that you immediately forward the request to your municipal attorney (if you have not already done so) along with a copy of the attached decision for their information, and ask when counsel will be able to advise you as to the propriety of the request so you can then provide Mr. Hopkins with a timetable for further response.

Because of the above, we will await your advice before providing any services regarding this request.

Thank you.

Mike Hellekson

President & CEO

OPRA

Vital Communications, Inc.

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 Paul MI G Last Name Beninati

E-mail Address Info@Advhomesvs.com

Mailing Address P.O. Box 307

City Oakland State NJ Zip 07436

Telephone 201-522-6102 FAX 201-337-3604

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 7/6/16

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 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

emailed 7/6/16

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open ____
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Jerry MI ____ Last Name Tuscano

E-mail Address JerryoTuscano@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 Hacketstown (Mansfield)

Septic & well – Permits + plans + Repats

Taxes up to Date

Open + closed permits 2000 – Present

Lot 17 Block 1804

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 Dawn MI J Last Name Smith

E-mail Address dawnjeansmith@aol.com

Mailing Address 324 Mt. Bethel Rd

City Port Murray State N.J Zip 07865

Telephone 908 852 3684 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 J 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.

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

TOWNSHIP OF MANSFIELD

Rec'd 3/30/16 9:00 df

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 Kevin MI _____ Last Name Brown

E-mail Address kbrown@northeastcarpenters.org

Mailing Address 91 Fiddlecrest 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 / 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.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Elizabeth MI A Last Name Griggs

E-mail Address berry.griggs@mindspring.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-719-3125 FAX

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

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

Signature Elizabeth A Griggs Date May 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 of Preserving Mansfield's Past.
4) Copies of signed risk waivers for all Mount Bethel Church Property Volunteers

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 Donna MI ____ Last Name Walling

E-mail Address DonnaWalling@me.com

Mailing Address 142 Main St

City Chester State NJ Zip 07930

Telephone 908 246 1284 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 4-20-16 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

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 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 [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

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 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 908-749-3125 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 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.

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
Dana 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 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 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 7/20/16

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 Mancuso

E-mail Address Michael.valentine.mancuso@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 Mancuso 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 at ~~lot~~ block 12.01 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.

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 Teri MI ____ Last Name Rhodes

E-mail Address poepeep@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

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 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

AGENCY USE ONLY | **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 McAvoy

E-mail Address m.mcavoy@constructionjournal.com

Mailing Address 400 SW 7th Street

City Stuart State FL Zip 34994

Telephone 800-785-5165 FAX 800-581-7204

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 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

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 carefull

Requestor Information – Please Print

First Name Elizabeth MI A. Last Name Griggs

E-mail Address betsy.griggs@mindspring.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-749-3125 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 August 3, 2016

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Or

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

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

Extras: Special service charge
dependent upon reque

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

Please provide the audio recording 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

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 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/slaner Date 7/26/16

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.05 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 baran0323@yahoo.com

Mailing Address 204 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 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.

6 Brantwood Terrace, Hackettstown NJ 07840 (Mansfield Distric
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**

Hi, Please cancel my request for 6 Brantwood Terr which was faxed last week This is an incorrect address.

Thank you
Annie Baran

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 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 X

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

Signature _____ Date 6/17/14

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.

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

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 Mariani

E-mail Address MMar24@gmail.com

Mailing Address 4 North Maple Ave

City Lenoy Valley State NJ Zip 07853

Telephone 862-219-2234 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 Michael Mariani Date 6/20/16

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.

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

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 Jerry MI ____ Last Name Tuscano

E-mail Address Jerry.Tuscano@c21.com

Mailing Address 337 Changebridge Rd Po Box 161

City Pine Brook State NJ Zip 07058

Telephone 973-244-7980 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 _____ Date 4/5/16

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.

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 AGENCY USE ONLY

8/31/16
constr. permits
$ prop record card

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 Roselynd MI ____ Last Name Hughes

E-mail Address Rhughes@kw.com

Mailing Address 222 Mt Airy Road

City Bas Knog Ridge State NJ Zip 07920

Telephone 908 507 3260 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 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 card any easements on property, any
wetlands on property. Copy of open/closed permits

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

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 SARAH MI G Last Name SMITH

E-mail Address sgilbertsmithe901.com

Mailing Address 142 main St.

City Chester State NJ Zip 07930

Telephone 973-722-2636 FAX

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

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

Signature [signature] Date 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

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 SUSAN MI F Last Name DONERTY-PANTIN

E-mail Address SUE.PANTIN@YAHOO.COM

Mailing Address 90 OAKWOOD VILLAGE APT 1

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. Doherty 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

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

FedEx 11/1/2016

TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Elizabeth MI A. Last Name Griggs

E-mail Address egriggs.public@mintamail.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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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 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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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

Township of Lebanon
First Name JoAnn MI ____ Last Name Fascenelli

E-mail Address treasurer@lebtwp.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 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 John Fascelli 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 & Equitment

Contract # AM10-14 dt 9/28/16 HGAC Buy

Inter local Contract 16-5405 HGAC Buy

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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

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 X

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

Signature _____ Date **11/11/2016**

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 our software does not generate any report requested. 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

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Requestor Information – Please Print

First Name Stephen MI J Last Name Cagnassola

E-mail Address Stevecags@aol.com

Mailing Address 39 Canterbury Lane

City Hackettstown State NJ Zip 07840

Telephone 908 894 0070 FAX 973 506 1876

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

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

Signature [signature] Date 8/4/15

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.

Kindly let me know how much the cost is and I will provide Prompt Payment. thankyou!

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TOWNSHIP OF MANSFIELD

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

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Requestor Information – Please Print

First Name Ryan MI A Last Name Paliukaitis

E-mail Address ryan@ryanpal.com

Mailing Address PO Box 394, Rockaway, NJ

City Rockaway State NJ Zip 07866

Telephone 973-551-8210 FAX 973-265-7666

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 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

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Requestor Information – Please Print

First Name Scott MI ____ Last Name Fliegel

E-mail Address SFLIEGEL@TCPNJ.COM

Mailing Address 961 Route 10 East

City Randolph State NJ Zip 07869

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

Signature Scott Fliegel 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!

AGENCY USE ONLY

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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
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

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

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

Signature [signature] Date 12/27/2016

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.

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

Sent email 12/27/16

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

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

Signature [signature] Date 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) 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.

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