



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 Frank MI Last Name Asciutto
E-mail Address Frank @ asciutto.com
Mailing Address 40 Bussling Rd
City Hackettstown State NJ Zip 07840
Telephone 201-841-3266 FAX
Preferred Delivery: Pick Up US Mail ☒ On-Site Inspect Fax E-mail
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 6-17-2015

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.

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Construction Documents & Center building

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TOWNSHIP OF MANSFIELD

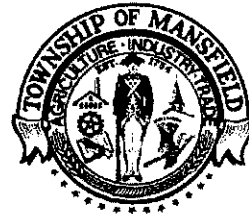
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Requestor Information – Please Print

First Name Elizabeth MI A. Last Name Griggs
E-mail Address betsy.griggs@minterweb.com
Mailing Address 545 Mt Baker 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 26, 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

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1) All township Committee Meeting Audio recordings for 2015.

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MICHAEL B. LAVERY
MICHAEL S. SELVAGGI¹
JOHN J. ABROMITIS
LAWRENCE P. COHEN²
KATHERINE E. INGRASSIA³
JAMES F. MOSCAGIURI
KATRINA L. CAMPBELL⁴
RICHARD W. WENNER⁵

LAW OFFICES
LAVERY, SELVAGGI, ABROMITIS & COHEN
A PROFESSIONAL CORPORATION

1500 ROUTE 517, SUITE 300
HACKETTSTOWN, NEW JERSEY 07840

Telephone (908) 852-2600

Facsimile (908) 852-8225

23 CATTANO AVENUE
AT CHANCERY SQUARE
MORRISTOWN, NJ 07960
Telephone (973) 285-1281
Facsimile (973) 285-0271

OF COUNSEL:

JAMES A. COURTER
JOEL A. KOBERT
PETER J. COSSMAN

¹CERTIFIED BY THE SUPREME COURT OF
NEW JERSEY AS A CIVIL TRIAL ATTORNEY

²MEMBER OF NJ AND PA BAR

³MEMBER OF NJ AND NY BAR

March 3, 2015

Via mail and email: jlb@delducalewis.com

Joshua L. Broderson, Esq.

Del Duca Lewis

21 E. Euclid Avenue, Suite 100

Haddonfield, NJ 08033

Re: OPRA Request to Mansfield Township, Warren County, NJ

Dear Mr. Broderson:

Please be advised that this office serves as legal counsel to Township of Mansfield. In that regard, I was forwarded a copy of your Open Public Records Act request dated February 20, 2015. Your request involves approvals for property located at 1885 Route 57, which is known as the Mansfield Commons Mall. This mall contains a Wal-Mart, a Kohl's, and a number of other stores. The Township wishes to provide all of the information you require. However, the OPRA request is overly broad. Initially the Township will provide copies of the resolutions and await further instruction from you with regard to the other documents. Please confirm that this arrangement is acceptable.

As I discussed with Loretta of your office, the Township would be willing to have all of the documents available for your office to inspect in order to save time. Please advise me if this offer would be acceptable. In the meantime, I will endeavor to have the Clerk copy the requested resolutions.

Very truly yours,

Michael B. Lavery

MBL/js

cc: Dena L. Hrebenak, RMC

Patti Zotti, Land Use Board Secretary



ACLU

AMERICAN CIVIL LIBERTIES UNION
of NEW JERSEY

FOUNDATION

P.O. Box 32159
Newark, NJ 07102

Tel: 973-642-2086
Fax: 973-642-6523

info@aclu-nj.org
www.aclu-nj.org

Via Fax 908-689-2840 and First Class Mail

March 19, 2015

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

Re: OPRA Request

Dear Ms. Hrebenak:

This is a request for information pursuant to the Open Public Records Act, N.J.S.A. 47:1A-1 et seq., and the common law right of citizens of the state to obtain access to public documents. South Jersey Publishing Co. v. New Jersey Expressway Auth., 124 N.J. 478, 487-89 (1991). Please note that this letter contains the statutory requirements for a written OPRA request and I am not required to fill out an official form. Tina Renna v. County of Union, 407 N.J.Super.230 (App. Div. May 21, 2009).

Please provide me with copies of the following public records:

1. All ordinances or resolutions for the Township of Mansfield prohibiting or regulating begging, soliciting charity, or soliciting alms.
2. If a permit application is required for (1) above, please attach a copy of the permit application in its entirety.

We request to receive these records in electronic format via email. Please send them to me at intake@aclu-nj.org. Alternatively, you may fax them to 973-642-6523.

If you determine that any portion of the requested materials are exempt from release, we request that you redact the portion that you believe exempt and provide us with copies of the remaining, non-exempt portions. Also, if any or part of this request is denied, please send us a letter describing the material and listing the specific exemption(s) on which you rely.

If the cost of copies for this request does not exceed \$5.00 (five dollars and no cents), proceed without further approval and send me an invoice with the records. Otherwise, please advise me of the costs before filling the request so that we can discuss arrangements.

Thank you for your attention to this matter and for your assistance. If you have any questions, please feel free to contact me at 973-854-1725.

Sincerely,

Tiffany Reid
Legal Intern



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Requestor Information -- Please Print

First Name Joshua MI L Last Name Broderson
E-mail Address jlb@delducalewis.com
Mailing Address 21 E. Euclid Ave
City Haddonfield State NJ Zip 08033
Telephone (856) 427-4200 FAX (856) 427-4241
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 2/20/15

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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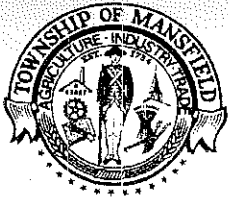
Copies of any and all planning and zoning board approvals for the property located at 1885 Route 57, Hackettstown, NJ 07840, known as Block 1105, Lot 12.01 on the tax map. Request includes copies of applications, meeting minutes, resolutions, review letters, issued permits and approved plans.

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Completed



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Requestor Information - Please Print

X First Name Abdulla MI MI X Last Name Rabie
X E-mail Address abdulla.rabie@gmail.com
X Mailing Address 68 Springbrook Rd E.
X City Montville State NJ Zip 07045
X Telephone 908-616-7917 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.
X Signature [Signature] X Date 4/6/2015

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
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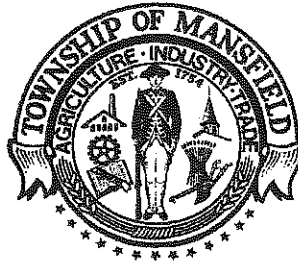
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X Permits on property for any work - history

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OFFICE OF THE CLERK

Township of Mansfield
100 Port Murray Road
Port Murray, NJ 07865

REQUEST FOR PUBLIC RECORDS

SEE INSTRUCTIONS ON OTHER SIDE

NAME: Margo BiblinADDRESS: 159 Lakehurst RoadHope NJTELEPHONE: 908 459 5354

Information requested:

☐ **Copy of Minutes** [specify board or entity, date, topic or other identifying information]

☐ **Copy of Ordinance or Resolution** [specify date, number, or other identifying information]

☐ **Police Accident Report** Fee: _____

Identify Accident: _____

☒ **Other Public Record:** ACV records
Information on a Specific Property Address _____

Block _____ Lot: _____

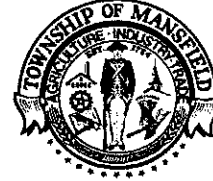
Please use additional paper to describe the exact documents you are requesting
☐ **Municipal Lien Search** Fee: \$10.00

Municipal Lien Searches are provided by the designated search officer and will be provided within 15 days after the request is received and the fee paid, as provided in N.J.S.A. 54:5-11, et seq.



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Requestor Information - Please Print

First Name Elizabeth MI A. Last Name Griggs
E-mail Address betty.griggs@winterweb.com
Mailing Address 545 Mount Duneal Road
City Oxford State NJ Zip 07863
Telephone 908-799-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Griggs Date 05/28/2015

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
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Please provide the May 27, 2015 Mansfield Township Committee Meeting audio recording on the provided thumb drive.

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given 5/28/2015 DJ



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Requestor Information – Please Print

First Name Ryan B MI _____ Last Name Reynolds
E-mail Address rreynolds@partners.com
Mailing Address 10 Monticello View Road Suite 218N
City Upper Saddle River State NJ Zip 07458
Telephone 201 937 5746 FAX 201 263 4497
Preferred Delivery: Pick Up 201-984-7151 On-Site _____ Inspect X Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 5/13/15

Payment Information

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Select Payment Method
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✓ Property Record Card (15C) ^{tax exempt -} _{Public Property} 350 Oxford Road
✓ Tax Map (copy parcel) Block 301
✓ Building/Construction Permits Lot 8.03
✓ Heating Oil Tank Spills - BOH
- Septic Tank Permits
✓ Site Plans (part)

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TOWNSHIP OF MANSFIELD

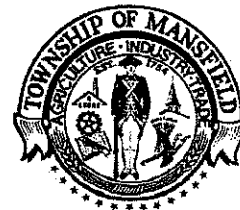
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Requestor Information - Please Print

First Name Elizabeth MI A Last Name Griggs

E-mail Address betsy.griggs@MINTERWEB.com

Mailing Address 545 Mount Bethel Rd

City Orson State NJ Zip 07863

Telephone 908-799-3125 FAX _____

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

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

Signature Elizabeth R Griggs Date 05/26/2015

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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Please provide a copy of the Attorney General complaint letter and any associated documentation referenced in the Mansfield Township Executive Session Meeting Minutes dated September 12, 2007.

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First Name Elizabeth MI A Last Name Griggs
E-mail Address betsy.griggs@MINKWEB.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 ☒
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Signature [Signature] Date 05/26/2015

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Please provide any correspondence + documentation relating to the "DEP Issues on Cory Road" that we returned in the June 13, 2007 Mansfield Township Executive Session Meeting Minutes.

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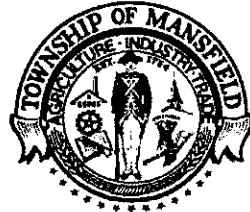
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Requestor Information - Please Print

First Name Elizabeth MI A. Last Name Griggs
E-mail Address betsy-griggs@interweb.com
Mailing Address 545 Mount Bethel Road
City Oxford State NJ Zip 07863
Telephone 917-397-4283 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 25, 2015

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- 1) All Township Committee Meeting Audio recordings for 2011.
- 2) Environmental Commission Meeting Minutes for January 2015, March 2015, April 2015, May 2015

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Requestor Information – Please Print

First Name Tom MI _____ Last Name Buesku

E-mail Address +buesku@yahoo.com

Mailing Address P.O. Box 4945

City Clinton State NJ Zip 08873

Telephone 732-233-2991 FAX 908-235-4804

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

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Signature [Signature] Date 6/11/15

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Property: 181 Cynthia Drive, Mansfield Township

Block 1102.19
Lot 1

Qual. C026A

- Copies of any old permits
- Copies of any open permits
- Copies of any violations associated with this property
- copy of tax assessor's card for this property

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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 04/10/2014

Payment Information

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Select Payment Method
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- ALL FOR MANSFIELD TOWNSHIP:
- ① Any and all traffic studies conducted and when they were conducted. *done by county + state*
 - ② What properties were foreclosed between and including 2010, 2011, 2012, 2013 by year and location/address. ✓
 - ③ Legal fees paid for actioning foreclosed properties in 2010, 2011, 2012, 2013 by year. ✓ *actioning*
 - ④ Open Space properties Watters family has farming rights to including address and acreage of said properties.
 - ⑤ Any and all snow removal ordinances and plans. ✓
 - ⑥ Copies of all budgets reviewed during Township Committee membership for 2012-2014. ✓
 - ⑦ Recordings of Township Committee meetings for 2010, 2011, 2012, 2013, 2014. ✓
- AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY



TOWNSHIP OF MANSFIELD

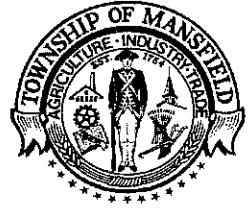
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Requestor Information – Please Print

First Name Donna MI Last Name Muldihill
 E-mail Address muldihill@aol.com
 Mailing Address 631 Oakley Road
 City Oxford State NJ Zip 07863
 Telephone 908-797-7976 FAX

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

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

Signature Donna Muldihill Date 4/10/15

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.

- 1) 2014 / 2015 Breakdown of DPW Employees/ Supervisor overtime.
DPW Supervisor contract - copy.
- 2) 2013 - 2014 - 2015 Mansfield Township Rec Committee minutes (meeting)
- 3) Open Space on the Mansfield Parks (Detail how the park is suppose to be utilize) ??

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



State of New Jersey
New Jersey Board of Public Utilities
GOVERNMENT RECORDS REQUEST FORM
www.nj.gov/bpu

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.
In addition please note that you may complete and submit requests electronically on the Internet at www.nj.gov/opra/

Requestor Information – Please Print

First Name PAUL MI C Last Name STEIN III
Company _____
Mailing Address 4729 TOLLGATE RD
City NEW HOPE State PA Zip 18938 Email ElegantFencePS@gmail.com
Business Hours Telephone: Area Code _____ Number _____ Extension _____
Preferred Delivery: Pick Up _____ US Mail ☒ On Site Inspect _____
Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.
Signature [Signature] Date _____

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Letter size - 10¢ /page
Legal size - 15¢ /page
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

Docket Number: _____ Agenda Date & Item: _____

THE PHYSICAL STREET ADDRESS OF RESIDENTS IN YOUR TOWNSHIP WHO HAVE EITHER APPLIED FOR A POOL PERMIT IN THE LAST 4 (FOUR) MONTHS OR STILL HAVE ONE OPEN OR ACTIVE.
THANK YOU IN ADVANCE ON THIS MATTER.

STATE USE ONLY

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

STATE USE ONLY

Custodian: If any part of request cannot be delivered in 7 business days, detail reasons here.

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

STATE USE ONLY

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

Records Provided

Custodian Signature

Date

Dena Hrebenak

From: betsy.griggs@minterweb.com
Sent: Friday, April 03, 2015 11:39 AM
To: Dena Hrebenak
Subject: 4/3/2015 OPRA Request

Could you please provide the following as per the OPRA:

- 1) 2014 Current Fund, Current Appropriations-Budget Accounts, Public Works, Streets and Road Maintenance
✓ "Total Salaries and Wages" and "Total Other Expenses" by account line item as per the Appropriation Account Summary report.
- ✓ 2) 2014 Current Fund, Current Appropriations-Budget Accounts, Parks and Recreation, Recreation and Services and Programs "Total Salaries and Wages" by account line item as per the Appropriation Account Summary report.

Please advise should you require additional information.

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



TOWNSHIP OF MANSFIELD

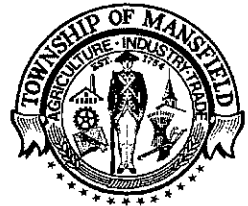
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 THOMAS MI A. Last Name MASTERSEN
E-mail Address TMASTERSEN@YAHOO.COM
Mailing Address 239 FREE UNION ROAD
City GREAT MEADOWS State NJ Zip 07838
Telephone 973-634-8555 FAX NONE
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 4/17/15

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.

COPIES OF INSPECTION RECORDS + FIRE REPORTS PASS OR
FAIL ON PERMIT # 14-06-148 FOR
4 BROOKSIDE ROAD MANSFIELD TOWNSHIP.
DEMING RESIDENCE.
BLOCK 2104 - LOT 9

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

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 Larry Higgins

E-mail Address Support@NJPropertyRecords.com

Mailing Address 23 Parsonage Lot Rd

City Lebanon, NJ 08833

Telephone 908-268-0143

Preferred Delivery: ☐ P ☒ U E-mail

If you are requesting records under the provisions of the Freedom of Information Act, 5 U.S.C. 552, I certify that I HAVE / HAVE NOT / DO NOT KNOW if the records requested are exempt from disclosure under the laws of New Jersey, any other state, or the United States.

Signature [Signature] Date 3-25-15

Preferred Delivery - Email/US MAIL per penalty of N.J.S.A. 17:27, the laws of New Jersey

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 your municipalities most current
Tax maps and zoning map in electronic format.
(PDF, Tiff, JPG, ETC) The most current maps you
have in electronic format will fulfill the request.
Contact me with any questions 908-268-0143

AGENCY USE ONLY

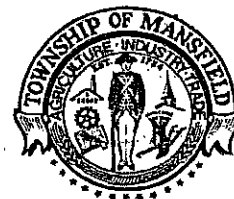
AGENCY USE ONLY

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 Joanne MI Last Name Lauvo
E-mail Address joanne@cisleads.com
Mailing Address 1170 Kinnelon Road Suite # 2
City Kinnelon State NJ Zip 07405
Telephone 973-492-0509 FAX 973-492-8378
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒

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

Signature Joanne Lauvo Date 7/16/15

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.

Bid date 7/17/15 11 AM Installation of Salt Storage Structure.

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

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AGENCY USE ONLY



TOWNSHIP OF MANSFIELD
OPEN PUBLIC RECORDS ACT REQUEST FORM

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



Important Notice

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

Requestor Information – Please Print

First Name Ryan MI Last Name Reynics
 E-mail Address rreynics@partneresi.com
 Mailing Address 10 Mountainview Road, Suite 218 North
 City Upper Saddle River State NJ Zip 07458
 Telephone (201) 984-7751 FAX (201) 263-4497
 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 7/2/2015

Payment Information

Maximum Authorization Cost \$ 10

Select Payment Method

Cash ☐ ☒ Check ☐ Money Order

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

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

Extras: Special service charge dependent upon request.

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

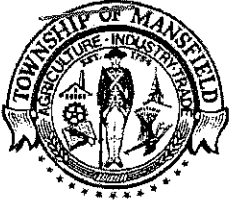
Address: 350 Oxford Road, Mansfield, NJ 07963 (Block-Lot: 301-8.03)

For the purpose of a Phase I Environmental Site Assessment, please forward records regarding any and all lead paint or asbestos violations; current or historical underground/aboveground storage tanks (USTs/ASTs); Certificates of Occupancy/Property Cards; Current or historical use of hazardous materials and/or hazardous waste; current or historical clarifiers, oil/water separators, grease traps, interceptors; Open violations or notices to comply

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AGENCY USE ONLY



TOWNSHIP OF MANSFIELD

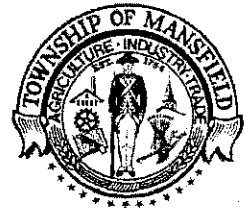
OPEN PUBLIC RECORDS ACT REQUEST FORM

100 Port Murray Road, Port Murray, NJ 07865

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

dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



Important Notice

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

Requestor Information - Please Print

First Name Scott MI M Last Name MINTER

E-mail Address SMINTER@MINTERWEB.COM

Mailing Address 545 MOUNT BETHEL RD.

City Oxford State NJ Zip 07863

Telephone 908-799-3125 FAX

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

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

Signature [Signature] Date 5/31/2015

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.

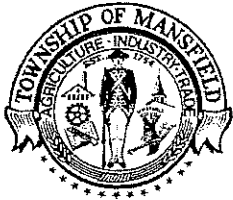
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

- ① All Executive Session Mtg Minutes of Mansfield Township Land Use Board regarding litigation w/MEADOWS at Mansfield.
- ② All Mansfield Township Committee executive session mtg minutes regarding the settlement of Meadows at Mansfield v. Mansfield Township Land Use Board, including minutes of the "whispering weeds meeting".
- ③ All letters from the NJ DEP and NJ Attorney General regarding inappropriate use of road milling on Carry Road and Deputy Mayor Warren's involvement rec'd by the Township in 2007 and discussed during Executive & for Public session.
- ④ The paving contract and cost for the 2007 paving of Carry Rd to remedy DEP Complaint / violation.

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AGENCY USE ONLY

AGENCY USE ONLY



TOWNSHIP OF MANSFIELD

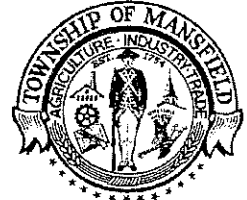
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 "Sally" MI G Last Name SMITHE-mail Address sgilbertsmith@901.comMailing Address 2 Chesterbrook Rd.City Chester State NJ Zip 07930Telephone 973-722-2636 FAX 908-879-2140Preferred 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 Sally G. Smith Date 8/17/2015

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.

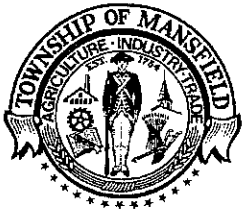
4 Flemming Pl. — BLOCK 1105; LOT 21Tax Card fr. tax assessorAll OPEN and/or closed permits

8/17
emailed
JD

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



TOWNSHIP OF MANSFIELD

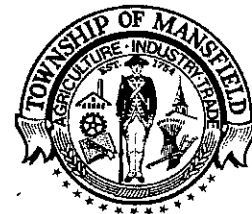
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 RICHARD MI _____ Last Name PETTERUTI

E-mail Address _____

Mailing Address 205 SNYDER RdCity PORT MURRAY State N.J. Zip 07865Telephone 908-252-3258 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 Richard Petteruti Date Aug 27, 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.

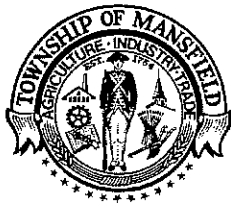
DRAWING FOR PARK ENTRANCE OFF RT 629

MEETS + BOUNDS DESCRIPTION OF PARK ENTRANCE OFF RT 629

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



TOWNSHIP OF MANSFIELD

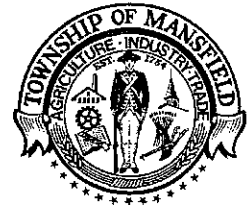
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 Rachel MI Last Name FarnrogE-mail Address rfarnrog@blackrocktitle.comMailing Address BlackRock Title Agency, 288A Cedarbridge AvenueCity Lakewood State NJ Zip 08701Telephone 732-520-6648FAX 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 *RJ* Date September 8, 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.

Certificate of Occupancy for Block 301, Lot 8

Any amended, or updated Certificate of Occupancy or approved permits that may be applicable to the Nursing Home facility located on the afore-mentioned property.

Any permits or a Certificate of Occupancy, if applicable, for Lot 8.03 (formerly part of Lot 8)

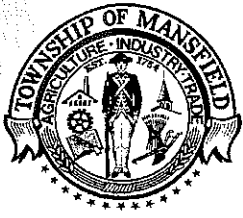
Thank you!

3.5 hrs
DH

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AGENCY USE ONLY

AGENCY USE ONLY

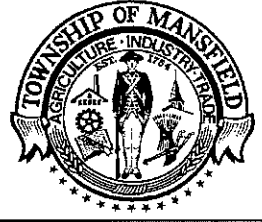


TOWNSHIP OF MANSFIELD

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 Jennie MI L Last Name Winkler (Realtor)
E-mail Address jl.winkler-2@verizon.net
Mailing Address 131 Sunrise Terrace
City Washington State NJ Zip 07882
Telephone 908-319-1659 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 Jennie L Winkler Date 10-19-15

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.

Permits for 220 Hoffman Rd.

DA 15 min.

AGENCY USE ONLY

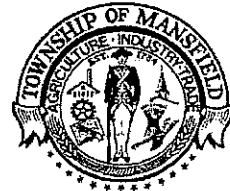
AGENCY USE ONLY

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 Peter MI _____ Last Name Matrone
E-mail Address pmatrone@wcgm.com
Mailing Address 161 Madison Avenue
City Murristown State NJ Zip 07060
Telephone 973-538-9246 & 102 FAX 973-538-8741
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 Peter Matrone Date 10/9/15

Payment Information

Maximum Authorization Cost \$ 100.00
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) Resolution approving Subdivision of Block 1501, Lot 9.01
- 2) Application for Subdivision of Block 1501, Lot 9.01
- 3) Performance Bond Cost Estimate (Engineer's) For Block 1501, Lot 9.01
- 4) Settlement Agreement For Age-Restricted Development of Block 1501, Lot 9.01

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

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 Eugene MI W Last Name Nowicki
 E-mail Address gnowicki12@gmail.com
 Mailing Address 16 Laurel Lane
 City Chester State NJ Zip 07930
 Telephone (908) 887-1449 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 10/4/15

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.

open or closed
 I would like all permits on 5 Kumar Rd Port Murray. I am putting an offer on this home. I need Septic + well information on this property. The house has a deck + shed on property + I want to know if permits were taken out for these. I also need to know if I can put an addition on this home in the future. Are

Thank you for your help

1508/3

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10/15 JH

30 min

Sent to Mendez + Finelli



TOWNSHIP OF MANSFIELD

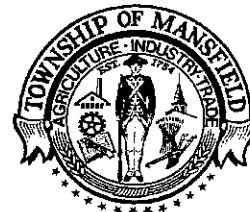
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 STEVE MI MI Last Name Tragash
E-mail Address stragash@gmail.com
Mailing Address 2 W. Northfield Rd.
City Lungston State NJ Zip 07079
Telephone 630-843-1662 FAX 913-994-9152
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 SS Date 10/26/2015

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.

Requesting a letter stating if there are any open zoning violations and if so what they are.

103 Cynthia Dr. Mansfield
Yorkshire Apartments

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TOWNSHIP OF MANSFIELD

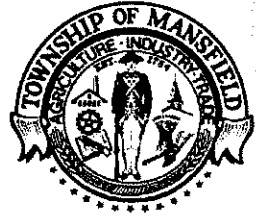
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dhrebenak@mansfieldtownship-nj.gov

Dena Hrebenak, Records Custodian



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Requestor Information – Please Print

First Name Elizabeth MI A. Last Name Griggs
E-mail Address betsy.griggs@mintervet.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 10/15/2015

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
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- 10/15
- 1) Please provide the Audio recordings for the Township Committee meetings on the enclosed date sheet for dates 9/9/2015, 9/23/2015 and 10/14/2015. 10 min
- 10/16
- 2) Please provide the 2014 Annual Audit Report, emailed link 10/16/2015

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



Important Notice

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Requestor Information – Please Print

First Name April MI L. Last Name Russell
 E-mail Address breeze.rider.125@yahoo.com
 Mailing Address 889 Gate St.
 City Phillipsburg State NJ Zip 08865
 Telephone 908-674-0202 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 April Russell Date 10/26/15

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.

Requesting any permits for 134 Rockport Rd. Port Murray NJ. Thank You!

10/26 JH

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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 JAMES MI _____ Last Name RANNEY
 E-mail Address JAMESR@PRIORITYSEARCHSERVICES.COM
 Mailing Address PRIORITY SEARCH SERVICES / 830 BROAD STREET
 City SHRESBURY State NJ Zip 07702
 Telephone 732-741-5080 FAX 732-741-5068
 Preferred Delivery: Pick Up _____ 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 ~~DO NOT~~ 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 10/16/2015

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.

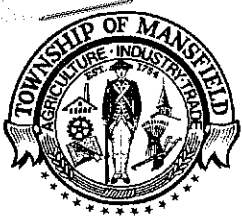
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

UNCONFIRMED ORDINANCE REQUEST - SEE PAGE 2 OF 2 FOR DETAILS

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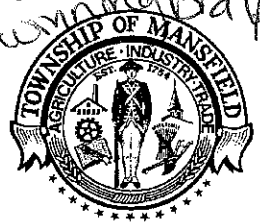
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11/4 Spoke to Dennis
now on my bid yet

Important Notice

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Requestor Information – Please Print

First Name Dennis MI _____ Last Name Dillon
E-mail Address pointmartenincarpentry@comcast.net
Mailing Address 882 Jackson Valley Road
City OXFORD State NJ Zip 07863
Telephone 908-689-4254 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 Dennis Dillon Date 11/4/15

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.
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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.

copy of winning bid for Roof Restoration
of Mt. Bethel Church

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Dena Hrebenak, Records Custodian



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Requestor Information – Please Print

First Name Susan MI C. Last Name Gieser

E-mail Address sgieser@lawwwwm.com

Mailing Address Waters, McPherson, McNeill, PC, P.O. Box 1560

City Secaucus State NJ Zip 07096

Telephone (201) 319 - 5750 FAX (201) 863 - 2866

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 C. Gieser Date 11/13/2015

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.

Transcript/CD of the Seotember 15, 2014 Planning Board Meeting

\$364

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TOWNSHIP OF MANSFIELD

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dhrebenak@mansfieldtownship-nj.gov

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Requestor Information - Please Print

First Name Kevin MI M Last Name DeFilippis
 E-mail Address KD@ndiego1.com
 Mailing Address 1 Gold Mine Road, Suite 6
 City Finders 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 [Signature] Date 9-3-15

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 2 Wellington Place Hackettstown, NJ 07840. Please also provide any information regarding above ground or below ground storage tanks of any kind.

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TOWNSHIP OF MANSFIELD

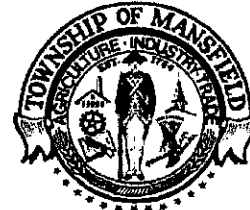
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Requestor Information - Please Print

First Name Elizabeth MI A. Last Name Ginger
E-mail Address betsy.ginger@interweb.com
Mailing Address 545 Mount Bethel Road
City Oxford State NJ Zip 07863
Telephone 908-749-3125 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Elizabeth A. Ginger Date 11/24/2015

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual
Delivery: Delivery / postage fees additional depending upon delivery type.
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Please provide audio recordings for the Township Committee meetings held on the following dates:
10/28/2015
11/10/2015
11/19/2015
11/23/2015
I have provided a data stick for delivery.

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11/24/15 JED

Request Code: 6644229

Date: 11/05/15

On behalf of New Jersey contractors, vendors and the people of New Jersey were hereby request the bid tabulation for the Structural Repairs and Roofing Replacement, with a bid date of 11/04/15.

You may send us the information by email to bids@napc.me or by Fax to 302-450-1925.

If the information is already publicly available online please notify us by email at SourceManagement@napc.me, by TEL at 302-450-1923 or by FAX at 302-450-1925.

PLEASE INCLUDE BIDDER (PLAN-HOLDER) ADDRESS OR TEL TO HELP US IDENTIFY THE CORRECT COMPANY.

We do not need the bid package (plans & specs), only the list of planholders.

In the interests of fair and transparent procurement practices, the information will be made publicly available on the New Jersey Bid Network's website at www.newjerseybids.net, which is owned by the people of New Jersey.

North American Procurement Council
PO Box 40445
Grand Junction, CO 81504
TEL 302-450-1923
FAX 302-450-1925
www.NAPC.pro