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.

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

Construction Documents @ Canterbury

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

OPRACentral
OPRA New Jersey

State of New Jersey
Department of the [redacted]
GOVERNMENT RECORDS REQUEST FORM

OPRA

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

Requester Information – Please Print

First Name Paul MI C Last Name Stein III

Company

Mailing Address 4729 tollgate Road

City New hope State Pa Zip 18938 Email elegantfencebyPS@AOL.COM

Business Hours Telephone Extension

Fax 267-293-0243

Preferred Delivery: Pick Up ____ US Mail X On Site Inspect ____ Fax ____ Email ____

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

Signature Paul C Stein III Date

Payment Information

I agree to pay for fees related to this request no greater than

$____

Select Payment Method
Cash ____
Check ____
Money Order ____

Fees: Letter Size @$0.05
Legal Size @$0.07

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.

Request Access to: ☐ Inspect Or ☒ Receive a Copy

Physical Street Address of Residents in your township who have a Pool Permit that was issued in the last 4 months. Please fax or email if it is easier for you. Thank you in advance for your Co-Operation in this matter. ☆ elegantfencebyPS@Aol.com ☆

STATE USE ONLY

Estimated Record Cost ____
Special Cost ____
Total Cost Estimated ____

Comments:

Denied ____
Approved-Records to be granted in seven business days ____
Approved – Records will take longer than seven business days ____

Tracking Information

ID # ____
Ready Date ____
Date Mailed or Picked Up ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____
Date Paid ____

Records Provided

Custodian Signature ____ Date ____

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Requestor Information – Please Print

First Name Elizabeth MI A. Last Name Griggs

E-mail Address betsy.griggs@mindenweb.com

Mailing Address 545 Mt 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 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. SELVAGGI°
JOHN J. ABROMITIS
LAWRENCE P. COHEN+
KATHERINE E. INGRASSIA*
JAMES F. MOSCAGIURI
KATRINA L. CAMPBELL°
RICHARD W. WENNER°

+CERTIFIED BY THE SUPREME COURT OF NEW JERSEY AS A CIVIL TRIAL ATTORNEY
°MEMBER OF NJ AND PA BAR
*MEMBER OF NJ AND NY BAR

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

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

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

Tiffany Reid
Legal Intern

loretta@delducalewis.com

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Dena Hrebenak, Records Custodian

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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 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 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.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 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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Dena Hrebenak, Records Custodian

Important Notice

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Requestor Information – Please Print

X First Name Abdulla 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 ~~07~~ 07645

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 Abdulla Rabie 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
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.

X Permits on property for any work - history

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

OPRAM Request.

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 Biblin

ADDRESS: 159 Lake Just 1 Road
Hope NJ

TELEPHONE: 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: _____

[X] **Other Public Record:** ACO 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 bt 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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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@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 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

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

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

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

given 5/28/2015 DM

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Dena Hrebenak, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Ryan B MI _____ Last Name Reynics

E-mail Address rreynics@partnerces.com

Mailing Address 10 Mountainview Road Suite 218N

City Upper Saddle River State NJ Zip 07458

Telephone 201 934 5796 FAX 201 203 4497

Preferred Delivery: Pick Up 201-984-7751 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 Ryan Reynics Date 5/13/15

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

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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.

✓ Property Record Card (15C) Not exempt - Public Property 350 Oxford Road Block 301 Lot 8.03

✓ - Tax Map (copy parcel)

✓ - Building/Construction Permits

✓ Heating Oil Tank Spills – BOTH

- Septic Tank Permits

✓ - Site Plans (Patti)

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Requestor Information – Please Print

First Name Elizabeth MI A Last Name Griggs

E-mail Address betsy.griggs@MINTERNET.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 Elizabeth A Griggs Date 05/26/2015

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.

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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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Requestor Information – Please Print

First Name Elizabeth MI A Last Name Griggs

E-mail Address betsy.griggs@MINKNEWS.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 Elizabeth A Griggs Date 05/26/2015

Payment Information

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

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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 917-797-4283 FAX

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

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Signature Elizabeth A Griggs Date June 25, 2015

Payment Information

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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 Bucska

E-mail Address tbucska@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 _____ Date 6/11/15

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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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 assesor's card for this property

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First Name Elizabeth MI A Last Name Griggs

E-mail Address betsy.griggs@interweb.com

Mailing Address 545 Mount Bethel Road

City Oxford State NJ Zip 07863

Telephone 908-799-3125 FAX

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

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Signature Elizabeth A. Griggs Date 04/10/2014

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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Other materials (CD, DVD, etc) – actual

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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 attorney foreclosed properties in 2010, 2011, 2012, 2013 by year. ✓ attorney

(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 bill lists reviewed ~~during~~ Township Committee members ✓ for 2012-2014.

~~(7) Recordings of Township Committee meetings for 2010, 2011, 2012, 2013, 2014~~

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Dena Hrebenak, Records Custodian

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Requestor Information – Please Print

First Name Donna MI ____ Last Name Muldowney

E-mail Address muldih.@aol.com

Mailing Address 631 Oakley Road

City Ocean State NJ Zip 07863

Telephone (908-797-7976) FAX ____

Preferred Delivery: Pick Up ✓ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓ muldih.@aol.com

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 Muldowney 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/ overtime. DPW supervisor contract - copy. Supervisor

2) 2013 - 2014 - 2015 Mansfield Township Rec Committee
this year all year all year minutes (meeting)

3) Open Space on the Mansfield Parks (Retail Township 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 X 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 Paul C Stein III 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

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
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 GREENWOOD LK State NJ. Zip 07838

Telephone 973-634-8555 FAX NONE

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 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 + REPORTS PASS OR FAIL ON PERMIT # 14-00-148 FOR 4 BROOKSIDE ROAD MANSFIELD TWSP. DEMING RESIDENCE.

BLOCK 2104 - LOT 9

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	Larry Higgins
E-mail Address	Support@NJPropertyRecords.com
Mailing Address	23 Parsonage Lot Rd
City	Lebanon, NJ 08833
Telephone	908-268-0143
Preferred Delivery:	Preferred Delivery - Email/US MAIL

If you are requesting rec... 2C:28-3, I certify that I ***HAVE / HAVE NOT*** ... Jersey, any other state, or the United States. ... penalty of N.J.S.A. ... the laws of New

Signature _____ Date 5-25-15

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 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

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Joanne MI ____ Last Name Lauro

E-mail Address joannelacisleads.com

Mailing Address 170 Kinnelon Road Suite # 2

City Kinnelon State NJ Zip 07405

Telephone 973-492-0509 FAX 973-492-8378

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

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

Signature Joanne Lauro Date 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 foward me a complete list of contractors who bid and their bid amounts. Bid tabulations as opened. Thank you.

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Ryan MI ____ 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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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Scott MI M Last Name MINTER

E-mail Address SMINTER@MINTERNER.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 Scott M Minter 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 walls meeting".

(3) All letters from the NJ DEP and NJ Attorney General regarding inappropriate use of road millings on Cary Road and Deputy Mayor Watkins involvement reached by the Township in 2007 and discussed during Executive and/or Public Session

(4) The paving contract and cost for the 2007 paving of Cary Rd to remedy DEP complaint / violation

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name SARAH "Sally" MI G Last Name SMITH

E-mail Address sgilbertsmith@gol.com

Mailing Address 2 Chesterbrook Rd.

City Chester State NJ Zip 07930

Telephone 973-722-2636 FAX 908-879-2140

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 Sarah 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 21

✓ — Tax Card fr. tax assessor

✓ — All OPEN and/or closed permits

8/17 emailed ds

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 Richard MI ____ Last Name PETTERUTI

E-mail Address ____

Mailing Address 205 Snyder Rd

City Port Murray State N.J. Zip 07865

Telephone 908-852-3758 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 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

METES + BOUNDS DISCRIPTION OF PARK ENTRANCE OFF RT 629

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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 Rachel MI _____ Last Name Farntrog

E-mail Address rfarntrog@blackrocktitle.com

Mailing Address BlackRock Title Agency, 288A Cedarbridge Avenue

City Lakewood State NJ Zip 08701

Telephone 732-520-6648 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 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!

KJ 3.5 hrs
DH

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TOWNSHIP OF MANSFIELD

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

Important Notice

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.winkler1@verizon.net

Mailing Address 131 Sunrise Terrace

City Washington State NJ Zip 07882

Telephone 908-319-1687 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.

DH 15 min.

Permits for 220 Hoffman Rd.

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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 Peter MI ____ Last Name Matene

E-mail Address pmatene@wcgm.com

Mailing Address 161 Madison Avenue

City Morristown State NJ Zip 07960

Telephone 973-538-9246 x102 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 Matene 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 Agreemt For Age-Restricted Development of Block 1501, Lot 9.01

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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 Eugene MI W Last Name Nowicki

E-mail Address gnowicki12@gmail.com

Mailing Address 16 Laure / Lane

City Chester State NJ Zip 07930

Telephone (908) 887-1499 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 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.

I would like all permits open or closed 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.

Thank you for your help

1508|3

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10/15 gs 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

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Requestor Information – Please Print

First Name STEVE MI _____ Last Name Trajesky

E-mail Address Strajesky@gmail.com

Mailing Address 2 W. Northfield Rd.

City Livingston State NJ Zip 07039

Telephone 630-543-1662 FAX 973-994-9952

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 10/26/2015

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

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 908-799-3125 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

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.

10/15

1) Please provide the audio recordings for the Township Committee Meetings on the enclosed data 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 10/20/2015

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TOWNSHIP OF MANSFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name April MI L. Last Name Russell

E-mail Address breeze.rider125@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 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 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

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 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 ____ 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 ~~HAVE~~ *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

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

11/4 Spoke to Dennis no comment yet

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 DENNIS MI ____ Last Name Dillon

E-mail Address pointmaintainerpentry@comcast.net

Mailing Address 882 Jacksonville Road

City OXFORD State NJ Zip 07863

Telephone 908.689.4254 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 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.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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

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 Susan MI C. Last Name Gieser

E-mail Address sgieser@lawwmm.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 XXX 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

$3.44

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 Kevin MI M. Last Name DeFilippis

E-mail Address KD@ndiegal.com

Mailing Address 1 Gold Mine Road, Suite 6

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 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 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.

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 Gregg

E-mail Address betsy.gregg@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 Gregg 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.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 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.

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

11/24/15 JW

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.new jerseybids.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