

SEPARATION AGREEMENT AND GENERAL RELEASE

IT IS HEREBY AGREED (this "Agreement") by and between Joseph P. Davies ("DAVIES"), with a place of residence at 1063 Ballybunyon Drive, Egg Harbor City, NJ 08215 and

TOWNSHIP OF GALLOWAY, ("TOWNSHIP") 300 E. Jimmie Leeds Road, Galloway New Jersey, 08205 for the good and sufficient consideration set forth below, as follows:

1. TOWNSHIP, when used in this Agreement, shall mean the Township of Galloway, its current and former employees, mayors, council persons, attorneys, insurers, agents, predecessors, successors, and assigns, representatives, agents of all of them, in their individual or official capacities; whether in their individual or official capacities.

2. DAVIES as used herein means Joseph P. Davies, his assigns, representatives, successors-in-interest and predecessors-in-interest.

3. DAVIES' employment with the TOWNSHIP is terminated effective as of April 3, 2009 ("Separation Date"). As of the Separation Date, DAVIES shall have no duties, responsibilities or authority whatsoever as an employee, agent or representative of the TOWNSHIP. DAVIES will cease to actively participate in all TOWNSHIP benefit plans and programs as of the Separation Date except as otherwise provided in this Agreement. DAVIES will retain his right to benefits that DAVIES has earned and to which he is entitled through the Separation Date.

4. DAVIES' total unconditional compensation and payments from the TOWNSHIP shall be: (i) his final pay through the Separation Date; and (ii) payment for accrued but unused vacation and personal day benefits (approx. 10 hours \$545.98) and

sick time (\$25,000) as of the Separation Date. The payments in this paragraph shall be less applicable statutory deductions and authorized withholdings. Nothing in this Agreement and Release is intended to impair any of these rights and said payments are inclusive of all monies due DAVIES from the TOWNSHIP for services rendered in his capacity as Captain and as an employee of the TOWNSHIP.

5. In the event DAVIES executes and does not timely revoke the Agreement, the TOWNSHIP will

(a) Pay DAVIES twenty nine thousand three hundred and seventy two dollars and eighty cents (\$29,372.80) less any applicable deductions and withholdings including, but not limited to, deductions for FICA, State and Federal taxes. The payments described in this paragraph will begin the first bi-weekly payroll period following ten (10) days after the receipt of the fully executed Agreement, provided that DAVIES has not revoked his assent to the Agreement (hereinafter referred to as the "Separation Payments"). The Separation Payments represents sixty seven (67) days of terminal leave which Davies would not be entitled to absent the execution and non-revocation of this Agreement.

(b) The TOWNSHIP will continue DAVIES' coverage in its medical and prescription benefit plans in which DAVIES is currently enrolled until July 31, 2009 ("Benefits Period") provided DAVIES does not revoke his assent. DAVIES will receive, under separate cover, general information about his rights to elect medical and dental insurance continuation coverage under the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

(c) The benefits set forth in paragraphs 5(a) and 5(b) shall be collectively referred to in this Agreement as the "SEPARATION BENEFITS".

6. DAVIES acknowledges that the SEPARATION BENEFITS constitute additional consideration not otherwise owed to DAVIES and that DAVIES is able to receive the SEPARATION BENEFITS only if he signs this Agreement and does not timely revoke his assent to the Agreement. DAVIES further acknowledges that the TOWNSHIP owes

him no wages, bonuses, vacation pay, sick time or other compensation, benefits, or payments of any kind or nature. DAVIES acknowledges that the TOWNSHIP is not obligated to make any severance, pension, or similar payments to him. DAVIES agrees and understands that his receipt of the SEPARTION BENEFITS is expressly contingent upon his continued compliance with the terms of this Agreement and DAVIES further waives any and all relief not explicitly provided for herein.

7. (a) DAVIES hereby releases and forever discharges the TOWNSHIP of and from any and all actions, causes of action, suits, debts, claims, complaints, contracts, controversies, cross claims, claims for indemnity and/or contribution, agreements, promises, damages, claims for attorneys' fees, judgments, and demands whatsoever, in law or in equity, he ever had, now has or shall have as of the date of this Agreement, including, but not limited to, any claims alleging wrongful or abusive discharge, breach of express or implied contract, fraud defamation, intentional infliction of emotional distress, discrimination, harassment, whistleblowing, or retaliation; any claims pursuant to Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000, et seq., the Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. 621, et seq., the New Jersey Law Against Discrimination, the Conscientious Employee Protection Act; and any claim alleging a violation of local, state or federal law, regulation, ordinance or common law right having any bearing whatsoever on the terms and conditions of his employment with and by the TOWNSHIP or the termination of his employment from the TOWNSHIP. DAVIES understands, agrees and intends that this Agreement contains a full and final release, compromise and settlement of any and all of his claims against the TOWNSHIP whether known, suspected, unknown, or unsuspected, that he may have as of the date of this Agreement.

(b) DAVIES acknowledges and agrees that the release incorporates past acts and in the event a Court of competent jurisdiction determines DAVIES is not precluded from bringing an action, litigation, or proceeding against the TOWNSHIP in the future,

DAVIES agrees he is precluded from using, referring to, and/or referencing any facts events, conduct, statements, actions or omissions relating to, regarding, or occurring during his former employment with the TOWNSHIP and separation thereof in any future action, litigation, or proceeding having been paid adequate consideration for a release of any claims which may have arose from such facts, events, conduct, statements, actions or omissions.

(b) The TOWNSHIP knowingly and voluntarily releases and forever discharges DAVIES from any and all actions or causes of action arising out of DAVIES' former employment with the TOWNSHIP, and/or DAVIES' separation of employment with the TOWNSHIP up to and including the date of this Agreement; provided that nothing in this paragraph shall be interpreted as a release by the TOWNSHIP of any claims against DAVIES that arise from any third party action relating to DAVIES' employment with the TOWNSHIP.

8. (a) DAVIES agrees not only to release and discharge the TOWNSHIP from any and all claims against it that he could make on his own behalf, but also those which have been or may be made against the TOWNSHIP by any other person or organization on DAVIES' behalf, including, without limitation, his heirs, spouse, executors, administrators, successors, assigns, or legal representatives.

(b) DAVIES specifically waives any right to become, and promises not to become, a member of any class in any case in which any claim is asserted against the TOWNSHIP, involving any event that has occurred as of the date of the execution of this Agreement or involving any of the claims released by this Agreement.

(C) The releases contained in this Agreement do not apply to: (i) acts, omissions, transactions, events or other matters which first arise after the date this Agreement is signed; (ii) claims to enforce or interpret this Agreement; or (iii) charges filed with the Equal Employment Opportunity Commission ("EEOC") alleging an Age Discrimination in Employment Act violation. DAVIES understands and agrees that he is waiving any right to monetary recovery should any governmental agency, such as the EEOC, pursue any claim on his behalf.

9. Neither this Agreement, nor anything contained herein, shall be construed as an admission by the TOWNSHIP of any liability or unlawful conduct whatsoever.

10. DAVIES acknowledges that, as a condition of his employment with the TOWNSHIP, he executed the TOWNSHIP's Confidentiality Agreement which agreement is incorporated herein by reference and that the TOWNSHIP will seek to fully enforce the terms of that agreement.

11. DAVIES agrees and promises that he will not disclose, either directly or indirectly, in any manner whatsoever, any information regarding the existence, terms or contents of this Agreement or negotiation thereof, to any person or organization, including, but not limited to, any governmental agency, members of the press and media, current and former directors, officers, partners, associates, employees, representatives and agents of the TOWNSHIP, and other members of the public. This paragraph shall not preclude DAVIES from disclosing the existence or terms of this Agreement to (a) his spouse, if any; (b) governmental authorities which require such information; (c) DAVIES' attorneys; and (d) his accountant, who shall also be obligated to keep this information confidential. In the event DAVIES, his spouse (if any), his attorneys, or his accountant violate this paragraph, DAVIES shall be obligated to pay forthwith to the TOWNSHIP the sum of ten thousand dollars (\$10,000.00) as liquidated damages, as well as any and all attorneys' fees and costs incurred by the TOWNSHIP in attempting to recover the liquidated damages. The TOWNSHIP may also commence an action for equitable relief as it deems appropriate. In the event the TOWNSHIP commences any such action, the remaining provisions of this Agreement shall remain in full force and effect.

12. (a) DAVIES agrees that he will not write, say, promote or cause to be written, said or promoted, anything which disparages, defames or adversely affects the business or reputation of the TOWNSHIP or its current and former employees,

mayors, council persons, attorneys, insurers, agents, predecessors, successors, and assigns, representatives, and agents, including, but not limited to, negative references relating to any of the TOWNSHIP's services, policies and/or practices, to the general public and/or any current, former and prospective employees and residents of the TOWNSHIP. In the event a court determines DAVIES materially violates this paragraph, DAVIES shall be obligated to pay forthwith to the TOWNSHIP the sum of ten thousand dollars (\$10,000.00) as liquidated damages, as well as any and all attorneys' fees and costs incurred by the TOWNSHIP in attempting to recover the liquidated damages. The TOWNSHIP may also commence an action for equitable relief as it deems appropriate. In the event the TOWNSHIP commences any such action, the remaining provisions of this Agreement and General Release shall remain in full force and effect.

(b) The TOWNSHIP agrees that its employees and agents will not write, say, or promote anything which disparages DAVIES. Should such disparagement by its employees or agents be brought to the attention of the TOWNSHIP, the TOWNSHIP will investigate the alleged disparagement and take appropriate action including a cease and desist.

13. This Agreement contains the full agreement of the Parties and may not be modified, altered, changed or terminated except upon the express prior written consent of the Parties, which consent must be signed by the Parties or their duly authorized agents.

14. DAVIES shall deliver to the TOWNSHIP, on or before April 2, 2009, all of the TOWNSHIP property in his possession including, but not limited to, any documents, files, computers, computer diskettes, computer programs, and/or computer modems, room keys, property keys and or keys to any TOWNSHIP or affiliated properties.

15. DAVIES acknowledges that he has had at least twenty-one (21) days within which to consider this Agreement and that he was advised in writing to consult

an attorney prior to signing the Agreement. The parties agree that changes in this Agreement do not restart the running of said twenty-one (21) day period.

16. DAVIES has read the foregoing Agreement, has had the opportunity to consult with counsel regarding it, understands the meaning of each of its terms and freely and voluntarily enters into it. DAVIES agrees that no fact, evidence, event, or transaction currently unknown to him, but which may hereafter become known to him, shall affect in any manner the final and unconditional nature of the release stated above.

17. This Agreement shall become effective and enforceable at 5:00 p.m. on the seventh day after execution hereby by DAVIES. DAVIES may revoke this Agreement after having executed it by so advising the TOWNSHIP in writing provided such writing is received by the TOWNSHIP at or before 5:00 p.m. on the seventh day after his execution of this Agreement.

18. In the event that any one or more of the provisions contained herein shall for any reason be held to be unenforceable, illegal, or void, such holding shall not affect any other provision of this Agreement and this Agreement shall then be construed as if such unenforceable provision or provisions had never been contained herein; provided however, if paragraphs 7 or 8 above are held to be illegal, void or unenforceable, DAVIES agrees to execute a valid release, or he will pay the TOWNSHIP twenty nine thousand three hundred and seventy two dollars and eighty cents (\$29,372.80) and indemnify and hold the TOWNSHIP harmless from all claims arising out the representations and warranties made by DAVIES contained in the Agreement including the releases in paragraphs 7 and 8.

19. In the event that a court determines that DAVIES breached this Agreement, DAVIES agrees that, in addition to any other remedies available to the TOWNSHIP, DAVIES will be entitled to the attorneys' fees and costs it incurred in pursuing its remedies and enforcing the Agreement.

20. The waiver by any party of a breach of any provision hereof shall not

operate or be construed as a waiver of any subsequent breach by any party.

21. This Agreement shall be construed under the laws of the State of New Jersey.

22. Should any provision of this Agreement require interpretation or construction, it is agreed by the parties that because DAVIES' attorney was involved in the negotiations preceding this Agreement, the entity interpreting or construing this Agreement shall not apply a presumption that the provisions hereof be more strictly construed against the drafter of the document.


BY SIGNING THIS AGREEMENT, DAVIES STATES THAT:

- HE HAS READ IT;
- HE UNDERSTANDS IT AND KNOWS THAT HE IS GIVING UP IMPORTANT RIGHTS;
- HE AGREES WITH EVERYTHING IN IT;
- HE HAS BEEN ADVISED TO CONSULT WITH AN ATTORNEY PRIOR TO EXECUTING THIS SETTLEMENT AGREEMENT AND GENERAL RELEASE;
- HE HAS BEEN GIVEN TWENTY ONE (21) DAYS TO REVIEW AND CONSIDER THIS SETTLEMENT AGREEMENT AND GENERAL RELEASE PRIOR TO SIGNING IT; AND
- HE UNDERSTANDS THAT THIS SETTLEMENT AGREEMENT AND GENERAL RELEASE WILL BECOME FINAL AND BINDING IN SEVEN (7) DAYS FROM WHEN HE SIGNS IT ("REVOCATION PERIOD") UNLESS HE OR AN ATTORNEY ON HIS BEHALF NOTIFIES THE TOWNSHIP IN WRITING WITHIN THE REVOCATION PERIOD THAT HE HAS CHANGED HIS MIND.
- DOES UNDERSTAND THAT HIS ACCEPTANCE OF ANY OF THE SEPARATION BENEFITS AT ANY TIME AFTER THE REVOCATION PERIOD CONFIRMS THAT HE DID NOT REVOKE HIS ASSENT TO THIS AGREEMENT AND, THEREFORE, IT IS FULLY EFFECTIVE AND ENFORCEABLE.

- HE HAS SIGNED THIS SETTLEMENT AGREEMENT AND GENERAL RELEASE KNOWINGLY AND VOLUNTARILY.

IN WITNESS WHEREOF, the PARTIES have hereunto set their hands.

Dated: 4/3/2009



Joseph P. Davies

Dated: 4/2/09



Township Manager

STATE OF NEW JERSEY)

COUNTY OF Atlantic)

SS.:

I, Kathleen Weber, Notary Public of the State of New Jersey, do hereby certify that Joseph P. Davies personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed and delivered the same instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal the 3rd day of April, 2009.



NOTARY PUBLIC

ATTN: Lisa / Jill / Steve

052-3233

Township of Galloway
Clerks Office - 300 E. Jimmie Leeds Road,
Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM

RECEIVED
MAY 29 2009

TOWNSHIP CLERK

Important Notice

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

Requestor Information - Please Print

First Name Brian MI J Last Name Previti
 Company The Press of Atlantic City
 Mailing Address 11 DeWitt Lane
 City Parsippany State NJ Zip 08732 Email bpreviti@pressofac.com
 Business Hours Telephone: Area Code 609 Number 289-5276 Extension _____
 Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Tax
 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 5-29-09

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Credit Card _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

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

Assessment report from
for Amer. Legion - Apr.

~~AHERA~~ accountants
AHERA

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress _____ Open _____
 Denied _____ Closed 6/3/09
 Filled _____ Closed _____
 Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
<u>[Signature]</u>		<u>6/3/09</u>	

Township of Galloway
Clerks Office – 300 E. Jimmie Leeds Road,
Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM
Fax: 609-652-3233

RECEIVED
MAY 21 2009
TOWNSHIP CLERK

Important Notice

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

Requestor Information – Please Print

First Name Emily MI J Last Name Previti
 Company The Press of A.C.
 Mailing Address 11 Devins Lane
 City Pleasantville State NJ Zip 08232 Email epreviti@pressofac.com
 Business Hours Telephone: Area Code 609 Number 289-5456 Extension _____
 Preferred Delivery: Pick Up US Mail _____ On Site Inspect _____
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 5-22-09

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Credit Card _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

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

Copy of CD containing Soil Stockpile investigation report (sub # G07035 / oak me LF 4-22-09) - complete 5/27/09

*DOC WREN IS re: gin permit application and/or issuance from/to Robert Winzel, Jacquelyn Winzel, and/or Raymond Winzel 6/1/09

AGENCY USE ONLY	AGENCY USE ONLY	AGENCY USE ONLY	AGENCY USE ONLY
Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	<p style="text-align: center;">Disposition Notes</p> Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress - Open Denied - Closed Filled - Closed <u>6/1/09</u> Partial - Closed	<p style="text-align: center;">Tracking Information</p> Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ Records Provided	<p style="text-align: center;">Final Cost</p> Total _____ Deposit _____ Balance Due _____ Balance Paid _____
		<p style="font-size: 2em;"><u>[Signature]</u></p> Custodian Signature	<p style="font-size: 1.5em;"><u>6/1/09</u></p> Date

TIA Lisa / Sgt. Kevin Mott

052-3233

Township of Galloway
Clerks Office - 300 E. Jimmie Leeds Road,
Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM

RECEIVED
MAY 29 2009

TOWNSHIP CLERK

Important Notice

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Requestor Information - Please Print

First Name Emily Mi D. Last Name Previti
 Company The Press of Atlantic City
 Mailing Address 11 Deunslane
 City Pleasantville State NJ Zip 08232 Email empreviti@pressofac.com
 Business Hours Telephone Area Code 609 Number 289-5256 Extension _____
 Preferred Delivery: Pick Up US Mail _____ On Site Inspect _____
 Signature [Signature] Date 5-29-09

Payment Information

Maximum Authorization Cost: \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Credit Card _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

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

Search warrant executed 5-21-09 at
~~524~~ 524 S Frankfurt Ave.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking information Final Cost
 Tracking # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____
 Records Provided _____
 Custodian Signature [Signature] Date 6/1/09

ATIN: USA

052-3233

RECEIVED

MAY 27 2009

TOWNSHIP CLERK

Township of Galloway
Clerks Office - 300 E. Jimmie Leeds Road,
Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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Requestor Information - Please Print

First Name SMITH MI J Last Name PREVITI
 Company The Press of Atlantic City
 Mailing Address 11 Dennis Lane
 City Pleasantville State NJ Zip 08232 Email jpreviti@pressofac.com
 Business Hours Telephone: Area Code 609 Number 289-5216 Extension _____
 Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 5-27-09

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Credit Card _____
 Fees: Pages 1-10 @ \$0.75
 Pages 11-20 @ \$0.50
 Pages 21 - @ \$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
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01707, 01459, 01803, 01714-5, 01774,

Did not want any copies -

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Est. Document Cost _____
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 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____

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Disposition Notes
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 In Progress - Open _____
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 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information
 Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
 Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided _____
 Custodian Signature [Signature] Date 5/29/09

tn: Lisa

RECEIVED

MAY 27 2009

052-3233

Township of Galloway OWNERSHIP CLERK
Clerks Office - 300 E. Jimmie Leeds Road,
Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information - Please Print

First Name EMILY MI J Last Name PREVITI
 Company The Press of Atlantic City
 Mailing Address 11 DENNIS LANE
 City Pleasantville State NJ Zip 08232 Email empreviti@pressofac.com
 Business Hours Telephone Area Code 609 Number 289-5215 Extension _____
 Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 5-27-09

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Credit Card _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
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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.

Agreement of sale between Galloway Township & American Legion re: building / property at Carter Avenue & The White Horse Pike

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
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 In Progress - Open _____
 Denied - Closed _____
 Filled - Closed 5/28/09
 Partial - Closed _____

AGENCY USE ONLY

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Ready Date	_____	Balance Due	_____
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Records Provided			
Custodian Signature		Date	
<u>[Signature]</u>		<u>5/28/09</u>	

MAY 28

03:01 PM

FAX NO. RECEIVED

P. 01

MAY 28 2009

US 2-3233

TOWNSHIP CLERK
Township of Galloway
 Clerks Office - 300 E. Jimmie Leeds Road,
 Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information - Please Print

First Name Denise MI J. Last Name Previti
 Company The Press of Atlantic City
 Mailing Address 11 Dunns Lane
 City Princetonville State NJ Zip 08232 Email dpreviti@pressofac.com
 Business Hours Telephone Area Code 609 Number 289-5456 Extension _____
 Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____ Fax
 Signature Denise Date 5-28-09

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Credit Card _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

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.

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.

copy of docs re: inspection (S) of former American Legion building slated to become a senior center

AGENCY USE ONLY

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

AGENCY USE ONLY

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In Progress _____ Open _____
 Denied _____ Closed 5/28/09
 Filled _____ Closed _____
 Partial _____ Closed _____

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Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature <u>Ava Jackson</u>		Date <u>5/28/09</u>	

ATTN: Lisa, Steve Benanni, Jill

RECEIVED

MAY 14 2009

TOWNSHIP CLERK
452-3735

Township of Galloway
Clerks Office - 300 E. Jimmie Leeds Road,
Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM

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Requestor Information - Please Print

First Name Brian MI J Last Name PREVITI
 Company The Press of Atlantic City
 Mailing Address 11 Deans Lane
 City Pleasantville State NJ Zip 08232 Email bpreviti@pressofac.com
 Business Hours Telephone Area Code 609 Number 289-5456 Extension _____
 Preferred Delivery: Pick Up US Mail _____ On Site Inspect _____
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date _____

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash Check Money Order
 Credit Card _____
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 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.

3-3-08 Approval letter re: Oak Ave Landfill
 1-29-08: DCS from Department of Environmental Protection
 Financial plan request submitted Dec 29, '08 -> DEP
 Final proposal re: Oak Ave Landfill submitted to DEP
 Response letter re: major disruption, 4-22-08
 DEP correspondence Nov 13 & April 21-25, 2008 re: Oak Ave.
 SOIL SAMPLING RESULTS FROM TESTS DONE @ OAK AVE DURING 08/09

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress - Open
 Denied - Closed
 Filled - Closed
 Partial - Closed
 Date 5/19/09

AGENCY USE ONLY

Tracking Information
 Tracking # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages 53 Balance Paid _____
 Records Provided
20.75
 Custodian Signature [Signature] Date 5/19/09

Township of Galloway
Clerks Office – 300 E. Jimmie Leeds Road,
Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM
Fax: 609-652-3233

RECEIVED
MAY 19 2009
TOWNSHIP CLERK

Important Notice

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

Requestor Information – Please Print

First Name EMILY MI J. Last Name PRELUTTI
 Company The Press of ATLANTIC CITY
 Mailing Address 11 DEWINS LANE
 City Pleasantville State NJ Zip 08232 Email epreuti@pressofac.com
 Business Hours Telephone: Area Code 609 Number 289-5476 Extension _____
 Preferred Delivery: Pick Up US Mail _____ On Site Inspect _____
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 5-19-09

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Credit Card _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

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

copy of correspondence ^{to} from Bill Keimann / representative March 10, 2009 → May 19, 2009 (including)

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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

In Progress - Open _____
 Denied - Closed _____
 Filled - Closed 5/19/09
 Partial - Closed _____

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	
<u>[Signature]</u>		<u>5/19/09</u>	

ATIN! Lisa/Steve

RECEIVED
MAY 14 2009
TOWNSHIP CLERK

Township of Galloway
Clerks Office - 300 E. Jimmie Leeds Road,
Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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Requestor Information - Please Print

First Name EMILY MI J. Last Name PREVITI
 Company The Press of ATLANTIC CITY
 Mailing Address 11 DENNIS LANE
 City PLEASANTVILLE State NJ Zip 08232 Email empreviti@pressofac.com
 Business Hours Telephone: Area Code 609 Number 289-5456 Extension _____
 Preferred Delivery: Pick Up US Mail _____ On Site Inspect _____
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 5-19

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Credit Card _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21+ @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

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

RESULTS DRINKING WATER TESTS @ Pine Needle Park ORDERED
4-8-09 *

* Results of Sample Date 3/24/08 is closest to this date

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress - Open
 Denied - Closed
 Filled - Closed
 Partial - Closed
5/19/09

Tracking Information Final Cost
 Tracking # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____
 Records Provided _____
 Custodian Signature [Signature] Date 5/19/09

HTV: Lisa

052 - 3233

Township of Galloway
Clerks Office - 300 E. Jimmie Leeds Road,
Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM

RECEIVED
MAY 14 2009
TOWNSHIP CLERK

Important Notice

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Requestor Information - Please Print

First Name Emily MI J Last Name Previti
 Company The Press of Atlantic City
 Mailing Address 11 Dennis Lane
 City Pleasantville State NJ Zip 08232 Email epreviti@pressofac.com
 Business Hours Telephone: Area Code 609 Number 281-5256 Extension _____
 Preferred Delivery: Pick Up US Mail _____ On Site Inspect
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 5-13-09

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Credit Card _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

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

Phone bills - SPRINT - #1 -> 12 - April - approved
 @ 5-12-09 Council meeting - (copies)
 View: #09-0124-5

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress _____ Open _____
 Denied _____ Closed 5/19/09
 Fined _____ Closed _____
 Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information
 Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
 Records Provided _____
 Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Custodian Signature [Signature] Date 5/19/09

Township of Galloway
Clerks Office - 300 E. Jimmie Leeds Road,
Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM
Fax: 609-652-3233

RECEIVED
MAY 07 2009
TOWNSHIP CLERK

Important Notice

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

Requestor Information - Please Print

First Name EMILY MI J Last Name PREVITI
 Company The Press of ATLANTIC CITY
 Mailing Address 11 DENNIS LANE
 City PLEASANTVILLE State NJ Zip 08222 Email epreviti@pressofac.com
 Business Hours Telephone: Area Code 609 Number 289-5486 Extension _____
 Preferred Delivery: Pick Up US Mail _____ On Site Inspect _____ @ Fax _____
 Signature [Signature] Date 5-7-09

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Credit Card _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

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. 272-7224

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.

PO #s ~~09-00001*~~, ~~00467~~, ~~00436~~, ~~00817~~,
01184*, 01255, 01463, 00436*,
00938*
 MWA Bles Bies Feb
 08 04 1036
 Jan
 Mar
 [Signature]

*SOLICITORS BILLS/WOULD LIKE FOR TODAY (THURS, MAY 7)
 - Got copies of circled items - Reviewed the Rest

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress - Open _____
 Denied - Closed _____
 Filled - Closed 5/8/09
 Partial - Closed _____

Tracking Information
 Tracking # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages 148 Balance Paid 37.00
 Records Provided _____
 Custodian Signature [Signature] Date 5/8/09



Asst: Lisa Hinton

**CITY OF PORT REPUBLIC
GOVERNMENT RECORDS REQUEST FORM**

RECEIVED

APR 30 2009

TOWNSHIP CLERK



052-3233

Important Notice

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

Requestor Information - Please Print

First Name Emily Mi J Last Name Reuti
 Company The Press of Atlantic City
 Mailing Address 11 Deans Lane
 City Dearville State NJ Zip 0832 Email ereuti@pressofac.com
 Business Hours Telephone: Area Code 609 Number 289-7190 Extension _____
 Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspection _____
 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 4-29-09

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

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

P.O. #s 09-01249, 01304, 01375, 01389, 00427, 00571, 00589, 01152, 01248, 01316, 01419, 01443, 01447, 01448, 01450, 01451, 01463, 01464

Nextel Sprint Phone Bills: 1-12 March & 1-11 February } copies
 Verizon Wireless Phone Bills: 1-3 approved 4-28-09 }
 New minutes for Council meetings in Feb, March, April 2009

will come back to view P.O. #s

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date 5/7/09

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

Tracking Information

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

Records Provided _____
 Custodian Signature [Signature] Date _____

Came 5/7/09 to pickup - Total 13.00

APR 30 2009 THU 06:32 PM

FAX NO.

RECEIVED

MAY 01 2009

TOWNSHIP CLERK

ATTN: Lisa

Fax: 652-3233

Township of Galloway
Clerks Office - 300 E. Jimmie Leeds Road,
Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM

RECEIVED

MAY 01 2009

Important Notice

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Requestor Information - Please Print

First Name Brian MI J Last Name Previti
 Company The Press of Atlantic City
 Mailing Address 11 Deans Lane
 City Pleasantville State NJ Zip 08232 Email bpreviti@pressofac.com
 Business Hours Telephone Area Code 609 Number 281-5476 Extension _____
 Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any
 indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 4-30-09

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Credit Card _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

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

Financial Disclosure Forms FILED FOR 2009

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress _____ Open _____
 Denied _____ Closed _____
 Filled _____ Closed 5/7/09
 Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking # _____	Total _____	Deposit _____	Balance Due <u>18.00</u>
Rec'd Date _____	Balance Paid _____	Balance Paid _____	
Ready Date _____	Records Provided _____		
Total Pages <u>49</u>			
<u>7.50</u>			
<u>5.00</u>			
<u>5.50</u>			
<u>[Signature]</u>			
Custodian Signature			Date <u>5/7/09</u>

ATTN: Lisa T. Hon

Fax: 652-3233

Township of Galloway
Clerks Office - 300 E. Jimmie Leeds Road,
Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM

RECEIVED
APR 21 2
TOWNSHIP C

Important Notice

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

Requestor Information - Please Print

First Name Emily MI J. Last Name Previti
 Company The Press of Atlantic City
 Mailing Address 11 Deunslane
 City Pleasantville State NJ Zip 08232 Email empreviti@pressofac.com
 Business Hours Telephone: Area Code 609 Number 281-5256 Extension _____
 Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect *
 Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 4-20-09

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Credit Card _____
 Fees: Pages 1-10 @\$0.75
 Pages 11-20 @\$0.50
 Pages 21 - @\$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

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

P.O. # 09-1280, 01064, 01184, 01185, 00056, 00649, 01147
 P.O. # 08-01294, 01295
 P.O. # 08-03580,
 P.O. # 06-02806, 03201,
 Viewed files does not need any copies.
 Close Oprah file
[Signature]

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

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

Save to AC 4/21/09 / Called Emily 4/22/09 to come in on site inspect.

HN: Lisa

Fax: 652-3233

Township of Galloway
Clerks Office - 300 E. Jimmie Leeds Road,
Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM

RECEIVED
APR 06 2009

TOWNSHIP CLERK

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

Requestor Information - Please Print

First Name Brian MI J. Last Name PREVITI
 Company The Press of Atlantic City
 Mailing Address 11 Dennis Lane
 City Pleasantville State NJ Zip 08232 Email bpreviti@pressofac.com
 Business Hours Telephone: Area Code 609 Number 289-5216 Extension _____
 Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____
 Signature [Signature] Date _____

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Credit Card _____
 Fees: Pages 1-10 @ \$0.75
 Pages 11-20 @ \$0.50
 Pages 21 - @ \$0.25
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Extraordinary service fees dependent upon request.

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

- closed session minutes Feb 10 & 25, 2009; March 10, 2009
 - P.O. # 09-01034; 06-02866; 09-00590
 - all arrest reports from Absegami High School 2006 - present. Pls show date, offense(s), race of subject & age, etc.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress - Open _____
 Denied - Closed 4/13/09
 Filled - Closed _____
 Partial - Closed _____

Tracking Information
 Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
 Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided _____
 Custodian Signature [Signature] Date 4/13/09

ATTN: Jill / Lisa / George W. Fax 652-3233

RECEIVED

APR 08 2009

TOWNSHIP CLERK

Township of Galloway
Clerks Office - 300 E. Jimmie Leeds Road,
Galloway NJ 08205
GOVERNMENT RECORDS REQUEST FORM

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Requestor Information - Please Print

First Name Emily MI J. Last Name PREVITI
Company The Press of Atlantic City
Mailing Address 11 Deunslane
City Pleasantville State NJ Zip 08232 Email cpreviti@pressofac.com
Business Hours Telephone Area Code 609 Number 289-5456 Extension
Preferred Delivery: Pick Up US Mail On Site Inspect X
Signature [Signature] Date 4-7-09

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash Check Money Order
Credit Card
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

- Resignation letter submitted by former Capt. Joseph Davies retirement
- accumulated sick (vacation/personal) time due former Capt. Joseph Davies
- RESULTS of any/all exams given to the candidates ultimately
- LIST of eight candidates for chief's position filled by Pat McCreary

AGENCY USE ONLY

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

AGENCY USE ONLY

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In Progress - Open
Denied - Closed
Filled - Closed 4/13/09
Partial - Closed

AGENCY USE ONLY

Tracking information Final Cost
Tracking # Total
Rec'd Date Deposit
Ready Date Balance Due
Total Pages Balance Paid
Records Provided
Custodian Signature [Signature] Date 4/13/09