City of Hoboken
Custodian of Records
GOVERNMENT RECORDS REQUEST FORM
94 Washington Street
Hoboken, NJ 07030
Phone: 201-420-2000 ext. 2005 Fax: 201-420-2085
Email: opra@hobokennj.gov | Website: www.hobokennj.gov

OPRA REQUEST COVER SHEET

Original Date: 4/4 **Follow Up Date:** 4/11

To: _____ **Department:** _____

The attached OPRA Request was received by the City Clerk. Records responsive are due from your department on or before the due date listed herein. If you require additional time you MUST inform the Clerk's office immediately upon receipt of this packet. Failure to follow the requirements of OPRA and the procedural requirements enacted by the City of Hoboken to assure compliance with OPRA may subject you to discipline up to and including removal as well as penalties from the State of New Jersey Government Records Council.

Log # 25-854 **Due to Clerk:** 4/11 **Date due to Requestor:** 4/15

A. C/C. Mayor B.

B. Brig. Gen. H.

Clerk Notes:

- ○ Responsive records are attached and provided (# of pages ____)
- ○ No responsive records exist in this department.
- ○ Responsive records are privileged and/or Confidential for the following reasons:

  _____
- ○ The Department requires more time to respond until _____ because _____
- ○ Other: _____

IMPORTANT

X _____
Signature of Department Responder

_____
Date

PLEASE ATTACH RESPONSIVE RECORDS TO THIS DOCUMENT AND RETURN BOTH TO THE CITY CLERKS' OFFICE ON OR BEFORE THE DUE DATE LISTED HEREIN

25-851
A · C/C
B · JDM

City of Hoboken
OPEN PUBLIC RECORDS ACT REQUEST FORM
94 Washington St, Hoboken, NJ 07030, USA
(Phone) (201) 420-2000 & (Fax) 201 420-2085
opra@hobokennj.gov

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 Manuel MI _____ Last Name TUZMAN

E-mail Address MTUZMAN@Gmail.com

Mailing Address 1026 Hudson st Hoboken NJ 07030

City Hoboken State NJ Zip 07030

Telephone 917-704-9870 FAX _____

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

Under penalty of N.J.S.A. 2C:28-3, I certify that

1. I ☐ ***HAVE*** / ☑ ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States;
2. I, or another person, ☐ ***WILL*** / ☑ ***WILL NOT*** use the requested government records for a commercial purpose;
3. I ☐ ***AM*** / ☑ ***AM NOT*** seeking records in connection with a legal proceeding.

Signature Manuel Tuzman Date 4/4/2025

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Note: ***If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.***

I request zoning variances, building permits and compliance history for 1026 Hudson ~~s~~ street Hoboken,

RECEIVED
2025 APR -4 PM 3:41
CITY CLERK'S OFFICE
HOBOKEN, NJ 07030

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature **Date**