



Harold E. Wiener
Municipal Clerk
Municipal Building, Room 104
Civic Square
Irvington, N.J. 07111

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DATE: August 12, 2019

TO: PUBLIC SAFETY DIRECTOR BOWERS

FROM: Harold E. Wiener, Municipal Clerk *H.E.W.*

SUBJECT: Request for Documents under OPRA: Reports ~ 8/04/19 – 8/11/19

Enclosed please find a request for documents under the Open Public Records Act submitted to this office on this date. **Kindly respond directly to the requester as required by the Open Public Records Act within seven (7) business days and copy this office with your transmittal letter.**

Thank you for your anticipated cooperation in this regard.

enclosure (1)

OPRA –Police~ Nuno Afonso-Aug12.doc

cc: OPRA File

RECEIPT ACKNOWLEDGMENT

EMAIL
POLICE DIVISION

8/12/2019
DATE



TOWNSHIP OF IRVINGTON

Office of the Municipal Clerk
Municipal Building, Room 116, 1 Civic Square, Irvington, NJ 07111
Phone Number: 973-399-6797
Fax Number: 973-372-6048
E-mail: irvingtowntownclerk@hotmail.com



OPEN PUBLIC RECORDS ACT REQUEST FORM

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 Nuno MI Last Name Afonso
E-mail Address afonsolaw@gmail.com
Company Afonso & Afonso, LLC
Mailing Address 544 Elizabeth Ave.
City Elizabeth State NJ Zip 07206
Telephone 908-354-9094 FAX 908-354-9095
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8/12/19

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.

Motor Vehicle Accident
Reports Only
8/4/19 - 8/11/19

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 _____	