Atlantic County
OFFICE OF THE SHERIFF

4997 Unami Boulevard
Mays Landing, NJ 08330
(609) 909-7200 FAX (609) 909-7292

EMAIL ONLY TO

OPRA+REQUEST-256-228FDE5A@REQUESTS.OPRAMACHINE.COM

November 22, 2017

ASK NJ Media Co.

Dear OPRAMACHINE.com

RE: 2017-021

Following you fill find the response to your OPRA request dated November 20, 2017.

If you have any questions you may call me at 609-909-7213.

Sincerely,

Pam Hoerter
Fiscal Officer/OPRA Custodian

attachments

Atlantic County

OFFICE OF THE SHERIFF

FRANK BALLES, SHERIFF

REQUEST FOR GOVERNMENT RECORDS FORM

REQUESTOR INFORMATION **PLEASE PRINT**

Name John Celenza

Address 422 A Tam Ave. Galloway NJ 08205
Street City State Zip

Phone (609) 404-0275 E-mail:

Fax: (_____) _____

Documents Requested (Be as specific as possible, include dates where applicable)

~~Court~~ Arrest on 10-26-17 records / Juke Naia
Court Hearing records

Preferred Delivery: Pick-up X US Mail_____ Fax _____ E-Mail_____ Onsite Inspection

COSTS – Paper copies of government records can be purchased for the fee established by the applicable statute. Unless otherwise provided , the feee for standard printed material is $.02 per page. Postage is extra. For requests that meet the requirements of N.J.S.A. 47:1a-5.C., a special service fee may apply.

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.

John Celenza 11-3-17
Signature of Requestor Date

Submit this form to: Pam Hoerter, OPRA Custodian, Atlantic County Sheriff's Office
4997 Unami Boulevard, Mays Landing, NJ 08330
Fax: *609-909-7272* E-mail: *hoerter_pam@aclink.org*

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

CUSTODIAN RESPONSE INFORMATION (For County Use Only)

ID # _____ of _____

DATE RECEIVED 11/3/17 DATE OF RESPONSE 11/3/17

RECORDS AVAILABLE	NO. OF PAGES	FEE	AVAILABLE ON
no records available			

FEE $_____ POSTAGE $_____ AMOUNT DUE $_____ RECEIVED ON _____

Access to a record or records has been denied. If access is denied, a list of those records with reasons accompanies this response.

_____ 11-3-17
Signature of Custodian Date

Atlantic County

OFFICE OF THE SHERIFF

FRANK BALLES, SHERIFF

REQUEST FOR GOVERNMENT RECORDS FORM

REQUESTOR INFORMATION **PLEASE PRINT**

Name: Mathew Graham

Address: 140 BOSTON AVE Egg Harbor City, NJ 08215
Street City State Zip

Phone: (609) 816-4987 E-mail: _____

Fax: (_____) _____

Documents Requested: (Be as specific as possible, include dates where applicable)

VIDEO FOOTAGE OF Appeals Proceeding that occured on 9/26/17 at 2pm IN COURTROOM #7 IN FRONT OF JUDGE Rodney Cunningham

Preferred Delivery: Pick-up ✓ US Mail_____ Fax _____ E-Mail_____ Onsite Inspection

COSTS – Paper copies of government records can be purchased for the fee established by the applicable statute. Unless otherwise provided , the feee for standard printed material is $.02 per page. Postage is extra. For requests that meet the requirements of N.J.S.A. 47:1a-5.C., a special service fee may apply.

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M. Graham
Signature of Requestor

11/2/17
Date

Submit this form to: Pam Hoerter, OPRA Custodian, Atlantic County Sheriff's Office
4997 Unami Boulevard, Mays Landing, NJ 08330
Fax: *609-909-7272* E-mail: *hoerter_pam@aclink.org*

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CUSTODIAN RESPONSE INFORMATION (For County Use Only)

2017-00 19
ID # _____ of _____

DATE RECEIVED: 11/2/17 DATE OF RESPONSE: 11/3/17

RECORDS AVAILABLE	NO. OF PAGES	FEE	AVAILABLE ON
Yes	1 CD		11/3/17

FEE $ 0 POSTAGE $_____ AMOUNT DUE $_____ RECEIVED ON _____

Access to a record or records has been denied. If access is denied, a list of those records with reasons accompanies this response.

_____
Signature of Custodian

11/3/17
Date

Hand delivered

Atlantic County

OFFICE OF THE SHERIFF

FRANK BALLES, SHERIFF

REQUEST FOR GOVERNMENT RECORDS FORM

REQUESTOR INFORMATION **PLEASE PRINT**

Name: Lashona Leftwich

Address: 711 N. Shore Rd Absecon NJ 08201
Street City State Zip

Phone: (609) 816 1621 E-mail: Lashona1017@yahoo.com

Fax: (_____) _____

Documents Requested: (Be as specific as possible, include dates where applicable)
Offense Date 02/24/17 By Kevin Alicea Complaint # W-2017-000207-0112
Looking for actual police report/or report of incident occurred in court house parking lot

Preferred Delivery: Pick-up _____ US Mail_____ Fax _____ E-Mail ✓ Onsite Inspection

Copies of government records can be purchased for the fee established by the applicable statute. Unless otherwise provided, the fee for normal copying of printed material is: $0.75 per page for pages 1 to 10, $0.50 per page for pages 11 to 20 and $0.25 for each page over 20. Postage is extra. MAXIMUM AUTHORIZED COST $_____

Lashona Leftwich
Signature of Requestor

10.24.17
Date

Submit this form to: Pam Hoerter, OPRA Custodian, Atlantic County Sheriff's Office
4997 Unami Boulevard, Mays Landing, NJ 08330
Fax: *609-909-7272* E-mail: *hoerter_pam@aclink.org*

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

CUSTODIAN RESPONSE INFORMATION (For County Use Only)

2017-018
ID # _____ of _____

DATE RECEIVED: 10-24-17 DATE OF RESPONSE: 10-25-17

Estimated Cost 0 Deposit Requested of $_____ Prepayment Requested Of $_____

RECORDS AVAILABLE	NO. OF PAGES	FEE	AVAILABLE ON
Emailed 10-25-17	7	0	

FEE $_____ POSTAGE $_____ AMOUNT DUE $_____ RECEIVED ON _____

ACCESS IS DENIED TO THE FOLLOWING RECORDS FOR THE REASON STATED BELOW:

_____
Signature of Custodian

10/25/17
Date

Atlantic County

OFFICE OF THE SHERIFF

FRANK BALLES, SHERIFF

REQUEST FOR GOVERNMENT RECORDS FORM

REQUESTOR INFORMATION **PLEASE PRINT**

Name: Dianne Bolsch - Pepson Claims Management

Address: PO Box 1491, Paramus, NJ 07653-4732
Street City State Zip

Phone: (732) 222-1275 E-mail: dbolsch@pepsonclaims.com

Fax: (201) 734-6644

Documents Requested: **(Be as specific as possible, include dates where applicable)**

We are requesting the CAD report in response to an accident that occurred on March 9, 2017 at Route 40 West on Catillion Boulevard in Mays Landing. The accident occurred around 8:30 am. It is our understanding that the Sheriff's Office was the first to respond to this incident.
We would also like to inquire if any of the members of the Sheriff's office was a witness to the incident since we understand they are routinely in the area. If there is such a witness we would request their contact information.

Preferred Delivery: Pick-up _____ US Mail_____ Fax _____ E-Mail__X__ Onsite Inspection

COSTS – Paper copies of government records can be purchased for the fee established by the applicable statute. Unless otherwise provided , the feee for standard printed material is $.02 per page. Postage is extra. For requests that meet the requirements of N.J.S.A. 47:1a-5.C., a special service fee may apply.

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.

Dianne McCann Bolsch 9/25/17
Signature of Requestor Date

Submit this form to: Pam Hoerter, OPRA Custodian, Atlantic County Sheriff's Office
4997 Unami Boulevard, Mays Landing, NJ 08330
Fax: 609-909-7272 E-mail: *hoerter_pam@aclink.org*

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CUSTODIAN RESPONSE INFORMATION (For County Use Only)

2017-077
ID # _____ of _____

DATE RECEIVED: 9/25/17 DATE OF RESPONSE: 9/25/17

RECORDS AVAILABLE	NO. OF PAGES	FEE	AVAILABLE ON
	1	emailed	

FEE $ 0 POSTAGE $_____ AMOUNT DUE $_____ RECEIVED ON _____

Access to a record or records has been denied. If access is denied, a list of those records with reasons accompanies this response.

Signature of Custodian 9/25/17
Date

The Claims Center
3300 Fernbrook Lane North ~ Suite 180 ~ Plymouth, MN 55447
PO Box 47604 ~ Minneapolis, MN 55447
Phone: 866-233-0353 ~ Fax: 866-233-9627

The Claims Center, LLC Representing Verizon

State of NJ Report Request

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Records	McKinzie Miller
COMPANY:	DATE:
Atlantic County Sheriff's Department	August 17, 2017
FAX NUMBER:	TOTAL NUMBER OF PAGES
(609) 909-7292	2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
(609) 909-7200	22663
RE:	SENDER'S FAX NUMBER
Report search	(866)233-9627

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY

The Claims Center, LLC is the third party claims administrator retained by Verizon. to research and recover claims for damage to property. Below is information regarding a motor vehicle accident in which our client's property sustained damage. The case number is **unknown**.

On or about	What was Damaged	Location of Accident	Driver/Vehicle Info	Report Number (if located)
7/12/2016	Motor Vehicle hitting pole	Near 223 Moss Mill Rd	Y/N	

Please return the referenced incident report number, **along with a copy of this request**, to the mailing address listed below. You may also respond via fax, phone, or e-mail.

Should you have additional questions or concerns, please do not hesitate to contact me.

Sincerely,
McKinzie Miller
Research Specialist
Mckinzie.miller@theclaimscenter.com
Phone: Local: 763-201-6389 Ext: 2441
Toll Free: 866-233-0353 Fax: 866-233-9627