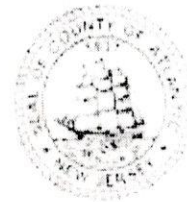




Atlantic County
OFFICE OF THE SHERIFF

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.

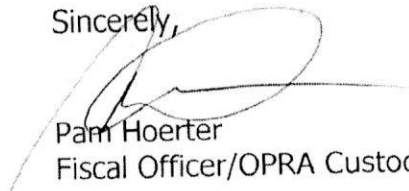
Dear OPRAMACHINE.com

RE: 2017-021

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

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

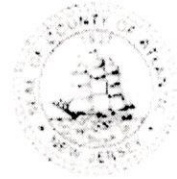
Sincerely,


Pam Hoerter
Fiscal Officer/OPRA Custodian

attachments



Atlantic County
OFFICE OF THE SHERIFF
FRANK BALLE, SHERIFF
REQUEST FOR GOVERNMENT RECORDS FORM



REQUESTOR INFORMATION PLEASE PRINT

Name John Celenza
Address 422 A Yam Ave. Gallop NJ 08305
Street City State Zip
Phone: (609) 404-0275 E-mail: _____
Fax: () _____

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

Arrest on 10-26-17 records / Julie Naia
Court Hearing records

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 fee 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

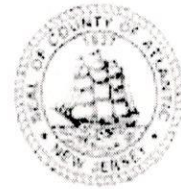
FEE \$ _____ POSTAGE \$ _____ AMOUNT DUE \$ _____ RECEIVED ON _____

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

[Signature] 11-3-17
Signature of Custodian Date



Atlantic County
OFFICE OF THE SHERIFF
FRANK BALLE, SHERIFF
REQUEST FOR GOVERNMENT RECORDS FORM



REQUESTOR INFORMATION PLEASE PRINT

Name: Matthew 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 occurred 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 fee 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.

M. Auer 11/2/17
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)

2017-0019
ID # _____ of _____

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

RECORDS AVAILABLE 100 NO. OF PAGES 1 CD FEE _____ AVAILABLE ON 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.

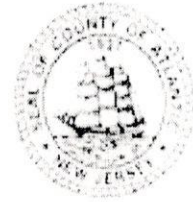
[Signature]
Signature of Custodian

11/3/17
Date

Hand delivered



Atlantic County
OFFICE OF THE SHERIFF
FRANK BALLE, 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 #
Looking for actual police report/or report of W-2017-000207-0112
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
<u>mailed 10-25-17</u>	<u>7</u>	<u>0</u>	

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

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

[Signature]
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 Catillon 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 ☒ Onsite Inspection

COSTS - Paper copies of government records can be purchased for the fee established by the applicable statute. Unless otherwise provided, the fee 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-Bolsch9/25/17

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

*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 # 2017-017 of DATE RECEIVED: 9/25/17 DATE OF RESPONSE: 9/25/17

RECORDS AVAILABLE NO. OF PAGES FEE AVAILABLE ON

1FEE \$ 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]
Signature of Custodian9/25/17
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