

#2511
317
Sweeney, Lynn

Rec. 11-21-17

Completed 11-21-17

From: ASK NJ Media Co. <opra+request-259-c5f05d79@requests.opramachine.com>
Sent: Monday, November 20, 2017 4:48 PM
To: Sweeney, Lynn
Subject: Open Public Records Act request - OPRA Requests

Dear Brigantine City,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message.

Records requested:

I'm requesting copies of all OPRA requests from August 1, 2017 to November 20, 2017.

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-259-c5f05d79@requests.opramachine.com

Is lsweeney@brigantinebeachnj.com the wrong address for Open Public Records Act requests to Brigantine City? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=brigantine_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

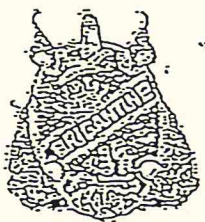
<https://opramachine.com/help/officers>

21 NOV '17 RCVI

If you find this service useful as an OPRA officer, please ask your web manager to link to us from your organisation's OPRA page.

#2017-212
REC 8/1/17
Cme to Rachel Boker
- Super Summary
Completed 8-1-17

1 AUG '17 RC



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: Christina Last Name: Dellanno
Address: 8 Paine Way
City: Somerset State: NJ Zip: 08873
Telephone: [REDACTED]

Payment Information

Select Payment Method _____
Extra service fees: _____
Fees: Letter Size: @0.05
Legal Size: @0.07
Delivery: Delivery/postage fees _____
Additional depending upon delivery type _____
Cash _____ Check _____ Money Order _____

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.

Signature: [Signature] Date: 8/1/17
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 date, the medium requested.

All Wheelie cart ice cream sales individuals.

email: tinadel@gmail.com

BLOCK: _____ / LOT: _____

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

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

Agency Use Only

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

Print Management Solutions
P O Box 350
Trexlerstown, PA 18087

Completed & emailed to
requester on 8-3-17

Krause -
H. Luey
H. Luey

Open Record Officer
BRIGANTINE CITY
1417 West Brigantine Avenue
Brigantine, NJ 08203

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

Under the provisions of the NJ Open Records Law. We are requesting access to the following information: We are asking for information about your mail machine, or postage equipment from Manufacturers Neopost, Hasler, MailFinance, Francotyp Postalia (FP Mailing), or Pitney Bowes

A copy of the MOST RECENT, CURRENT lease agreements or Most Recent Purchase Order for your current mailing equipment which shows lease commencement date and term of contract for mail machine from vendors Neopost, Hasler, Pitney Bowes, FP Mailing

Or

If the equipment was purchased, we are requesting a copy of your MOST RECENT meter rental bill, equipment rental bill, and maintenance / service contract bill or bill from last service call.

We will entertain suggestions you feel will make my request more responsive and thereby ensure that you can meet our request. If possible we would like to have the data sent to us at the address below.

Please email your request to me at adorward@printandmailing.net or mail to my attention at:

Print Management Solutions
Attn: Amy Dorward
P O Box 350
Trexlerstown, PA 18087

If all or any part of this request is denied, please cite the specific exemption(s) that you think justifies your refusal to release the information, and inform me of the appeal procedures available to me under the law.

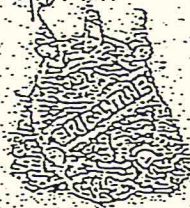
We would appreciate you handling this request as quickly as possible, and look forward to hearing from you.

Respectfully,

Amy Dorward
P O Box 350
Trexlerstown, PA 18087

2017-214
Rec 8-2-17
Completed
8-3-17
H. Sweeney
mailed info back to requester

2 AUG 17 PM



City Clerk's Office
Government Records Request Form
Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

The second page of this form contains important information related to your rights concerning government records. Please read it carefully.
Request for Information - Please Print

First Name: Karolina Last Name: Dydynska
Address: 945 S Florida Avenue
City: Lakeland State: FL Zip: 33803
Telephone: [REDACTED]

Payment Information

Select Payment Method
Extra service fees
Fees: Letter Size @ 0.05
Legal Size @ 0.07
Delivery: Delivery/ postage fees
Additional dependence on delivery type:
Cash _____ Check _____ Money Order _____

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.
Signature: Karolina Dydynska Date: 08/02/17

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 date, the medium requested.

BLOCK: 5103 / LOT: 22

Agency Use Only		Agency Use Only		Agency Use Only	
		Disposition Notes		Tracking Information	
Est. Document Cost		Custodian: If any part of the request cannot be delivered in seven business days detail reasons here.		Tracking #	
Final Cost		In Progress		Total	
Est. Delivery Cost		Partial		Rec'd Date	
Total est. cost		In Full		Deposit	
Deposit amount		Denied		Ready Date	
Estimated balance				Balance Due	
Deposit date				Total Pages	
				Balance Paid	
				Records Provided	

Pay looking for
Blue Print

8/3/17



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: Rosa Last Name: Detato

Address: 4220 Atlantic Brigantine Blvd

City: Brigantine State: NJ Zip: 08203

Telephone: [REDACTED]

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.

Signature: [Signature] Date: 8/3/17

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 date, the medium requested.

moon Bay →

BLOCK: 3403 / LOT: 6.11

(C 303A)

3403 14

moon Bay POND

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

Disposition Notes

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

In Progress: _____
Partial: _____
In Full: _____
Denied: _____

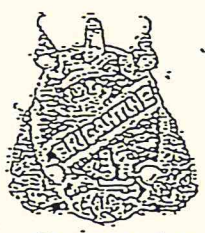
Agency Use Only

Tracking Information

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

17-216
Rec 8-3-17
Completed
8-3-17

3 AUG '17 R



City Clerk's Office
Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

The second page of this form contains important information related to your rights concerning government records. Please read it carefully.
Requestor Information - Please Print

First Name: ELIZABETH Last Name: HOUSER
Address: 10 MANITOBA AVE
City: BRIGANTINE State: NJ Zip: 08203
Telephone: [REDACTED]

Payment Information

Select Payment Method

Extra service fees: _____

Fees: Letter Size: @ 0.05
Legal Size: @ 0.07

Delivery: Delivery/postage fees _____

Additional depending upon delivery type _____

Cash _____ Check _____ Money Order _____

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.

Signature: Elizabeth Houser Date: 8/03/2017
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 date, the medium requested.

SURVEY

BLOCK: 4605 LOT: 17

Agency Use Only	Agency Use Only	Agency Use Only
Est. Document Cost _____	Disposition Notes	Tracking Information
Final Cost _____	Custodian: If any part of the request cannot be delivered in seven business days detail reasons here.	Tracking # _____
Est. Delivery Cost _____	In Progress: _____	Total _____
Total est. cost _____	Partial: _____	Rec'd Date _____
Deposit amount _____	In Full: _____	Deposit _____
Estimated balance _____	Denied: _____	Ready Date _____
Deposit date _____		Balance Due _____
		Total Pages _____
		Balance Paid _____
		Records Provided _____

#2017-017

Rec. 8/3/17
Completed 8/7/17

One copy to be kept



Brigantine Police Department OPEN PUBLIC RECORDS ACT REQUEST FORM

1417 WEST AVE • BRIGANTINE, NJ 08203 • TEL: 609.266.7414 • FAX: 609.266.1066
Custodian of Records: Colleen Felix

Print Form



Important Notice

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

Requestor Information – Please Print

First Name	JOHN	MI R.	Last Name	MERLINO JR.	
E-Mail Address	JMERLINO@REALESTATEPLANNINGLAW.COM				
Mailing Address	394 MANOR ROAD				
City	STATEN ISLAND	State	NY	Zip	10314
Telephone	[REDACTED]				
	FAX 7186980024				
Preferred Delivery:	☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-Mail				
If you are requesting records containing personal information, please check 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 8/3/17				

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.

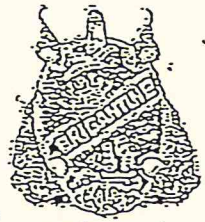
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

OPEN PERMITS FOR 200 BRIGANTINE BLVD., BLOCK 57.15, LOT 11

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY		
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information		Final Cost	
Est. Delivery Cost	_____		Tracking #	_____	Total	_____
Est. Extras Cost	_____		Rec'd Date	_____	Deposit	_____
Total Est. Cost	_____		Ready Date	_____	Balance Due	_____
Deposit Amount	_____		Total Pages	_____	Balance Paid	_____
Estimated Balance	_____			Records Provided		
Deposit Date	_____	In Progress	-	Open	_____	
		Denied	-	Closed	_____	
		Filled	-	Closed	_____	
		Partial	-	Closed	_____	
		Custodian Signature		Date		

#2017 - Rec. 8-4-17
JH 8/7/17 - completed

applicant rec copy of:
Cert. of Participation but
not sure if that is what
they needed.



City Clerk's Office
Government Records Request Form
Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448
Important Notice

The second page of this form contains important information related to your rights concerning government records. Please read it carefully.
Requestor Information - Please Print

First Name: Linda Last Name: Waslefsky
Address: 202 Washington Drive
City: Brigantine State: NJ Zip: 08203
Telephone: (480) 822-0722

Payment Information

Select Payment Method

Extra service fees: _____

Fees: Letter Size: @ 0.05
Legal Size: @ 0.07

Delivery: Delivery/postage fees _____

Additional depending upon delivery type _____

Cash _____ Check _____ Money Order _____

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.

Signature: Linda Waslefsky Date: 8/4/17
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 date, the medium requested.

Please copy the Certificate of Participation for my home at
202 Washington Drive, Brigantine, NJ 08203 (Block 8201, Lot 19).
Both sides will need to be copied.

BLOCK: 8201 / LOT: 19 Thank you.

Agency Use Only

Est. Document Cost _____

Final Cost _____

Est. Delivery Cost _____

Total est. cost _____

Deposit amount _____

Estimated balance _____

Deposit date _____

Agency Use Only

Disposition Notes

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

In Progress: _____

Partial: _____

In Full: _____

Denied: _____

Agency Use Only

Tracking Information

Tracking # _____

Total _____

Rec'd Date _____

Deposit _____

Ready Date _____

Balance Due _____

Total Pages _____

Balance Paid _____

Records Provided _____

Sweeney, Lynn

From: McBride, Cynthia (RIS-PHL) <CMcBride@signatureinfo.com>
Sent: Monday, August 07, 2017 8:37 AM
To: McBride, Cynthia (RIS-PHL)
Subject: 8-7-17 OPRA Request

Good Morning

Please consider this an official OPRA request. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Signature.

And thank you for your time and consideration concerning this request.

Cindy

Cynthia A. McBride C. T. C.

Government Relations Specialist

Signature Information Solutions

Home of Charles Jones & Data Trace products and services

300 Phillips Blvd Suite 400

Trenton, NJ 08650-0488

Phone 609-359-7033

✉ Please consider the environment before printing



----- The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.

#2017-220

Rec. 8/17/17

emailed info on
completed 8/15/17

Sweeney, Lynn

From: Emerald Ferguson <missferguson86@gmail.com>
Sent: Thursday, August 03, 2017 2:17 PM
To: Sweeney, Lynn
Subject: OPRA

Good afternoon, I am requesting the following records through the Open Public Record Act. My name is Emerald Hornig, 335 First Street Somers Point, NJ 08244-5092. I have never been convicted of any indictable offenses.

I would like the following records emailed to MissFerguson86@gmail.com.

Date range: 2011 to 2017

Property Address: 204 A North 10th Street, Brigantine, NJ 08203

Records Requesting:

- City of Brigantine Bureau of Fire Prevention Inspection
- City of Brigantine Rental Unit Registration - ~~rental~~
- Attached floor plan of rental unit showing location and the size of each room
- City of Brigantine Boca National Property Maintenance Code Inspection Record
- City of Brigantine Landlord Registration
- Certificate of Occupancy or Continued Certificate of Occupancy (CCO or CO)
- Certificate of Habitability

Thank you for your time and consideration in this matter.

Emerald Hornig

#2017-221
221

Colleen Felix 5 in many cases of 145.

Print Form

Clear Form



Brigantine Police Department

OPEN PUBLIC RECORDS ACT REQUEST FORM

1417 WEST AVE • BRIGANTINE, NJ 08203 • TEL: 609.266.7414 • FAX: 609.266.1066
Custodian of Records: Colleen Felix



Rec. 8/7/17 completed 8/16/17

Important Notice

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

Requestor Information – Please Print

First Name	Jim	MI		Last Name	O'Donnell
E-Mail Address	James.O'donnell@nbcuni.com				
Mailing Address	10 Monument Road				
City	Bala Cynwyd	State	PA	Zip	19004
Telephone	[REDACTED]				
	FAX 610-668-5649				
Preferred Delivery:	☐ Pick Up	☐ US Mail	☐ On-Site Inspect	☐ Fax	☒ E-Mail
If you are requesting records containing personal information, please check 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	James O'Donnell				Date 08-09-2017

Payment Information

Maximum Authorization Cost \$ 1

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.

Please see attached 3 pages

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

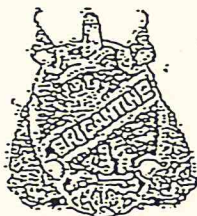
Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	

#2017-222

222

Rec. 8/7/17

Completed 8/7/17



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: _____ Last Name: GREEN

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

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.

Signature: _____ Date: _____

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 date, the medium requested.

SURVEY

BLOCK: _____ / LOT: _____

Agency Use Only

Est. Document Cost _____

Final Cost _____

Est. Delivery Cost _____

Total est. cost _____

Deposit amount _____

Estimated balance _____

Deposit date _____

Agency Use Only

Disposition Notes

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

In Progress: _____

Partial: _____

In Full: _____

Denied: _____

Agency Use Only

Tracking Information

Tracking # _____

Total _____

Rec'd Date _____

Deposit _____

Ready Date _____

Balance Due _____

Total Pages _____

Balance Paid _____

Records Provided _____

Custodian Signature _____

Send Result Report

#2017-223



MFP

TASKalfa 3010i

Completed & faxed info
on 8/14/17

Firmware Version 2NL_2000.003.403 2016.03.08

08/14/2017 10:00
[2NL_1000.003.002] [2NL_1100 001.003] [2NP_7000.003.105]

Job No.: 016907

Total Time: 0°13'02"

Page: 048

Complete

Document:

doc01690720170814094331

To: Michael Peacock / Nehmad Perillo Davis
From: Lynn Sweeney, City Clerk
City of Brigantine

Date: 8-14-17

Re: O.P.R.A. response

No Cert. of Occupancy
(no new building/
additions)

2010-074
2011-051
2012-014 x
2013-014
2014-019 x
2015-095 x

No.	Date and Time	Destination
001	08/14/17 09:44	9269721

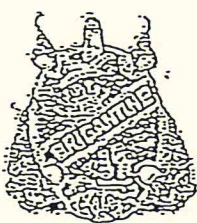
ion/ECM

Normal/On

2017
294

Rec 8/8/17
Customer review
file in Clerk's Office on 8/8/17

8 AUG 17 R



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: C. DIANE Last Name: ARZATONE
Address: 4500 ATLANTA BRIDGEWAY BLVD
City: BRIDGEWATER State: NJ Zip: 08203
Telephone: Cell 609-435-7133

Payment Information	
Select Payment Method	
Extra service fees:	
Fees: Letter Size: @ 0.05	
Legal Size: @ 0.07	
Delivery: Delivery/postage fees	
Additional depending upon delivery type	
Cash	Check
Money Order	

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.

Signature: C. Arzalone Date: 8-8-17

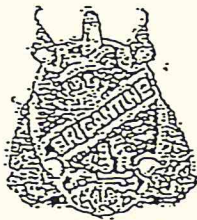
Dependent upon request.

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 date, the medium requested.

Construction file

BLOCK: 5704 LOT: 9

Agency Use Only		Agency Use Only		Agency Use Only	
		Disposition Notes		Tracking Information	
Est. Document Cost		Custodian: If any part of the request cannot be delivered in seven business days detail reasons here.		Tracking #	
Final Cost		In Progress:		Total	
Est. Delivery Cost		Partial:		Rec'd Date	
Total est. cost		In Full:		Deposit	
Deposit amount		Denied:		Ready Date	
Estimated balance				Balance Due	
Deposit date				Total Pages	
				Balance Paid	
				Records Provided	



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: _____ Last Name: BERGOL

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

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.

Signature: _____ Date: _____

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 date, the medium requested.

CONST. FILE

BLOCK: _____ / LOT: _____

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

Disposition Notes

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

In Progress: _____
Partial: _____
In Full: _____
Denied: _____

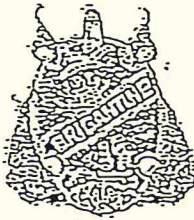
Agency Use Only

Tracking Information

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

Custodian Signature _____

#2017-226
Rec 8-8-17
Customer reviewed
Plans in Clerk's
Office
Completed
8-8-17



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

The second page of this form contains important information related to your rights concerning government records. Please read it carefully.
Requestor Information - Please Print

First Name: Debra Last Name: Lofranco
Address: 4419 Privateer Road Rd
City: Brigantine State: NJ Zip: 08203
Telephone: [REDACTED]

Payment Information	
Select Payment Method	
Extra service fees:	
Fees: Letter Size: @0.05	
Legal Size: @0.07	
Delivery: Delivery/postage fees	
Additional depending upon delivery type	
Cash	Check
Money Order	

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.

Signature: [Signature] Date: 8/8/16
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 date, the medium requested.

Flood Elevation Cert..
417 Lafayette Blvd, Brigantine, NJ 08203

BLOCK: 6901 LOT: 19

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

Disposition Notes

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

In Progress: _____
Partial: _____
In Full: _____
Denied: _____

Agency Use Only

Tracking Information

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

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Requestor Information - Please Print

Custodian Signature _____ Date _____

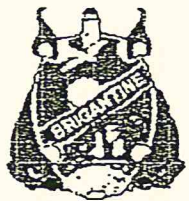
290-0333

2017-
#228

REC. 8-9-17
8-10-17

Koon@heistinsurance.com

Completed
8/10/17 Emailed info to applicant
f. Sweeney



City Clerk's Office
Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: TERRI Last Name: KOON
Address: 700 WEST AVENUE
City: OCEAN CITY State: NJ Zip: 08226
Telephone: 609-738-7227

Payment Information	
Select Payment Method	
Extra service fees: _____	
Fees: Pages 1-10	@ \$0.75
Pages 11-20	@ \$0.50
Pages 21 -	@ \$0.25
Delivery: Delivery / postage fees	
Additional depending upon delivery type	
Cash	Check Money Order

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.

Signature: Terrie Koon Date: 8/8/2017
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 date, the medium requested.

PLEASE ORDER Fec FOR:

450 W. SHORE DRIVE, BRIGANTINE, NJ

BLOCK: 7004 / LOT: 20.03

Agency Use Only		Agency Use Only		Agency Use Only	
Estimate		Disposition Notes		Tracking Information	
Est. Document Cost	_____	Custodian: If any part of the request cannot be delivered in seven business days detail reasons here.		Tracking #	_____
Final Cost	_____	In Progress: _____		Total	_____
Est. Delivery Cost	_____	Partial: _____		Rec'd Date	_____
Total est. cost	_____	In Full: _____		Deposit	_____
Deposit amount	_____	Denied: _____		Ready Date	_____
Estimated balance	_____			Balance Due	_____
Deposit date	_____			Total Pages	_____
				Balance Paid	_____
				Records Provided	_____

Custodian Signature _____ Date _____

#2017-229
Rec 8-11-17
8/14/17 call & left
message. No push
& address.
J. Smiley

11 AUG '17

no push address



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: TERRI Last Name: KOON

Address: 700 WEST AVENUE

City: OCEAN CITY State: NJ Zip: 08226

Telephone: 609-736-1227

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.

Signature: Terri Koon Date: 8/8/2017

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 date, the medium requested.

PLEASE ORDER Rec FOR:

452 W. SHORE DRIVE, BRIGANTINE, NJ

BLOCK: / LOT:

Agency Use Only	
Est. Document Cost	_____
Final Cost	_____
Est. Delivery Cost	_____
Total est. cost	_____
Deposit amount	_____
Estimated balance	_____
Deposit date	_____

Agency Use Only	
Disposition Notes	
Custodian: If any part of the request cannot be delivered in seven business days detail reasons here.	
In Progress:	_____
Partial:	_____
In Full:	_____
Denied:	_____

Agency Use Only	
Tracking Information	
Tracking #	_____
Total	_____
Rec'd Date	_____
Deposit	_____
Ready Date	_____
Balance Due	_____
Total Pages	_____
Balance Paid	_____
Records Provided	_____

Custodian Signature _____ Date _____

#230 Rec 8-11-17
Sweeney, Lynn Emailed Kari Hogan & let her know
There are no open violations.
11 AUG 17 RC
Fire Prevention Construction
No open violations
Completed 8/14/17

From: Kari Hogan <Kari.Hogan@pemco-limited.com>
Sent: Friday, August 11, 2017 3:07 PM
To: Sweeney, Lynn
Subject: 124 11th St - Open Code Violation Request

Hi Laura -

Could you please advise if there are any open code violations as well as if the property has been registered as vacant for this asset located at:

124 11th St, Brigantine, NJ 08203
South

If there are any open violations, if you could please send me documentation so we can get this taken care of ASAP.

Thank you so much for your help.

Kari Hogan
Property Specialist

Government & Financial Institutional
Services (GFIS)

Direct: 720-509-3251
Kari.Hogan@PEMCO-Limited.com
PEMCO-Limited.com
4600 South Uister Street, Suite 530
Denver, CO 80237



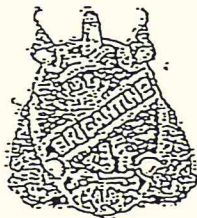
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No open violations

#2017-231

Rec. 8/14/17 emailed to C. Felix
Completed 8/18/17

231



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Request for Information - Please Print

First Name: _____ Last Name: DEVILIN

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

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.

Signature: _____ Date: _____

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 date, the medium requested.

ACCIDENT REPORT

BLOCK: _____ / LOT: _____

Agency Use Only

Est. Document Cost _____

Final Cost _____

Est. Delivery Cost _____

Total est. cost _____

Deposit amount _____

Estimated balance _____

Deposit date _____

Agency Use Only

Disposition Notes

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

In Progress: _____

Partial: _____

In Full: _____

Denied: _____

Agency Use Only

Tracking Information

Tracking # _____

Total _____

Rec'd Date _____

Deposit _____

Ready Date _____

Balance Due _____

Total Pages _____

Balance Paid _____

Records Provided _____

Custodian Signature _____

2017-200 Rec 8-14-17
Sweeney, Lynn emailed to Data Wineland.
L. Sweeney
Completed 8-14-17

From: McBride, Cynthia (RIS-PHL) <CMcBride@signatureinfo.com>
Sent: Monday, August 14, 2017 8:12 AM
To: McBride, Cynthia (RIS-PHL)
Subject: 8-14-17 OPRA Request

Good Morning

Please consider this an official OPRA request. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Signature.

And thank you for your time and consideration concerning this request.

Cindy

Cynthia A. McBride C. T. C.

Government Relations Specialist

Signature Information Solutions

Home of Charles Jones & Data Trace products and services

300 Phillips Blvd Suite 400

Trenton, NJ 08650-0488

Phone 609-359-7033

 Please consider the environment before printing



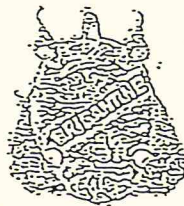
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#2017-233

REC. 8/14/17

no elevation
in file

8/14/17 - emailed response back.
to Summary



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

The second page of this form contains important information related to your rights concerning government records. Please read it carefully.
Request for Information - Please Print

First Name: Brian Last Name: O'NEIL
Address: 877 BRIDGESIDE AVENUE
City: TRENTON State: NJ Zip: 08638
Telephone: 609-439-6308

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.

Signature: [Signature] Date: 8/11/17

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 date, the medium requested.

OUR CLIENT, THOMAS HUTCHES, IS PURCHASING A DWELLING LOCATED AT 8 WILHELMAN'S COVE BRIGANTINE, NJ. WE ARE TRYING TO DETERMINE IF THERE IS AN ELEVATION CERTIFICATE ON FILE FOR THIS PROPERTY.

BLOCK: 5103 LOT: 22

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

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

In Progress: _____
Partial: _____
In Full: _____
Denied: _____

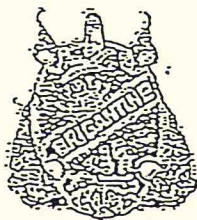
Agency Use Only

Tracking Information

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

#2017-234
Rec. 8-14-17
Completed 8-14-17

FILE PULLED
FROM ATTC
A



City Clerk's Office
Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: JUDITH Last Name: BORAK

Address: 215 39th ST S.

City: Brigantine State: NJ Zip: 08203

Telephone: [REDACTED]

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.

Signature: Judith Borak Date: AUG 14, 2017

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 date, the medium requested.

Payment Information	
Select Payment Method	
Extra service fees:	
Fees: Letter Size: @ 0.05	
Legal Size: @ 0.07	
Delivery: Delivery/postage fees	
Additional depending upon delivery type	
Cash	Check Money Order

BLOCK: 3203 / LOT: 14

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

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

In Progress: _____
Partial: _____
In Full: _____
Denied: _____

Agency Use Only

Tracking Information

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

Rec 8-15-17
Sweeney, Lynn

Completed & emailed info
back on 8/15/17 Completed 8-15-17 #2017-235

From: Amy Han <amyhan324@gmail.com>
Sent: Tuesday, August 15, 2017 9:02 AM
To: Sweeney, Lynn
Subject: Atlantic County OPRA Request - Brigantine
Attachments: Tax Delinquent OPRA Request Form.pdf

Hello,

Please see the attached OPRA request and confirm this request has been received.

I have also included the instruction below on how to generate this report in excel in the Edmund System:

In Edmund Billing/Collection Tax Collections Accounts Tax Custom Reports. On Page 3 Select year and date range you want. Check boxes Utility balance as of date (will be the date you put in the end of the range) and Year/Prd Range balance for Taxes. Page 1 on the bottom left corner is a check box for excel. On page 2 select all the boxes requested by the requester. (name, property address, mailing address, class, etc.)

Thanks in advance,

--
Amy Han

Today BEST day ever !!!



~~Amy Han~~ ~~LIVE.com~~
~~LIVE.com~~
~~han~~

10/8/17. Re-Send to
Amyhan234@live.com

(856)-383-0803

List of tax
delinquent
homes

Aug 20

Sept 20

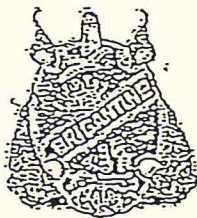
AMEE. Plan

CUSTOMER NEVER
REC'D EMAIL
FROM 8/15/17

#2017-236
REC. 8-16-17
Completed 8-21-17

Duplicate
same as #2017-238

236



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: _____ Last Name: Howell

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

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.

Signature: _____ Date: _____

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 date, the medium requested.

Back to INFO

BLOCK: _____ / LOT: _____

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

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

In Progress: _____
Partial: _____
In Full: _____
Denied: _____

Agency Use Only

Tracking Information

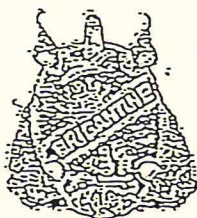
Tracking # _____
Total _____
Rec'd Date _____
Deposit _____
Ready Date _____
Balance Due _____
Total Pages _____
Balance Paid _____
Records Provided _____

Custodian Signature

REC 8-16-17
#2017-237
completed 8-16-17

8-16-17 - Called Contractor and
he will be in on 8/17/17
to review plans.

16 AUG 17 RCWD



H. Sweeney

*Custom order
for this*

City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: GERARD Last Name: RUFFENACH

Address: 846 W. SHORE

City: BRIGANTINE State: NJ Zip: 08203

Telephone: 609-574-9497

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.

Signature: [Signature] Date: _____

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 date, the medium requested.

Blue PRINTS

Chuck Hall -
609-377-7441

BLOCK: 1304 LOT: 23

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

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

In Progress: _____
Partial: _____
In Full: _____
Denied: _____

Agency Use Only

Tracking Information

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

#2017-238

Rec. 8-16-17

Sweeney, Lynn

8/16/17 emailed Ms Hoover & let her know C.F.O.

From: 
Sent: Amanda Hoover <AHoover@njadvancemedia.com>
To: Wednesday, August 16, 2017 10:19 AM
Subject: Sweeney, Lynn
OPRA request re: beach tag sales

is away until Monday.

emailed into
Completed 8/22/17

X Sweeney

Hi Lynn,

I hope this email finds you well. I am writing to request the total revenue Brigantine Beach brought in during the 2016 season through selling beach tags. This information is public and available upon request per OPRA law.

I would prefer a response via email with the total amount in dollars.

Thank you,

Amanda Hoover
NJ Advance Media | NJ.com
161 Bridgeton Pike, Building E | Mullica Hill, NJ 08062

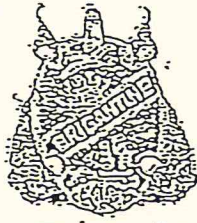
609-819-2381

Twitter: twitter.com/amahoover

#2017-239 Rec 8/22/17 completed 8/22/17

22 AUG '17 RC

no
elevator
cert in file
Summary



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: David Last Name: Montgomery
Address: 120 5th St. S.
City: Brantford State: NS Zip: 06203
Telephone: _____

Payment Information	
Select Payment Method	
Extra service fees:	
Fees: Letter Size: @ 0.05	
Legal Size: @ 0.07	
Delivery: Delivery/postage fees	
Additional depending upon delivery type	
Cash _____	Check _____
Money Order _____	

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.

Signature: David Montgomery Date: 8-22-2017
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 date, the medium requested.

Elevator Cert. 1979

BLOCK: 1201 / LOT: 19.01 C 000 A .

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

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

In Progress: _____
Partial: _____
In Full: _____
Denied: _____

Agency Use Only

Tracking Information

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

#2017-240
REC. 8/22/17
Completed 8/22/17

22 AUG '17 RCV



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: Lee Last Name: Scialenti

Address: 239 17th St South

City: Bridgeton State: NJ Zip: 08302

Telephone: [REDACTED]

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.

Signature: [Signature] Date: 8/22/17
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 date, the medium requested.

3119 BRIG BLVD

owner of property

3119 atl-Big Blvd LLC

BLOCK: / LOT:

Agency Use Only

Est. Document Cost
Final Cost
Est. Delivery Cost
Total est. cost
Deposit amount
Estimated balance
Deposit date

Agency Use Only

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

In Progress:
Partial:
In Full:
Denied:

Agency Use Only

Tracking Information

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

2017-241 REC 8-21-17
Sweeney, Lynn
L Sweeney
Emailed
Dana W.
- L Sweeney
Completed
8/25/17

From: McBride, Cynthia (RIS-PHL) <CMcBride@signatureinfo.com>
Sent: Monday, August 21, 2017 7:42 AM
To: McBride, Cynthia (RIS-PHL)
Subject: 8-21-17 OPRA Request

Good Morning

Please consider this an official OPRA request. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Signature.

And thank you for your time and consideration concerning this request.

Cindy

Cynthia A. McBride C.T.C.

Government Relations Specialist

Signature Information Solutions

Home of Charles Jones & Data Trace products and services

300 Phillips Blvd Suite 400

Trenton, NJ 08650-0488

Phone 609-359-7033

 Please consider the environment before printing



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#2017-242

Rec 8/22/17

Sweeney, Lynn

emailed to Colleen Felix-L Sweeney

From: data@legalplex.com
Sent: Monday, August 21, 2017 12:30 AM
To: Sweeney, Lynn
Subject: OPRA Request: 1139 Brigantine City
Attachments: 1139-opra-from-8-15-2017-to-8-19-2017-on-8-21-2017-12-30-01-AM.pdf

Completed 8-26-17 J

Importance: High

Please find the below attachment

2017-243
REC 8-22-17
Completed 8-22-17

22 AUG '17 RCU



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

The second page of this form contains important information related to your rights concerning government records. Please read it carefully.
Requestor Information - Please Print

First Name: LEO Last Name: SULLIVAN
Address: 1314 RAY AVE
City: BRIG State: NJ Zip: 08203
Telephone: [REDACTED]

Payment Information

Select Payment Method

Extra service fees: _____

Fees: Letter Size: @ 0.05

Legal Size: @ 0.07

Delivery: Delivery/postage fees _____

Additional depending upon delivery type _____

Cash _____ Check _____ Money Order _____

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.

Signature: [Signature] Date: 8/22/17

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 date, the medium requested.

1314 Ray Permits

BLOCK: 7702 LOT: 4

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

Disposition Notes

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

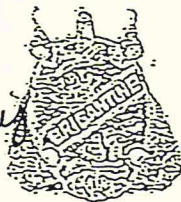
In Progress: _____
Partial: _____
In Full: _____
Denied: _____

Agency Use Only

Tracking Information

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

#2017-244
Rec. 8-24-17
Completed 8-24-17
made copies 25¢



City Clerk's Office
Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

The second page of this form contains important information related to your rights concerning government records. Please read it carefully.
Requestor Information - Please Print

First Name: MARTIN Last Name: QUINLAN

Address: 230 TALBOT DRIVE

City: BROOMALL State: PA Zip: 19008

Telephone: [REDACTED]

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.

Signature: Matthew Quinlan Date: 8-24-17

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 date, the medium requested.

203 9TH ST NORTH

Payment Information

Select Payment Method _____

Extra service fees: _____

Fees: Letter Size: @ 0.05 _____

Legal Size: @ 0.07 _____

Delivery: Delivery/postage fees _____

Additional depending upon delivery type _____

Cash ☒ Check _____ Money Order _____

206
BLOCK: 265 LOT: 5

Agency Use Only	Agency Use Only	Agency Use Only
Est. Document Cost _____	Disposition Notes	Tracking Information
Final Cost _____	Custodian: If any part of the request cannot be delivered in seven business days detail reasons here.	Tracking # _____
Est. Delivery Cost _____	In Progress: _____	Total _____
Total est. cost _____	Partial: _____	Rec'd Date _____
Deposit amount _____	In Full: _____	Deposit _____
Estimated balance _____	Denied: _____	Ready Date _____
Deposit date _____		Balance Due _____
		Total Pages _____
		Balance Paid _____
		Records Provided _____

Custodian Signature _____

2017-245

Rec. 8-25-17

Completed 8-29-17

FIRE PREVENTION
HAS copyBILL BALDWIN NOT IN
TIL 9/4/17

City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please PrintFirst Name: Dominic Last Name: DePamphilisAddress: 3120 Fire Rd, Suite 100City: Egg Harbor Twp. State: NJ Zip: 08234Telephone: 609-641-6200Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE HAVE NOT been convicted of any indictable offense.Signature: [Signature] Date: 8/24/17

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 date, the medium requested.

Bureau of Fire Prevention file for 342 36th Street
South, Unit #3, for January 1, 2015 - present.

BLOCK: / LOT:

Agency Use Only

Est. Document Cost: _____

Final Cost _____

Est. Delivery Cost _____

Total est. cost _____

Deposit amount _____

Estimated balance _____

Deposit date _____

Agency Use OnlyDisposition Notes

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

In Progress: _____

Partial: _____

In Full: _____

Denied: _____

Agency Use OnlyTracking Information

Tracking # _____

Total _____

Rec'd Date _____

Deposit _____

Ready Date _____

Balance Due _____

Total Pages _____

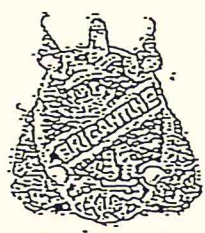
Balance Paid _____

Records Provided _____

Custodian Signature _____ Date _____

PRINTS ARE
AT ARE
waiting for custom to
call if payment
9/1/17

COPIES OF
PRINTS REQUESTED



ARE PICKING UP
PRINTS 8/29/17

#2017-246

REC 8/25/17

City Clerk's Office

Completed 8/25/17 Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: John Last Name: Thomas
Address: 3010 Ocean Ave.
City: Brantford State: ON Zip: D8203
Telephone: 484-832-6608

Payment Information	
Select Payment Method	
Extra service fees:	
Fees: Letter Size: @ 0.05	
Legal Size: @ 0.07	
Delivery: Delivery/postage fees	
Additional depending upon delivery type	
Cash	Check
Money Order	

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.

Signature: [Signature] Date: 8/25/17
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 date, the medium requested.

PRINTS RETURNED
10/5/17
call custom

BLOCK: _____ / LOT: _____

Agency Use Only

Est. Document Cost	_____
Final Cost	_____
Est. Delivery Cost	_____
Total est. cost	_____
Deposit amount	_____
Estimated balance	_____
Deposit date	_____

Agency Use Only

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

Agency Use Only

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

#2017-247

Rec 8/28/17

Completed 8/28/17



Customer will be in
to review
8/28/17

City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: JONATHAN I Last Name: MANGEL

Address: 138 SALVATORE DR

City: MULLIN HILL State: NJ Zip: 08062

Telephone: [REDACTED]

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.

Signature: [Signature] Date: 8/28/17

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 date, the medium requested.

ALL PERMITS & PLANS - INSPECTION

Payment Information	
Select Payment Method	
Extra service fees:	
Fees: Pages 1-10	@ \$0.75
Pages 11-20	@ \$0.50
Pages 21 -	@ \$0.25
Delivery: Delivery / postage fees	
Additional depending upon delivery type	
Cash	Check Money Order

BLOCK: 5601 LOT: 1 4821 ATL-BAYVIEW BLVD

Agency Use Only	
Est. Document Cost	
Final Cost	
Est. Delivery Cost	
Total est. cost	
Deposit amount	
Estimated balance	
Deposit date	

Agency Use Only	
Disposition Notes	
Custodian: If any part of the request cannot be delivered in seven business days detail reasons here.	
In Progress:	
Partial:	
In Full:	
Denied:	

Agency Use Only	
Tracking Information	
Tracking #	
Total	
Rec'd Date	
Deposit	
Ready Date	
Balance Due	
Total Pages	
Balance Paid	
Records Provided	

Custodian Signature _____ Date _____

#2017-248

Rec. 8/28/17

Completed 8/31/17

248

927-1177

Rwent@NJDLaw.com



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: Raymond Last Name: Went

Address: 4030 Ocean Heights Avenue

City: Egg Harbor Township State: NJ Zip: 08234

Telephone: (609) 927-1177

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that ~~XXXXX~~ **HAVE NOT** been convicted of any indictable offense.

Signature: [Signature] Date: 8/28/17

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 date, the medium requested.

A copy of the entire Planning Board application submitted by Brenda and Hank LeCompte regarding the property located at 300 5th Street South, Brigantine, New Jersey (Block 703, Lot 6.05) and any and all Board professional reports (e.g., Planning Report, Engineering Report, etc.) regarding said application.

BLOCK: 703 / LOT: 6.05

Agency Use Only	Agency Use Only	Agency Use Only
Est. Document Cost _____	Disposition Notes	Tracking # _____
Final Cost _____	Custodian: If any part of the request cannot be delivered in seven business days detail reasons here.	Total _____
Est. Delivery Cost _____	In Progress: _____	Rec'd Date _____
Total est. cost _____	Partial: _____	Deposit _____
Deposit amount _____	In Full: _____	Ready Date _____
Estimated balance _____	Denied: _____	Balance Due _____
Deposit date _____		Total Pages _____
		Balance Paid _____
		Records Provided _____

Custodian Signature _____ Date _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-266-7600

Fax:

PUBLIC RECORDS

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 Jeffrey MI Last Name DevlinE-mail Address data@legalplex.comMailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone 609-961-9524 FAX 609-961-6661Preferred Delivery: Pick On-Site
Up US Mail Inspect Fax X E-mail X

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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [Signature] Date 8/28/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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 for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 8/22/2017End Date 8/26/2017

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

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

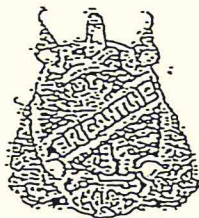
#2017-249

REC. 8-28-17

Completed 8-28-17

CAFRA PERMIT

INFO



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: TAKASHI Last Name: Yoshida

Address: 514 W. Shore Drive

City: BRIGANTINE State: N.J Zip: 08203

Telephone: 215-432-4695 (cell)

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.

Signature: [Signature] Date: 8/28/17

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 date, the medium requested.

512 516

574 578

BLOCK: _____ / LOT: _____

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

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

In Progress: _____
Partial: _____
In Full: _____
Denied: _____

Agency Use Only

Tracking Information

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

#2017-250
Rec. 8-25-17CONST. OFFICE
LOOKING FOR
FILES

250

City Clerk's Office
Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: Dominic Last Name: DePamphilis
Address: 3120 Fire Rd., Suite 100
Small Harbor Twp State: NJ Zip: 08234

Payment Information

Select Payment Method

Extra service fees:

Fees: Pages 1-10 @ \$0.75

Pages 11-20 @ \$0.50

Pages 21 - @ \$0.25

Delivery: Delivery / postage fees

Additional depending upon delivery type

Cash ☐ Check ☐ Money Order ☐2016-326
CA issued 5/23/17
Water Boiler.
[Redacted]
City of N.J.S.A. 2C:28-3. I certify that I HAVE HAVE NOT a
adictable offense.Date: 8/24/17

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 date, the medium requested.

Construction Department file for 342 36th
Street South, Unit #3, for January 1, 2015 -
present.BLOCK: 3001 / LOT: 22

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

Disposition Notes

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

In Progress: _____

Partial: _____

In Full: _____

Denied: _____

Agency Use Only

Tracking Information

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

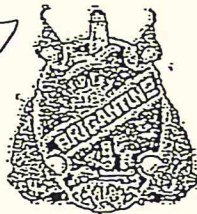
Custodian Signature _____ Date _____

#2017-251

COPIES
MADE

Rec. 8-28-17

Completed 8-28-17



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: Dan Last Name: Davila

Address: 2738 Harrison Ave

City: Camden State: NJ Zip: 08105

Telephone: 609-332-4985

Rule One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense.

Signature: [Signature] Date: 8/28/17

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 date, the medium requested.

1994-048 Close in deck
2000-918 Enclosure deck
2001-725 Alterations Blueprints / drawings
LOCK: 3404 / LOT: 3.01 + 3.02 C000A + C000B

Payment Information

Select Payment Method

Extra service fees: _____

Fees: Letter Size: @ 0.05

Legal Size: @ 0.07

Delivery: Delivery / postage fees _____

Additional depending upon delivery type _____

Cash _____ Check _____ Money Order _____

Agency Use Only

Estimated Document Cost _____

Final Cost _____

Estimated Delivery Cost _____

Total estimated cost _____

Deposit amount _____

Estimated balance _____

Deposit date _____

Agency Use Only

Disposition Notes

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

In Progress: _____

Partial: _____

In Full: _____

Denied: _____

Agency Use Only

Tracking Information

Tracking # _____

Total _____

Rec'd Date _____

Deposit _____

Ready Date _____

Balance Due _____

Total Pages _____

Balance Paid _____

Records Provided _____

Custodian Signature _____

252

#2017-252

Rec 8-29-17

Completed

8-29-17

NO ED

COPIED
FILE



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: Ella Last Name: Prewitt
Address: P.O. Box 365, 500 E. Absecon Blvd.
City: Absecon State: NJ Zip: 08201
Telephone: [REDACTED]

Payment Information

Select Payment Method
Extra service fees: _____
Fees: Pages 1-10 @ \$0.75
Pages 11-20 @ \$0.50
Pages 21 - @ \$0.25
Delivery: Delivery / postage fees _____

Additional depending upon delivery type _____

Cash _____ Check _____ Money Order _____

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.

Signature: Ella M. Prewitt Date: 8/29/2017
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 date, the medium requested.

If available, please forward a copy of the Elevation Certificate for 233 7th Street, South, Brigantine NJ 08203

BLOCK: 706 / LOT: 6

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

Disposition Notes

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

In Progress: _____
Partial: _____
In Full: _____
Denied: _____

Agency Use Only

Tracking Information

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

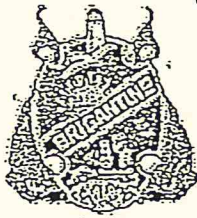
Custodian Signature _____ Date _____

#2017-253

REC- 9-6-17

Completed

9/6/17



City Clerk's Office

Permanent Records Request Form

7600 Ext. 220/Fax No. 609-266-6448

Important Notice

Information related to your rights concerning government records. Please read it carefully.

Requestor Information - Please Print

First Name: John Last Name: Kranberger

Address: 3 OAKMOUTH RD

City: SOMMER POINT State: MT Zip: 07242

Telephone: [REDACTED]

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.

Signature: [Signature] Date: 9/5/17

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 date, the medium requested.

SURVEY PLAN 2004 - 377
2ND STORY ADDITION & GARAGE

BLOCK: 7902 LOT: 17

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

Disposition Notes

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

In Progress: _____
Partial: _____
In Full: _____
Denied: _____

Agency Use Only

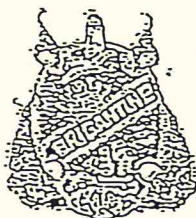
Tracking Information

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

Custodian Signature _____ Date _____

2017
#254
Rec. 9-6-17
Completed
9/6/17

6 SEP 17 RCVD



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: Gail Last Name: Phalen
Address: 223 13th St. S.
City: Brigantine State: NJ Zip: 08203
Telephone: 609-757-0688

Payment Information

Select Payment Method

Extra service fees: _____

Fees: Letter Size: @0.05

Legal Size: @0.07

Delivery: Delivery/postage fees

Additional depending upon delivery type

Cash _____ Check _____ Money Order _____

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.

Signature: Gail Phalen Date: 9/6/17

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 date, the medium requested.

Elevation Cert.

2014

BLOCK: 1106 LOT: 10

Agency Use Only

Est. Document Cost _____
Final Cost _____
Est. Delivery Cost _____
Total est. cost _____
Deposit amount _____
Estimated balance _____
Deposit date _____

Agency Use Only

Disposition Notes

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

In Progress: _____

Partial: _____

In Full: _____

Denied: _____

Agency Use Only

Tracking Information

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

Brigantine City

#2017-255

OPEN PUBLIC RECORDS ACT REQUEST FORM

Rec 9/5

Ph: 609-266-7600

Fax:

Sent 9/11/17

emailed to Challen Feely PUBLIC RECORDS H. Sweeney

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 Jeffrey MI Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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

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 NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [Signature] Date 9/4/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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 for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 8/29/2017

End Date 9/2/2017

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 #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
Custodian Signature <u> </u>		Date <u> </u>	

2017-256 Rec. 9-5-17

Sweeney, Lynn

emailed to Dana W. - L. Sweeney

From: McBride, Cynthia (RIS-PHL) <CMcBride@signatureinfo.com>
Sent: Friday, September 01, 2017 2:48 PM
To: McBride, Cynthia (RIS-PHL)
Subject: 9-1-17 OPRA Request

completed

9-8-17

Good Afternoon

This is next week's OPRA request as I am off next week. Please have a great/safe Labor Day holiday!

Please consider this an official OPRA request. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Signature.

And thank you for your time and consideration concerning this request.

Cindy

Cynthia A. McBride C. T. C.

Government Relations Specialist

Signature Information Solutions

Home of Charles Jones & Data Trace products and services

300 Phillips Blvd Suite 400

Trenton, NJ 08650-0488

Phone 609-359-7033

Cell 908-399-5500

 Please consider the environment before printing



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#2017-257

REC. 9/5/17 completed 9/9/17



AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address

Name of Agency Custodian



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 JAMES MI _____ Last Name Roberts

E-mail Address tri state office 19034@gmail.com

Mailing Address 134 E Chestnut Ave

City North Wildwood State NJ Zip 08260

Telephone _____ FAX _____

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 9/1/17

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.

Mailroom records relating to office equipment, specifically mail machine lease information and relevant documents regarding supplies, service and rental of mailing equipment (postage meters, folder/inserter, letter openers, etc) ... Package tracking software if applicable. Records for the 2017 tax year!

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 _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

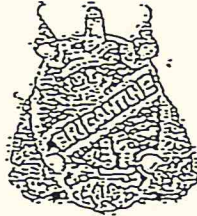
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

#2017-258

Rec. 9-7-17

Completed 9-7-17



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: LOUIS Last Name: MARTIN

Address: 28 HORIZON LANE

City: BRIGANTINE State: NJ Zip: 08203

Telephone: (201) 375-2342

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.

Signature: Louis R Martin Date: 9/7/17

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 date, the medium requested.

ELEVATION CERTIFICATE

Payment Information

Select Payment Method

Extra service fees: _____

Fees: Letter Size: @ 0.05

Legal Size: @ 0.07

Delivery: Delivery/postage fees

Additional depending upon delivery type

Cash _____ Check _____ Money Order _____

BLOCK: _____ / LOT: _____

Agency Use Only

Est. Document Cost _____

Final Cost _____

Est. Delivery Cost _____

Total est. cost _____

Deposit amount _____

Estimated balance _____

Deposit date _____

Agency Use Only

Disposition Notes

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

In Progress: _____

Partial: _____

In Full: _____

Denied: _____

Agency Use Only

Tracking Information

Tracking # _____

Total _____

Rec'd Date _____

Deposit _____

Ready Date _____

Balance Due _____

Total Pages _____

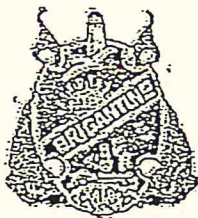
Balance Paid _____

Records Provided _____

2017-259
REC 9-8-17
Completed 9-11-17

File
Purged
9/11/17

8 SEP '17 RCU



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: Scott Newcomer Last Name: Newcomer

Address: 46 11th ST No

City: Burg State: _____ Zip: _____

Telephone: [REDACTED]

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.

Signature: [Signature] Date: 9/8/17

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 date, the medium requested.

Payment Information

Select Payment Method

Extra service fees: _____

Fees: Letter Size: @ 0.05

Legal Size: @ 0.07

Delivery: Delivery / postage fees _____

Additional depending upon delivery type _____

Cash _____ Check _____ Money Order _____

BLOCK: 6206 / LOT: 8

Agency Use Only

Est. Document Cost _____

Final Cost _____

Est. Delivery Cost _____

Total est. cost _____

Deposit amount _____

Estimated balance _____

Deposit date _____

Agency Use Only

Disposition Notes

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

In Progress: _____

Partial: _____

In Full: _____

Denied: _____

Agency Use Only

Tracking Information

Tracking # _____

Total _____

Rec'd Date _____

Deposit _____

Ready Date _____

Balance Due _____

Total Pages _____

Balance Paid _____

Records Provided _____

Custodian Signature _____ Date _____

#2017-260
Rec. 9/11/17

Completed
made

9/11/17

copies in
Clerk's Copying



City Clerk's Office

Government Records Request Form

Phone No. 609-266-7600 Ext. 220/Fax No. 609-266-6448

Important Notice

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

Requestor Information - Please Print

First Name: CLIFFORD Last Name: POGUE

Address: 4330 CRESTVIEW ROAD

City: HARRISBURG State: PA Zip: 17112

Telephone: (717) 856-4735

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.

Signature: Clifford Pogue Date: 9/11/17
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 date, the medium requested.

CERTIFICATE OF OCCUPANCY FOR CLIPPER SHIP CONDOMINIUMS.

Payment Information

Select Payment Method

Extra service fees: _____

Fees: Letter Size: @ 0.05

Legal Size: @ 0.07

Delivery: Delivery/postage fees

Additional depending upon delivery type

Cash _____ Check _____ Money Order _____

BLOCK: 503 LOT: 1

Agency Use Only

Est. Document Cost _____

Final Cost _____

Est. Delivery Cost _____

Total est. cost _____

Deposit amount _____

Estimated balance _____

Deposit date _____

Agency Use Only

Disposition Notes

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

In Progress: _____

Partial: _____

In Full: _____

Denied: _____

Agency Use Only

Tracking Information

Tracking # _____

Total _____

Rec'd Date _____

Deposit _____

Ready Date _____

Balance Due _____

Total Pages _____

Balance Paid _____

Records Provided _____

Custodian Signature

Date

#207-261
Sweeney, Lynn

REC 9/11/17
Emailed to
Dara W.
& Sweeney
Completed
9/14/17
MAIL DEPOSIT

From: McBride, Cynthia (RIS-PHL) <CMcBride@signatureinfo.com>
Sent: Monday, September 11, 2017 8:36 AM
To: McBride, Cynthia (RIS-PHL)
Subject: 9-11-17 OPRA Request

Good Morning

Please consider this an official OPRA request. I am requesting a copy of the public tax database as kept and maintained by the municipality's tax collector

This "copy" can be accomplished by sending the "tax search export" file to Signature.

And thank you for your time and consideration concerning this request.

Cindy

Cynthia A. McBride C. T. C.

Government Relations Specialist

Signature Information Solutions

Home of Charles Jones & Data Trace products and services

300 Phillips Blvd Suite 400

Trenton, NJ 08650-0488

Phone 609-359-7033

 Please consider the environment before printing



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