

Brigantine City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-266-7600

Fax:

PUBLIC RECORDS

11 SEP 17 10:01 AM

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 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 9/11/2017

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 9/5/2017End Date 9/9/2017

AGENCY USE ONLY

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

AGENCY USE ONLY

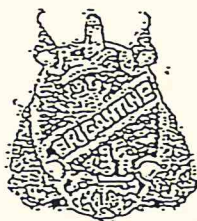
Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

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>	

#2017-263
Rec. 9-11-17
Completed 9-11-17



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: William Last Name: Snyder
Address: 334 40th St
City: Bergen State: N.J. Zip: 08203
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: William Snyder 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.

Case # 4-204 affi

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 _____

#2017-264

264

Rec 9-13-17

Completed 9-13-17

Called custodian 9/13/17
Left message



Custodian 9/14

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: Gary Last Name: Paul
Address: 341 8th St. S. #1
City: Brigantine State: NJ Zip: 08223
Telephone: 609-517-0059

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: 9/13/17

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.

Building plans, survey + elevation for 215 36th St. S.

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: 3102 / 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 Note:	
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 _____

#2017-265

RIC. 9-14-17

Completed 9-14-17 State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

Preferred Delivery: Pick Up US Mail On-Site Inspect Fax X 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 Jenita Burgess Date September 13, 2017

Payment Information

Maximum Authorization Cost \$ 10.00

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 provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in August 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions permitted

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently

REC 9-18-17
Completed 9-18-17
#2017
766



Looked AT
FILE IN
CONST OFFICE ✓

CITY OF BRIGANTINE

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: MARIE Last Name: Libeizzi
Address: 122 Fairbrook Dr.
City: PA Forkville State: PA Zip: 16865
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: [Signature] Date: 9/18/17
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.

850 West Shore Drive
BRIGANTINE, NJ 08203

LOCK: _____ / 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 _____

#2017-261
REC 9-18-17
Completed 9-18-17

261

FILE PULLEY
9/18/17

called customer
pulled 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: Susanne Last Name: Silvestri

Address: Remax Coastal 3900 Atk Brigantine Blvd

City: Brigantine State: _____ Zip: _____

Telephone: 609-266-8373 609-442-7544

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.

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: 1404 LOT: 5

oil tank -
File # 200700597

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 9/18/17

#2011-263
Brigantine City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-266-7600

Fax:

emailed to C. Fair
- A. Sweeney

PUBLIC RECORDS

Completed 9/21/17

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 9/18/2017

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 9/12/2017

End Date 9/16/2017

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 <u> </u>			
Custodian Signature <u> </u>		Date <u> </u>	

2017
#248 269
Rec. 9-20-17
Completed 9-20-17



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: Joseph Last Name: Griswold

Address: 523 Lafayette Blvd.

City: Brigantine State: NJ Zip: 08203

Telephone: 264-9142

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.

Construction file

BLOCK: 7101 LOT: 36

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 _____

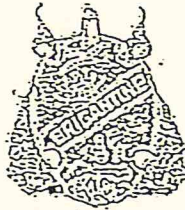
#2017-270

Rec. 9-21-17

Completed 9-21-17

See 10/1/17

9/21/17



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: MARK Last Name: ELSER

Address: 4901 HARBOR BEACH 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: 9/20/17

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.

Copy of LATEST CORA MONITORING REPORT PRESENT TO BRIGANTINE ISO-9 TO INCLUDE REQUIREMENTS, DEVELOPMENT FEES, etc.

(CAH)

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

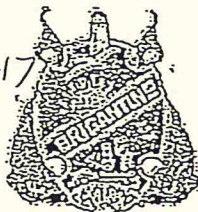
Tracking # _____
Total _____
Rec'd Date _____
Deposit _____
Ready Date _____
Balance Due _____
Total Pages _____
Balance Paid _____
Records Provided _____

COPIES GIVEN

#2017-271

REC. 9/22/17

Completed 9-22-17



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: Lewis Last Name: Midlarsky
Address: 106 Sheridan Square
City: Brantford State: NT Zip: 08203
Telephone: 215-431-6561

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: 9/22/17

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.

Copy of 2008-671

BLOCK: 3404 / LOT: 3

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

272

#2017-272

Rec 9/25/17

Completed 9/28/17

Important Notice

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

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash	Check	Money Order
100	100	100

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. 1

Signature  Date 9/25/2017

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 9/19/2017

End Date 9/23/2017

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

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

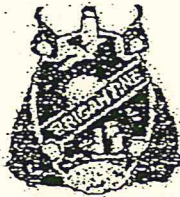
Final Cost

Total	
Deposit	
Balance Due	
Balance Paid	

Records Provided

Custodian Signature

Date _____

213
Ref: /#2017-273
Rec 9/26/17
Completed 9/26/17306 E. Evans Blvd
Brigantine, NJ 08203Please email
to: jorob682@gmail.com

no views

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: Joanne Last Name: Robertson

Address: 155 Collings Ave

City: W. Berlin State: NJ Zip: 08091

Telephone: 609-760-6191

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: Joanne Robertson Date: 9/26/17
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.Would you please verify the owner on record
and the name of the financial institution and/or
tax lien holder on property (306 E. Evans Blvd)...
BLOCK 6503 / LOT 8
Thank you!

Payment Information	
Select Payment Method	
Extra service fees:	
Fees: Pages 1-10 @ \$0.75	
Pages 11-20 @ \$0.50	
Pages 21+ @ \$0.15	
Delivery: Delivery / postage fees	
Additional depending upon delivery type:	
Cash	Check Money Order

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 _____

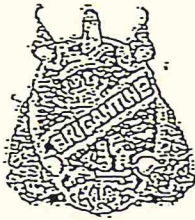
E-mailed to customer 9/26/17

2017-274

Rec 9-26-17

Completed 9-26-17

274



FILE PULLED
9/26
called custom

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: STEVE Last Name: MURTI

Address: _____

City: _____ State: _____ Zip: _____

Telephone: 792 6537

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.

1101 W. BRIG AVE

SURVEY

BLOCK: 1104 LOT: 24

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 _____

295 #2017-275

E. MAILED

Sweeney, Lynn

REC 9-27-17

Comp. 9-27-17

DEMMW

9/26/17

From: Curtis Blanding <cblanding@smartprocure.us>
Sent: Tuesday, September 26, 2017 12:56 PM
To: Sweeney, Lynn
Cc: Adams, Ann
Subject: SmartProcure OPRA Request City of Brigantine For PO/Vendor Information
Attachments: Edmunds and Associates Sample Reports.pdf

Dear Ms. Lynn Sweeney or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the City of Brigantine for any and all purchasing records from 06/23/2017 to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

1. Purchase order number. If purchase orders are not used a comparable substitute is acceptable, i.e., invoice, encumbrance, or check number
2. Purchase date
3. Line item details (Detailed description of the purchase)
4. Line item quantity
5. Line item price
6. Vendor ID number, name, address, contact person and their email address

The attached document may be helpful as a reference to fulfill this request if the City of Brigantine stores the records using any of the pre-programmed software reports, but the records request is not limited to the reports listed.

Please email the information to cblanding@smartprocure.us

If this request was misrouted, please forward to the correct contact person and reply to this communication with the appropriate contact information.

If you have any questions, please feel free to respond to this email or I can be reached at 954-637-0742.

Regards,

Curtis Blanding
Data Acquisition Specialist
SmartProcure
Direct: 954-637-0742 | Support: 888-988-6348
Email: cblanding@smartprocure.us | www.smartprocure.us
700 W. Hillsboro Blvd. Suite 4-100, Deerfield Beach, FL 33441

E. MAILED DRD.

10/30/17

✓

✓ 1/10
#2017-276
Sweeney, Lynn

REC 9-28-17

Completed 9/28-17

From:
Sent:
To:
Subject:

Aimee Pacheco <Aimee.Pacheco@pemco-limited.com>
Wednesday, September 27, 2017 4:48 PM
Sweeney, Lynn
507 Lagoon Blvd, Brigantine, NJ Open Code Violations and Permits - Vacant Property

Lynn,

I am trying to verify some information on the following property and I was hoping you could help me. I am trying to verify that following property is compliant.

507 Lagoon Blvd, Brigantine, NJ
Block 5401 / Lot 31

I need to know if the property is currently registered as a vacant property or if a new registration for Fannie Mae is required. It appears you use ProChamps is that correct?

Can you tell me if there are any open code violations or permits that need to be closed and if there are any fines, penalties and / or summons issued on the property that may prevent the sale to a third party buyer.

Thank you,

Aimee Pacheco
Fannie Mae Property Specialist



[Redacted]
Aimee.Pacheco@PEMCO-Limited.com
PEMCO-Limited.com
320 Bear Tavern Rd
West Trenton, NJ 08623

The contents of this e-mail message and any attachments are confidential and may be legally privileged. This transmission is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this transmission in error, any use, reproduction or dissemination of this transmission is strictly prohibited. If you are not the intended recipient, please immediately notify the sender by reply e-mail or phone and delete this message and its attachments.

- 1.) Pro Champ has property as Vacant.
- 2.) A permit was issued on 03/16/17 to replace HVAC
- 3.) There is no violations. penalties or summons at this time.

William Baldwin

Chris Blair 09/28/17

E. MAILED IN RE
9/28/17 ✓

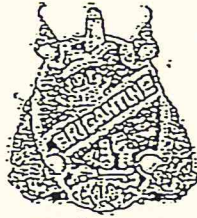
#2017-277

REC. 9/29/17

Completed 9/30/17

CUSTOMER NEVER

CAME IN TO
LEAVE FILE.



FILE RETURNED

TO ATTC

10/23/17

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: JOHN Last Name: BOYLE

Address: 555 LAGOON BLVD.

City: BRIGANTINE State: NJ Zip: 08203

Telephone: 609-319-2969

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: 9-29-17

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.

CONST: FILE

BLOCK: 3401 / LOT: 7

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 _____

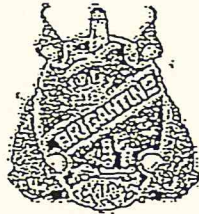
Date _____

#2017-278

Rec. 9-29-17

Completed 9-30-17

278



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: ED HICKMAN Last Name: HICKMAN

Address: 21 SHIPMASTER DR.

City: BRIGANTINE State: NJ Zip: 08203

Telephone: 609-266-6622

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: 9/29/2017

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.

Survey whaler fence

BLOCK: 5103 LOT: 30

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 _____

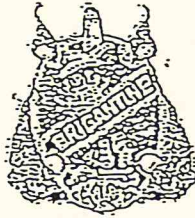
Custodian Signature _____

#2017-279

REC 9-29-17

279 completed

9-29-17



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: HERBERT Last Name: KEILEY

Address: 270 ARROWHEAD RD

City: SHAMONG NJ State: NJ Zip: 08088

Telephone: (609) 346-4603

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: 9/29/2017
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.

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 _____

805W. SHORE

Blue Reth

NO FILE
FOUND

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

717

2017-280
Rec 10-4-17
dessler@firstorderllc.net completed
10-4-17

as built plan

water / sewer / sanitary lines

280



UTILITY PLANS

at Steven revised Plans
and "as built"
all customer requested copy

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: Caitlin Last Name: Dessler
Address: 4383 Hecktown Rd, Ste. B
City: Bethlehem State: PA Zip: 18020
Telephone: (610) 365-2900

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: [Signature] Date: 10/3/2017
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.

We are doing a land title survey on the property located at 4012 Brigantine Blvd. We are looking for any water, sewer, storm, sanitary, as-built plans, and/or any site plans you may have.

BLOCK: 3802 / LOT: 1 & 2

Agency Use Only	Agency Use Only	Agency Use Only
Est. Document Cost	Disposition Notes	Trucking Information
Final Cost	Custodian: If any part of the request cannot be delivered in seven business days detail reasons here.	Trucking #
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

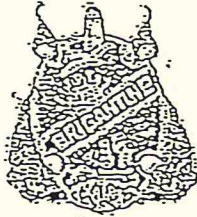
Custodian Signature _____ Date _____

10/4/17: Sat email to ARC @ copy requested
Total Plans got from ARC
10/13/17: Rec'd print from ARC
10/15/17: Paid to customer

#2017- 289

Rec. 10-4-17

Completed 10-4-17



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 Print

First Name: Robert Last Name: Maxwell

Address: 101 N. Roosevelt Blvd

City: Brigantine State: NT Zip: 08203

Telephone: 609-412-3240

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: Mary Reef Date: 10-4-17

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.

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 _____

Custodian Signature _____

290

#2017-290

Sent into

10/3/17

Rec 10-4-17

Completed 10-4-17



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: Monica Last Name: CrabtreeAddress: 945 Hornblend Street Suite GCity: San Diego State: CA Zip: 92109Telephone: 858-490-5011

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: Monica Crabtree Date: 10/04/2017

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.

Thank you for sending 2017 Professional Service Contract award 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 _____

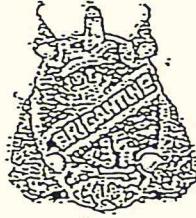
Custodian Signature _____ Date _____

Bill Baldwin has request

#2017-291

REC 10-5-17

Completed
10-10-17



REC. 10-5-17

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: Barbara Last Name: Leuzzi
Address: 102 Quay Blvd.
City: Bridgetown State: MD 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: Barbara Leuzzi Date: 10-5-2017

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.

LANDLORD / OR INFO FROM F.P.

(UPDATED INFO ON)

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 _____

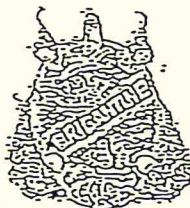
#2017-292

Rec. 10-6-17

Completed 10-6-17

Rack - No open
violations
no open permits

6 OCT '17 RCVM



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: Aimee Last Name: Pacheco

Address: c/o PEMCO Ltd, 820 Bear Tavern Rd

City: West Trenton State: NJ Zip: 08628

Telephone: 720-509-3245

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: Aimee Pacheco Date: 10/5/2017

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 ☐

Can you tell me if there are any open code violations or permits that need to be closed and if there are any fines, penalties and / or summons
issued on the property that may prevent the sale to a third party buyer? 32 MacDonald Pl, Brigantine, NJ

BLOCK- 8401 / LOT: 15

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

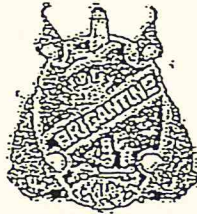
Records Provided

Rec.
10-6-17

2017
#293-

Completed

10-6-17



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: Tammy Last Name: Vincent
Address: 101 25th Street South
City: Brighams State: NJ Zip: _____
Telephone: 610-475-0853

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: Tammy Vincent Date: 10/6/2017
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.

View open permit #

2016-051

BLOCK: 21005 / LOT: 7

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 _____

JEV

#2017-294

Adams, Ann

REC 10-6-17

Completed 10-10-17

From: Brian Fisher <oneasked2risk@aol.com>
Sent: Friday, October 06, 2017 10:17 AM
To: Adams, Ann
Subject: OPRA REQUEST BRIGANTINE IAFF 2657

Ann

The Brigantine IAFF Local 2657 is requesting the MOA PBA 204 and MOA White Collar Workers the were ratified by council on October 4, 2017.

Thank you!

BRIAN FISHER
Brigantine IAFF Local 2657
Secretary/Treasurer

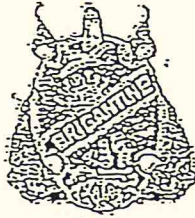
609-517-8895

E-MAILED TO CUSTOMER

#2017-295

REC 10-6-17

Completed 10-6-17



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: Edward Last Name: Tanka

Address: 202 10th Street N

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: 10/6/17

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.

Survey

BLOCK: 206 / 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 _____

Custodian Signature _____

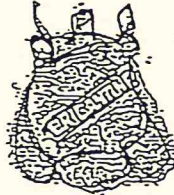
EMailed 10/11/17

Cindy C LUCKY DOL #23. com

#2017 - 300

Rec. 10-10-17

Completed 10-10-17



OCT 10 AM 10:54

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: CINDY Last Name: PITTSAddress: 619 CHURCH ST.City: PLEASANTVILLE State: NJ Zip: 08232Telephone: (609) 645-7317Circle 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: Cindy Pitts Date: 10-9-17

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.

BRIGANTINE BEACH PATROL 2017

City of BRIGANTINE Public Works APPAREL 2017 (tee shirts, sweatshirts, jackets)

AWARD FOR 2017 UNIFORMS

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 _____

301

2017-301

Brigantine City

10/10/17 - E-MAILED

OPEN PUBLIC RECORDS ACT REQUEST FORM

COPY TO COUNCIL

Ph: 609-266-7600

Fax:

REC. 10-10-17
Completed

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 Christina MI Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 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 Christina Mota Date 10/9/2017

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 10/3/2017End Date 10/7/2017

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>	

5533

302

#2017-302

Rec 10-10-17

Completed 10-11-17



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

Give copy to Rabel

10/10/17

Got info from Rabel
re: 10/11/17

E. M. 100 to Customer
10/11/17

First Name: Aimee Last Name: Pacheco

Address: G/O PEMCO Ltd, 820 Bear Tavern Rd

City: West Trenton State: NJ Zip: 08628

Telephone: 720-569-3245

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: Aimee Pacheco Date: 10/6/17

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	

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.

Can I please get a copy of the HVAC permit issued on this property March of 2017?
507 Lagoon Blvd, Brigantine, NJ

Please email a copy of this permit to me at aimee.pacheco@pemco-limited.com
Thank you!

BLOCK-5401 / LOT-31

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

10-11-17

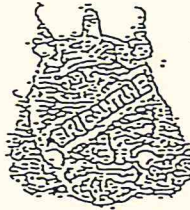
Inspector Baldwin passed all violations on 5/9/17.

307

#2017-303

REC. 10-10-17

Completed 10-11-17



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: Aimee Last Name: Pacheco

Address: c/o PEMCO Ltd, 820 Bear Tavern Rd

City: West Trenton State: NJ Zip: 08628

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: Aimee Pacheco Date: 10/6/17

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.

I need a copy of any 1. open permits and 2. code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party. 3. Instructions on how to abate open violations issued from Prochamps. I have several open code violations in ProChamps that need to be closed.

5-Hutchison Pl. Brigantine, NJ

Please email me my response to this OPRA request at aimee.pacheco@pemco-limited.com
Thank you!

BLOCK: 5802 / LOT: 15

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 _____

#2017-304

Rec 10-13-17

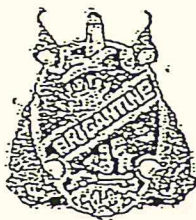
Completed 10-17-17

10/17

Come to Dana

10/17. Fed info for Dana

called customer & left message



City Clerk's Office *cannot make copies - only*

Government Records Request Form *for review*

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: CONN: JIM Last Name: CONNER

Address: 9 Oak Knoll Drive

City: Wallingford State: PA Zip: 19086

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: 10/13/17

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.

PLANNING BOARD FILE

321 28th ST. [PLANS/CONTENTS]

BLOCK: 2905 LOT: 2

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 _____

#2017-305 MAILED DISCS TO CUSTOMER
REC 10-16-17 10/19/17
Completed 10-18-17

I'm requesting the following information in any electronic format. The maps are usually PDF file format.

Please email all the below requested information and files.

1.a) A complete set of your municipalities **MOST CURRENT** tax maps.

1.b) The date the tax maps were last modified/updated.

1.c) The approximate date to check back for newer/updated tax maps.

1.d) What is your Engineers Name, email, and phone number?

Note: Please check with your Engineer to obtain the most current tax maps as well as accurate information for 1.b), 1.c), and 1.d)

2.a) The **MOST CURRENT** municipality zoning map(s).

2.b) The date the zoning map(s) was last modified/updated.

2.c) The approximate date to check back for newer/updated zoning map(s).

Note: If the zoning map is NOT available in electronic format please mail me the full size current zoning map so we can convert it to electronic format. However, please first check with the Engineer as it's almost always available electronically on file with the Engineer.

Note: If your municipalities tax map and or zoning map are available online, please check and confirm it's the most current maps available. If so, please provide the direct URL(s) for both the tax & zoning map(s).

If you have any questions, please email ORPA@NJPropertyRecords.com

16 OCT '17 RCVD

Thanks,

Larry Higgins

OPRA@NJPropertyRecords.com

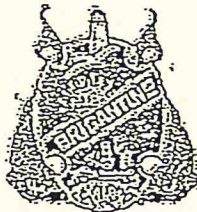
10/17/17. ~~E-MAILED~~ SPoke TO MATT DIKOR JR
HE WILL GET MAPS ON DISC FOR CUSTOMER

10/13/17. Rec'd 2 Disc
from DORAN ENG.
MAILED DISCS TO
CUSTOMER

#2017-306

REC. 10-16-07

Completed 10-16-17



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: Michael Last Name: Guntick
Address: 106 20th St. South
City: Brigantine State: NJ Zip: 08703
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: 10-16-2017
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.

Viewed open construction file for 2001 Rarere Blvd

BLOCK: 2207 / LOT: 11

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 _____

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 Devlin
 E-mail Address data@legalplex.com
 Mailing Address 2022 WASHINGTON BLVD
 City ROBBINSVILLE State NJ Zip 08691
 Telephone 609-961-9551 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 10/2/2017

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 9/26/2017End Date 9/30/2017

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>	

1017 30M
R

Fax:

Completed 10-23-17

Important Notice

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

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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 Christina Mota Date 10/16/2017

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 10/10/2017

End Date 10/14/2017

[illegible]

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

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

Records Provided

Final Cost

Custodian Signature

Date _____

2-308

Completed

EMailed

Sweeney, Lynn

Rec 10-

27-17

10-25-17

TO Mary

From: Willhenrysmom <willhenrysmom@aol.com>
Sent: Monday, October 16, 2017 5:06 PM
To: Sweeney, Lynn
Subject: OPRA request

Hi Lynn, Please consider this an OPRA request for the following two items: 1. 2017 current City of Brigantine salaries of municipal employees - name, title, dept, hire date, base salary, holidays, stipends to base, salary, hourly wage, total stipends, clothing, EMT, other, longevity payments, total amount, or any other category, 2., copy of the MOA with the police dept. just passed by Council showing all changes/additions to the previous contract and including the current health plan addendum. Thanks. I'll pick them up. Sincerely, Anne Phillips

17 OCT '17 RCVD

309
Adams, Ann

#2017-309

Rec 10-19-17

INPA Sent to

customer

10/19/17

From: Wineland, Dana
Sent: Thursday, October 19, 2017 10:12 AM
To: Adams, Ann
Subject: RE: Atlantic County OPRA Request - Brigantine
Attachments: opra req..xls

Dana Wineland

Dana Wineland, CTC
Tax Collector
City of Brigantine
1417 W. Brigantine Avenue
Brigantine, NJ 08203
(609) 266-7600 ext. 235
(609) 266-4656 fax
dwineland@brigantinebeachnj.com

From: Adams, Ann
Sent: Thursday, October 19, 2017 8:53 AM
To: Wineland, Dana
Subject: FW: Atlantic County OPRA Request - Brigantine

Could you runt his report?

Ann Adams
City of Brigantine
1417 W. Brigantine Ave.
Brigantine, NJ 08203
609-266-7600 ext. 221

CONFIDENTIALITY NOTICE:

The information contained in this email transmission and any attachment is legally privileged and CONFIDENTIAL. It is intended for the sole use of the person(s) or entity named on this transmittal cover sheet. If you are not the intended recipient of this transmission; the dissemination, distribution, transmission, copying, reviewing, converting to hard copy, or other use of this information is strictly prohibited and may be unlawful. If you have received this email in error, please reply to the sender immediately, or call 609 266-7600 ext 221 and then delete this message.

From: Amy Han [<mailto:amyhan324@live.com>]
Sent: Wednesday, October 18, 2017 10:48 PM
To: Adams, Ann
Subject: RE: Atlantic County OPRA Request - Brigantine

Hello, this appears to be the incorrect report. It is showing me the utility due. I only need the ones that are delinquent in taxes. I have included the instructions below on how to run this report. Hope this helps. Thanks.

Tax Custom Report:

Page 1: Leave all fields open - Select Print to Excel

Page 2: Select Owner Name, Owner Street 1/2, Owner City, St, Owner Zip, Property Class, Property Location

10/19 OPEN PERMITS FN
CONSTRUCTION OFFICE

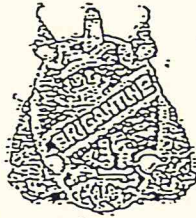
#2017-310

REC 10-19-17

Completed 10-26-17

WILL CALL CUSTOMER ON MONDAY,
AFTER RAUER REVIEWS FILE

310



10/26: called custom.

she can review for
permits in const.
office

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: Denise Last Name: Hakanson

Address: 1013 W. Brigantine Ave. #8

City: Brigantine State: NJ Zip: 08203

Telephone: 609 828 8167

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: 10.19.17

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

1103 Beach Ave East: construction and inspection permit

BLOCK: 202 LOT: 1.02

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

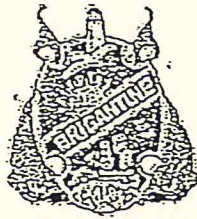
Tracking # _____
Total _____
Rec'd Date _____
Deposit _____
Ready Date _____
Balance Due _____
Total Pages _____
Balance Paid _____
Records Provided _____

Custodian Signature

2017-311

Rec 10-20-17

Completed 10-20-17



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: Vida + Algis Last Name: Salciunas
Address: 12 Cummings Place
City: Brigantine State: NJ Zip: 08062
Telephone: 609-254-8708

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: Vida Salciunas Date: 10-20-17
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.

Sewer pipe replacement permit

no permit on 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 _____ Date _____

Rec- 10-23-17

emailed to C. Felix

Brigantine City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-266-7600

Fax:

2017-312

PUBLIC RECORDS

Completed 10-23-17

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 Christina MI Last Name Mota
E-mail Address data@legalplex.com
Mailing Address 2022 WASHINGTON BLVD
City ROBBINSVILLE State NJ Zip 08691
Telephone 609-961-1120 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 Christina Mota Date 10/23/2017

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 10/17/2017

End Date 10/21/2017

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>	

Rec-
Completed

10-23-17
10-24-17

2017 - 313

Sweeney, Lynn

emailed info. - L Sweeney

From: roland@napc.me
Sent: Monday, October 23, 2017 2:13 PM
To: Info Receipt; Sweeney, Lynn
Subject: Requesting for the Bid Tabulation/Individual bid items

Hi,

My name is Rolando and I am with the North America Procurement Council's New Jersey Bid Network.

I would like to formally request for the Bid Tabulation/Individual bid items for this project:

Owner: Brigantine Beach, City of

Project Title/Name: Maintenance, Service and Repair of Brigantine's Water Wells, Sewer Lift Stations and Storm Pump

Stations Project Location: Brigantine Bid Date: 07/13/17

I have browsed through your agency's website but I could not find the said information hence, I hope you can help me with my request. I greatly appreciate your time and assistance and I look forward to your response.

Best regards,

Rolando Cabahug Jr

North America Procurement Council

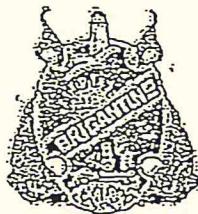
www.napc.pro

(970)712-5587

Rolando@napc.me

Request Code: 7875014

2017-314
Rec 10-25-17
Completed 10-25-17



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: Andrew Last Name: Walter

Address: 303 Columar Court

City: Mullica Hill State: NJ Zip: 08062

Telephone: 856 278-3310

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: 10/25/17

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.

101 Quay

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: 308 LOT: 8.02

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 _____

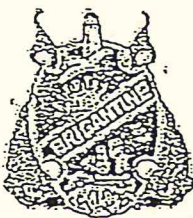
Custodian Signature _____

#2017-315

REC 10-26-17

Completed 10-26-17

FILED Fuller



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: Colleen Last Name: Beel

Address: 3900 Atl. Bldg. Blvd

City: Brig State: NY Zip: 11203

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: 10/26/17

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.

301 18th St. South

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 _____

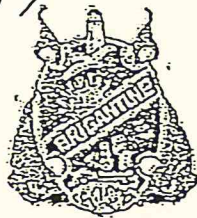
Custodian Signature _____ Date _____

#2016-316

REC 10-26-17

Completed 10-27-17

NO SURVEY OR
ELEVATION ON 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: Cullen Last Name: Beel
Address: 3300 Atl. Bldg. Blvd.
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: C. Beel Date: 10/26/17
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.

5228 Lagoon Blvd.

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 _____

Brigantine City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-266-7600

Fax:

PUBLIC RECORDS

900017R00

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 Christina MI Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 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 Christina Mota Date 10/30/2017

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 10/24/2017

End Date 10/28/2017

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>	

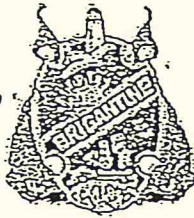
318

#2017 - 318

NO COPY MADE

Rec. 10-31-17

Completed 10-31-17



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: Robert Last Name: MurphyAddress: 230 Hobart RoadCity: Berentine State: VT Zip: 05703Telephone: [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: 10/31/17

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 _____

313 344 & 44

Permit # 2003 - 924

Demo Permit copy

BLOCK: 2803 / LOT: 13

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 _____

NO FILES IN

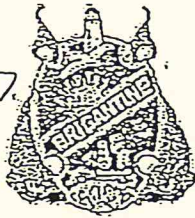
ATTC

319

#2017-319

REC 10-31-17

Completed 10-31-17



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: Bob Last Name: McClellan

Address: 1905 Revere

City: Brig State: NJ Zip: 08203

Telephone: 609-992-7400

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: 10-31-17

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.

OIL TANK PERMIT

BLOCK: 2205 / 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 _____

#2017-320

REC. 11-1-17

Completed 11-1-17

FILE IN RICH'S
OFFICE INBOX

320

COVER LETTER



ASK RACHEL TO

COIL ON 11/3/17

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: Colby Last Name: Tofanelli

Address: 118 45th Street South

City: Brigantine State: NJ Zip: 08203

Telephone: 1-800-853-8516 ext. 133562103

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: Colby Tofanelli Date: 10/30/2017

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 ☐

Requesting information on when the demolition of property address 18 45th Street South, Brigantine, NJ 08203, took place, and the name of the contractor. please provide an official document, thank you.

BLOCK: 3902 / LOT: 5

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: _____
Dated: _____

Agency Use Only

Tracking Information

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

Custodian Signature _____

Date - 10/27/2017 11:52AM (GMT-05:00)

371

#2017-321
Rec. 11-1-17

Ad 11/1/17

OPEN PUBLIC RECORDS ACT (OPRA)

Records Request

**BEING A LIBERTARIAN
IS LIKE BEING THE
ONLY SOBER PERSON IN THE CAR**

Date: Wednesday 11/1/2017, 3:07 PM

Requestor: Libertarians for Transparent
Government, a NJ
Nonprofit Corporation

Agency: City of Brigantine

Transmitted: Via Fax to 609-266-6448

Instructions: Please accept this as our request under the Open Public
Records Act (OPRA) and the common law right of access.
Please send all responses and responsive records via e-
mail to NJTransparency@yahoo.com. If you have any
questions on this request please call [REDACTED]



Background:

In response to our recent records request, the City disclosed redacted legal services invoices from the Gruccio, Pepper law firm. Several during the latter part of 2015 refer to "draft[ing] of [redacted] Report" (e.g. see entries from 12/01/15, 12/03/15, 12/04/15, 12/07/15 and 12/08/15.)

When we look at the privilege log to try to discern what is being redacted and why, we find that the log is not at all helpful. For example, the redactions applied to the entries noted above are only explained as "N.J.S.A. 47:1A-1.1." As the City is probably aware, that statute is titled "definitions" and contains perhaps a dozen or more specific exemptions ranging from rare collections of books to sexual harassment complaints. Simply advising a requestor that a suppression is justified by "N.J.S.A. 47:1A-1.1" tells the requestor nothing and is not consistent with OPRA.

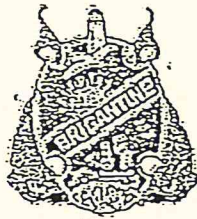
Rather, N.J.S.A. 47:1A-5(g) requires records custodians, when denying access to a record in whole or part, to inform the requestor of "the specific basis" for the denial. Beyond stating the "specific basis" for each suppression, the custodian is required to "produce specific reliable evidence sufficient to meet a statutorily recognized basis for confidentiality." Courier

#2017-322

Rec 11-1-17

Completed 11-1-17

FILE PULLY



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: Petr Last Name: Spacio
Address: 1 Heald Rd
City: Brigantine State: NJ Zip: 08201
Telephone: 856-981-5096

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 _____

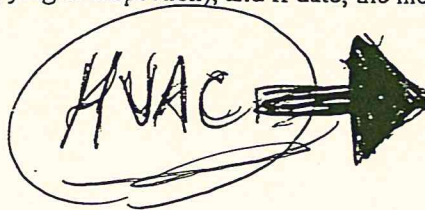
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense.

Signature: _____ Date: 11/1/17

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.

WHO INSTALLED



BLOCK: 8401 / LOT: 40.01

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 _____

573

#2017-323 REC 11-1-17

Completed 11-1-17



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: Sharon Last Name: Gallagher

Address: 2300 W. Brigantine Ave.

City: Brigantine State: N.J. 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: Sharon A. Gallagher Date: 11/2/2017
 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.

Copy of: Elevation Survey / Certificate

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: _____ / 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 _____

11/6/17

Gave to Rachel

#2017-324

REC 11-6-17
Completed
11-6-17

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: Jenn Last Name: Fuson

Address: 127 S Main St

City: Barnegat State: NJ Zip: 08005

Telephone: 609-660-8000

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: 11/6/17

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.

Hi,

I am requesting a list, or copies, of demolition permits & house raising permits issued from August 1, 2017 through November 1, 2017. This can be emailed (jcarroll@accelelevator.com) or faxed (609-660-8336). Thank you very much!
Jenn

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 _____

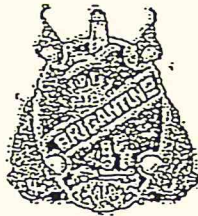
Balance Paid _____

Records Provided _____

Custodian Signature _____ Date _____

#2017-329

Rec 11-13-17



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: LIZ Last Name: McKeeage
Address: U Cabot Court
City: MAXLTON State: NJ Zip: 08053
Telephone: 856.985.7405

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: 11.13.17

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: _____ / 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 _____

#2017-325

Brigantine City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-266-7600

Fax:

Emailed to

Colleen Felton 11/6/17

PUBLIC RECORDS

Completed

11-6-17

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 Christina MI MI Last Name MotaE-mail Address data@legalplex.comMailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone 609-961-1120 FAX 609-961-6661Preferred Delivery: Pick Up Up US Mail Up On-Site Inspect Up Fax X E-mail XIf 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 Christina Mota Date 11/6/2017

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 10/31/2017End Date 11/4/2017

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

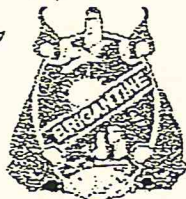
Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	

326

#2017-326

REC 11-7-17

Completed 11-8-17



called custom

Files pulled from

ATMC.

11/13/17

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: alexandra Last Name: seibert

Address: 9 steepplechase dr.

City: blackwood State: NJ Zip: 08012

Telephone: 609 649 6311

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: Alexandra Seibert Date: 11/7

Digitally signed by Alexandra Seibert
Date: 2017.11.07 14:30:01 -0500

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.

Requesting all permits both ☒

BLOCK Block 5401 / LOT: Lot- 30

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 _____

c.walters@prlawoffice.com

#2017-327

Rec 11-7-17

Completed 11-8-17

E. MAILED TO CUSTOMER
11/8/17

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: Cheryllynn Last Name: WaltersAddress: 40 Berlin AvenueCity: Stratford State: NJ Zip: 08284Telephone: 856-284-8500 ext. 10Circle 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: 11/7/17

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.

Property Record Card for 14 Kirkwood
Circle, Brigantine, NJ 08203BLOCK: 6302 / LOT: 53

Agency Use Only

Est. Document Cost _____

Flual 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 _____

328

emailed to Mr. McCarthy on 11-13-17

#2017-328 Ric 11-8-17 Completed 11-13-17

Sweeney, Lynn

From: Craig McCarthy <CMCCARTHY@njadvancemedia.com>
Sent: Tuesday, November 07, 2017 10:43 AM
To: Craig McCarthy
Subject: STAR-LEDGER OPRA REQUEST: USE OF FORCE ATLANTIC
Attachments: OPRA UOF .pdf

Please see attached OPRA from the Star-Ledger. If you are not the custodian of records could you please forward to the appropriate person or department.

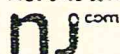
Additionally, please confirm that you have received.

Thank you

Craig McCarthy | Reporter
NJ Advance Media
Woodbridge Corporate Plaza 485 Route 1 South | Iselin, NJ 08830
p: 732-372-2078
f: 732-243-2840
e: CMCCARTHY@njadvancemedia.com
t: [@createcraig](https://www.createcraig.com)



PROVIDING SERVICES FOR



Star-Ledger

CONFIDENTIALITY NOTICE: This e-mail may contain information that is privileged, confidential or otherwise protected from disclosure. If you are not the intended recipient of this e-mail, please notify the sender immediately by return e-mail, purge it and do not disseminate or copy it.

11/7. E-MAILED TO COLLEEN + CHIEF BENNETT

11/13. E-MAILED REQUESTED INFO. 11/13/17

COLLEEN SENT TO CUSTOMER

2017-329

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI MI Last Name Burgess
E-mail Address jenita_burgess@gunton.com
Mailing Address 165 Barclay Center – Rte 70 East
City Cherry Hill State NJ Zip 08034
Telephone 856-354-3249 FAX 856-354-6011
Preferred Delivery: Pick Up Up US Mail Up On-Site Inspect Up Fax X E-mail Up

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 Jenita Burgess

Date November 8, 2017

Payment Information

Maximum Authorization Cost \$ 10.00

Select Payment Method

Cash ☒ 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 provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in October 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions permitted.

Copies can be faxed or emailed using the information above.

I can also pick up the information in person if that is preferred.

I realize there may be charges associated with providing this information. Please call me if there are any questions.

I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

Brigantine City

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 Christina MI Last Name Mota
 E-mail Address data@legalplex.com
 Mailing Address 2022 WASHINGTON BLVD
 City ROBBINSVILLE State NJ Zip 08691
 Telephone 609-961-1120 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 Christina Mota Date 11/13/2017

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 11/7/2017

End Date 11/11/2017

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

Records Provided

Custodian Signature

Date

#2017-331

Rec 11-14-17

Completed 11-21-17

331

Gave to Karen
11/14/17

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: PATRICIA Last Name: HARRINGTONAddress: 7 N. MAIN ST., STE. A, c/o Armando V. RiccioCity: MEDFORD State: NJ Zip: 08055Telephone: (609) 654-9620

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: Patricia A. Harrington Date: 11-14-17

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.

SEE ATTACHED

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: _____ / 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 _____

NO CONSTRUCTION PERMITS ✓ see
attached e-mail
from Rachel
E-MAILED JNO: 11/17/17
✓

332

A. HAROLD KOKES
ATTORNEY AT LAW
728 WEST AVENUE, SUITE S201
OCEAN CITY, NEW JERSEY 08226
(609) 399-1111 FAX (609) 391-1337
ahkokesoffice@comcast.net
ID# 007751981
ATTORNEY FOR DEFENDANT

15 NOV '17 RCVD

STATE OF NEW JERSEY,
COMPLAINANT,

BRIGANTINE MUNICIPAL COURT
ATLANTIC COUNTY

V.

SUMMONS NO. S-2017-000150-0103 AND
S-2017-000156-0103

NORMA PIZZO AND
VITO PIZZO,

SUBPOENA DUCES TECUM

DEFENDANTS.

THE STATE OF NEW JERSEY TO: BRIGANTINE CONSTRUCTION OFFICE, FIRE
PREVENTION OFFICE, 1417 W. BRIGANTINE AVE., BRIGANTINE, NJ 08203.

YOU ARE HEREBY COMMANDED to attend and give testimony before a certified
court reporter at the Law Offices of A. Harold Kokes, Esq., 700 N. Main Street, 2nd
Floor, Pleasantville, NJ 08232 on NOVEMBER 22, 2017 AT 10:00 A.M., on the part of
Defendant in the above entitled action, and that you have and bring with you and
produce at the same time and place, the following: True copies of any and all:
(1) Applications for Permits and (2) Permits Issued from November 15, 2015 to
present regarding Dennis Bush, 302 South 19th Street, Brigantine, N. J. 08203.

Failure to appear according to the command of this Subpoena will subject you to a
penalty, damages in a Civil Suit and punishment for contempt of Court.

PLEASE NOTE THIS OFFICE WILL ACCEPT CERTIFIED COPIES OF THE ABOVE REQUESTED
DOCUMENTS, PROVIDED SAME ARE RECEIVED IN OUR OFFICE WITHIN SEVEN DAYS OF
THE DATE OF SERVICE OF THE WITHIN SUBPOENA.

DATED: November 8, 2017

A. HAROLD KOKES

/S/DAWN GOTTARDI
CLERK

PROOF OF SERVICE

On November 8, 2017, I, the undersigned, being over the age of 18, served the within
Subpoena by certified mail no. 7015 0640 0005 9517 2611 to the person named therein at the
above address and by tendering to such person the attendance fee of \$2.00 and mileage of \$
N/A as allowed by law. I certify that the foregoing statements made by me are true. I am
aware that if any of the foregoing statements made by me are willfully false, I am subject to
punishment.

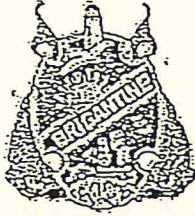
A. HAROLD KOKES
ATTORNEY FOR DEFENDANT

#2017-333

Rec 11-16-17

Completed 11-16-17

NO files found



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: Cathleen Last Name: Adams

Address: 1215 Wood Rd

City: DAKOTA State: PA Zip: 19053

Telephone: 215-651-9332

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: Cathy Adams Date: 11-16-17

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: 603 LOT: 12

Block no 4 lot 24

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 _____

Date _____

FILES COPIED
FILES EMAILED
11/20/17
(335)

REC 11-20-17

Completed

11-20-17

2011
2011

2010 -
2011 -

2011-Ref



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: ELAINE Last Name: Lund

Address: 214 BOBWHITE Rd

City: NEW HOPE State: PA Zip: 08938

Telephone: 267-740-2687 / 267-712-3087

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: Elaine B. Lund Date: 11/20/17

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 FOR CONSTRUCTION/REMODELING AT:
4253-B ATLANTIC BRIGANTINE BLVD, BRIGANTINE NJ
From 1/2006 to 10/2017

BLOCK: 340

LOT: 1.01

COOBB

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 _____

#2017-336

REC 11-20-17

Completed 11-20-17

COPIES MADE

11/20/17

336



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: Colleen Last Name: Beil

Address: 3900 Hl. Big. Blvd.

City: Big State: NC Zip: 28203

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: C. Beil Date: 11/20/17

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.

306 20th St South
ELK Crt.

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