

158-08-04
KANE

To: Brookdale Community College
Attn: Robert Francis, Custodian of Government Records
765 Newman Springs Road, Lincroft NJ 07738
732-224-2223 - rfrancis@brookdalecc.edu

REQUEST FOR GOVERNMENT RECORD

INSTRUCTIONS:

Government records not exempt from public access may be inspected, examined and copied during regular business hours at the Office of the Custodian of Government Records. Copies may be purchased upon payment of the reproduction fee prescribed.

Special Service Charges will be added where the requested records are voluminous, are not in the format or medium requested, cannot be reproduced by ordinary document copying equipment, reproduction requires a substantial amount of manipulation or where extensive use of information technology is required.

Completion of items 1, 2 and 3 is optional. If you prefer to deliver this form anonymously, you must arrange to return to the Office of the Custodian of Government Records to pay any fees required and to receive access to the requested documents. A deposit may be required from anonymous requestors.

Payment of the applicable Reproduction Fee and any Special Service Charges must be made prior to release or transmission of the record.

A statement of your rights to access government records of the College and your rights to appeal a denial of access is set forth on the last page of this request form.

Where additional space is required, you may attach additional sheets to this form.

1. Name of Requestor Noreen Kane BCCAA
2. Address of Requestor Alec 214
3. Telephone number or other means of contacting the requestor ext 2049
4. Description of the government records to be (circle applicable words) examined, reproduced, transmitted:

- TRANSITIONAL PLAN created to Address the
Departure of Matthew Lawrence, VP of
Finance + Operations

- Job Description for Manager Contract Administration

5. If you wish the above records to be duplicated or transmitted, indicate:

a. How many copies you wish to receive 1

b. Check the method of receiving the record(s) and provide an address/number:

Records will be picked up _____

Mail _____

Fax _____

E-mail nkane@brooklinecc.edu

Other _____

6. If you wish the above records to be reproduced by a means other than ordinary copy equipment in ordinary business size and format, describe the special reproduction requested. (NOTE: A Special Service Charge may be imposed for this service.)

7. If the records are not electronically formatted and you wish the College to convert the records to electronic format, describe the conversion and transmission format you are requesting. (NOTE: A Special Service Charge may be imposed for this service.)

8/3/17

Date Signed

[Signature]

Signature of Requestor

154-38-07
1000

To: Brookdale Community College
Attn: Robert Francis, Custodian of Government Records
765 Newman Springs Road, Lincroft NJ 07738
732-224-2223 - rfrancis@brookdalecc.edu

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1. Name of Requestor Noreen Kane, BCCAA
2. Address of Requestor Rm 214, Atrc
3. Telephone number or other means of contacting the requestor ext 2049
4. Description of the government records to be (circle applicable words) examined, reproduced, transmitted:

Brookdale Community College Employee

STIPENDS Policy

5. If you wish the above records to be duplicated or transmitted, indicate:

a. How many copies you wish to receive 1

b. Check the method of receiving the record(s) and provide an address/number:

Records will be picked up

Mail

Fax

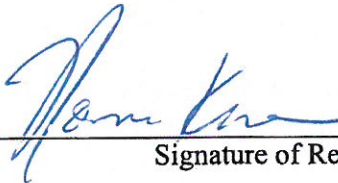
E-mail NKane@brookdalecc.edu

Other

6. If you wish the above records to be reproduced by a means other than ordinary copy equipment in ordinary business size and format, describe the special reproduction requested. (NOTE: A Special Service Charge may be imposed for this service.)

7. If the records are not electronically formatted and you wish the College to convert the records to electronic format, describe the conversion and transmission format you are requesting. (NOTE: A Special Service Charge may be imposed for this service.)

8/7/17
Date Signed


Signature of Requestor

62-09-05

To: Brookdale Community College
Attn: Robert Francis, Custodian of Government Records
765 Newman Springs Road, Lincroft NJ 07738
732-224-2223 - rfrancis@brookdalecc.edu

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1. Name of Requestor Terry Fletcher
2. Address of Requestor CIS / 170 Kinnelon Rd / Kinnelon NJ 07405
3. Telephone number or other means of contacting the requestor 973-492-0509-x 323
4. Description of the government records to be (circle applicable words) examined, reproduced, transmitted:

Bid # 18-05 Commercial Kitchen Equipment Repair Team
Please forward complete list of Contractors and Amounts.
Bid tabulations as opened.

5. If you wish the above records to be duplicated or transmitted, indicate:

a. How many copies you wish to receive 1

b. Check the method of receiving the record(s) and provide an address/number:

Records will be picked up _____

Mail _____

Fax _____

E-mail ☒ Terry.R@nislords.com

Other _____

6. If you wish the above records to be reproduced by a means other than ordinary copy equipment in ordinary business size and format, describe the special reproduction requested. (NOTE: A Special Service Charge may be imposed for this service.)

7. If the records are not electronically formatted and you wish the College to convert the records to electronic format, describe the conversion and transmission format you are requesting. (NOTE: A Special Service Charge may be imposed for this service.)

9/1/17
Date Signed

Terry R. Petcher
Signature of Requestor

To: Brookdale Community College
Attn: Robert Francis, Custodian of Government Records
765 Newman Springs Road, Lincroft NJ 07738
732-224-2223 - rfrancis@brookdalecc.edu

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1. Name of Requestor NICHOLAS PICARELLO
2. Address of Requestor 23 CANADIAN WOODS ROAD
3. Telephone number or other means of contacting the requestor 732-547-1650
4. Description of the government records to be (circle applicable words) examined, reproduced, transmitted: EMAIL

DR. TERRY KOWN EMAIL FROM MONMOUTH MEDICAL
SOUTH
PERTAINING TO NICHOLAS PICARELLO SUMMER 2017

EMAIL

5. If you wish the above records to be duplicated or transmitted, indicate:
- a. How many copies you wish to receive 1
- b. Check the method of receiving the record(s) and provide an address/number:

Records will be picked up ✓
Mail _____
Fax _____
E-mail OK
Other _____

6. If you wish the above records to be reproduced by a means other than ordinary copy equipment in ordinary business size and format, describe the special reproduction requested. (NOTE: A Special Service Charge may be imposed for this service.)
7. If the records are not electronically formatted and you wish the College to convert the records to electronic format, describe the conversion and transmission format you are requesting. (NOTE: A Special Service Charge may be imposed for this service.)

9/8/17
Date Signed

[Signature]
Signature of Requestor

Cynthia

732-224-2204

BAC Building

* Robert Francis

- Parking Lot 3

- Bus stop

2nd Floor

College

s, Custodian of Government Records

Road, Lincroft NJ 07738

is@brookdalecc.edu

ST FOR GOVERNMENT RECORD

Government records not exempt from public access may be inspected, examined and copied during regular business hours at the Office of the Custodian of Government Records. Copies may be purchased upon payment of the reproduction fee prescribed.

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1. Name of Requestor Andrea Dinkowitz
2. Address of Requestor 28 Grandview Drive
3. Telephone number or other means of contacting the requestor 1701 mdel N.J. 07733 732-216-5782 cell
4. Description of the government records to be (circle applicable words) examined, reproduced, transmitted:

Copy of Brookdale police reports of
accidents occurring on Brookdale Lincroft
Campus property. 2016 + 2017 if you can

adinkowitz1@verizon.net

5. If you wish the above records to be duplicated or transmitted, indicate:

a. How many copies you wish to receive _____

b. Check the method of receiving the record(s) and provide an address/number:

Records will be picked up _____

Mail

Fax

E-mail

Other

6. If you wish the above records to be reproduced by a means other than ordinary copy equipment in ordinary business size and format, describe the special reproduction requested. (NOTE: A Special Service Charge may be imposed for this service.)

7. If the records are not electronically formatted and you wish the College to convert the records to electronic format, describe the conversion and transmission format you are requesting. (NOTE: A Special Service Charge may be imposed for this service.)

9/13/17
Date Signed


Signature of Requestor

To: Brookdale Community College
Attn: Robert Francis, Custodian of Government Records
765 Newman Springs Road, Lincroft NJ 07738
732-224-2223 - rfrancis@brookdalecc.edu

REQUEST FOR GOVERNMENT RECORD

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1. Name of Requestor ASAM BLOCK
2. Address of Requestor 33 Valiant Rd East Brunswick NJ 08816
3. Telephone number or other means of contacting the requestor 908 420-3729
4. Description of the government records to be (circle applicable words) examined, reproduced, transmitted:

Account Report

Incident # 17BC04743

5. If you wish the above records to be duplicated or transmitted, indicate:

a. How many copies you wish to receive 1

b. Check the method of receiving the record(s) and provide an address/number:

Records will be picked up

Mail

Fax

E-mail mvpblock@comcast.net

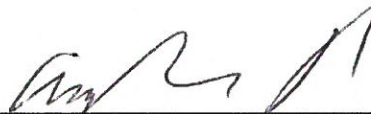
Other

6. If you wish the above records to be reproduced by a means other than ordinary copy equipment in ordinary business size and format, describe the special reproduction requested. (NOTE: A Special Service Charge may be imposed for this service.)

7. If the records are not electronically formatted and you wish the College to convert the records to electronic format, describe the conversion and transmission format you are requesting. (NOTE: A Special Service Charge may be imposed for this service.)

9-14-17

Date Signed



Signature of Requestor

To: **Brookdale Community College**
Attn: Robert Francis, Custodian of Government Records
765 Newman Springs Road, Lincroft NJ 07738
732-224-2223 – rfrancis@brookdalecc.edu

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1. Name of Requestor Joshua S. Bauchner
2. Address of Requestor Ansell Grimm & Aaron, P.C., 365 Rifle Camp Road, Woodland Park, NJ 07424
3. Telephone number or other means of contacting the requestor 973-247-9000
4. Description of the government records to be (circle applicable words) examined, reproduced, transmitted:

All records related to or referencing the legal fees, accountant fees, or other fees paid by Brookdale Community College or on behalf of Brookdale Community College in regard to the employment and termination of Frank (Francis) Lawrence, or any claims arising therefrom, from January 1, 2011 through the present.

5. If you wish the above records to be duplicated or transmitted, indicate:

a. How many copies you wish to receive 1

b. Check the method of receiving the record(s) and provide an address/number:

Records will be picked up

Mail Joshua S. Bauchner, Ansell Grimm & Aaron, P.C., 365 Rifle Camp Road

Fax Woodland Park, NJ 07424

E-mail jb@ansellgrimm.com

Other

6. If you wish the above records to be reproduced by a means other than ordinary copy equipment in ordinary business size and format, describe the special reproduction requested. (NOTE: A Special Service Charge may be imposed for this service.)

7. If the records are not electronically formatted and you wish the College to convert the records to electronic format, describe the conversion and transmission format you are requesting. (NOTE: A Special Service Charge may be imposed for this service.)

9/22/17

Date Signed



Signature of Requestor

To: Brookdale Community College
Attn: Robert Francis, Custodian of Government Records
765 Newman Springs Road, Lincroft NJ 07738 732-224-
2223 – rfrancis@brookdalecc.edu

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1. Name of Requestor Lauren Byers
2. Address of Requestor 518 E. 2nd Street, Bound Brook NJ 08805
3. Telephone number or other means of contacting the requestor _____
4. Description of the government records to be (circle applicable words) examined, reproduced, transmitted: _____

I am requesting 4 digital files containing the following information:

A listing of the names of all teaching faculty employed by the college, whether full or part time, tenured or untenured, for the Fall of 2017, including their titles, dates of hire,

work departments (i.e., academic departments), and any and all other public information.

A listing of the names of all teaching faculty employed by the college, whether full or part time, tenured or untenured, for the Spring of 2017, including their titles, dates of hire, work departments (i.e., academic departments), and any and all other public information.

A listing of the names of all teaching faculty employed by the college, whether full or part time, tenured or untenured, for the Fall of 2016, including their titles, dates of hire, work departments (i.e., academic departments), and any and all other public information.

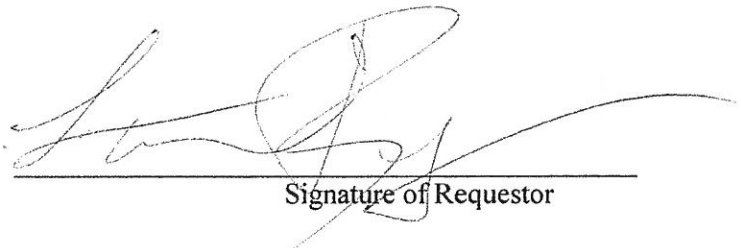
A listing of the names of all teaching faculty employed by the college, whether full or part time, tenured or untenured, for the Spring of 2016, including their titles, dates of hire, work departments (i.e., academic departments), and any and all other public information.

5. If you wish the above records to be duplicated or transmitted, indicate:
- How many copies you wish to receive 1 digital copy of each file, with each digital file corresponding to one semester (i.e., one file with the Fall 2017 information, one with the Spring 2017 information, one with the Fall 2016 information, and one with the Spring 2016 information)
 - Check the method of receiving the record(s) and provide an address/number:

Records will be picked up ____
Mail _____
Fax _____
E- mail ☒ _____
Other _____
6. If you wish the above records to be reproduced by a means other than ordinary copy equipment in ordinary business size and format, describe the special reproduction requested. (NOTE: A Special Service Charge may be imposed for this service.)
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9/14/17

Date Signed



Signature of Requestor

Robert Francis

From: Robert Francis
Sent: Thursday, October 12, 2017 4:40 PM
To: Andres Acebo (aacebo@cgajlaw.com)
Subject: FW: Opra request

Can we discuss tomorrow?

From: Steven Wronko [mailto:wronko@hotmail.com]
Sent: Thursday, October 12, 2017 3:08 PM
To: Robert Francis <rfrancis@brookdalecc.edu>
Subject: Opra request

Hi this is an opra request. Please send all correspondence to this email address.

I would like copies of all messages sent to and from the two Facebook pages Brookdale has from January 1, 2017 through October 12, 2017.

I would like a copy of all standard operating procedures or policies that are in effect for the Brookdale police department that are current as of October 12, 2017

I would like a copy of the banned list for your two Facebook pages that are active and current as of October 12, 2017

I would like a copy of all deleted comments from your two Facebook pages from January 1, 2017 through October 12, 2017

I would like a copy of your administrator page for the two Facebook pages that Brookdale runs that is current as of October 12, 2017

I would like a copy of your banned or censored words list for the two Facebook pages that Brookdale runs that is active and current as of October 12, 2017

Thank you.



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732-224-2223 – rfrancis@brookdalecc.edu

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1. Name of Requestor Joshua S. Bauchner
2. Address of Requestor Ansell Grimm & Aaron, P.C., 365 Rifle Camp Road, Woodland Park, NJ 07424
3. Telephone number or other means of contacting the requestor 973-247-9000
4. Description of the government records to be (circle applicable words) examined, reproduced, transmitted:

All records related to or referencing the legal fees, accountant fees, or other fees paid by Brookdale Community College or on behalf of Brookdale Community College to (1) Wilentz, Goldman & Spitzer, P.A., (2) Cleary Jacobbe Altieri Jacobs, LLC, and (3) Suplee, Clooney & Company in regard to the employment and termination of Frank (Francis) Lawrence, or any claims arising therefrom, from January 1, 2011 through the present.

- Records will be picked up _____
 Mail Joshua S. Bauchner, Ansell Grimm & Aaron, P.C., 365 Rifle Camp Road
 Fax Woodland Park, NJ 07424
 E-mail jb@ansellgrimm.com
 Other _____

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Signature of Requestor

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1. Name of Requestor Ronald G Foley
2. Address of Requestor Foley Prep, Inc., 101 Crawfords Corner Rd, Suite 3103, Holmdel, NJ 07733
3. Telephone number or other means of contacting the requestor 908-421-0210
4. Description of the government records to be (circle applicable words) examined, reproduced, transmitted:

Please see attached.

- | | | | | | |
|---------|-------|-------|--------|----|-------|
| Records | will | be | picked | up | _____ |
| Mail | _____ | | | | |
| Fax | _____ | | | | |
| E-mail | x | _____ | | | |
| Other | _____ | | | | |

- 10/13/2017

Ronald Foley

Signature of Requestor

To: Brookdale Community College
Attn: Robert Francis, Custodian of Government Records
765 Newman Springs Road, Lincroft NJ 07738
732-224-2223 - rfrancis@brookdalecc.edu

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1. Name of Requestor Ridgewood Press -
2. Address of Requestor 609 Franklin Turnpike Ridgewood NY 07450
3. Telephone number or other means of contacting the requestor 201-670-9797
4. Description of the government records to be (circle applicable words) examined, reproduced, transmitted:

All winning and non-winning individual line item
prices from the last bid of "Promotional Giveaways" - bid 18-09

5. If you wish the above records to be duplicated or transmitted, indicate:

a. How many copies you wish to receive 1

b. Check the method of receiving the record(s) and provide an address/number:

Records will be picked up

Mail

Fax

✓ E-mail elissa@ridgewoodpress.com

Other

6. If you wish the above records to be reproduced by a means other than ordinary copy equipment in ordinary business size and format, describe the special reproduction requested. (NOTE: A Special Service Charge may be imposed for this service.)

7. If the records are not electronically formatted and you wish the College to convert the records to electronic format, describe the conversion and transmission format you are requesting. (NOTE: A Special Service Charge may be imposed for this service.)

10-31-17

Date Signed



Signature of Requestor

To: Brookdale Community College
Attn: Robert Francis, Custodian of Government Records
765 Newman Springs Road, Lincroft NJ 07738
732-224-2223 - rfrancis@brookdalecc.edu

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1. Name of Requestor Dennis DeMay Adam Safeguard
2. Address of Requestor 1187 Washington St, Ste #2, Yonkers River, NY
08753
3. Telephone number or other means of contacting the requestor (732) 506-6100
4. Description of the government records to be (circle applicable words) examined, reproduced, transmitted:

All Submissions for RFP 02-18 Document Tracking/
Heritage and Criminal Record Research

5. If you wish the above records to be duplicated or transmitted, indicate:

a. How many copies you wish to receive 1

b. Check the method of receiving the record(s) and provide an address/number:

Records will be picked up _____

Mail _____

Fax _____

E-mail terrih@adamsafeguard.com

Other _____

6. If you wish the above records to be reproduced by a means other than ordinary copy equipment in ordinary business size and format, describe the special reproduction requested. (NOTE: A Special Service Charge may be imposed for this service.)

7. If the records are not electronically formatted and you wish the College to convert the records to electronic format, describe the conversion and transmission format you are requesting. (NOTE: A Special Service Charge may be imposed for this service.)

10/24/17

Date Signed



Signature of Requestor

To: Brookdale Community College
Attn: Robert Francis, Custodian of Government Records
765 Newman Springs Road, Lincroft NJ 07738
732-224-2223 - rfrancis@brookdalecc.edu

REQUEST FOR GOVERNMENT RECORD

INSTRUCTIONS:

Government records not exempt from public access may be inspected, examined and copied during regular business hours at the Office of the Custodian of Government Records. Copies may be purchased upon payment of the reproduction fee prescribed.

Special Service Charges will be added where the requested records are voluminous, are not in the format or medium requested, cannot be reproduced by ordinary document copying equipment, reproduction requires a substantial amount of manipulation or where extensive use of information technology is required.

Completion of items 1, 2 and 3 is optional. If you prefer to deliver this form anonymously, you must arrange to return to the Office of the Custodian of Government Records to pay any fees required and to receive access to the requested documents. A deposit may be required from anonymous requestors.

Payment of the applicable Reproduction Fee and any Special Service Charges must be made prior to release or transmission of the record.

A statement of your rights to access government records of the College and your rights to appeal a denial of access is set forth on the last page of this request form.

Where additional space is required, you may attach additional sheets to this form.

1. Name of Requestor GAIL FERREIRA / Tuition Management Systems
2. Address of Requestor 170 Service Avenue Warwick, RI 02886
3. Telephone number or other means of contacting the requestor 919-929-1413
4. Description of the government records to be (circle applicable words) examined, reproduced, transmitted:

Responses from Netnet, Touchnet to RFP # 03-18
Student Payment Gateway Services

5. If you wish the above records to be duplicated or transmitted, indicate:

a. How many copies you wish to receive 1

b. Check the method of receiving the record(s) and provide an address/number:

Records will be picked up

Mail

Fax

E-mail ☒ gfeerema@safford.com

Other

6. If you wish the above records to be reproduced by a means other than ordinary copy equipment in ordinary business size and format, describe the special reproduction requested. (NOTE: A Special Service Charge may be imposed for this service.)

7. If the records are not electronically formatted and you wish the College to convert the records to electronic format, describe the conversion and transmission format you are requesting. (NOTE: A Special Service Charge may be imposed for this service.)

9/25/17
Date Signed


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A statement of your rights to access government records of the College and your rights to appeal a denial of access is set forth on the last page of this request form.

Where additional space is required, you may attach additional sheets to this form.

1. Name of Requestor Ellen Etzkorn
2. Address of Requestor 274 Main Street Port Monmouth NJ
07758
3. Telephone number or other means of contacting the requestor 732-787-0434
4. Description of the government records to be (circle applicable words) examined, reproduced, transmitted:

Incident report or information of couple falling
in front of Ralph's Italian Ice on Sunday
October 22, 2017 approximately 1:30 pm

Ralph's Italian Ice, Newman Springs Road, Lincroft

- Other _____

- 
Signature of Requestor