405-16

TOWNSHIP OF WEEHAWKEN
NEW JERSEY

MUNICIPAL BUILDING
400 PARK AVENUE
WEEHAWKEN, NEW JERSEY 07086
Tel: 201-319-6022 * Fax: 201-866-8763

RECEIVED
OCT 20
TOWNSHIP OF WEEHAWKEN
TOWNSHIP CLERK'S OFFICE

due 10.31.2016

10/18

Requester Information – Please Print

First Name Edward MI Last Name Leong

Company Self

Mailing Address 49 West 19th St

City Weehawken State NJ Zip 07086 Email [redacted]

Business Hours Phone: Area Code [redacted] Number [redacted] Extension

Fax: Area Code [redacted] Number [redacted]

Preferred Delivery: fax or Pick Up ✓ US Mail ____ On Site Inspect ____

Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ____ ***HAVE*** / ✓ ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other State or the United States.

Signature [redacted] Date 10/20/2016

Payment Information

I agree to pay for fees related to this request no greater than

$ ____

Select Payment Method

Cash ____
Check ____
Money Order ____

Fees: Pages 1-10 @ $0.05
Pages 11-20 @ $0.05
Pages 21 -- @ $0.05

Delivery: Delivery / postage fees Additional depending upon Delivery type

Extras: Extraordinary service fees Depend upon request

RECORD REQUEST INFORMATION

TO EXPEDITE THE REQUEST, BE AS SPECIFIC AS POSSIBLE IN DESCRIBING THE RECORDS BEEN REQUESTED

Request Access to: ☐ Inspect or ☑ Receive a Copy

1) Have any permits been pulled for an oil tank?
2) If yes, are they closed or still open?
3) can I see them & get a copy

Address in question:
283-287 Park Ave
Weehawken, NJ 07086

Comments: 10/20/16 SB: No Records on file.

406

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-6763
RoiaDahboul@Tow-NJ.net
Roia Dahboul, Township Clerk

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 Jose MI F Last Name Fernandez

E-mail Address [redacted]

Mailing Address 7 Shelby Ct.

City Paramus State NJ Zip 07652

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ✓ US Mail ____ On-Site Inspect ____ Fax ✓ or E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

Signature [signature] Date 10/21/16

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Copy of all motor vehicle accident police reports from 10/15/17 through 10/21/16

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 11.09.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 571-17
Rec'd Date 10.30.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided
RECEIVED
OCT 30
By R G

Custodian Signature

10.30.2017
Date

407

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Jon MI R Last Name Chaplin

E-mail Address jchaplin@gmail.com

Mailing Address 518 Gregory Ave Apt A224

City Weehawken State NJ Zip 07086

Telephone 5166171421 FAX

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 7/27/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) -- actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Can you please provide a copy of the tax assessment as well as a copy of the file for the property @ 518 Gregory Ave. Apt A224 Weehawken, NJ 07086 which contains all of the permits and inspections? Thank you

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 08.10.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 407.17
Rec'd Date 08.01.2017
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED AUG 01 By R G

Custodian Signature

08.01.2017
Date

VENINO
AHMAD
DINARDO
RUTIGLIANO
DAHBOUL
B L D G

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

408

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

fulfilled
Emailed 8/10/17
as per Rola 8/10/17 (yc)

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 Kathleen MI A Last Name Comer

E-mail Address [redacted]

Mailing Address 327 Howard Ave

City Fair Lawn State NJ Zip 07410

Telephone [redacted] FAX

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Kathleen A Comer Date 7/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

I would like all information pertaining to the property at 150 Henley Place (Lot/Block 1.01 in 4501) in regards to any and all environmental or geological tests or surveys (1) in regards to radon gas, hexavalent chromium, or any other contaminent in or around the area; (2) in regards to cancer statistics, reports, etc for people living in Weehawken.

AGENCY USE ONLY

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

Deposit Date ____

COPY

AGENCY USE ONLY

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

In Progress - Open 08.10.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 408-17
Rec'd Date 08.01.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG 01 —
By B G
Custodian Signature

08.01.2017
Date

VENINO
AHMAD
DiNARDO
RUTIGLIANO
DAHTBOUL
B L D G

#409
due
08.10.2017

State of New Jersey Standard

Open Public Records Act Request Form

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 Doris MI Last Name Kobza

E-mail Address [redacted]

Mailing Address 4 Dedrick Place

City West Caldwell State NJ Zip 07006

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ 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* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [redacted] Date 8/01/2017

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

Please provide a Permit Fee Log Detail Report or Permit Activity July 2017
If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations 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.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

RECEIVED
AUG 01
By R G

COPY

410

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 ROBERT MI F Last Name KAMINSKI

E-mail Address [redacted]

Mailing Address 39 Raven Drive

City Morristown State NJ Zip 07960

Telephone [redacted] FAX _____

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8-1-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

open permits, ANY permits that were ISSUED
ANY history of oil tank?
406 GREGORY AVENUE

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 08.10.2017
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 410-17
Rec'd Date 08.01.2017
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
AUG 01 2017
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

[signature] 08.01.2017
Custodian Signature Date

DiNARDO
VENINO
AHMAD
RUTIGLIANO
DAHBOUL
Building

411

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Helen MI ____ Last Name Natsis

E-mail Address [redacted]

Mailing Address 353 Park Avenue

City Weehawken State NJ Zip 07086

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax 1 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 Helen Natsis Date 8/1/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

See attached letter dated
August 1, 2017
OPRA Request Numbers 1-8.

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 08.10.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 411-17
Rec'd Date 08.01.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG 01 —
R G

Custodian Signature 08.01.2017 Date

cc-Rick Venino
E. DiNardo

412

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

Due Aug 11th

RECEIVED
AUG 02 2017
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

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 Nicholas MI A Last Name Dinallo

E-mail Address [redacted]

Mailing Address 215 State Hwy. 17 So, POB 348

City Wood-Ridge State NJ Zip 07075

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date July 25, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check X Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page X
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

1. Copies of the Financial Agreements between Developer and Township of Weehawken for 1700 Park Avenue, 1600 Harbor Blvd., and 1300 Port Imperiale

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 08.11.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 412-17
Rec'd Date 08.02.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG 02 2017
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

Custodian Signature ____ Date 08.02.2017

413

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX 201-655-5783
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

Important Notice

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Requestor Information – Please Print

First Name Steven MI P. Last Name Haddad

E-mail Address [redacted]

Mailing Address 510 Thornall St. Suite # 270

City Edison State NJ Zip 08837

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/7/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

7/31/17 - 8/6/17

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 08.16.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 413-17
Rec'd Date 08.07.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG 07 –
BY R G

Custodian Signature

08.07.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

414

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 [redacted]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/7/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Motor vehicle accident reports for the dates listed below. Please email to [redacted] if possible (or) fax to [redacted]

7/30/2017 8/5/2017

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 08.16.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 414-17
Rec'd Date 08.07.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED AUG 07 — By R G

Custodian Signature

08.07.2017
Date

415

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

Important Notice

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Requestor Information – Please Print

First Name TAE MI Y Last Name HONG

E-mail Address [redacted]

Mailing Address 6135 BERGENLINE AV. #3

City West New York State NJ Zip 07093

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / (HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 8/7/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Police Crash investigation Report

From: 7/31/17 to: 8/6/17

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 08.16.201
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 415-17
Rec'd Date 08.07.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED AUG 07 R G

Custodian Signature

08.07.2017
Date

416

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 Ralph MI V Last Name Marino

E-mail Address [redacted]

Mailing Address 111 E. Dewey Ave #103

City Wharton State NJ Zip 07885

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/7/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Need most current CO (Certificate of Occupancy)
For 35-37 Cooper Place
Block: 57 Lot 14

Thanks

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 08.16.20[illegible]
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 416-17
Rec'd Date 08.07.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED AUG 07 R G

Custodian Signature

08.07.2017 Date

?RA request – Weehawken

417

RolaDahboul

Tue 8/1/2017 11:50 AM

To:Rgonzalez <Rgonzalez@tow-nj.net>;

Please cc venino mayor turner, and gio

Rola Dahboul, RMC
Township Clerk
400 Park Avenue
Weehawken, NJ 07086
RolaDahboul@tow-nj.net
201-319-6025 phone
201-866-8763 fax

417

From: Ford, Andrew <aford3@gannettnj.com>
Sent: Monday, July 31, 2017 7:02 PM
To: RolaDahboul
Subject: OPRA request – Weehawken

The following request for records is made pursuant to N.J.S.A. 47:1A-1 et. seq. "OPRA" and the common law on behalf of the USA Today Network and the Asbury Park Press, a daily newspaper of general circulation. Please confirm receipt of this request. Please include "OPRA" and the name of your agency in the subject line of all email correspondence.

1. The settlement agreement regarding the case of Maria Tullo v. Weehawken.

We ask that these records be provided electronically and sent by e-mail (aford3@gannett.com) or through a cloud-based file storage system such as DropBox. An upload link can be provided.

We respectfully request that any fees be waived since the records will be used for newsgathering purposes and ultimately released to the public in some form to shed light on the operations of government. If the agency expects to require payment for copies, record location or other elements of the request, please provide a fee estimate before proceeding so that I may weigh the cost and consider my options.

If the agency claims any portion of the above public records are exempt from disclosure under the law, in writing please (1) identify which portion or portions it claims are exempt and the legal provisions it contends apply; (2) set forth the reasons for its conclusion that such portion or portions are exempt; and (3) release the remainder of such records, redacting only the portion or portions it claims are exempt.

Thanks for your time and consideration. If you have any questions, please feel free email or call.

Sincerely,

418

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-6763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Jose MI F Last Name Fernandez

E-mail Address [redacted]

Mailing Address 7 Shelby Ct.

City Paramus State NJ Zip 07652

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ✓ US Mail ___ On-Site Inspect ___ Fax ___ or E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

Signature [signature] Date 8/7/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Copy of all motor vehicle accident police reports from 8/1/17 through 8/7/17

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 8.16.2017
Denied - Closed ___
Filled - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 418-17
Rec'd Date 08.07.2017
Ready Date ___
Total Pages ___

Final Cost
Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

RECEIVED AUG 07 —

[signature]
Custodian Signature

08.07.2017
Date

SmartProcure OPRA Request Township of Weehawken For PO/Vendor Information

419

cblanding@smartprocure.us

Thu 8/3/2017 4:43 PM

To: Rgonzalez <Rgonzalez@tow-nj.net>;

1 attachments (44 KB)

Preprogrammed Software Reports by Manufacturer.pdf;

Dear Raul or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the Township of Weehawken for any and all purchasing records from 2017-03-28 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 Township of Weehawken 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 or use the following web link. There is no file size limitation:
http://upload.smartprocure.us/?st=NJ&org=TownshipofWeehawken

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: [redacted] | Support: [redacted]
Email: [redacted] | www.smartprocure.us
700 W. Hillsboro Blvd. Suite 4-100, Deerfield Beach, FL 33441

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

420

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Leonard MI J. Last Name Altamura

E-mail Address [redacted]

Mailing Address 4000 Bergenpoint Ave.

City UC State NJ Zip 07087

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date 7/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Police Report from 7/30/17 to 8/6/17

~~7/30/17~~ ~~8/6/17~~

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 08.16.20
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 420-17
Recd Date 08.07.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED AUG 07 R G

Custodian Signature

08.07.2017 Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM #421

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

Due 8/16/17

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 Ahmad MI M Last Name Alkum

E-mail Address [redacted]

Mailing Address 351 MLK Blvd

City Newark State NJ Zip 07104

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 8-8-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

MVA Reports from 8-1-17 → 8-7-17

Thank you!

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 _____

Building
Fire Dept
Health
J.R.
Paul
Verona

422
Due
8/17/17

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Brian MI ____ Last Name Kempner

E-mail Address [redacted]

Mailing Address 30 Montgomery St. Ste 220

City Jersey City State NJ Zip 07302

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 8/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Please see attached note in regards to:

69 Liberty Place
Weehawken, NJ 07086
Block: 51.01 Lot: 25

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
Waiting on Bldng & Health 8/11/17 VC

Custodian Signature ____ Date ____

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

#423
Due 8-17

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 ANTHONY MI ____ Last Name NARCISO

E-mail Address [redacted]

Mailing Address 510 43rd Street

City Union City State NJ Zip 07087

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date 08/08/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Fax - 201-866-8763

ATTN: JANET/ROLA
Request For MVAs
Union City Spine & Pain
Week of: 07/31/17 to 08/07/17

Thank You,
Hector Rosario 201-866-2130

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 ____

#424
Due.
8/18/17

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Bianny MI ____ Last Name Ortega

E-mail Address [redacted]

Mailing Address 7521 Bergenline Ave.

City North Bergen State NJ. Zip 07047

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up X 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other State, or the United States.

Signature [signature] Date ____

Payment Information

Maximum Authorization Cost 5

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Requesting car accident police reports.
from 8/4/17 - 8/8/17.

Thank you.

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

CC Raul JR.

#425 Due 8/21/17

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Andrea MI ____ Last Name Alummootil

E-mail Address [redacted]

Mailing Address 131 Washington St

City Hoboken State NJ Zip 07030

Telephone ____ FAX [redacted]

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 [signature] Date 8/10/17

Payment Information

Maximum Authorization Cost 5

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

31/2

Requesting list of any open permits for 191 Hackensack Plank Rd.

8.14.17 SB No open permits

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 ____
Filed - Closed 08.16.2017
Pedial - Closed ____ (RB)

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 ____

CC Raul.. Blding JR

#426 DW 8/22/17

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Amira MI ____ Last Name Zadok

E-mail Address [redacted]

Mailing Address 25 Ravne Rd.

City Tenafly State NJ Zip 07670

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ~~HAVE~~ (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8-11-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependant upon request.

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

Requesting: paper work of OIL TANK decommissoned for the property of 642 Blvd East. We bought the house in 1998 and it was running on gas not oil. Broker said it was cleaned and filled with sand (decommissoned) We cannot find the copy of the paper work.

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 ____

427

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Ingrid MI M Last Name Santana

E-mail Address [redacted]

Mailing Address 400 Market St.

City Newark State NJ Zip 07105

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Seeking for all applications and/or violations
regarding electrical, plumbing, construction,
demolition and/or excavation at said premises
209-211 Hackensack Plank Road, Weehawken, NJ
from 11/01/16 to 7/13/17

(Case # 249471)

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 ____
Filed - 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

RECEIVED
AUG 04
By ____

Custodian Signature ____ Date

#428

CORRADINO & PAPA, LLC

A PERSONAL INJURY LAW FIRM

935 ALLWOOD ROAD
CLIFTON, NJ 07012
(973) 574-1200
FACSIMILE: (973) 574-1202
WWW.CORRADINOANDPAPA.COM

REPLY TO CLIFTON

JACK VINCENT CORRADINO ●▼◇✦
ROBERT C. PAPA, JR. ●

MICHAEL R. SUCIC ●
FRANCIS J. SWEENEY III ●
TIMOTHY J. FONSECA ●▼
ANGELO S. CATANZARITI ●◇

CERTIFIED BY THE SUPREME COURT OF NEW JERSEY AS A CIVIL TRIAL ATTORNEY ✦

350 WEST 42ND STREET
SUITE 60G
NEW YORK, NY 10013
TEL: (212) 966-7441

DIRECT ALL REPLIES TO OUR OFFICE IN CLIFTON, NJ

JOSEPH A. DEFURIA ●✦
NICHOLAS P. SCHROTER ●▼
JOSEPH A. CAPO ●▼
TIFFANY G. BURRESS ●▼

NJ BAR ●
NY BAR ▼
DC BAR ◇

July 28, 2017

VIA US MAIL & CMCRR
Weehawken Police Dept.
400 Parker Avenue
Weehawken, NJ 07086

Weehawken Department of Public Works
372 Park Avenue
Weehawken, NJ 07086

Re: Police Case No.: 17-07-23-022101
George Esposito v. Erick D. Gonzalez
D.O.A.: 7/23/2017
Accident Location: Hackensack Plank Rd. & Shippen St., Weehawken, NJ
Time of Incident: Approx. 1:35 AM

Dear Sir or Madam:

Please be advised this office represents the above referenced individual for injuries he/she sustained in an accident on the above mentioned date. Pursuant to common law and the Open Public Records Act N.J.S.A. 47:1A-1 et seq., please provide the undersigned with the following material, or alternatively, a response to this request, via ordinary mail, within seven days:

- **Any and all video obtained from any camera directed at the intersection of Shippen Street and Hackensack Plank Road in Weehawken, New Jersey on July 23, 2017 between the hours of 12:30 a.m. and 2:30 a.m.;**
- **Any and all video obtained from any car-mounted video camera or body camera pertaining to an automobile accident referenced in the above-captioned police case number 17-07-23-022101;**
- **Any and all radio transmissions pertaining to an automobile above-captioned police case number 17-07-23-022101;**
- **Any and all 911 recordings/transcripts related to the above-captioned police case number 17-07-23-022101; and**

RECEIVED
AUG 04
By

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

429

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 Leonard MI J Last Name Altamura

E-mail Address [redacted]

Mailing Address 4000 Bergenline Ave

City UC. State NJ Zip 07087.

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date 8/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Police Report from 8/6/17 to 8/13/17

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.

DUE: 08.23.2017

In Progress - Open 08.14.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 429-17
Rec'd Date 08.14.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED AUG 14 — By R G

Custodian Signature

08.14.2017 Date

430

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX 201-866-5763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

Important Notice

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Requestor Information – Please Print

First Name Steven MI P. Last Name Haddad

E-mail Address [redacted]

Mailing Address 510 Thornall St. Suite # 270

City Edison State NJ Zip 08837

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

8/7/17 – 8/13/17

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 08.23.2017
Denied - Closed ____
Filed Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 430-17
Rec'd Date 08.14.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG 14 —
By R G

Custodian Signature

08.14.2017
Date

431

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 TAE MI Y Last Name HONG

E-mail Address [redacted]

Mailing Address 6135 BERGENLINE AV. #3

City West New York State NJ Zip 07093

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / (HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 8/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependant upon request.

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

Police Crash investigation Report

From: 8/7/17 to: 8/11/17

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 8.23.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 8.14.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG 14
BY R G

Custodian Signature

08.14.2017
Date

VENINO AHMAD DIARSO RUTIGLIANO DAHBOUL BLDG

TOWNSHIP OF WEEHAWKEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

432

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Richard MI _____ Last Name Mupo

E-mail Address [redacted]

Mailing Address 1 Meadowlands Plaza 7th FL

City E. Rutherford State NJ Zip 07073

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 8/7/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

I would like to verify if 69 Liberty Place (Block 46, lot 84) is a Legal 7-unit apartment building. The building has 6 apartments on floors 1, 2 & 3, and a 7th unit on the basement level. A representative of the owner says the basement unit is legal. I just need to verify that is correct. Either an email or phone call to verify this is sufficient.

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 0823.2017
Denied - Closed
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 432-17
Rec'd Date 08.14.2017
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
AUG 14 —
By R G

Custodian Signature

08.14.2017
Date

COPY

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

433

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 [redacted]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 8/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Motor vehicle accident reports for the dates listed below. Please email to [redacted] if possible (or) fax to [redacted]

8/6/2017 8/12/2017

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 08.23.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 433-17
Rec'd Date 08.14.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED AUG 14 By R G

Custodian Signature

08.14.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

434

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 ANTHONY MI Last Name NARCISO

E-mail Address [redacted]

Mailing Address 510 43rd Street

City Union City State NJ Zip 07087

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date 08/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of materia

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

ATTN: JANET / ROLA Fax - [redacted]

Request For MVAs

Union City Spine & Pain

Week of: 08/07/17 to 08/14/17

Thank You,

Hector Rosario [redacted]

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 08.23.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 434-17
Rec'd Date 08.14.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED AUG 14 BY R G

Custodian Signature

08.14.2017
Date

435

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-5763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Jose MI F Last Name Fernandez

E-mail Address [redacted]

Mailing Address 7 Shelby Ct.

City Paramus State NJ Zip 07652

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ___ US Mail ___ On-Site Inspect ___ Fax ___ or E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

Signature [signature] Date 8/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Copy of all motor vehicle accident police reports from 8/8/17 through 8/14/17

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 08.23.2017
Denied - Closed ___
Filed - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 435-17
Rec'd Date 08.14.2017
Ready Date ___
Total Pages ___

Final Cost
Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

RECEIVED
AUG 14
By R G

Custodian Signature

08.14.2017
Date

436

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Miriam MI ____ Last Name R bot

E-mail Address [redacted]

Mailing Address Rubbermakers Brusaic & Jordan, 411 Hackensack Ave

City Hackensack State NJ Zip 07601

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Entire Building Department's file in regard to 1 Grand St., Weehawken, NJ, including, but not limited to, correspondence, reports, plans, permits, application for permits, inspections, violations, site inspections, work orders, accident reports, investigation, etc....

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 08.25.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 436-17
Rec'd Date 08.16.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG 16 —
BY R G

Custodian Signature

08.16.2017
Date

gshumphrey@kw.com

437

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Gayle MI V. Last Name Humphrey

E-mail Address [redacted]

Mailing Address 39 Eldorado Place

City Weehawken State NJ Zip 07086

Telephone [redacted] FAX

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

If you are requesting records ~~containing~~ personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / (HAVE NOT)*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 8/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

I would like to know if there are any open permits for 518 Gregory Avenue

C-315

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 08.25.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 437-17
Rec'd Date 08.16.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

RECEIVED
AUG 16 2017
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

R G
Custodian Signature

08.16.2017
Date

COPY

CC. Mayor
G. Ahmad
R. Vena + NO

438

PROVIDING SERVICES FOR nj.com Star-Ledger

CRAIG MCCARTHY, REPORTER
732-372-2078
cmccarthy@njadvancemedia.com
Woodbridge Corporate Plaza
485 Route 1 South, Building E, Suite 300
Iselin, NJ 08830-3009

#438-2017

RECEIVED
AUG 17 2017
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

7/25/2017

Dear Custodian,

Please consider this a formal OPRA request for the unredacted Use of Force reports for incidents occurring in the calendar years 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015 and 2016 from your municipality's police department.

We are entitled to these unredacted reports under N.J.S.A. 47:1A3(b) as a result of the state Supreme Court ruling on July 11, 2017, in the case North Jersey Media Group v. Lyndhurst.

The court wrote in its opinion, "The law calls for disclosure of 'the identity of the investigating and arresting personnel' and adds that the exception on which defendants rely 'shall be narrowly construed.'"

Under that ruling, the court also ruled that "OPRA's criminal investigatory records exception does not apply to records that are "required by law to be made, maintained or kept on file." N.J.S.A. 47:1A-1.1. As a result, the exemption does not cover Use of Force Reports, which the Attorney General requires officers to prepare after the use of deadly force."

Therefore, this request cannot be denied under the exemption of an "ongoing investigation" since they are required under the Attorney General's Use of Force Policy, which has "the force of law for police entities." (NJMG v. Lyndhurst)

If your agency chooses to deny, citing safety concerns, please provide a statement for each incident stating why officer or officers' names "will jeopardize the safety of any person . . . or any investigation in progress" or "would be harmful to a bona fide law enforcement purpose or the public safety." (NJMG v. Lyndhurst)

Please email scanned digital copies of the unredacted original Use Of Force forms as PDFs. If the file is too large, we will accept a CD with the requested documents mailed to the address above.

Under penalty of N.J.S.A. 2C:283, I certify that I have not been convicted of any indictable offense under the laws of New Jersey, or any other state, or in the United States.

Please note, this request clearly notes New Jersey's Open Public Record Act, therefore does not need to be on local OPRA forms.

We reserve the right to appeal your decision to withhold any information.

I look forward to your reply via email. We request all correspondence referencing this OPRA be via email.

Thank you for your assistance.
CRAIG MCCARTHY

CC Building Raul T.K. Elise Tax

#439 due. 8/29/17

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

Important Notice

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Requestor Information – Please Print

First Name Michael MI R Last Name Moss

E-mail Address [redacted]

Mailing Address 1600 Harbor Blvd Apt 1516E

City Weehawken State NJ Zip 07086

Telephone [redacted] FAX

Preferred Delivery: Pick Up 2 US Mail 3 On-Site Inspect ____ Fax ____ E-mail 1

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 MMoss Date August 18, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check [redacted] Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Our offer to purchase 33 47th Street in Weehawken was recently accepted. The home had previously been purchased in 2015 and underwent renovations in 2016. We are requesting the following records:
1. Any Construction or Environmental permits, open or closed, on file.
2. Any inspection results following the 2016 renovation.
2. Tax assessment records, particularly if the property had been re-assessed post 2016 renovation.

Tax Received 8/18/17

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

RECEIVED AUG 21 —

Custodian Signature ____ Date ____

440

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 TAE MI Y Last Name HONG

E-mail Address [redacted]

Mailing Address 6135 BERGENLINE AV. #3

City West New York State NJ Zip 07093

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / (HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request

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

Police Crash investigation Report

From: 8/12/17 to: 8/18/17

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 08.30.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 440-17
Rec'd Date 08.21.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED AUG 21 — By R G

Custodian Signature

08.21.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

441

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 [redacted]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/21/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

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

8/13/2017 8/19/2017

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 08.30.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 441-17
Rec'd Date 08.21.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED AUG 21 — By R G

Custodian Signature

08.21.2017
Date

442

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-5763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Steven MI P. Last Name Haddad

E-mail Address [redacted]

Mailing Address 516 Thornall St. Suite # 270

City Edison State NJ Zip 08837

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

8/14/17 To 8/20/17

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 08.30.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 442-17
Rec'd Date 08.21.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG 21
By R G

Custodian Signature

08.21.2017
Date

443

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Herbert MI S Last Name MACK

E-mail Address [redacted]

Mailing Address 299 Cherry Hill Road

City Parsippany State NJ Zip 07054

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 08-21-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Please provide permit information regarding the construction site
@ 821-823- Blvd East
Weehawken, NJ

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 08.30.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 443-17
Rec'd Date 08.21.2017
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
AUG 21
By R G

Custodian Signature

08.21.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM 444

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Leonard MI J. Last Name Altamira

E-mail Address [redacted]

Mailing Address 4000 Bergenline Ave.

City UC. State NJ. Zip 07087

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date 8/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Police Report from 8/13/17 to 8/20/17.

Thank you!

LA

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 08.30.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 444-17
Rec'd Date 08.21.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED AUG 21 —

By: R G

Custodian Signature

08.21.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

445

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 ANTHONY MI _____ Last Name NARCISO

E-mail Address [redacted]

Mailing Address 510 43rd Street

City Union City State NJ Zip 07087

Telephone [redacted] FAX [redacted]

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

If you are **requesting records containing personal information, please circle one:** Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 08/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of materia

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

ATTN: JANET/ROLA Fax - 201-866-8763
Request For MVAs
Union City Spine & Pain
Week of: 08/14/17 to 08/21/17

Thank You,
Hector Rosario 201-866-2130

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 08.30.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 08.21.2017
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
AUG 21
By R G

Custodian Signature 08.21.2017 Date

08/21/2017 13:08 2018630234 UNION CIT SPINE PAGE 01/01

TOWNSHIP OF WEEHAWKEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

446

400 Park Avenue, Weehawken NJ 07086

Phone 201-319-6022 FAX# 201-866-8763

RolaDahboul@Tow-Nj.net

Rola Dahboul, Township Clerk

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 GARY MI _____ Last Name ZWEIFACH

E-mail Address [redacted]

Mailing Address 320 WEST 57TH ST,NEW YORK,NY 10019

City NEW YORK State NY Zip 10019

Telephone [redacted] FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ 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 / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

ALL BUILDING INFORMATION RELATING TO THE ENTIRE COMPLEX KNOWN as:

RIVA POINTE LOCATED AT LINCOLN HARBOR CONDOMINIUM ASSOCIATION SITUATED AT:

600 HARBOR BOULEVARD, WEEHAWKEN,NJ 07086

PLEASE ADVISE FEES, I WILL PAY BACK CHECK/MONEY ORDER /CREDIT CARD

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 08.30.2017

Denied - Closed 08.29.2017

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 446-17

Rec'd Date 08.21.2017

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

RECEIVED
AUG 21 —
By R G

Custodian Signature

08.21.2017

Date

447

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Helen MI Last Name Natsis

E-mail Address [redacted]

Mailing Address 353 Park Avenue

City Weehawken State NJ Zip 07086

Telepho[redacted] FAX [redacted]

Preferred Delivery: Pick Up _____ US Mail _____ On-Site inspect _____ Fax _____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

Signature Helen Natsis Date 8/21/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Requesting documents and formal Notice, breakdown of the $350,000 Lien as mentioned in the Hudson Reporter Newspaper Article on August 20, 2017 for the Property Located at 347-351 Park Avenue Weehawken, New Jersey and 353 Park Avenue Weehawken, New Jersey, issued to Konstantinos and Helen Natsis of Block 16, Lot 31 and 32.

AGENCY USE ONLY

L Document Cost _____
L Delivery Cost _____
Extras Cost _____
al Est. Cost _____
osit Amount _____
mated Balance _____
alt 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 08.30.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 447-17
Rec'd Date 08.21.2017
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED AUG 21 By R G

Custodian Signature 08.21.2017 Date

448

LCS INC.
Environmental and Real Estate Consultants

CORPORATE OFFICES
WATERFRONT VILLAGE
40 LA RIVIERE DRIVE, SUITE 120
BUFFALO, NEW YORK 14202

TEL 800.474.6802
716.845.6145
FAX 716.845.6164
www.lenderconsulting.com

August 10, 2017

The Township of Weehawken
Building Department
400 Park Ave.
Weehawken, NJ 07086
Phone: 201-319-6057

RE: Records Review Request for File No. 17J5547.24
PLEASE REFERENCE THIS # WHEN RESPONDING

To Whom It May Concern:

Our firm is performing an Environmental Audit of a real property located within The Township of Weehawken. I am writing to request that a review be made of The Township of Weehawken Building Inspector's Building Permits, and Property Violation records which are relevant to the purpose of this Environmental Audit. Please review the following records which pertain to the below referenced site.

1) Building and Fire Inspector Records
2) Building Permits
3) Records or notifications of tank installations and/or removals
4) Violations/Complaint Files
5) Hazardous Materials Permits
6) Violation letters with regards to hazardous materials

Please review any additional records that may be relevant to the purpose of this Environmental Audit.

SITE:	**Residential Building**
STREET ADDRESS:	**5-A & 5-B W 19th Street**
MUNICIPALITY:	**The Township of Weehawken**
COUNTY:	**Hudson**
CURRENT OWNER(S):	**Nirvana Realty, LLC**
Block, Lot:	**4, 19 & 1, 17**

Please forward all written responses or documents to LCS, Inc., in attention of Stephanie LaPlaca, at the address above. If you have any questions regarding this request for information or to contact an individual from LCS to come in and review the file, please contact me at (646) 425-4854 or MNazario@lenderconsulting.com. The information that you provide is greatly appreciated.

Sincerely,

Manny Nazario
Environmental Analyst
LCS, Inc.

RECEIVED
AUG 21
By R G

DUE: 08.30.2017

449

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-5763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Jose MI F Last Name Fernandez

E-mail Address [redacted]

Mailing Address 7 Shelby Ct.

City Paramus State NJ Zip 07652

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ✓ US Mail ___ On-Site Inspect ___ Fax ✓ or E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / ~~HAVE NOT~~* been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

Signature [signature] Date 8/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Copy of all motor vehicle accident police reports from 8/15/17 through 8/21/17

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 08.30.2017
Denied - Closed ___
Filled - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 449-17
Rec'd Date 08.21.2017
Ready Date ___
Total Pages ___

Final Cost
Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

RECEIVED AUG 21 BY: R G

Custodian Signature

08.21.2017
Date

450

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 JASON MI E Last Name HEGENBART

E-mail Address [redacted]

Mailing Address 185 MOONACHIE RD

City MOONACHIE State NJ Zip 07074

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8-22-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

LIST OF BUILDING PERMITS ISSUED FOR MAY, JUNE, JULY 2017. . PERMIT FEE LOG.

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 08.31.2017
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 450~17
Rec'd Date 08.22.2017
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
AUG 22 —
By R G

Custodian Signature

08.22.2017
Date

451

TOWNSHIP OF WEEHAWKEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086

Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Gina MI M. Last Name Bender
E-mail Address
Mailing Address [redacted]
City State Zip
Telephone [redacted] FAX
Preferred Delivery: Pick Up US Mail On-Site
Inspect Fax _____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Date

8/22/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check
Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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

I am requesting information about 2602 Palisades Ave, in Weehawken, NJ. I'm trying to find out if ever there was an oil tank on the property, if so, when was it installed? When was it removed? Were there any issues regarding oil spillage or environmental hazards at this location? Also, when (what date) was gas installed on this property? What dak did Weehawken start gathering / memorializing this sort of information? Is it possible that a tank was not recorded.

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

IN PROGRESS.
OPEN · DUE 08.31.2017
FILLED 08.30.2017

RECEIVED
AUG 23
By R G

452

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Linda / Ken MI ____ Last Name Rubenstein

E-mail Address [redacted]

Mailing Address 2 Burlington Lane

City East Brunswick State NJ Zip 08816

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Linda Rubenstein Date 8/22/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

37-41 Hackensack Ave Block 1 Lot 18

- All planning and zoning board records and resolutions
- All building permits
- Any easements on the property

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 08.31.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 452-17
Rec'd Date 08.22.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG 22 —
By R G

Custodian Signature

08.22.2017
Date

453

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Matthew MI ____ Last Name Handler

E-mail Address [redacted]

Mailing Address 405 Lexington Avenue

City New York State NY Zip 10174

Telephone [redacted] FAX ____

Preferred Delivery: Pick Up ____ US Mail X On-Site Inspect ____ Fax ____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Matthew Date 8-23-17

Payment Information

Maximum Authorization Cost $ 500

Select Payment Method

CHECK

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Please see the attached letter.

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 09.05.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 453-17
Rec'd Date 08.24.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG 24 2017
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

Custodian Signature R G

08.24.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8783
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

4534

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: Kwun MI: Last Name: Lau

E-mail Address: [redacted]

Mailing Address: 1249 Park Ave, Apt 13A, NYC 10029

City: NYC State: NY Zip: 10029

Telephone: [redacted] FAX:

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

Signature: Lau Date: 8.24.17

Payment Information

Maximum Authorization Cost: $

Select Payment Method:

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Property Address: 7 Lincoln Place, Weehawken, NJ 07086

1. Permits that indicates repairs or maintenance work
2. Certificate of Occupancy
3. Documents that indicates Violations (Safety / fire / etc)
4. Any Engineer Report

AGENCY USE ONLY

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

COPY

AGENCY USE ONLY

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

In Progress – Open 09.05.2017
Denied – Closed
Filed – Closed
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 4534.17
Rec'd Date 08.24.2017
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

RECEIVED AUG 24

R G 08.24.2017

Custodian Signature Date

455

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-315-6027 FAX# 201-866-8753
RolaDahboul@Town-NJ.net
Rola Dahboul, Township Clerk

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 Janet MI ____ Last Name Vazquez

E-mail Address [redacted]

Mailing Address 500 Harbor Blvd

City Weehawken State NJ Zip 07086

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 24 Aug 17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge, dependent upon request.

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

Our marina clubhouse office located at 500 Harbor Blvd was remodeled between 1995-1999. I need to see the plans that shows the garage framing that was built in 1997.

Please call me at 201 657 6899 if you have any questions.

Thanks.

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

In Progress - Open 09.05.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 455-17
Req'd Date 08.24.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG 24 —
By R G

Custodian Signature

08.24.2017
Date

TOWNSHIP OF WEEHAWKEN

NEW JERSEY

#456~17

MUNICIPAL BUILDING
400 PARK AVENUE
WEEHAWKEN, NEW JERSEY 07086
Tel: 201-319-6022 * Fax: 201-866-8763

Requester Information – Please Print

First Name CHANGCHING MI ____ Last Name JU

Company keller Williams City Life Realty

Mailing Address 100 Washington Street

City Hoboken State NJ Zip 07030 Email [redacted]

Business Hours Phone: Area Code [redacted] Number [redacted] Extension ____

Fax: Area Code ____ Number ____

Preferred Delivery: Pick Up x US Mail ____ On Site Inspect ____

Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ____ ***HAVE*** / ____ ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other State or the United States.

Signature [signature] Date 8/25/17

Payment Information

I agree to pay for fees related to this request no greater than

$ ____

Select Payment Method

Cash ____

Check ____

Money Order ____

Fees: All Pages @ $0.05

Delivery: Delivery / postage fees Additional depending upon Delivery type

Extras: Extraordinary service fees Depend upon request

RECORD REQUEST INFORMATION

TO EXPEDITE THE REQUEST, BE AS SPECIFIC AS POSSIBLE IN DESCRIBING THE RECORDS BEEN REQUESTED

Request Access to: ☐ Inspect or ☐ Receive a Copy

The following request is for **64 Hauxhurst Ave, Weehawken:**

(1) Please provide **ALL** the available **CO (Certificate of Occupancy)** for this property
(2) Is this property being classified as a legal 2 family building or one family ?
(3) Have this building been registered as a rent control building ?
(4) Does ALL of permits for this property being closed as of today ?
(5) Please provide the architect name and contact info on the latest building blueprint

Please kindly provide the above info ASAP as we are in the middle of attorney review for purchasing this property.
Thank you very much.

Comments: #456~17

DUE: 09.06.2017

RECEIVED AUG 25 R G

08.25.2017

457

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

405 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 TAE MI Y Last Name HONG

E-mail Address [redacted]

Mailing Address 6135 BERGENLINE AV #3

City West New York State NJ Zip 07093

Telephone [redacted] FAX [redacted]

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

If you are requesting records pertaining 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 _____ Date 8/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependant upon request.

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

Police Crash investigation Report

From: 8/19/17 to: 8/25/17

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 09.07.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

Tracking Information
Tracking # 457-17
Recd Date 08.28.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG 28
R G

Custodian Signature

08.28.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

458

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 [redacted]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Motor vehicle accident reports for the dates listed below. Please email to [redacted] if possible (or) fax to [redacted]

8/20/2017 8/26/2017

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 09.07.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 458-17
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED AUG 28

R G

Custodian Signature

08.28.2017
Date

459

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6021 FAX 201-866-8753
RolaDahboul@Town-NJ.net
Rola Dahboul, Township Clerk

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 Steven MI P Last Name Haddad

E-mail Address [redacted]

Mailing Address 510 Thornall St. Suite # 270

City Edison State NJ Zip 08837

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Police Records from: 8/21/17 To 8/27/17

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 09.07.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 459-17
Receipt Date 08.28.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED AUG 28

R G

Custodian Signature 08.28.2017 Date

TOWNSHIP OF WEEHAWKEN

460

OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 BERDJ MI Last Name FERDJIAN

E-mail Address [redacted]

Mailing Address 6 Honeysuckle Ln

City Kinnelon State NJ Zip 07405

Telephone [redacted] FAX

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

I need permit ~~s~~ and CO records for renovations completed at 8 Carroll Pl. I believe sometime between 2000 and 2010. Also, whether a variance was granted for bldg. Offsets. One more thing... the master deed.

Thanks

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 09.07.2017
Denied - Closed
Filled - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking # 460-17
Rec'd Date 08.28.2017
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

RECEIVED AUG 28 R G

Custodian Signature

08.28.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

461

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 ANTHONY MI _____ Last Name NARCISO

E-mail Address [redacted]

Mailing Address 510 43ed Street

City Union City State NJ Zip 07087

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 08/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

ATTN: JANET / ROLA
Fax - 201-866-8763
Request for MVAs
Union City Spine & Pain
week of: 08/21/17 to 08/28/17

Thank You,
Hector Rosario 201-866-2130

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 09/07/2017
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 461-17
Rec'd Date 08.28.2017
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED AUG 28 —

R G

Custodian Signature

08.28.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

462

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Leonard MI J. Last Name Altamora

E-mail Address [redacted]

Mailing Address 4000 Bergenline Ave.

City UC. State NJ Zip 07087

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date 8/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Police Report from 8/20/17 to 8/27/17

Thank you!
L.F.A.

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 09.07.20
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 462-17
Rec'd Date 08.28.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

AUG 28

R G

Custodian Signature

08.28.2017
Date

463

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-6763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Jose MI F Last Name Fernandez

E-mail Address [redacted]

Mailing Address 7 Shelby Ct.

City Paramus State NJ Zip 07652

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ✓ US Mail ___ On-Site Inspect ___ Fax ___ or E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

Signature [signature] Date 8/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Copy of all motor vehicle accident police reports from 8/22 through 8/28/17

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.

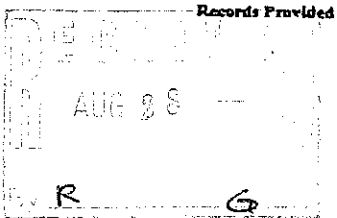
In Progress - Open 09.07.2017
Denied - Closed ___
Filed - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 463-17
Rec'd Date 08.28.2017
Ready Date ___
Total Pages ___

Final Cost
Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided



Custodian Signature

08.28.2017
Date

464

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Ekaterine MI ____ Last Name Kavzridze.

E-mail Address [redacted]

Mailing Address 3-5 Potter Place.

City Weehawken State NJ Zip 07086

Telephone [redacted] FAX ____

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature E Kav Date 08/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Preferred method of Delivery will be email (ekal23@gmail.com) otherwise it will be picked up.

- property information of 273 Park Avenue, Weehawken NJ 07086.
- Tax information
- Deed and if deed can be split in multiple properties
- Zoning of this location.
- Air rights (when was it sold and to whom)
- who was prior owner and # of sale (when was it sold)
- Other information if there is public record.

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 09.07.2017
Denied – Closed ____
Filled – Closed ____
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 464-17
Rec'd Date 08.28.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED AUG 28 R 6

Custodian Signature

08.28.2017
Date

TOWNSHIP OF WEEHAWKEN

465

OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 BERDJE MI ____ Last Name FEREDJIAN

E-mail Address [redacted]

Mailing Address 6 Honeysuckle Ln

City Kinnelon State NJ Zip 07405

Telephone [redacted] FAX ____

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ~~HAVE / HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

For 8 Carroll Pl – was there an underground oil tank and if so, was it removed?

Thanks

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 09.07.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 465-17
Rec'd Date 08.28.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[redacted] AUG 28 —

R G 08.28.2017
Custodian Signature Date

466

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Rebecca MI J Last Name Chambers

E-mail Address [redacted]

Mailing Address 518 Gregory Ave

City Weehawken State NJ Zip 07086

Telephone [redacted] FAX

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Rebecca Chambers Date 8/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Cause + Origin report regarding fire at 518 Gregory Ave

Police report # 17-00865

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 09.08.2017
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 466-17
Rec'd Date 08.29.2017
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

RECEIVED
AUG 29 2017
Clerk & Vital Statistics Depts.
Weehawken, New Jersey
Records Provided

R G 08.29.2017
Custodian Signature Date

467

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Stephanie MI _____ Last Name Wiegand

E-mail Address [redacted]

Mailing Address 415 Route 10, 2nd Floor

City Randolph State NJ Zip 07869

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature S. Wiegand Date August 29, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Please provide any and all police reports for 1575 Harbor Boulevard, Apt. 3314, Weehawken, New Jersey 07086 and 1550 Harbor Boulevard, Apt. 2425, Weehawken, New Jersey 070869 for an incident that occurred on or about August 27, 2017. The names of the alleged individuals are as follows:
Scott Pimentel;
Vandana Kumar;
Margarite Consolmagno; and
Ali Husnain

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 09.08.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 467-17
Rec'd Date 08.29.2017
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

[redacted] AUG 29

E. R G

Custodian Signature

08.29.2017
Date

TOWNSHIP OF WEEHAWKEN

468

OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Vincent MI A. Last Name Oliver

E-mail Address [redacted]

Mailing Address 9830 Holland Circle

City Westminster State CO Zip 80021

Telephone [redacted] FAX —

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

I would like to Request a list of properties and owners who are behind on their Taxes and or have code violations. If possible I would also like their contact information.

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 9.11.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 468-17
Rec'd Date 08.30.2017
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

R G

Custodian Signature

08.30.2017
Date

CC Rand
J.E.
Building.

469

Due 9-12

State of New Jersey Standard

Open Public Records Act Request Form

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 Doris MI ____ Last Name Kobza

E-mail Address [redacted]

Mailing Address 4 Dedrick Place

City West Caldwell State NJ Zip 07006

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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* / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/01/2017

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

Please provide a Permit Fee Log Detail Report or Permit Activity August 2017
If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations 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.

9.1.17 SB
Plo see att'd.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

470

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 [redacted]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/4/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

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

8/27/2017 9/2/2017

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open 09.14.2017
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

DELIVERED
SEP 05
BY R G

Custodian Signature

09.05.2017
Date

471

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 David MI ____ Last Name Groveman

E-mail Address [redacted]

Mailing Address 37 Van Reipen Ave

City Jersey City State NJ Zip 07306

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

List of any open violations at 1000 Harbor Blvd and/or 1200 Harbor Blvd

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.

NO RECORD ON FILE

In Progress - Open 09.14.2017
Denied - Closed 09.18.2017
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 471-17
Rec'd Date 09.05.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
SEP 05
R G

Custodian Signature

09.05.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

472

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 TAE MI Y Last Name HONG

E-mail Address [redacted]

Mailing Address 6135 BERGENLINE AV. #3

City West New York State NJ Zip 07093

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Police Crash investigation Report

From: 8/27/17 to: 9/2/17

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 09.14.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

Tracking Information
Tracking # 472-17
Record Date 09.05.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED SEP 05 By R G

Custodian Signature 09.05.2017 Date

473

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX 201-866-5783
RoiaDahboul@Tow-Nj.net
Roia Dahboul, Township Clerk

Important Notice

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Requestor Information – Please Print

First Name Steven MI P. Last Name Haddad

E-mail Address [redacted]

Mailing Address 516 Thornall St. Suite # 270

City Edison State NJ Zip 08837

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

8/28/17 – 9/3/17

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 9.14.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 473-17
Rec'd Date 9.05.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED SEP 05 2017 BY R G

Custodian Signature 09.05.2017 Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM 474

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-868-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Leonard MI J. Last Name Altamora.

E-mail Address [redacted]

Mailing Address 4000 Bergenline Ave.

City UC. State NJ Zip 07087

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 8/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Police Report from 8/20/17 to 8/27/17

Thank you!
L.F.A.

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 09.14.201
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 474-17
Rec'd Date 09.05.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED SEP 05 BY R G

Custodian Signature

09.05.2017 Date

475

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-6763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Jose MI F Last Name Fernandez

E-mail Address [redacted]

Mailing Address 7 Shelby Ct.

City Paramus State NJ Zip 07652

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ✓ US Mail ___ On-Site Inspect ___ Fax ✓ or E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

Signature [signature] Date 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Copy of all motor vehicle accident police reports from 8/29/17 through 9/4/17

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 09.14.2017
Denied - Closed ___
Filled - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 475-17
Rec'd Date 09.05.2017
Ready Date ___
Total Pages ___

Final Cost
Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

RECEIVED SEP 05 [illegible]

[signature]
Custodian Signature

09.05.2017
Date

476

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8783
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Robyn MI P Last Name Bland

E-mail Address [redacted]

Mailing Address 21 50th St., Apt. 3

City Weehawken State N.J. Zip 07086

Telephone [redacted] FAX

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / (I HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Robyn P. Bland Date Sept. 7, 2017

Payment Information

Maximum Authorization Cost $ will provide, if necessary

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

I would like to request video footage (audio and visual) taken within the Weehawken Police Department on Saturday, Aug. 26 from 9p.m. to 10:30p.m. The camera angle that I'm requesting, if possible/available, is within the station behind the desk or enclosed personnel only area.

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 09.18.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 476-17
Rec'd Date 09.07.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED SEP 07 By R G

Custodian Signature 09.07.2017 Date

477

VENINO AHMAD RUTIGLIANO DAHBOUL BLDG

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Adam MI S. Last Name Kessler

E-mail Address [redacted]

Mailing Address 354 Eisenhower Parkway, Plaza I, Suite 2250

City Livingston State NJ Zip 07039

Telephon[redacted] FAX [redacted]

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Public records pertaining to 214 Jane Street, Lot 30, Block 173.20, ~~including but not limited~~ to: (i) open and recently closed permits; (ii) open and recently abated violations; and (iii) inspection, engineering and/or environmental reports.

Departments:
A. Fire department;
B. Engineering and parking division;
C. Road, sewer and water department; and/or
D. Code enforcement.

AGENCY USE ONLY

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

Deposit Date _____

COPY

AGENCY USE ONLY

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

In Progress - Open 09.18.2017
Denied - Closed ~~09.18.2017~~
Filed - Closed ERROR (R4)
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 477-17
Rec'd Date 09.07.2017
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
SEP 07 —
R G

Custodian Signature

09.07.2017
Date

VENIND
AHMAD
RUTIGLIANO
DAHBOUL
B L D G
T A X

478

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Manuel MI Last Name Diaz

E-mail Address [redacted]

Mailing Address 6000 79th St

City North Bergen State NJ Zip 07047

Telephone [redacted] FAX

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Copy of any and all tax liens or taxes due for property known as 755 Boulevard East, Weehawken, N.J.

9.8.17 SB No Records on file in Bldg Dept

AGENCY USE ONLY

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

COPY

AGENCY USE ONLY

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

GIOVANNI AHMAD

In Progress - Open 09.18.2017
Denied - Closed
Filled - Closed 09.08.2017
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 478.17
Rec'd Date 08.07.2017
Ready Date 09.08.2017
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

RECEIVED
SEP 07
By R G

Custodian Signature

09.07.2017
Date

VENINO
AHMAD
RUTIGLIANO
DAHBOUL
B L D G

479

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Manuel MI R Last Name Dias

E-mail Address [redacted]

Mailing Address 600 74th St

City North Bergen State NJ Zip 07047

Telephone [redacted] FAX

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Copy of any and all building and/or Code violations, penalties and/or fines accrued for property known as 755 Boulevard East, Weehawken, NJ

9.8.17 SB Pls see attd.

AGENCY USE ONLY

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

COPY

AGENCY USE ONLY

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

GA

In Progress - Open 09.18.2017
Denied - Closed ____
Filed - Closed 9.08.2017
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 479.17
Rec'd Date 09.07.2017
Ready Date 09.08.2017
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
SEP 07
BY R G

Custodian Signature

09.07.2017
Date

VENINO
AHMAD
RUTIGLIANO
DAHBOUL
B L D G

480

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 Manuel MI R Last Name Diaz

E-mail Address [redacted]

Mailing Address 6100 79th St 1 fl

City North Bergen State NJ Zip 07047

Telephone [redacted] FAX

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Copy of any and all ~~oil~~ fuel oil removal permits or related documents for Property Known as 755 Boulevard East, Weehawken, NJ

AGENCY USE ONLY

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

Deposit Date _____

COPY

AGENCY USE ONLY

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

In Progress - Open 09.18.2017
Denied - Closed
Filled - Closed 09.08.2017
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 480-17
Rec'd Date 09.07.2017
Ready Date 09.08.2017
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
SEP 07
By R G

Custodian Signature

09.07.2017
Date

TOWNSHIP OF WEEHAWKEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

481

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 Ahmad MI M Last Name Alkum

E-mail Address [redacted]

Mailing Address 351 MLK Blvd

City Newark State NJ Zip 07104

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9-11-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

MVA Reports from 9-1-17 → 9-10-17

Thank you!

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 09.20.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 481-17
Rec'd Date 09.11.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED SEP 11 — R G

Custodian Signature 09.11.2017 Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM 482

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 [redacted]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ 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 / 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

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

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

9/3/2017 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 09.20.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

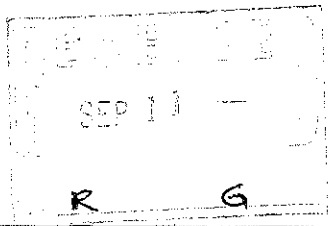
Tracking Information

Tracking # 482-17
Rec'd Date 09.11.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided



Custodian Signature

09.11.2017
Date

#483

Due 9/20/17.

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RoiaDahboul@Tow-NJ.net
Roia Dahboul, Township Clerk

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 Steven MI P. Last Name Haddad

E-mail Address magdi@sphlaw.com

Mailing Address 510 Thornall St. Suite # 270

City Edison State NJ Zip 08837

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

9/4/17 – 9/10/17

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 ____
Filed Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Receipt Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

#484-17
Due 9-20-17

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 Leonard MI J. Last Name Altamora

E-mail Address [redacted]

Mailing Address 4000 Bergenline Ave.

City UC. State NJ. Zip 07087

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I, *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date 9/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Police Report from 9/4/17 to 9/10/17

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 # 484-17
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED SEP 11

R G

Custodian Signature

9.11.2017 Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

485

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

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 ANthony MI _____ Last Name NARCISO

E-mail Address [redacted]

Mailing Address 510 43rd Street

City Union City State NJ Zip 07087

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 09/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of materia

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

ATTN: JANET / ROLA Fax - 201-866-8763

Request For MVAs

Union City Spine & Pain

Week of: 09/04/17 to 09/11/17

Thank You,

Hector Rosario 201-866-2130

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 09.20.2017

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 485-17

Rec'd Date 09.11.2017

Ready Date _____

Total Pages _____

Final Cost

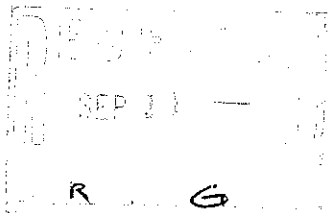
Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided



R G

Custodian Signature

09.11.2017

Date

OPRA #48969-17

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 Jose MI F Last Name Fernandez

E-mail Address [redacted]

Mailing Address 7 Shelby Ct.

City Paramus State NJ Zip 07652

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ___ US Mail ___ On-Site Inspect ___ Fax ___ or E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

Signature [signature] Date 9/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependant upon request

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

Copy of all motor vehicle accident police reports from 9/5/17 through 9/11/17.

RECEIVED SEP 11 R G 09.11.2017

AGENCY USE ONLY

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

AGENCY USE ONLY

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

IN PROGRESS
DUE 09.20.2017

AGENCY USE ONLY

Tracking Information
Tracking # ___
Rec'd Date ___
Ready Date ___
Total Pages ___

Final Cost
Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

TOWNSHIP OF WEEHAWKEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

487

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

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 TAE MI Y Last Name HONG

E-mail Address [redacted]

Mailing Address 6135 BERGENLINE AV. #3

City West New York State NJ Zip 07093

Telephone [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / (HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Police Crash investigation Report

From: 8/27/17 to: 9/2/17

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 09.20.17
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 487-17
Rec'd Date 09.11.2017
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

SEP 11

R G

Custodian Signature 09.11.2017 Date