488

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 Kara MI A. Last Name Kaczynski

E-mail Address [redacted]

Mailing Address 275 East Main Street

City Somerville State NJ Zip 08876

Telephone 908-722- [redacted] FAX [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / 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.

Copies of meeting minutes along with the transcripts for the following ~~zoning~~ zoning board hearing dates:

September 13, 2016
March 28, 2017

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

10.31.2017 - AUDIO FILES ON CD-ROM SENT VIA U.S. MAIL

In Progress - Open 09.20.2017
Denied - Closed ____
Filed - Closed 10.31.2017
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 488~17
Rec'd Date 09.11.2017
Ready Date ____
Total Pages ____

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

Records Provided

SEP 11 [illegible] R G

Custodian Signature

09.11.2017
Date

#489-17
9.21

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 Miriam MI ____ Last Name UZIAS ESQ

E-mail Address [redacted]

Mailing Address 41 Bayard St 2nd Fl

City New Brunswick State N.J Zip 08901

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 9-12-17

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.

Copies of all motor vehicle accident reports from 9-5-17 to 9-11-17

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 09.21.2017
Denied - Closed ____
Filled - Closed 09.12.2017
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 489-17
Rec'd Date 09.12.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED SEP 12 R G

Custodian Signature 09.12.2017 Date

VENINO AHMAD RUTIGLIANO DAHBOUL BLDG

TOWNSHIP OF WEEHAWKEN

OPEN PUBLIC RECORDS ACT REQUEST FORM 490

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 Akan MI E. Last Name Oton

E-mail Address [redacted]

Mailing Address 17 51st street #41

City Weehawken State NJ 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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 9/12/2017

Payment Information

Maximum Authorization Cost $ 100

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 looking to see if there are any open building construction violations or a history of construction violations associated with any of the following general contractors who have done renovation work in Weehawken. The contractors are

1. Juan Davilla
2. Carlos Calunga – C&G Builders
3. Alan Duarte
4. Craig Ludlow
5. Paul Badolato – Paragon Installers

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.

NO RECORDS ON FILE.

In Progress - Open 09.21.2017
Denied - Closed
Filled - Closed 09.18.2017
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 490-17
Rec'd Date 09.12.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED SEP 12 [illegible]

[signature] Custodian Signature

09.12.2017 Date

491

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 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 $

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 9/7/17 - 9/11/17

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 09.22.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 491.17
Rec'd Date 09.13.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED
SEP 13
R G

Custodian Signature 09.13.2017 Date

492

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 Larry Mi _____ Last Name Higgins

E-mail Address [redacted]

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ 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 larry higgins Date 9/12/17

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 send me all of the most current tax maps available for weehawken.

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 09.22.2017
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 492-17
Rec'd Date 09.13.2017
Ready Date _____
Total Pages _____

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

Records Provided

RECEIVED SEP 13 — R G

Custodian Signature

09.13.2017
Date

Done 9/19/17

TOWNSHIP OF WEEHAWKEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

493

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 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 9/18/2017

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]

9/10/2017 9/16/2017

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open 9.27.2017
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 493-17
Rec'd Date 09.18.2017
Ready Date _____
Total Pages _____

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

Records Provided

RECEIVED SEP 18 BY R G

Custodian Signature

09.18.2017
Date

494

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 9/18/17

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.

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9/11/17 – 9/17/17

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 09.27.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 494-17
Rec'd Date 09.18.2017
Ready Date _____
Total Pages _____

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

Records Provided

RECEIVED SEP 18 R G

Custodian Signature

09.18.2017 Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

495

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 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 ____

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 9/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
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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 9/10/17 to 9/17/17

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

AGENCY USE ONLY

Tracking Information
Tracking # 495-17
Rec'd Date 09.18.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED
SEP 18
D R G

Custodian Signature

09.18.2017
Date

#496 paid 9/21/17

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

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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 [signature] Date 9/18/17

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: 9/10/17 to: 9/16/17

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

Custodian Signature ____ Date ____

497

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 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 09/18/17

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: 09/11/17 to 09/18/17

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
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In Progress - Open 09.27.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 497.17
Rec'd Date 09.18.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED SEP 18 E R G

Custodian Signature

09.18.2017 Date

498

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 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 ___ E-mail ✓ or ✓

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 9/18/17

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 9/12/17 through 9/18/17

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 09.27.2017
Denied - Closed ___
Filled - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 498-17
Rec'd Date 09.18.2017
Ready Date ___
Total Pages ___

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

Records Provided

RECEIVED SEP. 18 BY: R G

Custodian Signature

09.18.2017
Date

499 1

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 Helen MI Last Name Datsis

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 ____ 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 Datsis Date 9/21/2017

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.

1. Requesting documents and Cost of the Cleanup for Property 347-351 Park Avenue Weehawken, New Jersey 07086, Block 16 Lot 31.

2. The dates Services were rendered.

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 10.02.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 499-17
Rec'd Date 09.21.2017
Ready Date ____
Total Pages ____

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

Records Provided

SEP 2 [illegible]

R G

Custodian Signature 09.21.2017 Date

500

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

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 Helen MI ____ Last Name Natsis

E-mail Address [redacted]

Mailing Address 353 Park Avenue

City Weehawken State NJ Zip 07086

Telephone [redacted] FA[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 9/21/2017

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.

1- Requesting documents ont Cost of the Cleanup for Property 353 Park Avenue, Weehawken New Jersey 07086, Block 16, Lot 32.

2- The dates, Services were rendered

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 10-2-2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 500-17
Rec'd Date 09.21.2017
Ready Date ____
Total Pages ____

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

Records Provided

SEP 21

R G

Custodian Signature 09.21.2017 Date

DiNARDO
VENINO
AHMAD
RUTIGLIANO
DAHBOUL

501 3

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 ____ 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 9/21/2017

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.

1. Requesting documents of project NO: 2852 Township Engineering; Mayo Lynch, Invoice NO: 2852-2011-11-30 of Site development analysis, zoning analysis, Preparation of zoning information table ant Letter report.

2. Requesting documents of Conferences and meetings with Township Officials and Township Attorney ~~with~~ Written reports.

AGENCY USE ONLY

st. Document Cost ____
it. Delivery Cost ____
t. Extras Cost ____
al Est. Cost ____
osit Amount ____
mated Balance ____
osit 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 10.02.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 501-17
Rec'd Date 09.21.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED SEP 21 R

Custodian Signature 09.21.2017 Date

502 4

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 ____ 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 9/21/2017

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.

1- Requesting documents and written reports of test pits done, by Hutton Construction on April 16, 2009.
2- The Cost of Such work.
3- Who paid for this work.
4. the water found on the land for the Property 347-351 Park Avenue, Weehawken, NJ 07086 Block 16 Lot 31

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 10.02.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 502-17
Rec'd Date 09.21.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED SEP 21 R G

Custodian Signature 09.21.2017 Date

TOWNSHIP OF WEEHAWKEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

503

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 Andrew MI G Last Name Marmol

E-mail Address [redacted]

Mailing Address 500 Summit Lake Drive - Ste 400

City Valhalla State NY Zip 10595

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 9/21/17

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.

1/22

I am requesting zoning appeals and building permit applications
from the 18 months for:
53 Hackensack Plank Road, Weehawken, NJ

9.27 SB No records on file for past 18 mths.

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 10.02.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 503-17
Rec'd Date 09.21.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED
SEP 21 --
By R G

Custodian Signature

09.21.2017
Date

504

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 Weiss Esq

E-mail Address [redacted]

Mailing Address 41 Bayard St 2nd Fl

City New Brunswick State NJ Zip 08901

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 9-14-17

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.

Copies of all motor vehicle accident reports from 9-12-17 to 9-18-17

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 10.03.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 09.22.2017
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
SEP 22
R G

Custodian Signature

09.22.2017
Date

505

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 9/25/2017

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.

9/17/2017 9/23/2017

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open 10.04.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 505-17
Rec'd Date 09.25.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED SEP 25 — BY: K G

Custodian Signature

09.25.2017
Date

506

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 9/25/17

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: 9/17/17 to: 9/23/17

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 10.04.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

Tracking Information
Tracking # 506-17
Recd Date 09.25.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED SEP 25 BY R G

Custodian Signature 09.25.2017 Date

507

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAXE 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 [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 9/25/17

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.

9/18/17 – 9/24/17

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 10.04.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 507-17
Rec'd Date 09.25.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED
SEP 25
BY R G

Custodian Signature

09.25.2017
Date

508

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 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 9/25/17

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 9/19/17 through 9/25/17.

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 10.04.2017
Denied - Closed ___
Filed - Closed ___
Partial - Closed ___

AGENCY USE ONLY

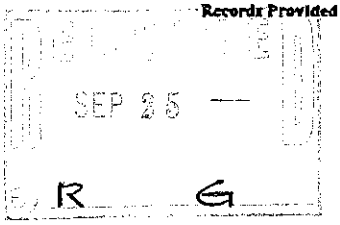
Tracking Information

Tracking # ___
Rec'd Date 09.25.2017
Ready Date ___
Total Pages ___

Final Cost

Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided



Custodian Signature

09.25.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

509
Due. 10/4/17

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 09/25/17

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: 09/18/17 to 09/25/17

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 ____

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#510
Due.
10-4.

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 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 9/18/17

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/~~18~~17/17 to 9/~~25~~24/17

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

Custodian Signature ____ Date ____

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

511

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

201 330 0978

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 Heath MI Last Name Nolton

E-mail Address [redacted]

Mailing Address 20 Ave E Port Imperial #215

City West New York State NJ Zip 07093

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. C: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 9/27/17

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.

Block 12 Heaky place, Weehawken NJ. 07093
Block: 00045 Lot: 00001

* requesting copies of any and all open and/or closed permits and approvals issued on subject premises *

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 10.06.2017
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 511-17
Rec'd Date 09.27.2017
Ready Date _____
Total Pages _____

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

Records Provided

RECEIVED
SEP 27 —
By R G

Custodian Signature

09.27.2017
Date

512

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 J. Last Name Yarzab

E-mail Address [redacted]

Mailing Address c/o Price, Meese, Shulman & D'Arminio, P.C.
50 Tice Boulevard, Suite 380

City Woodcliff Lake State New Jersey Zip 07677

Telephone [redacted] FAX [redacted]

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 [signature] Date 9/26/17

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.

1. A true and complete copy of the ordinance identified in paragraph 9(b), "Introduction of Ordinance - Steep Slope District Regulations," of the agenda for the Township Council's regular meeting of Wednesday, September 13, 2017 (the "Proposed Ordinance"). For ease of reference, annexed hereto is a copy of the agenda.
2. All public notices and associated affidavits of publication related to the Proposed Ordinance.
3. All agendas, minutes, resolutions, comments, correspondence, memoranda, and planning reports concerning the Proposed Ordinance.
4. Any and all other documents related to the Proposed Ordinance.

Note: Delivery by electronic mail is preferred. If not possible, please deliver by US Mail.

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 10.06.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 512-17
Rec'd Date 09.27.2017
Ready Date ____
Total Pages ____

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

Records Provided

[redacted] SEP 27 [redacted]

R G

Custodian Signature

09.27.2017
Date

513 & 526

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 Gregory MI D. Last Name Speier

E-mail Address [redacted]

Mailing Address 136 Main Street

City Princeton State NJ Zip 08543

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 9/26/17

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.

(1) Any and all documentation, including but not limited to, notes, memos, Photos, videos, design plans, schematics, or specifications regarding the traffic signal timing of all traffic signals in Weehawken, including those located on JFK Blvd near Baldwin Ave, parallel to the Lincoln tunnel near Post 12, from 2015 - present.

(2) Any and all policies, either written or verbal, regarding Weehawken's guidance, directives or instructions to PANYNJ Police regarding issuance of traffic tickets at or near the location of JFK Blvd near its intersection with Baldwin Avenue, or near Post 12 near the Lincoln Tunnel for the 2017 time period.

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 10.03.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[redacted] OCT 03 [redacted]

R G

Custodian Signature

10.03.2017
Date

M Injured Magazine

fax No. 424/50 P. 1/15 S

TOWNSHIP OF WEEHAWKEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

514

400 Park Avenue, Weehawken NJ 07086

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

RofaDahboul@Tow-NJ.net

Rofa 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 12-27-16

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.

MVA Reports from 12/20/16 - 12/26/16

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 ____

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

Custodian Signature ____ Date ____

515

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

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

7/27/17

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.

Raul:

Thank you for your time, helpful advice, and positive energy!

Is there any record or history of sewage backup and/ or water issue in the area surrounding 2602 Palisades Avenue, Weehawken? – No records on file in Bldg Dept.

Kindly advise on all violations on this property. What are all existing violations (open and closed) on this property? – None on file

Also, what can the basement of this property be used for? Can it be converted to residential, commercial, or any other type of space (besides a basement)?

What are the current registered rents for this 2 family home? Are there any rent regulations that I should be aware of prior to purchasing?

Thank you!

10/12/17 GB

Best regards,

Gina M. Berger

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#516 Due 10/13/17

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 10/02/17

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: 09/25/17 to 10/02/17

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

[redacted]

Custodian Signature ____ Date ____

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#517 Due 10/13/17

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 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 10/2/17

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 9/24/17 to 10/1/17

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 OCT 02

Custodian Signature Date

#518 - Due 10/13/17

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 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 10/2/17

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 9/26/17 through 10/2/17

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 ____
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

OCT 05

Custodian Signature ____ Date ____

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#519 Due 10/13

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 10/2/2017

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.

9/24/2017 9/30/2017

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED OCT 02

Custodian Signature ____ Date ____

#520
Due
10/13/17

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6005 FAX 201-863-8783
RolaDahboul@Twp-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.

Requester 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 10/2/17

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.

9/25/17 – 10/1/17

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

Custodian Signature Date

521

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 10/02/2017

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 September 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.

10.12.17 SB
Pls see attd.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

RECEIVED
OCT 03
by R G

IN PROGRESS 10.12.2017

10.02.2017

522

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6023 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 Jure MI ____ Last Name Miletic

E-mail Address [redacted]

Mailing Address 55 Harristown Road, Suite 205

City Glen Rock State NJ Zip 07452

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 9/29/17

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 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 10.12.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 522-17
Rec'd Date 10.02.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED OCT 02 — By R G

Custodian Signature

10/26/17 SB Pls see attd.

10.02.2017 Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

523

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 Anny MI M Last Name Martinez

E-mail Address [redacted]

Mailing Address 14 Russell Street

City Quincy State MA Zip 02171

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 Anny Martinez Date Oct 3, 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.

Anny reports and or complaints under or against my name Anny M. Martinez 6/16/81.
Police Reports.

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
OCT 03 2017
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

Custodian Signature ____ Date ____

524

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 Michael MI B Last Name Kates

E-mail Address [redacted]

Mailing Address 190 Moore Street, Suite 306

City Hackensack State NJ Zip 07601

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 10-3-2017

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.

1. Copy of lease dated some time in 1977 by and between Township of Weehawken and Hackensack Water Company, relating to Gregory Avenue Park, Block 15, Lot 47; and

2. All Recreation and Open Space Inventories ("ROSI") filed by the Township of Weehawken with the New Jersey Green Acres Program, since December 31, 1976.

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 10.13.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 524.17
Rec'd Date 10.03.2017
Ready Date ____
Total Pages ____

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

Records Provided

OCT 03

R G

Custodian Signature

10.03.2017
Date

525

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 10/3/17

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.

Police Crash investigation Report

From: 9/24/17 to: 9/30/17

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 10.13.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

Tracking Information

Tracking # ____
Receive Date 10.03.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

OCT 03

R G

Custodian Signature 10.03.2017 Date

VENINO
AHMAD
RUTGLIANO
DAHBOUL
BLDG

527

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 Le'Vonn MI P Last Name Brown

E-mail Address [redacted]

Mailing Address 4600 South Ulster Street

City Denver State CO Zip 80237

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 Le'Vonn D Brown Date 10/04/17

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.

16/8.01

This OPRA request is in regards to property address
273-279 PARK AVENUE
Please provide the following information as soon as possible:

1. Copies of open permits
2. Copies of open code violations attached to the property of reference and could result in a fine/summons and/or prevent the sale of the property.
3. Has this property been registered as vacant? If yes: when was it registered, what was the registration fee and who was it registered under?
4. If property HAS NOT been registered please provide the proper registration instructions along with the registration fees.

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 10.16.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 10.04.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
OCT 04 —

Custodian Signature

10/13/17 SS
No schedule
Mtg
10.04.2017
Date

528

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Perk 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 $

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 9/29/17 - 10/3/17.

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 10.17.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 528-17
Rec'd Date 10.05.2017
Ready Date ____
Total Pages ____

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

Records Provided

R G 10.05.2017
Custodian Signature Date

VENINO AHMAD RUTIGLIANO DAHBOUL BLDG

529

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 Gerard MI P Last Name Gesario

E-mail Address [redacted]

Mailing Address 42 Okner Parkway

City Livingston State NJ Zip 07039

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 10/10/2017

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.

I would like to obtain a copy of the site plans, Architectural elevations, and resolution of approval for development plans prepared for Block 1, Lot 1 with an address of 60 W 19th Street.

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 11-29-2017
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 529-17
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED
OCT 10
By R G

Custodian Signature

10.10.2017
Date

530

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# 201-868-8763
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 Joseph MI Last Name Passalacqua

E-mail Address [redacted]

Mailing Address 295 Route 537

City Colts Neck State NJ Zip 07722

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 10/5/17

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.

Please send me records of any violations 2018 and open permits for 100-102 Oak St, for the last 10 years. 10.12.17 SB

No records on file for Violations or 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 ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 530-17
Recd Date 10.10.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
OCT 10 —
By R G

Custodian Signature

10.10.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM 531

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 Christina MI Last Name Mota
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 Christina Mota Date 10/9/2017

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.

10/1/2017 10/7/2017

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # 531-17
Rec'd Date 10.10.2017
Ready Date _____
Total Pages _____

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

Records Provided

RECEIVED
OCT 10
By R G

Custodian Signature

10.10.2017
Date

Construction Journal 532

Your Source for Project Information

Project Information Request

Monday, October 9, 2017

To: Weehawken Township Clerk
Phone Number: (201) 319-6024
Fax Number: (201) 866-8763

From: NEW JERSEY (NORTH)
Email Address: [redacted]
Fax: [redacted]

Please provide the Information Requested for each project below and return via fax. Thank You.

Editor Comments: OPRA REQUEST FOR INFORMATION

THANK YOU FOR YOUR TIME AND HELP!!

HAVE A GREAT DAY!!

ROBIN

1398750 **Pizzuta Park Reconstruction Corner of Chestnut and Grand Streets**

Information Requested: Submittal List and Amounts if Available

Due Date: 3/7/17 at 2:00 PM

1452634 **Roof Rehabilitation 201 Highwood Avenue (Nutrition Center)**

Information Requested: BID TABULATION

Due Date: 9/7/17 at 10:00 AM

533

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 10/9/17

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.

Requesting car accident police reports from 10/4/17 - 10/8/17.

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 10.19.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 533-17
Rec'd Date 10.10.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED
OCT 10
By R G

Custodian Signature 10.10.2017 Date

534

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 ___ 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 10/10/17

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 10/3/17 through 10/9/17.

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 10.19.2017
Denied - Closed ___
Filed - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 534-17
Rec'd Date 10.10.2017
Ready Date ___
Total Pages ___

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

Records Provided

RECEIVED
OCT 10 —
By R G

Custodian Signature

10.10.2017
Date

535

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 10/10/17

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: 10/1/17 to: 10/7/17

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 10.19.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 535-17
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED
OCT 10 -
By R G

Custodian Signature

10.10.2017
Date

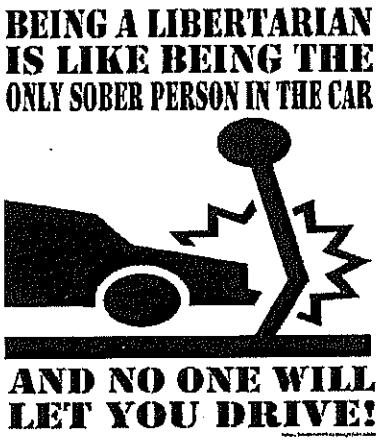
536

OPRA Request

to Weehawken Township

Submitted via Fax to 201-866-8763 on Monday, October 9, 2017 at 2:51 PM

Requestor: **Libertarians for Transparent Government, a NJ Nonprofit Corporation.**



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

Records Requested:

For the case of Maria Tullo v. Weehawen, Case No. 2:16-cv-00348, which the court's computer system shows as having settled on June 30, 2017, we would like the following records:

1. The most recently amended civil complaint filed by the Plaintiff or, if there are no amendments, please send the original civil complaint. Please do not send us summonses, case information statements, etc.

2. The agreement(s) that sets forth the terms and amount of settlement, i.e. the "settlement agreement(s)" related to this case.

3. If the Weehawken Township provides us with all of the unredacted settlement agreement(s), as requested in #2 above, by no later than seven business days after receiving this request, then you may ignore this paragraph of this request. Otherwise, after reading the "Statement" below, please send us all informal agreements, draft agreements, correspondence, e-mails etc. related to this case that disclose the settlement amount and/or any other settlement terms. We do not want internal communications between the Weehawken Township and/or its insurer and/or its attorneys. Rather, we want the informal agreements, draft agreements, correspondence, e-mails etc. exchanged between a) the Weehawken Township and/or its agents/attorneys/insurers and b) the Plaintiff and/or his or her agents/attorneys/insurers.

Statement Regarding #3 of the above request.

We often encounter situations where, in response to a records request for an agreement memorializing a recent settlement of a lawsuit against a government agency, we are told that the settlement agreement is "not yet available" even though a meeting of the minds has been reached among the parties and the matter has been marked "settled" in the court's records. The typical justification for the denial is that the settlement agreement has not yet been formalized or that it has not received the signatures of all parties.

The practice of a blog that we communicate with (http://njcivilsettlements.blogspot.com/) is to report on settlements of lawsuits against local government officials and employees and then direct newspaper journalists to those reports. In some case, the newspapers, having

:en alerted to a settlement by way of the blog, will publish their own articles on the settlements. We desire this because the newspapers are able to reach wider audiences than the blog. The problem is that the news value of settlements, and thus the blog's chance of having articles about a given settlement published in the regular news media, decreases as time elapses.

We don't think that our (and the public's) right to know the amount and terms of lawsuit settlement should depend on how high of a priority the lawsuit parties' attorneys and insurers place on getting the settlement agreement reduced to writing and signed by all parties. Accordingly, we are making this request to gain disclosure of any other documents, such as letters and e-mails between the parties and/or their lawyers or insurers, that disclose the agreed upon settlement terms. It seems to us that after a meeting of minds between the lawsuit parties has been reached, there ought to be some sort of documentation, even if it is only an e-mail from your agency's lawyer to plaintiff's lawyer saying "OK, this is to confirm our discussion last Friday where we agreed that our government agency will pay your client $175,000 in return for a full release with a standard confidentiality agreement." It is this sort of correspondence that we seek.

Important notes regarding your response to # 3 of this request.

Several records custodians, in responding to #3, have failed or refused to identify which settlement documents are responsive to our request and often fail to even confirm or deny that such responsive records exist. For example, they may respond "Draft settlement agreements or settlement communications are exempt from disclosure because they are attorney-client privileged." But, such a response does not let us know whether any responsive records exist. So, when responding to #3 of our request, recognize that you are required by OPRA to:

First, find out from the Weehawken Township's agents, attorneys and insurers whether any responsive records exist. It is, of course, very likely that responsive records would not be located at your agency's headquarters but held by the attorney(s) who defended the civil suit and/or agency's insurer(s)[1]. Then, in your response to #3 of our request, set forth in detail your efforts to gain the cooperation with your agency's attorneys, insurers and agents and inform us of the extent of their cooperation. Without being informed whether these attorneys and insurers searched their records, we are unable to conclude that the Weehawken Township's search was adequate.

Second, you are required by OPRA to identify the records within the scope of #3 above even if you claim that they are exempt from disclosure. If no records are within the scope of #3, you are required to plainly state in your response that no such records exist.

Third, for each record that is suppressed in its entirety or partially (i.e. redacted), you are required by OPRA to explain your justification for the suppression or redaction with enough detail and precision to allow us to judge for ourselves whether your decision to suppress or redact was correct.

---

[1] The Weehawken Township is under a duty to seek out and retrieve responsive records from its attorneys, insurers or other agents when responding to an OPRA request. Burnett v. Gloucester, 415. N.J. Super. 506, 517 (App. Div. 2010).

537

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6005 FAX 201-863-6735
Kola Dabbou, 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 #222
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 ___ Date 10/10/17

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 materials
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.

10/02/17 TO 10/08/17

AGENCY USE ONLY
Est. Document Cost
Est. Delivery Cost
Est. Extra 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 10.10.2017
Denied – Closed
Filled – Closed
Partial – Closed

AGENCY USE ONLY
Tracking Information
Tracking # 537-17
Rec'd Date 10.10.2017
Ready Date
Total Pages
Records Provided

Final Cost
Total
Deposit
Balance Due
Balance Paid

RECEIVED OCT 10
By R G

Custodian Signature 10-10.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM 538

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 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 10/2/17

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 10/1/17 to 10/9/17

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 10.19.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 538-17
Rec'd Date 10.10.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED OCT 10

By R GP

Custodian Signature

10.10.2017 Date

539

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 Saerona MI ____ Last Name Yu

E-mail Address [redacted]

Mailing Address Haworth, Rossman & Gerstman, 505 Main Street, Suite 212

City Hackensack State NJ Zip 07601

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail X 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 Saerona Yu Date 10/11/17

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.

1. Any and all reports, documents, photographs, diagrams and notes in regards to the fire that occurred on December 21, 2016 at 1231 Kennedy Boulevard in North Bergen, NJ 07047.
2. Any and all fire code violation assessed against the property located at 1231 Kennedy Boulevard, North Bergen, NJ since January 1, 2015.

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.

Routed to NHRFRD

In Progress - Open ____
Denied - Closed 10.12.2017
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 539-17
Rec'd Date 10.11.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED OCT 12 — By R G

Custodian Signature

10.11.2017
Date

TOWNSHIP OF WEEHAWKEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

540

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 Christina MI _____ Last Name Mota

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 Christina Mota Date 10/16/2017

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.

Start Date		End Date
10/8/2017	To	10/14/2017

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 10.25.2017
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 540.17
Rec'd Date 10.16.2017
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
OCT 16
By R G

Custodian Signature

10.16.2017
Date

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

541-17

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 Gregory MI D Last Name Spew

E-mail Address [redacted]

Mailing Address 1200 Clinton St #327

City Hoboken State NJ Zip 07030

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 10/15/17

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.

(1) Any and all documentation, included but not limited to, notes, memos, photos, videos, design plans, contracts, schematics, or specifications regarding the traffic signal timing of all traffic signals in Weehawken, including those located on JFK Blvd East, from 2012 – present.

(2) Any/all policies, written or verbal, regarding Weehawken's guidance, dictates policies, or instructions to PANYNJ Police regarding the issuance of traffic tickets in Weehawken as a whole, from 2012-present.

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 10.25.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 541-17
Rec'd Date 10.16.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED OCT 16 By R G

Custodian Signature

10.16.2017
Date

542

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone: [illegible] FAX: [illegible]
[illegible]
[illegible], Township Clerk

Important Notice

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

Requester 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 Inspection ___ Fax ___ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. [illegible], 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: 10/16/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - [illegible] per page; Legal size pages - [illegible] 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.

10/9/17 – 10/15/17

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

Records Provided

RECEIVED
OCT 16 —

By: R G 10-16-2017
Custodian Signature Date

TOWNSHIP OF WEEHAWKEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

543

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 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 10/16/17

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 10/9/17 to 10/15/17

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 10.25.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 543-17
Rec'd Date 10.16.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
OCT 16
By R G
Custodian Signature

10.16.2017
Date

544

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-666-6763
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 ___ 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 10/16/17

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 10/10 through 10/16

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 10.25.2017
Denied - Closed ___
Filled - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 544-17
Rec'd Date 10.16.2017
Ready Date ___
Total Pages ___

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

Records Provided

RECEIVED OCT 16 By R G

Custodian Signature

10.16.2017
Date

CC
J.R.
J. Chungs
R. Gonzalez

#545
#
10/26/17

RECEIVED
OCT 17 2017
Vital Statistics Depts.
Weehawken, New Jersey

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 GERARD MI ____ Last Name LIBERTO

E-mail Address [redacted]

Mailing Address 6 ELIZABETH AVE

City BRICK State NJ Zip 08724

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 10-17-2017

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.

Researching purchase possibility. Therefore interested in seeing rental records, lease, rental amount (current), any other pertinent information in Rent Control file for 2ANS 939 Blvd East apt B-1

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 ____

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

$14.6
Due
10/7/17

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 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 10/18/17

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: 10/8/17 to: 10/14/17

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
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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 ____

547

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 J Last Name Foley

E-mail Address [redacted]

Mailing Address 1124 Route 202, Suite B-12

City Raritan State NJ Zip 08869

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 7/27/17

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.

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Re: 600 Harbor Blvd. #855, Weehawken (Lot 00004 19, Block 00034 03) - Mahna

Please provide a copy of:

1. Current Property Record Card of Tax Assessor

Also, please provide copies of the following from January 1, 1986 to present:

2. Open and Closed Building, Plumbing, Electrical and Structural Permits
3. Board of Adjustment Resolutions
4. Planning Board Resolutions
5. Board of Health Records
6. Any Zoning Violations

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 11.02.2017
Partial - Closed _____

AGENCY USE ONLY

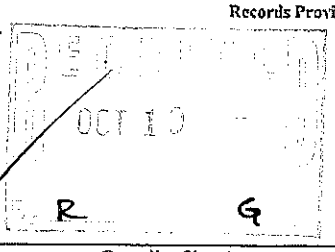
Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided



Custodian Signature

10.19.2017
Date

548

Place Logo Here

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address
Agency Telephone Number & Fax Number
Agency e-mail address
Name of Agency Custodian

Place Logo Here

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 Marta MI ____ Last Name Borges

E-mail Address [redacted]

Mailing Address 1256 Liberty Ave

City Hillside State NJ Zip 07205

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 Marta Borges 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.

Please provide a list of permit applications for the installation, removal or the decomissioning of underground, aboveground storage tanks

642 Blvd East
Weehawken, NJ 07670

Block # 36.01 Lot # 11

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

OCT 18

Custodian Signature Date