549

VENINO
AHMAD
RUTIGLIANO
DAHBOUL
TAX

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Matthew MI ____ Last Name Handler

E-mail Address [redacted]

Mailing Address 405 Lexington Avenue

City New York State NY Zip 10174

Telephone [redacted] FAX ____

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

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

Signature [signature] Date Oct 20, 2017

Payment Information

Maximum Authorization Cost $ 500

Select Payment Method
CHECK
Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please see the attached letter.

AGENCY USE ONLY

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

Deposit Date ____

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 10.31.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 549-17
Rec'd Date 10.20.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED
OCT 20 —
By R G
Custodian Signature

10.20.2017
Date

550

VENIVO
ALMAD
RUTIGLIANO
DAHBOUL

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 Peter MI G Last Name Bracuti, Esq.

E-mail Address [redacted]

Mailing Address 959 S. Springfield Ave.

City Springfield State NJ Zip 07081

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 10-13-2017

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.

Any and all contracts including, but not limited to, animal control contracts between the Township of Weehawken and the entities, New Jersey Animal Control and Rescue and/or New Jersey Humane Society inclusive of any and all Requests for Proposal submitted, payments made by the Township of Weehawken to said entities, and all 1099 forms issued to said entities for the period of June 1, 2017 to the present.

AGENCY USE ONLY

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

Deposit Date _____

COPY

AGENCY USE ONLY

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

In Progress - Open 10.31.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 550-17
Rec'd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

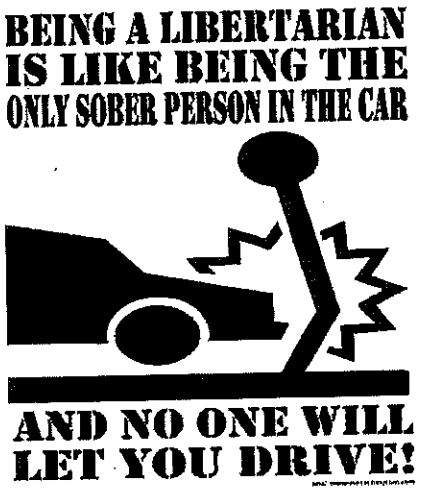
RECEIVED
OCT 20
By R G

Custodian Signature

10.20.2017
Date

551
DUP
11/1/17

OPEN PUBLIC RECORDS ACT (OPRA)
Records Request



Date	Monday, October 23, 2017, 9 a.m.
Requestor:	Libertarians for Transparent Government, a NJ Nonprofit Corporation
Agency:	Weehawken Township
Transmitted:	Via Fax to 201-866-8763
Instructions:	Please accept this as our request under the Open Public Records Act (OPRA) and the common law right of access. Please send all responses and responsive records via e-mail to [redacted] If you have any questions on this request please call [redacted]

Records requested:

For Police Officer Robert Jacobson, his: "name, title, position, salary, length of service, date of separation and the reason therefor." (See N.J.S.A. 47:1A-10.

#552
Due 11-1-17

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 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 10/23/2017

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: 10/15/2017 To End Date: 10/21/2017

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
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

#553
Due. 11/17

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

Important Notice

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Requestor Information – Please Print

First Name Leonard MI I. Last Name Altamora.

E-mail Address [redacted]

Mailing Address 4000 Bergen Point Ave.

City UE. State N.J. 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 10/23/17

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 10/15/17 to 10/22/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

#554
DW
11-1-17

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-8763
RolaDahbour@Tow-NJ.net
Rola Dahbour, 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 10/23/17

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.

10/16/17 – 10/22/17

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 ____
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 ____

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#555
DW
11/2/17

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

Important Notice

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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 10/23/17

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: 10/16/17 to 10/23/17

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 ____
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 ____

#556
Due
11/2/17

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

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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 ✓

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 10/23/17

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 10/17/17 through 10/23/17.

AGENCY USE ONLY

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

Deposit Date ___

AGENCY USE ONLY

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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 ___

557

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

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Requestor Information – Please Print

First Name John MI P Last Name Martin

E-mail Address [redacted]

Mailing Address Brach Eichler LLC, 101 Eisenhower Parkway

City Roseland State NJ Zip 07068

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/~~12~~13/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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Legal size pages - $0.07 per page
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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 copy of the minutes of the August 15, 2017 meeting of the Township of Weehawken Township Council;

2) A copy of the minutes of the September 13, 2017 meeting of the Township of Weehawken Township Council;

3) All documents in the possession of the Township of Weehawken Rent Control Board discussing recent Ordinance # 13 – 2017 amending the Rent Control Ordinance, from January 1, 2017 through the present date.

4) All memoranda, e-mails and or notices exchanged by and between from Township Manager and/or the Township Council of the Township of Weehawken that refer to or discuss the introduction of recent Ordinance # 13 – 2017 amending the Rent Control Ordinance at the August 15, 2017 meeting of the Township of Weehawken township council. The scope of this request is limited to August 1, 2017 through August 15, 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 _____
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 _____

558
DW
11/3/17

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 Brianny 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 10/20/17 - 10/24/17.

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
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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 ____

#559

OPRA request

Ford, Andrew <[redacted]>

Wed 10/25/2017 2:33 PM

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

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

1. The hire date, position and salary of officer Robert Jacobson.

Please note that OPRA requires immediate release of "public employee salary and overtime information."

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

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

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

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

Sincerely,

Andrew Ford
[redacted]
Reporter
@[redacted]

RECEIVED
OCT 25
BY R G

DUE 11-03

560

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 SAM MI A Last Name HUECKSTAEDT

E-mail Address [redacted]

Mailing Address PO Box 762

City PINE BROOK State NJ Zip 07058

Telephone [redacted] FAX

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

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 [signature] Date 10.24.2017

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.

For B Zerman Place:
open/closed permits
Violations
Verify DCA registration as 3 family
Certificate of zoning compliance
certificate of occupancy
oil tank information
blue prints/survey
shared or common areas or maintenance agreements

AGENCY USE ONLY

AGENCY USE ONLY

IN PROGRESS - OPEN
DUE 11.06.2017
FILLED: 11.02.2017 ✓

AGENCY USE ONLY

560-17

RECEIVED
OCT 26
By R G

10.26.2017

VENINO
KHMAD
RUTIGLIANO
DAHBOUL
BLDG

561

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 Daniel MI ____ Last Name Murphy

E-mail Address [redacted]

Mailing Address 1550 Harbor Blvd #2525

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 10/25/17

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.

45.01/1.01

Requesting if there are open Permits CO's or pending work orders for:

27 Cambridge Way, Weehawken, 07086

thanks, Dan

AGENCY USE ONLY

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

Deposit Date ____

COPY

AGENCY USE ONLY

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

In Progress - Open 11.06.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 561-17
Rec'd Date 10.26.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED OCT 26 By R G

Custodian Signature

10/27/17 SB
No open records on file.
10.26.2017
Date

567-17

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 Larry MI ____ Last Name Higgins

E-mail Address [redacted]

Mailing Address 174 Lamington Rd, P.O. Box 180

City Oldwick State NJ Zip 08858

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 ____

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.

There's not enough space here to write the records being requested. Please view the attached document.

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 10.27.2017
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 567-17
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# 201-866-8763
RolaDahboul@Tow-Nj.net
Rola Dahboul, Township Clerk

#568
Due. 11/8/17

Important Notice

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

Requestor Information – Please Print

First Name 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 10/30/2017

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
10/22/2017	To	10/28/2017

Emailed 11/3/17.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress - Open _____
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

#569
Due 11-8-17

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

Important Notice

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

Requestor Information – Please Print

First Name Leonard MI I Last Name Altamora.

E-mail Address [redacted]

Mailing Address 4000 Bergen Pine Ave.

City UC. State N.J. 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 10/23/17

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 10/22/17 to 10/29/17

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 ____

570

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 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 _____ Date 10/30/17

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.

10/23/17 - 10/29/17

Emailed on 11/3/17. (C)

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress - Open 11.09.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 570.17
Rec'd Date 10.30.2017
Ready Date _____
Total Pages _____

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

Records Provided

RECEIVED
OCT 30
By R G

Custodian Signature

10.30.2017
Date

571

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-315-6022 FAX# 201-866-5763
RoiaDahboul@Tow-NJ.net
Roia Dahboul, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name Jose MI F Last Name Fernandez

E-mail Address [redacted]

Mailing Address 7 Shelby Ct.

City Paramus State NJ Zip 07652

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 10/30/17

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 10/24/17 through 10/30/17.

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 11.09.2017
Denied - Closed ___
Filled - Closed ___
Partial - Closed ___

AGENCY USE ONLY

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

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

Records Provided

RECEIVED
OCT 30
By R G

Custodian Signature

10.30.2017
Date

Clerk's Office - please process ASAP - thank you.

572

P 1/1

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Michele MI ____ Last Name Quick

E-mail Address [redacted]

Mailing Address 47 Brian Rd.

City W. Caldwell State NJ Zip 07006

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 Michele Quick Date 10/31/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Audio recording of Zoning Board of Adjustment meeting on 10/24/17.

If it can't be e-mailed, please send to me.

Thank you.

AGENCY USE ONLY ____ AGENCY USE ONLY ____ AGENCY USE ONLY

17-10-29 09:06 QUICK MICHELE >> DAHBOUL
RECEIVED AHMAD RUTIGLIANO

572-17

RECEIVED OCT 31 - By RG

10.31.2017

In Progress - Due 11.10.2017

COPY

TOWNSHIP OF WEEHAWKEN

573

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 Kristin MI ____ Last Name Tallamy

E-mail Address [redacted]

Mailing Address 87 Hibernia Avenue

City Rockaway State NJ Zip 07866

Telephone [redacted] FAX [redacted]

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

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 11-2-2017

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.

Requesting records for your property at 400 Park Avenue, Weehawken NJ (B. 35 L. 1) owned by the Township of Weehawken. Searching for records pertaining to environmental concerns on the property: contamination issues, remediations, monitoring well records, wetlands/permitting, underground storage tanks or above ground storage tanks, involvements with the New Jersey Department of Environmental Protection or No Further Action letters. E2PM will come and review any available files you might have. Thank you in advance for your assistance.

BB

Plus see attached

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open 11.15.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 11.02.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
NOV 02
By R S

Custodian Signature

11.02.2017
Date

#574

OPRA request

Ford, Andrew <[redacted]>

Wed 10/25/2017 11:13 AM

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

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

1. Citizen complaints made against officer Robert Jacobson.
2. Internal affairs file(s) on officer Robert Jacobson.

We ask that you release records as each becomes available for public disclosure. Please do not temporarily withhold one record that has been approved for public disclosure because you require additional time to review others.

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

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

If the agency claims any portion of the above public records are exempt from disclosure under the law, in writing please provide a Vaughn index.

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

Sincerely,

Andrew Ford
[redacted]
Reporter
@[redacted]

RECEIVED
NOV 02 —
By R G

DUE 11.15

VENINO
AHMAD
RUTIGLIANO
DAHBOUL
B L D G

575

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-0763
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 B Last Name: Mardirchian

E-mail Address [redacted]

Mailing Address 540 Hudson Street, 5th Floor

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 11.3.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Lettersize 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.

Construction permits from October 1, 2015 to the present issued to or requested for work performed at 150 Henley Place (Block 45.01, Lot 1.01) in Weehawken, New Jersey.

AGENCY USE ONLY

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

COPY

AGENCY USE ONLY

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

In Progress - Open 11.16.2017
Denied - Closed ____
Filled - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking #: 575.17
Rec'd Date 11.03.2017
Ready Date ____
Total Pages ____

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

Records Custodian
RECEIVED
NOV 03 —
By R G

11.03.2017

CC
Rola
JR
Paul.

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

#576
Due
11-16

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 Susan MI ____ Last Name Butler

E-mail Address [redacted]

Mailing Address 1500 Harbor Blvd

City Weehawken State NJ Zip 07086

Telephone [redacted] FAX ____

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 11/3/17

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.

Requesting Copies of:

Weehawken Township, Master Plan

Flood Damage Prevention Ordinance

RECEIVED
NOV 03 2017
CC
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open 11.16.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 576-17
Rec'd Date 11.03.2017
Ready Date ____
Total Pages ____

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

Records Provided

R G
Custodian Signature

11.03.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

577

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 11/6/2017

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 10/29/2017 To End Date 11/4/2017

Emailed 11/8/17.

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 11.17.2017
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 577.17
Rec'd Date 11.06.2017
Ready Date _____
Total Pages _____

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

Records Provided

RECEIVED
NOV 06
By R G

Custodian Signature

11.06.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM 578

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.

equestor Information – Please Print

t Name Leonard MI J. Last Name Altamura.

nail Address [redacted]

iling Address 4000 Bergenline Ave

UC. State NJ Zip 07087

ephone [redacted] FAX [redacted]

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

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

nature ____ Date 11/6/17

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.

cord Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method elivery 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 very.

Police Report from 10/29/17 to 11/5/17

Emailed 11/8/17.

AGENCY USE ONLY

Document Cost ____
Delivery Cost ____
Extras Cost ____
Est. Cost ____
eit Amount ____
nated Balance ____

sit 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 11.17.2017
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Recd Date 11.06.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
NOV 06
By R G

Custodian Signature 11-06-2017 Date

#579
Due
11/17

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 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 11/06/17

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 materi

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: 10/30/17 to 11/06/17

Thank You,
Hector Rosario 201-866-2130

Emailed 11/8/17.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

580

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Jose MI F Last Name Fernandez

E-mail Address [redacted]

Mailing Address 7 Shelby Ct.

City Paramus State NJ Zip 07652

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 11/6/17

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 10/31/17 through 11/6/17.

Emailed on 11/8/17.

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 11.17.2017
Denied - Closed ___
Filled - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information

Tracking # ___
Rec'd Date 11.06.2017
Ready Date ___
Total Pages ___

Final Cost

Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

RECEIVED NOV 06 — By R G

Custodian Signature

11.06.2017
Date

581-17

State of New Jersey Standard

Open Public Records Act Request Form

Important Notice

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

Requestor Information – Please Print

First Name Doris MI Last Name Kobza

E-mail Address [redacted]

Mailing Address 4 Dedrick Place

City West Caldwell State NJ Zip 07006

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 11/03/2017

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 October 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.

11/15/17 SB
Pls see add'd.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

IN PROGRESS - OPEN
DUE 11.16.2017

RECEIVED
NOV 03 —
By R G

11.03.2017

MAIONE
VENINO
AHMAD
RUTIGLIANO
DAHBOUL
BLDG
TAX
PLAN & ZON

582-17

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 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 11/03/17

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.

Re: 600 Harbor Blvd. #853, Weehawken (Lot 4.19, Block 34.03 ~~C0855~~ C0853) - 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 _____

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 11.17.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 582-17
Rec'd Date 11.06.2017
Ready Date _____
Total Pages _____

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

Records Provided

RECEIVED
NOV 06 —
By R 6

Custodian Signature

11.06.2017
Date

VENINO
AHMAD
RUTIGLIANO
DAHBOUL
BLDG

583

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 MARIE MI Last Name ZELEDON

E-mail Address [redacted]

Mailing Address 720 BLVD EAST 1W

City WEEHAWKEN State NJ Zip 07086

Telephone [redacted] FAX

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

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

Signature [signature] Date 11-6-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I NEED A COPY OF A COMPLAINT TO 720 BLVD EAST TENANT LUCA INFANTINO unit #2W FOR ILLEGAL CONSTRUCTION/OUT OF CODE THE COMPLAINT WAS PLACED BY MARIE ZELEDON ABOUT OCT 2016 - THANK YOU!

AGENCY USE ONLY

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

Deposit Date ____

COPY

AGENCY USE ONLY

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

In Progress - Open 11.17.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 583-17
Rec'd Date 11.06.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED
NOV 0 6 2017
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

Custodian Signature 11.06.2017 Date

VENINO AHMAD RUTIGLIANO DAHBOUL BLDG

584

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 MARIE MI ____ Last Name ZELEDON

E-mail Address [redacted]

Mailing Address 720 BLVD EAST 1W

City WEEHAWKEN State NJ Zip 07086

Telephone [redacted] FAX ____

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

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

Signature [signature] Date 11-6-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I NEED A COPY OF OUT COME TO THE COMPLAINT TO 720 BLVD EAST 2W FOR OUT OF CODE CONSTRUCTION. OWNER – LUCA INFANTINO.

THE COMPLAINT WAS PLACED BY MARIE ZELEDON OF 720 BLVD EAST 1W. ABOUT October OF 2016

)|

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

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

Deposit Date ____

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

In Progress - Open 11.17.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

Tracking Information
Tracking # 584.17
Rec'd Date 11.06.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED
NOV 06 2017
Clerk & Vital Statistics Depts.
Weehawken, New Jersey

Custodian Signature 11.06.2017 Date

COPY

585

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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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 ✓ 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 11/6/17

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.

10/30/17 – 11/5/17

Emailed 11/8/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

RECEIVED NOV 06

By R G

Custodian Signature

11.06.2017
Date

586

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 Tiffany MI ____ Last Name Wentz

E-mail Address [redacted]

Mailing Address 260 Harrison Ave. #208

City Jersey City State NJ Zip 07304

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, and

Signature: Tiffany A. Wentz (docusign verified 11/08/17 9:34PM EST LEQ2-QXVG-LGPV-R7HX) 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.

I'm requesting copies of *2* oil tank remediation/decommission certificates for the property located at 63-65 Hudson Place, which also has a 3rd address of 182 Highwood Ave. It's a 3-family home that I am in the process of selling, and the owner has represented that there are 2 tanks on the property that were emptied, cleaned, sand-filled and given certificates for, but she can't find her copies.

And just to reiterate - the address is 63-65 Hudson Place/182 Highwood Ave. and there should be 2 certificates.

Thanks so much!

48/42

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open 11.20.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 586-17
Rec'd Date 11.08.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED NOV 08 BY R G

11/15/17 Sa
Plo see att'd.

Custodian Signature

11.08.2017
Date

#587
DW
11/17.

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 Biancy 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 11/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting car accident police reports from 11/3/17 - 11/7/17.

Thank you.

emailed 11/8

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open ____
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 ____

588

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

Signature _____ Date 11/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge 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: 10/30/17 to: 11/5/17

Emailed 11/9/17

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

AGENCY USE ONLY

Tracking Information

Tracking # 588-17
Rec'd Date 11.09.2017
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

NOV 09

R G
Custodian Signature

11.09.2017
Date

589

VENINO
AHMAD
RUTIGLIANO
DAHBOUL
BLDG

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Jordan MI _____ Last Name Farber

E-mail Address [redacted]

Mailing Address 26 Columbia Turnpike

City Florham Park State New Jersey Zip 07932

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 10/9/2017

Payment Information

Maximum Authorization Cost $25.00

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.

Matrix is requesting any information/files for the property located East of Park Avenue (Block 34.03, Lot 1.01) in Weehawken, Hudson County, New Jersey, including but not limited to: underground storage tanks, above ground storage tanks, tanks and building permits, health and environmental violations, discharges/releases of petroleum and hazardous materials, spills, hazardous materials, health and environmental inspections and/or investigations, historic property ownership, existing and former tenants, fires, potable wells, monitoring wells, and septic systems.

AGENCY USE ONLY

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

Deposit Date _____

COPY

AGENCY USE ONLY

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

In Progress - Open 11.21.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 589-17
Rec'd Date 11.09.2017
Ready Date _____
Total Pages _____

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

Records Provided

RECEIVED
NOV 09
BY R G

Custodian Signature

11.09.2017
Date

590

VENINO AHMAD RUTIGLIANO DAHBOUL BLDG

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Jordan MI _____ Last Name Farber

E-mail Address [redacted]

Mailing Address 26 Columbia Turnpike

City Florham Park State New Jersey Zip 07932

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 10/9/2017

Payment Information

Maximum Authorization Cost $25.00

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.

Matrix is requesting any information/files for the property located East of Park Avenue (Block 34.03, Lot 1.02) in Weehawken, Hudson County, New Jersey, including but not limited to: underground storage tanks, above ground storage tanks, tanks and building permits, health and environmental violations, discharges/releases of petroleum and hazardous materials, spills, hazardous materials, health and environmental inspections and/or investigations, historic property ownership, existing and former tenants, fires, potable wells, monitoring wells, and septic systems.

AGENCY USE ONLY

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

Deposit Date _____

COPY

AGENCY USE ONLY

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

In Progress - Open 11.21.2017
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 590-17
Rec'd Date 11.09.2017
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED
NOV 09
BY R G

Custodian Signature

11.09.2017
Date

VENINO
AHMAD
RUTIGLIANO
DAHBOUL
BLDG
TAX

#591
DW
11-21-17

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 Paul MI Last Name Falardo

E-mail Address [redacted]

Mailing Address 1-Meadowlands Plaza, Suite 236

City East Rutherford State NJ Zip 07073

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 11-08-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Re: 35-39 51st St. #D4 (#44) #D4 05/3/0044
Weehawken, NJ 07086
Owner: Roberto Echevarria

Request of Tax Lien, Any Code Violations, Fines, 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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

11/15/17 OB.
No see add'l open violation.
All permits closed.

Custodian Signature ____ Date ____

592

VENINO AHMAD RUTIGLIANO DAHBOUL BLDG

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name YURIKO MI S Last Name ANDERSON

E-mail Address [redacted]

Mailing Address 404 Newbngh Ct

City West New York State NJ Zip 07093

Telephone [redacted] FAX N/A

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 11/2/2017

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.

We are purchasing 315 Park Ave. Weehawken, NJ 07086

Is there any open permits, pending violations, existence of any open cesspools or wells? 16/19.02

11/15/17 No records on file in Bldg Dept.

AGENCY USE ONLY

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

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 11.22.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 592-17
Rec'd Date 11.13.2017
Ready Date 11-17.2017
Total Pages _____

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

Records Provided
NOV 13
R G
Custodian Signature

11.13.2017
Date

COPY

#593
DUE
11-22-17

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name 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 11/13/17

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: 11/6/17 to: 11/11/17

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 ___
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

#594
DLG
11/22/17

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 UE. 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 11/13/17

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 Report from 11/5/17 to 11/12/17

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

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

#595
DW
11/27

Important Notice

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

Requestor Information – Please Print

First Name Ahmad MI M Last Name Alkum

E-mail Address [redacted]

Mailing Address 351 MLK Blvd

City Newark State NJ Zip 07104

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 11-13-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MVA Reports from 11-3-17 → 11-11-17

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 ____
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 ____

#396
DUE
11/22/17

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name 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 11/13/2017

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 11/5/2017 To End Date 11/11/2017

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature _____ Date _____

597

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 11/13/17

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 11/7 through 11/13

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 11.22.2017
Denied - Closed ___
Filled - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 597-17
Rec'd Date 11.13.2017
Ready Date ___
Total Pages ___

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

Records Provided

R G
Custodian Signature

11.13.2017
Date

598

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

400 Park Avenue, Weehawken NJ 07086
Phone 201-319-6022 FAX# 201-866-0763
RolaDahboul@Tow-NJ.net
Rola Dahboul, Township Clerk

Important Notice

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Requestor Information – Please Print

First Name Shira MI Last Name Soled

E-mail Address [redacted]

Mailing Address 270 Rutherford Blvd.

City Clifton State NJ Zip 07014

JRCW

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 Shira Soled Date 11/9/17

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.

30 50th St Block: 65 Lot: 21 – 2008
66 Highwood Ter Block: 46 Lot: 21 2334
220 Highpoint Ave Block: 17 Lot: 31 – 3841
19 Cooper Pl Block: 57 Lot: 20 2681

May I Please have the GLA's for these Properties.

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 # 598-17
Recv'd Date ___
Ready Date ___
Total Pages ___

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

Records Provided

R G 11.13.2017
Custodian Signature Date

#599
Due
11/23/17

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 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 11/9/17 - 11/13/17

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
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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 ____

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

#6000 Del 11-23-17

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

Important Notice

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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 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 11/13/17

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 11/5/17 to 11/12/17

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

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

#601
~~#316~~
Due
11-24.

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 11/14/17

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.

ATTN: JANET / ROLA
Fax - 201-866-8763
Request For MVAs
Union City Spine & Pain
Week of; 11/06/17 to 11/13/17

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 ____

602

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Matthew MI ____ Last Name Handler

E-mail Address [redacted]

Mailing Address Moses & Singer LLP, 405 Lexington Avenue

City New York State NY Zip 10174

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 MH Date 11/14/17

Payment Information

Maximum Authorization Cost $ 500

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.

Please see the attached letter.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

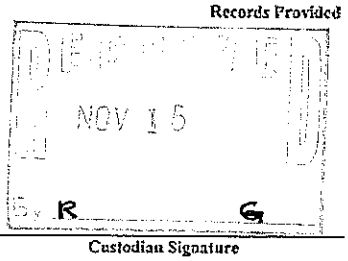
In Progress - Open 11.28.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 602-17
Rec'd Date 11.15.2017
Ready Date ____
Total Pages ____

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

Records Provided



S. R G
Custodian Signature

11.15.2017
Date

MOSES & SINGER LLP

602

Matthew Handler, Esq.
Direct Dial: [redacted]
Fax: [redacted]
E-Mail: [redacted]

November 14, 2017

VIA FEDEX AND EMAIL

Ms. Rola Dahboul
Township Clerk, Township of Weehawken
Weehawken Town Hall
400 Park Avenue
Weehawken, NJ 07086

Re: Request for Records Pursuant to the New Jersey Open Public Records Act

Dear Ms. Dahboul:

Pursuant to the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I, on behalf of Moses & Singer LLP, am requesting copies of the following public records:

1. A copy of the official Township of Weehawken tax map of the properties within the Weehawken Special Improvement District at Lincoln Harbor, which was current and in place on January 1, 2003.

2. Copies of all subsequent versions of the official Township of Weehawken tax map of the properties within the Weehawken Special Improvement District at Lincoln Harbor, covering the period from January 1, 2003 to the present.

The properties within the Weehawken Special Improvement District at Lincoln Harbor include:

a. Block 34.03, Lot 2.02
b. Block 34.03, Lot 2.04
c. Block 34.03, Lot 2.05
d. Block 34.03, Lot 4.01
e. Block 34.03, Lot 4.03
f. Block 34.03, Lot 4.04
g. Block 34.03, Lot 4.05
h. Block 34.03, Lot 4.08
i. Block 34.03, Lot 4.21
j. Block 34.03, Lot 4.22
k. Block 34.03, Lot 4.25

603

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

RECEIVED
NOV 15 2017
Clerk & Vital Statistics Depts.

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 Linora MI E. Last Name Fernandez

E-mail Address [redacted]

Mailing Address 46-49th St. bsmt. apt.

City Weehawken State NJ Zip 07086

Telephone [redacted] FAX

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

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

Signature [signature] Date 11/15/17

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.

I want a copy of the inspection of Oct. 6th 2017

AGENCY USE ONLY

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

Deposit Date _____

COPY

AGENCY USE ONLY

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

In Progress - Open 11.28.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # 603-17
Rec'd Date 11.15.2017
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

RECEIVED NOV 15 R G

Custodian Signature

11.15.2017
Date

Logo Here

[illegible] RECORDS ACT REQUEST FORM

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

605

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 1250 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 permits along with all paper work
(NJDEP case number, Scrap receipt, Removal permit with any "not approved" inspection sticker(s), Sludge disposal receipt, Tank disposal manifest)
for all or any installation, removal or decommissioning of underground, aboveground storage tanks or septic tanks.
Address: 85 Columbia Terr.
Weehawken
Block: 52 Lot: 4

11.22.17 OB. No Records on file.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open 11.30.2017
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 605-17
Rec'd Date 11.17.2017
Ready Date ____
Total Pages ____

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

Records Provided

RECEIVED
NOV 17
By R G

Custodian Signature

11.17.2017
Date

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM 606

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 FRANCESCA MI ____ Last Name MAZZAFRO

E-mail Address [redacted]

Mailing Address 323 WASHINGTON ST

City HOBOKEN State NJ Zip ~~07303~~ 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 11/17/2017

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.

SEE ATTACHED

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 11.17.2017
~~Partial~~ - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 606-17
Rec'd Date 11.17.2017
Ready Date 11.17.2017
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

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

RG
Custodian Signature

11.17.2017
Date

TOWNSHIP OF WEEHAWKEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

607

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 11/20/2017

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
11/12/2017	To	11/18/2017

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 11.20.2017
Denied - Closed _____
Filed - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 607-17
Rec'd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

NOV 20

PR G

Custodian Signature 11.20.2017 Date

608

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 Leonard MI J. Last Name Altamura

E-mail Address [redacted]

Mailing Address 4000 Bergenline Ave.

City UE. 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 11/20/17

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 11/12/19 to 11/19/17.

thank you!
LJA

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.

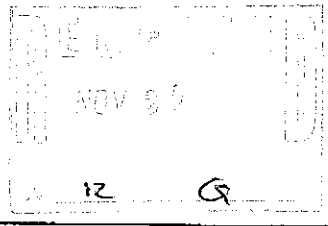
In Progress - - Open 12.01.2017
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 608-17
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided



Custodian Signature 11.20.2017 Date

609

VENINO
AHMAD
RUTIGLIANO
DAHBOUL

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 Julie MI _____ Last Name Urell

E-mail Address [redacted]

Mailing Address 380 Jackson St, Ste 300

City St. Paul State MN Zip 55101

Telephone [redacted] FAX _____

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

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

Signature _____ Date 10.27.17

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.

Please email me an Excel spreadsheet listing all employee job titles (job classes) in the organization. For each job class, please provide the number of Full Time Equivalent (FTE) employees in the job class, minimum annual base salary for the job class (assume 1.0 FTE), the maximum annual base salary for the job class, the average actual annual salary for the job class, Fair Labor Standards (FLSA) classification for the job class, and average years of service for all incumbents in the job class.
In the same email, provide a summary of insurance and time-off benefits provided to Full Time employees. This information can be provided in the body of the email or, preferably, as an attachment to the email.

AGENCY USE ONLY

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

Deposit Date _____

COPY

AGENCY USE ONLY

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

In Progress - Open 12.04.2017
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 609-17
Recd Date _____
Ready Date _____
Total Pages _____

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

Records Provided

RECEIVED
NOV 20
BY R G

Custodian Signature

11-20-2017
Date

612

TOWNSHIP OF WEEHAWKEN
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Jose MI F Last Name Fernandez

E-mail Address [redacted]

Mailing Address 7 Shelby Ct.

City Paramus State NJ Zip 07652

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 11/20/17

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 11/14/17 through 11/20/17.

AGENCY USE ONLY

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

Deposit Date ___

AGENCY USE ONLY

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

In Progress - Open 12-01-2017
Denied - Closed ___
Filed - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 612-17
Rec'd Date ___
Ready Date ___
Total Pages ___

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

Records Provided

[redacted] NOV 20

R G

Custodian Signature

11.20.2017
Date