#17-482

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name Caitlin MI ____ Last Name Mota

E-mail Address cmota@gjournal.com

Mailing Address 1 Harmon Place

City Secaucus State NJ Zip 07094

Telephone 201-273-4205 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 Caitlin Mota Date 7/31

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.

Current list of all city employees, titles, and salary (payroll)

RECEIVED
2017 AUG -1 A 10:32
LAW DEPARTMENT
BAYONNE, 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 ____
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 or his Assignee Signature ____ Date ____

#17-483

BAUER
TRIAL PREPARATION

WWW.BAUERTRIALPREP.COM

Main Office | 210 Summit Avenue | Montvale, New Jersey 07645 | Tel: 201-802-9660 | Fax: 201-802-9663

NYC Office | 95 Horatio Street | New York, New York 10014 | Tel: 914-907-5457 | Fax: 201-802-9663

July 25, 2017

City of Bayonne
Office of the City Clerk
630 Avenue C
Bayonne, New Jersey 07002

Attn: Records Custodian

Re:	***Insured:***	***All Pro Development LLC***
	Injured:	***Michael Haytas***
	Date of Loss:	***October 23, 2014***
	Loss Location:	***638-640 Broadway, Bayonne, NJ***

Dear Sir or Madam:

Our office is working on behalf of AmTrust North America with reference to the above-mentioned matter.

By this letter, we are making a formal OPRA request for the complete copy of the Division of Community Development file pertaining to the construction performed by CC1 Construction Inc. and All Pro Development LLC during the year 2014 with regard to the installation of sidewalks, walkways, and poles for parking meters, etc. at 638-640 Broadway, Bayonne, NJ including but not limited to the following:

- All plans, specifications and/or blueprints;
- All contracts;
- All permits and approvals;
- All inspection report(s);
- All photographs; and,
- All invoice(s).

If there is a fee for this request, please notify us and our office will remit payment promptly.

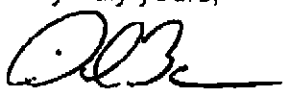
Our preferred method of delivery is pick up or email to amzarfy@bauertrialprep.com.

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
Aug. 1

If you have any questions or require additional information please feel free to contact Annette Irizarry of our office at airizarry@bauertrialprep.com or at (201) 802-9660.

Thank you for your courtesy in this matter.

Very truly yours,



Derek Bauer

:ai

#17-484

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name MICHAEL MI G Last Name MALADY

E-mail Address MIKEGUF72@GMAIL.COM

Mailing Address 29 CLOVER LANE

City UPPER SADDLE RIVER State NJ Zip 07458

Telephone 2017863559 FAX 3997222

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

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

Signature _____ Date 7/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

ANY OPEN PERMITS ON 62 PROSPECT AVE
ANY OIL TANKS REMOVED OR PERMITS
EVER PULLED TO REMOVE OIL TANK
IS IT A LEGAL 2 FAMILY WITH A
TOTAL OF 4 LEGAL BEDROOMS

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
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 JUL 31 P 1:40

Aug. 1

Custodian or his Assignee Signature Date

#17-485

CITY OF BAYONNE

OFFICE OF THE CITY CLERK
MUNICIPAL BUILDING
630 Avenue C
Bayonne; New Jersey 07002
Tel. (201) 858-6029
Fax (201) 823-4391

REQUEST UNDER OPEN RECORDS ACT

Received: 7/31/17 **Date of Response:** _____

Name: Linda J. Hockstein, Esq.

Address: 660 Broadway
Bayonne, NJ 07002

Telephone [Day] 201-823-1700

E-mail: linda@hocksteinlaw.com Fax #: 201-437-5334

Information Requested:

Information on a Specific Property Block 361 **Lot** 41
32 Edwards Court, Bayonne

[ ] **Municipal Lien Search Certificate Fee:** _____

[ ] **Municipal Lien Search Information Only Fee:** _____

[ ] **Municipal Improvement Search Certificate Fee:** _____

[ ] **Municipal Improvement Search Information Only Fee:** _____

[ ] **Municipal Tax Search Certificate Fee:** _____

[ ] **Municipal Tax Search Information Only Fee:** _____

[ ] **Property Assessment Information Fee:** _____

[ ] **List of Property Owners within 200' Fee:** _____

[ ] **License Information [Specify]** _____

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 JUL 31 P 1:52

Aug-1

[ ] Copy of Minutes [specify date]
City Council _____
Planning Board _____
Zoning Board of Adjustment _____
Other _____

[ ] Police Accident Report (Fee): _____

Date & Names _____

[X] Other [specify] any + all tank paperwork for the property located at 32 Edwards Court, Bayonne

The applicant acknowledges that in any case where items of public record regarding municipal liens or municipal improvement ordinances are provided and the applicant is not requesting certificates as provided in *N.J.S.A.* 54:5-11, et seq. or *N.J.S.A.* 54:5-18.5, neither the applicant nor any third party may assert any claim for damages against the City of Bayonne or its officers or employees nor shall any act of the applicant constitute or be construed as creating an estoppel as to the City of Bayonne's right to collect any outstanding balance or lien.

The information requested will be ready on _____

Estimated Number of Pages _____

Estimated Cost _____

Deposit [shall not be less than the estimated cost] _____
The public records requested will normally be available within four [4] business days, except that:

1. no tax or lien searches will be processed five [5] business days before and ten [10] business days after the quarterly due date for taxes [February 1, May 1, August 1, November 1];

2. no tax or lien searches will be processed two [2] business days before and after a tax sale;

3. fifteen [15] days for a certificate as to municipal taxes, liens or improvements;

4. minutes of public meetings will be available within two [2] business days after the minutes have been approved by the Council or Board;

#17-486

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name Ruhee MI ____ Last Name Sabnis

E-mail Address ruhee@remj.com

Mailing Address 1135 clifton ave ste 8

City clifton State nj Zip 07013

Telephone 9738943004 FAX 9736854874

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

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

Signature ____ Date 07/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Property Address -
920 KENNEDY BLVD, BAYONNE
assessor card
rent register
Underground Oil tank at the property
rent register
vacant / abandoned property list
open permits / fines
delinquents taxes / fees
zoning

Aug V

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CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 JUL 28 P

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 or his Assignee Signature ____ Date ____

#17-487

CITY OF BAYONNE

OFFICE OF THE CITY CLERK
MUNICIPAL BUILDING
630 Avenue C
Bayonne; New Jersey 07002
Tel. (201) 858-6029
Fax (201) 823-4391

REQUEST UNDER OPEN RECORDS ACT

Received: 8/1/17 Date of Response: _____

Name: Linda J. Hockstein, Esq.

Address: 660 Broadway
Bayonne, NJ 07002

Telephone [Day] 201-823-1700

E-mail: linda@hocksteinlaw.com Fax #: 201-437-5334

Information Requested:

Information on a Specific Property Block 363 Lot 1901 & 1902
33-37 Trask Ave, Bayonne

[ ] Municipal Lien Search Certificate Fee: _____

[ ] Municipal Lien Search Information Only Fee: _____

[ ] Municipal Improvement Search Certificate Fee: _____

[ ] Municipal Improvement Search Information Only Fee: _____

[ ] Municipal Tax Search Certificate Fee: _____

[ ] Municipal Tax Search Information Only Fee: _____

[ ] Property Assessment Information Fee: _____

[ ] List of Property Owners within 200' Fee: _____

[ ] License Information [Specify] _____

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 JUL 32 P 2:25

[ ] Copy of Minutes [specify date]
City Council _____
Planning Board _____
Zoning Board of Adjustment _____
Other _____

[ ] Police Accident Report (Fee): _____

Date & Names _____

[X] Other [specify] any & all tank paperwork for the property located at 33-37 Mask Ave.

The applicant acknowledges that in any case where items of public record regarding municipal liens or municipal improvement ordinances are provided and the applicant is not requesting certificates as provided in *N.J.S.A.* 54:5-11, et seq. or *N.J.S.A.* 54:5-18.5, neither the applicant nor any third party may assert any claim for damages against the City of Bayonne or its officers or employees nor shall any act of the applicant constitute or be construed as creating an estoppel as to the City of Bayonne's right to collect any outstanding balance or lien.

The information requested will be ready on _____

Estimated Number of Pages _____

Estimated Cost _____

Deposit [shall not be less than the estimated cost] _____
The public records requested will normally be available within four [4] business days, except that:

1. no tax or lien searches will be processed five [5] business days before and ten [10] business days after the quarterly due date for taxes [February 1, May 1, August 1, November 1];

2. no tax or lien searches will be processed two [2] business days before and after a tax sale;

3. fifteen [15] days for a certificate as to municipal taxes, liens or improvements;

4. minutes of public meetings will be available within two [2] business days after the minutes have been approved by the Council or Board;

#17-488

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
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Requestor Information – Please Print

First Name Linda MI ____ Last Name Standish

E-mail Address ____

Mailing Address 39 E 28 ST

City Bayonne State NJ Zip 07002

Telephone ____ 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 L. Standish Date 8/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copy of Fire report on Fire AT 39 E 28 ST
on Monday 7/31/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 AUG -2 P 12:01

Custodian or his Assignee Signature ____ Date ____

#17-489

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

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Requestor Information – Please Print

First Name TIFFANY MI ____ Last Name BRICKHOUSE
E-mail Address TIFFANYLNG02@GMAIL.COM
Mailing Address WEICHERT, REALTORS - 151 B LEFANTE WAY
City BAYONNE State NJ Zip 07002
Telephone (973) 370-3585 FAX (201) 339-7745
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

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

Signature _____ Date 8/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Please advise of any record of decommissioned oil tank for the following property:

80 EAST 28TH ST
BAYONNE, NJ 07002

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 AUG -2 P 2:12

Custodian or his Assignee Signature ____ Date ____

#17-490

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name RON MI E Last Name ZEITLINGER
E-mail Address rzeitlinger@njjournal.com
Mailing Address 1 HARMON PLAZA - SUITE 1010
City SECAUCUS State NJ Zip
Telephone (201) 217-2429 FAX (201) 468-5100 / 5101
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓

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

Signature [signature] Date 8/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

THE JERSEY JOURNAL WOULD LIKE TO REQUEST, UNDER OPRA AND UNDER COMMON LAW, A COPY OF THE CONTRACT WITH THE LAW FIRM "LUM, DRASCO + POSITAN" TO LITIGATE THE "EVENING JOURNAL VS. BAYONNE" CASE, DOCKET # HUD-L-2103-17;
AND A COPY OF THE INVOICES – NUMBER OF HOURS WORKED AND AMOUNT OWED – THE LAW FIRM HAS BILLED THE CITY RELATED TO HUD-L-2103-17

Ron Zeitlinger

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

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 AUG -2 P 3:03

Custodian or his Assignee Signature Date

#17-491

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.

If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name Dennis MI ____ Last Name Seecharan

E-mail Address mycommunityrealty@gmail.com

Mailing Address 232 Old Bergen Rd, Jersey City, NJ.

City Jersey City State NJ Zip 07305

Telephone 201-844-8801 FAX 201-595-0286

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 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 Dennis Seecharan Date 8/2/17

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.

Please supply me with any or all permits that was open or/and closed on the below property.

Property: 25 W 52nd St

Block: 40 Lot: 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
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

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

AGENCY USE ONLY

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

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

Records Provided

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 AUG -2 P 3:04

Custodian or his Assignee Signature ____ Date ____

#17-492

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

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If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name Naji MI ____ Last Name Filali

E-mail Address nfilali@percipientstrategies.com

Mailing Address 1011 1st Street, SE

City Washington State DC Zip 20003

Telephone 845-709-4983 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 8/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I request any and all premise history, calls for service, and incident reports pertaining to the following address within the designated time period from the Bayonne Police Department: 73 W 9th St, Bayonne, NJ 07002 (December 1, 1993 - April 30, 2002). If search by name is possible, I request any and all such records referencing "Brian Wilton."

RECEIVED
2017 AUG -3 A 10:19
LAW DEPARTMENT
BAYONNE, NEW JERSEY

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

#17-493

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 et seq.

Requestor Information – Please Print

First Name Gina MI ____ Last Name Gros

E-mail Address ggros@gallassurvey.com

Mailing Address Gallas Surveying Group, 2865 US Route 1

City North Brunswick State NJ Zip 08902

Telephone 732-422-6700 FAX 732-940-8786

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

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

Signature _____ Date 8/3/17

Payment Information

Maximum Authorization Cost $ 50.00

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.

I would like to obtain the following information pertaining to the properties located at 197-205 Avenue E, 33-43 East 19th Street and 4 Standard Place, Lots 8, 9, 10, 11, 12 & 13, Block 221 in the City of Bayonne, NJ:

1. Most current surveys and site plans you may have on file
2. Any mapping illustrating the location of the water and sewer lines running within the property area, as well as any possible connections to the buildings

Our office is preparing a Boundary & Topographic Survey of these properties and will utilize any mapping provided solely for reference purposes on same.

Thank you for your help and kindly contact me with any questions.

GSG Project #G17190

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 or his Assignee Signature ____ Date ____

RECEIVED
2017 AUG 19 A 10:
CITY CLERK'S DEPARTMENT
BAYONNE, NEW JERSEY

#17-494

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name William MI ____ Last Name Archiello
E-mail Address TaxiArch@aol.com
Mailing Address 6 Bahia Court
City Brick State NJ Zip 08723
Telephone 201-376-1614 FAX 201-858-0006
Preferred Delivery: Pick Up X US Mail ____ On-Site Inspect ____ Fax X E-mail ____

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature William Archiello Date 8/3/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

(Cash) Check Money Order

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

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

I need paperwork for the home I own at 31 West 26th Street, Bayonne, NJ. stating that the oil tank was properly decommissioned. I had paperwork on it when it was done and I need a replacement of it.

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 **Final Cost**
Tracking # ____ Total ____
Rec'd Date ____ Deposit ____
Ready Date ____ Balance Due ____
Total Pages ____ Balance Paid ____
Records Provided

Custodian or his Assignee Signature Date

RECEIVED CITY CLERK'S OFFICE BAYONNE, N.J. 2017 AUG 3 P 1:01

#17-495.

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name Steven MI M. Last Name Rozek

E-mail Address srozek@matrixneworld.com

Mailing Address Matrix New World Engineering, 26 Columbia Turnpike

City Florham Park State NJ Zip 07932

Telephone 973-240-1800 FAX 973-240-1818

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

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

Signature _____ Date 8/3/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Matrix is performing an environmental due diligence for the G. Thomas DiDomenico (City) Park located at West 17th Street and the foot of O'Brien Court in Bayonne, Hudson County, NJ (Block 21, Lots 13 and 14). This site is currently improved with mixed use athletic fields, tennis courts, a gazebo, bathrooms, open space, vehicular parking, and a portion of Newark Bay. Matrix is requesting information and files including but not limited to, remedial action and permits, underground storage tanks, above ground storage tanks, tanks and building permits, health and environmental violations, discharges/releases of petroleum and hazardous material, spills, EPA correspondence, inspections, health and environmental investigations, historic property ownership, existing and former tenants, fires, potable wells, monitoring wells, septic systems, and other records not listed herein.

RECEIVED
2017 AUG -3 P 2:38
LAW DEPARTMENT
BAYONNE, 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 _____
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 or his Assignee Signature _____ Date _____

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

#17-496

Open Record Officer
BAYONNE CITY
630 Avenue C
Bayonne, NJ 07002

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

Under the provisions of the NJ Open Records Law. We are requesting access to the following information: We are asking for information about your **mail machine**, or postage equipment from Manufacturers Neopost, Hasler, MailFinance, Francotyp Postalia (FP Mailing), or Pitney Bowes

A copy of the MOST RECENT, CURRENT lease agreements or Most Recent Purchase Order for your current mailing equipment which shows lease commencement date and term of contract for mail machine from vendors Neopost, Hasler, Pitney Bowes, FP Mailing

Or

If the equipment was purchased, we are requesting a copy of your MOST RECENT meter rental bill, equipment rental bill, and maintenance / service contract bill or bill from last service call.

We will entertain suggestions you feel will make my request more responsive and thereby ensure that you can meet our request. If possible we would like to have the data sent to us at the address below.

Please email your request to me at adorward@printandmailing.net or mail to my attention at:

Print Management Solutions
Attn: Amy Dorward
P O Box 350
Trexlertown, PA 18087

If all or any part of this request is denied, please cite the specific exemption(s) that you think justifies your refusal to release the information, and inform me of the appeal procedures available to me under the law.

We would appreciate you handling this request as quickly as possible, and look forward to hearing from you.

Respectfully,

Amy Dorward
P O Box 350
Trexlertown, PA 18087

#17-497

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name Steven MI M. Last Name Rozek

E-mail Address srozek@matrixneworld.com

Mailing Address Matrix New World Engineering, 26 Columbia Turnpike

City Florham Park State NJ Zip 07932

Telephone 973-240-1800 FAX 973-240-1818

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

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

Signature _____ Date 8/3/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Matrix is performing an environmental due diligence for a Site located Between 24th and 25th Street, Bayonne, Hudson County, NJ (Block 21, Lot 3). This site is currently improved with several single-story structures and also consists of vacant land and a portion of Newark Bay. Matrix is requesting information and files including but not limited to, remedial action and permits, underground storage tanks, above ground storage tanks, tanks and building permits, health and environmental violations, discharges/releases of petroleum and hazardous material, spills, EPA correspondence, inspections, health and environmental investigations, historic property ownership, existing and former tenants, fires, potable wells, monitoring wells, septic systems, and other records not listed herein.

RECEIVED
2017 AUG 3 P 3:36
CITY CLERK
BAYONNE, 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 _____
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 or his Assignee Signature _____ Date _____

#17-498

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name Walter MI A. Last Name Dickerhof
E-mail Address wallyad@live.com
Mailing Address 3 Parkside Lane
City Bayonne State NJ Zip 07002
Telephone 201-724-8129 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 W. A. D Date 8/3/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requested are all applications for any government assistance programs submitted by Richard M. Young and/or Omayra Olmo of 3 Parkside Lane, Bayonne, New Jersey 07002. These programs include, but are not limited to, Home Energy Assistance, Food Stamps, Section 8 Housing Assistance, General Assistance, and Medicaid. Specifically sought are those applications received by the Bayonne Equal Opportunity Fund and/or any other office within the City of Bayonne, which, with respect to these programs, has the authority over and/or the responsibility for the administration thereof; the processing of paperwork related thereto; or, to any degree, the management thereof.

Also requested are all applications submitted for private handicap parking spaces by Richard M. Young and/or Omayra Olmo of 3 Parkside Lane, Bayonne, New Jersey 07002.

Lastly requested are any and all documents submitted in support of and/or conjunction with the aforementioned applications. These documents include, but are not limited to, rental agreements (apartment), utility statements (gas & electric), telephone statements, financial loan documents, and bank account statements.

All records and documents requested herein are those which were submitted and/or generated from December 1, 2014 through the date of receipt of this request (August 3, 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 ___
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
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002

Custodian or his Assignee Signature Date

#17-499

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name Dan MI ____ Last Name Asia

E-mail Address Danielasia74@gmail.com

Mailing Address 17 E. 37th

City Bayonne State NJ Zip 07002

Telephone (201)232-8252 FAX ____

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

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

Signature [signature] Date 8-3-17

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.

Fire report of 2017-2746 19 E 37th St.

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
CITY CLERK'S OFFICE
BAYONNE, NJ 07002
2017 AUG -3 P 1:59

Custodian or his Assignee Signature ____ Date

#17-500

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name Carmella MI ____ Last Name Laudando

E-mail Address Carmella.Laudando@gmail.com

Mailing Address 15 West 29th St.

City Bayonne State NJ Zip 07002

Telephone 201-230-7250 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 [signature] Date 8/4/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide any information regarding a tank removal at 11 East 25th Street.
Any information can be emailed to
CArmella.Laud@gmail.com
Thank You.
I can also be reached at 201-230-7250

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J.

Custodian or his Assignee Signature ____ Date ____

#17-501

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name DIANE MI M Last Name BRENNAN
E-mail Address dianebrennan12l6@gmail.com
Mailing Address 82E 29th ST
City Bayonne State NJ Zip 07002
Telephone 2012320793 FAX
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail _____

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

Signature [signature] Date 8-4-17

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.

525 BROADWAY

(B) 189 (L) 20

VIOLATIONS / MEL SCHARF

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 or his Assignee Signature _____ Date

RECEIVED
2017 AUG -4 P 3:28
CITY CLERK'S DEPARTMENT
BAYONNE, NEW JERSEY

#17-502

CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6029
Fax (201) 823-4391
Robert F. Sloan, Esq., Records Custodian

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne.
If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 *et seq.*

Requestor Information – Please Print

First Name Andrew MI ____ Last Name Dobson

E-mail Address timothy.dobson@pemco-limited.com

Mailing Address 4600 South Ulster Street, Ste 530

City Denver State CO Zip 80237

Telephone 720-509-3243 FAX 303-284-8026

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 08/05/2017

Payment Information

Maximum Authorization Cost $ 0.00

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.

Any open permits/code violations currently pending on the referenced property address

95 W 43rd Street, Bayonne, NJ, 07002
Block: 00
Lot: 00

35 East 40th Street, Bayonne, NJ, 07002
Block: 00
Lot: 00

Also, if there is any ordinance relating to vacant property registration requirements, can I be emailed a copy. If there is no ordinance, can I be emailed there is no vacant property registration ordinance.

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 or Her Authorized Signature ____ Date ____

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