



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



#17-578

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 Ameer MI M. Last Name Alateek
E-mail Address AALATEEK@GMAIL.COM
Mailing Address 177 Clendenny Ave. 2nd Fl.
City Jersey City State NJ Zip 07304
Telephone 201-779-7219 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 09/05/2017

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.

Records of Permits / Violations /

Ready to sign Lease for commercial use.

I like to make sure this will not effect
of occupancy for my business

(1052 Broadway)

RECEIVED
2017 SEP 5 P 12:38
LAW DEPARTMENT
BAYONNE NEW JERSEY

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY		
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information		Final Cost	
Est. Delivery Cost	_____		Tracking #	_____	Total	_____
Est. Extras Cost	_____		Rec'd Date	_____	Deposit	_____
Total Est. Cost	_____		Ready Date	_____	Balance Due	_____
Deposit Amount	_____		Total Pages	_____	Balance Paid	_____
Estimated Balance	_____	Records Provided				
Deposit Date	_____	In Progress	-	Open	_____	
		Denied	-	Closed	_____	
		Filled	-	Closed	_____	
		Partial	-	Closed	_____	
		Custodian or his Assignee Signature _____ Date _____				



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Phone (201) 858-6029

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Robert F. Sloan, Esq., Records Custodian



#17-579

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Requestor Information - Please Print

First Name	Donna	MI		Last Name	Kmec
E-mail Address	moneycow12@aol.com				
Mailing Address	185 Broadway				
City	Bayonne	State	NJ	Zip	07002
Telephone	201-401-8462	FAX	201-823-2810		
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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	[Signature]			Date	9/1/17

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Special service charge 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.

- All permits filed for 63-65 Humphrey Ave. Bayonne, NJ.

- Any paper work decommissioning oil tank on property.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
2017 SEP - 1 P 38			
BAYONNE, N.J. 07002			
CITY CLERK'S OFFICE			
RECEIVED			
Custodian or his Assignee Signature		Date	

#17-580

INFINITY RESEARCH GROUP, LLC
∞ LITIGATION & TRIAL SUPPORT SERVICES ∞

THOMAS DELLO RUSSO JR.
LICENSED PRIVATE INVESTIGATOR

30 CASSON LANE
WEST PATERSON, NEW JERSEY 07424
(973) 653-5392 FX: (973) 225-9925
SKIPTRACE@OPTONLINE.COM

9/5/2017

Municipal Clerk
City of Bayonne
630 Avenue C
Bayonne, NJ 07002
VIA EMAIL: rsloan@baynj.org

Attention: Custodian of Records

Re: Client: Roshell C Lopez
D/A: 04/14/2014
File: NG-17-0901_lop

Request for Documents Pursuant to the New Jersey "Open Public Records Act".
Request for Documents Pursuant to the New Jersey Common Law (Right to Know).

To the Custodian of Records,

The undersigned is currently conducting an investigation pursuant to N.J.S.A. 45:19-9* on behalf of a party with a direct interest in the materials requested below, Roshell Lopez and her attorney Norberto Garcia Esq. The request is for the following documents.

Police Department:

1. Please provide a copy of CAD Event Logs/Detail Sheets for Calls for Service which occurred between January 1 of 2012 and May 1 of 2014 for any of the following addresses and/or keywords:

1. 372 Broadway
2. 374 Broadway
3. 376 Broadway
4. 378 Broadway
5. "Firestone Auto Repair"

Division of Community Development-or Appropriate Department:

2. Please provide a copy of permits, inspections, violations, summons, related to the maintenance of the sidewalk or external elements of the property held by the department for the period 01/01/2012 through 04/30/2014 for the property commonly known as "372 274 Broadway", designated Block 232, Lot 40.
3. In addition please provide copies of permits and/or violations issued as described in part 1 above to the following company:
 - a. 372-374 Broadway LLC

*The undersigned is a Licensed Private Investigator and is requesting the materials pursuant to statutory authority i.e., N.J.S.A. 45:9- Subsection (9) "the securing of evidence to be used before any investigating committee, board of award, board of arbitration, or in the trial of any civil or criminal cause".

RECEIVED
2017 SEP-5 PM 3:49
LAW ENFORCEMENT
BAYONNE, NEW JERSEY

INFINITY RESEARCH GROUP, LLC
∞ LITIGATION & TRIAL SUPPORT SERVICES ∞

THOMAS DELLO RUSSO JR.
LICENSED PRIVATE INVESTIGATOR

30 CASSON LANE
WEST PATERSON, NEW JERSEY 07424
(973) 653-5392 FX (973) 225-9925
SKIPTRACE@OPTONLINE.COM

9/5/2017

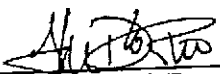
Tax Assessor or Appropriate Department:

Copy of the most recent Deed on file for the address commonly known as "372 274 Broadway", designated Block 232, Lot 40.

Please contact the undersigned if you have any questions or require additional information.

Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, of any other state, of the United States, and I am not seeking government records containing personal information pertaining to the victim of a crime or the victim's family

SUBMITTED BY:


THOMAS DELLO RUSSO JR.
LICENSED PRIVATE INVESTIGATOR
STATE OF NEW JERSEY - ID: 4948

DATE: 9/5/2017

TDR:dns

*The undersigned is a Licensed Private Investigator and is requesting the materials pursuant to statutory authority i.e., N.J.S.A. 45:9- Subsection (9) "the securing of evidence to be used before any investigating committee, board of award, board of arbitration, or in the trial of any civil or criminal cause".



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Robert F. Sloan, Esq., Records Custodian



#17-581

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 Allan MI _____ Last Name BlutsteinE-mail Address ablutstein@americarisingllc.comMailing Address 1500 Wilson Blvd., 5th Fl.City Arlington State VA Zip 22209Telephone (703) 672-3776 FAX _____Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail XIf you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.Signature _____ Date 9-5-17

Payment Information

Maximum Authorization Cost 5

Select Payment Method

Cash _____ Check _____ Money Order _____

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

Extras: Special service charge dependent upon request.

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Any email sent by the Mayor since August 17, 2017 that mentions or refers to U.S. Sen. Bob Menendez.

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 SEP -5 P 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 # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____

Records Provided _____

Custodian or his Assignee Signature _____

Date _____



CITY OF BAYONNE

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Phone (201) 858-6029

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



#17-582

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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 ZIA MI MI Last Name SAAIKH

E-mail Address ZIA@MYARPP.COM

Mailing Address 4400 Rt 9 UNIT 1000

City FREEDOLD State VT Zip 05728

Telephone 732-766-5466 FAX 732-200-1071

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

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

Signature [Signature] Date 9/5/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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- ① Last TEN years (10) of REVENUE/FEE'S/FINES collected by Bayonne from ALL traffic violations, including title 39, parking and moving violations.
- ② Oath of office for Judge Frank T. CARPENTER III.
- ③ Date of hire and corresponding salary and current salary info paid.
- ④ Bayonne P.O. KAISER Badge #240 online employment history, including disciplinary actions taken.

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

Records Provided BY: CITY DEPARTMENT
BAYONNE, NEW JERSEY

017 SEP - 6 A 11: 24

Custodian or his Assignee Signature _____ Date _____

RECEIVED

#17-583.



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 Andrea MI _____ Last Name Slowikowski
 E-mail Address andrea.slowikowski@gmail.com
 Mailing Address 2 Glenwood Ave
 City Demarest State NJ Zip 07627
 Telephone 201-803-0647 FAX 201-750-1943
 Preferred Delivery: Pick Up _____ On-Site _____ Fax ☒ E-mail _____
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~(HAVE NOT)~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 9/6/17

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.

Requesting the most current registered rents for 67 Andrew Street, Bayonne. I already spoke with Joanne in Rent Control who instructed me to fill out this form. 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 # _____ Total _____
 Rec'd Date _____ Deposited _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____
 Records Provided 0
 Custodian or his Assignee Signature _____ Date _____

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, NJ 07002
 2017 SEP 27

#17-584



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 Mindy MI Last Name Weinberg
 E-mail Address Fails@enafco.com
 Mailing Address 3 Lodi Lane
 City Monsey State NY Zip 10952
 Telephone 845-354-7071 FAX 845-362-5180
 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 Mindy Weinberg Date 9/6/17

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
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27-41 PROSPECT AVENUE
 Bayonne, NJ 07002

Section: 901

Block: 455

LOT: 1, 2, and 3.

Please provide documentation concerning above ground / underground heating oil storage tanks (ASTs/USTs), spills, leaks, and site remediation at the property listed above.

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 # 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. 07002
 SEP 11 2017
 A 11:20



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



#17-585

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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 ADOLPHUS MI _____ Last Name FERNANDEZ
E-mail Address afernandez@gmail.com
Mailing Address 372 WHITE OAK RIDGE ROAD
City SHIRT HILL State NJ Zip 07078
Telephone 201.709.5003 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 A Fernandez Date 9/6/17

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
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Bayonne - Vacant House List - Also
(Homes with Fire Dept Red Signs)
- Vacant Lot List

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 # _____ 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. 07002
JUN 17 2017
A 11:40



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



#17-586

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Requestor Information - Please Print

First Name	Sylvia	MI	M	Last Name	Whitcomb
E-mail Address	s.whitcomb@constructionjournal.com				
Mailing Address	400 SW 7th Street				
City	Stuart	State	FL	Zip	34994
Telephone	800-785-5165 x438		FAX	888-825-6297	
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 ~~KXANK~~ / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Sylvia Whitcomb Date 09/06/2017

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.	

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Good Afternoon,

May I get a copy of the Building Permit for the 162-170 Avenue F and 23rd Street Luxury Apartments by Parkview Realty Holdings, LLC?

The permit should have been issued 2016-present

Thank you so much,

Sylvia

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		Total	_____
Tracking #	_____	Deposit	_____
Rec'd Date	_____	Balance Due	_____
Ready Date	_____	Balance Paid	_____
Total Pages	_____	Records Provided	_____

Custodian or his Assignee Signature _____ Date _____

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, NJ 07002
SEP - 11 11:00

#17-587



CITY OF BAYONNE

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Requestor Information - Please Print

First Name Erlinda MI Last Name Garcia
 E-mail Address erlinda.garcia358@gmail.com
 Mailing Address 887 Broadway Ave
 City Bayonne State NJ Zip 07002
 Telephone 201.437.0411 FAX 201.437.9978
 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 Erlinda Garcia Date 8/16/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
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Good afternoon!

My name is Erlinda Garcia and I am a Realtor with Exit on the Hudson Realty. I am currently working with a buyer who is under contract to purchase a property located at 40 Humphrey Ave. Bayonne NJ 07002. Could you please provide me all permits, construction records, and anything pertaining to this property that you may have on record. Thanks in advance!

Regards,

Erlinda Garcia

2017 SEP 11 A 8:30
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 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
 Filed - Closed
 Partial - Closed

AGENCY USE ONLY

Tracking Information
 Tracking # Total
 Rec'd Date Deposit
 Ready Date Balance Due
 Total Pages Balance Paid
 Records Provided
 Custodian or his Assignee Signature Date



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002

Phone (201) 858-8029

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



#17-588

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 Anthony MI Last Name Randin

E-mail Address ant.randin@gmail.com

Mailing Address 232 Old Bergen Rd.

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 ☒ E-mail ☐

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

Signature [Signature] Date 9/6/17

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.

Please supply me with any or all open or closed permits.

Property: 47 Homphrey Ave
Block 364
Lot 26

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 SEP - 7 A 8:30

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 #	<u> </u>	Total <u> </u>
Rec'd Date	<u> </u>	Deposit <u> </u>
Ready Date	<u> </u>	Balance Due <u> </u>
Total Pages	<u> </u>	Balance Paid <u> </u>
Records Provided		
Custodian or his Assignee Signature <u> </u>		Date <u> </u>



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



#17-589

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 Rebeca MI Last Name Garofalo

E-mail Address RGAROFALO@solutionsenvironmental.com

Mailing Address 5 Marine View Plaza - Suite 401

City Hoboken State NJ Zip 07030

Telephone 201-876-9400 FAX

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

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

Signature [Signature] Date 9/6/17

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.

Please see attached letter

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 SEP - 7 A 8:29

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

AGENCY USE ONLY

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

In Progress - Open

Denied - Closed

Filled - Closed

Partial - Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided			
Custodian or his Assignee Signature <u> </u>		Date <u> </u>	

#17-590



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

Boston

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 Robert MI T Last Name Dunlap

E-mail Address rd@fitchlp.com

Mailing Address Fitch Law Partners, 1 Beacon Street

City Boston State MA Zip 02108

Telephone 617-542-5542 FAX 617-542-1542

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒ Email preferred

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 Robert F. Sloan Date 9-6-17

Payment Information

Maximum Authorization Cost \$

Selected 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 request any and all documents concerning problems, defects, testing, performance and/or failures of the LoJack tracking device known as the VLU7 SP.

LoJack initiated a recall of VLU7-SP units because they are defective.

We are interested in knowing when the problems first arose and what was communicated.

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 SEP - 7 A 8:29

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

#17-591



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002

Phone (201) 858-8029

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 Stephanie MI Last Name Mena
 E-mail Address Stephanie@realestatenj.com
 Mailing Address 1 Marine Plaza,
 City North Bergen State NJ Zip 07047
 Telephone 201-868-0300 FAX 201-868-6055
 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 Stephanie Mena Date 9/7/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc.) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

Please send me the registered rent for
 98-100 West 33rd Street, Bayonne

Thank you,
 Stephanie

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 SEP - 7

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 # Total Final Cost
 Rec'd Date Deposit
 Ready Date Balance Due
 Total Pages Balance Paid
 Records Provided
 Custodian or his Assignee Signature Date



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



#17-592

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	PETER DEIRROSSO MI	Last Name	DEIRROSSO	
E-mail Address	PTRDLRSS536@GMAIL.COM			
Mailing Address	120 OLD TURNPIRE RD			
City	PORT MURRAY	State	NY	
Zip	07865			
Telephone	908-246-6933			
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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.				
Signature			Date	SEPT 7, 2017

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order
Fees:	Letter size pages - \$0.05 per page	
	Legal size pages - \$0.07 per page	
	Other materials (CD, DVD, etc) - actual cost of material	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Special service charge dependent upon request.	

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

ALL PERMIT REQUESTS PUT ON.
LISTED PROPERTY (ANY STATUS ON OIL TANK
IF ANY.)
515 AVE A BAYONNE.

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open _____
Denied	- Closed _____
Filled	- Closed _____
Partial	- Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
2017 SEP - 7 P 1:24			
BAYONNE, N.J. 07002			
CITY CLERK'S OFFICE			
RECEIVED			
Custodian or his Assignee Signature		Date	



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

NJ Division of Taxation

First Name Camelia MI J Last Name Lacewell
 E-mail Address lead.cl29@gmail.com
 Mailing Address 2208 Route 208
 City Fair Lawn State NJ Zip _____
 Telephone 201-475-3620 FAX 201-791-8753
 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 C. Lacewell Date 9/7/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

Extras: Special service charge dependent upon request.

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

Property Record Card Request

Block/Lot

57/30 30/48

57/28 177/30

43/6

By NJ Division of Taxation

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 10/13/17 P 2:33

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 # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____

Records Provided

Custodian or his Assignee Signature _____ Date _____



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	<u>Ricardo</u>	MI		Last Name	<u>Acevedo</u>
E-mail Address	<u>the.ricardoacevedo@gmail.com</u>				
Mailing Address	<u>69 Lord Ave Unit 1</u>				
City	<u>Bayonne</u>	State	<u>NJ</u>	Zip	<u>07002</u>
Telephone	<u>845 313 6114</u>		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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>			Date	<u>09/08/17</u>

Payment Information

Maximum Authorization Cost	\$	
Selected 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.

Hello, I'm requesting an OPRA on 69 Lord Avenue Unit 1 Bayonne NJ 07002. The City of Bayonne's Division of Planning/Zoning was contacted on 09/05/17 for an illegal dwelling and other illegal violations dealing with the Fire Department - Donna M. Ward and 2 other men including someone from the fire department then came to the address 69 Lord Ave Unit 1 Bayonne NJ 07002 to inspect what was classified as an illegal dwelling. I need all of these reports to present to the City of Bayonne's Law Department and Tenant/Landlord Issues Department.
Building Inspector

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open
Denied	- Closed
Filled	- Closed
Partial	- Closed

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking #	_____	Total
Rec'd Date	_____	Deposit
Ready Date	_____	Balance Due
Total Pages	_____	Balance Paid
Records Provided		
Custodian or his Assignee Signature		

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 SEP - 8 A 11:30



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002

Phone (201) 858-8029

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 Angela MI L Last Name Bellis

E-mail Address Angela.Bellis@PEMCO-Limited.com

Mailing Address 4800 South Ulster Street, Suite 530

City Denver State CO Zip 80237

Telephone 720-463-9088 FAX 303-284-8026

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 Angela Bellis Digitally signed by Angela Bellis Date 09-11-2017

Payment Information

Maximum Authorization Cost 5

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

PEMCO Limited represents Fannie Mae the owner of record of the property at 150 AVENUE F BAYONNE, NJ 07002 Block 450 / LOT 17.

We would like to confirm if there are any open code violations.

Thank you,

Angela Bellis

Angela Bellis

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 # _____ Total _____

Rec'd Date _____ Deposit _____

Ready Date _____ Balance Due _____

Total Pages _____ Balance Paid _____

Records Provided _____

Custodian or his Assignee Signature _____ Date _____

2017 Sep 11 P 3:34
RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 830 Avenue C, Bayonne, NJ 07002

Phone (201) 858-6020

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



#17-596

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

Payment Information

First Name Sondra MI Last Name Doherty
 E-mail Address sdoherty@pinilishalpern.com
 Mailing Address PinilisHalpern, 160 Morris Street
 City Morristown State NJ Zip 07960
 Telephone 973-998-8680 FAX 973-401-1114
 Preferred Delivery: Pick Up US Mail On-Site 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 NAVEY (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 9/11/17

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 me with the following for property located at: Block 1180, Lot 1, Port Terminal Boulevard.

1) Copies of resolutions issued by the Zoning Board of Adjustment and/or Planning Board for any applications on the property.

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress Open
 Denied Closed
 Filled Closed
 Partial Closed

AGENCY USE ONLY

Tracking Information
 Tracking # Total
 Rec'd Date Deposit
 Ready Date Balance Due
 Total Pages Balance Held
 Records Provided
 Custodian or his Assignee Signature Date 11 SEP 11 P 3 34

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



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



#17-597

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	Mosheer	MI		Last Name	Nader	
E-mail Address	mbush3d@gmail.com					
Mailing Address	48 2nd Ave					
City	Little Falls	State	NJ	Zip	07424	
Telephone	201.344.4636 212-300-7538 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 <u>HAVE</u> / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.						
Signature					Date	September 12, 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 am requesting any/all records pertaining to our property on

69 Lord Avenue
Bayonne, NJ 07002

Most importantly the Certificate of Occupancy.

Thank you

RECEIVED
2017 SEP 12 A 11:29
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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian or his Assignee Signature		Date	

*New Request

#17-598



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

NJ Division of Taxation

Payment Information

First Name Camelia MI J Last Name Lacewell
E-mail Address lead.ctr@gmail.com
Mailing Address 2208 Route 208 (SCAMELIA LACEWELL)
City Fair Lawn State NJ Zip 07410 @TREAS.NJ.GOV.
Telephone 201-475-3620 FAX 201-791-8753
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☒ Fax ☐ E-mail ☐

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.

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 C. Lacewell Date 9/12/2017

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 Record Card Request

Block & Lot

56/38

56/20

39/10

55/28

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 _____

2017 SEP 12 P 4:15
RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002

Custodian or his Assignee Signature

Date



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 Joshua MI Last Name Lancellotti

E-mail Address Joshlance442@gmail.com

Mailing Address 10 Wilbur Street

City Jersey City State NJ Zip 07305

Telephone 9551-655-2891 FAX

Preferred Delivery: Pick US Mail On-Site 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

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.

Hello Ms. La Gatta.
Thank you for speaking w me and assisting me w this request.

I need to see every Bayonne project, approved by the zoning and/or planning board where the parking ratio was less than 1.1 parking for every 1 new unit of rental construction.

(Period; 3-6 months)

Appreciated,
Joshua L.

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 # <u> </u>	Total <u> </u>	Deposit <u> </u>	RECEIVED SEP 13 AM 11:16 CITY OF BAYONNE NEW JERSEY
Rec'd Date <u> </u>	Balance Due <u> </u>	Balance Paid <u> </u>	
Ready Date <u> </u>			
Total Pages <u> </u>			
Custodian or his Assignee Signature <u> </u>		Date <u> </u>	

#17-600

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: 9/13/17 Date of Response: _____Name: Linda J. Hockstein, Esq.Address: 660 BroadwayBayonne, NJ 07002Telephone [Day] 201-823-1700E-mail: linda@hocksteinlaw.com Fax: 201-437-5334Information Requested:Information on a Specific Property Block 224 Lot 42
90 W. 19th St., 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] _____

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BAYONNE, N.J. 07002
2017 SEP 13 P 2:51

☐ Copy of Minutes [specify date]

City Council _____

Planning Board _____

Zoning Board of Adjustment _____

Other _____

☐ Police Accident Report (Fee): _____

Date & Names _____

☒ Other [specify] any & all open permits and violations, and
any & all tank paperwork for the property

located at 90 W 17th St,
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;



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002

Phone (201) 858-6028

Fax (201) 823-4381

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	Lyla Gray-Etherson		MI		Last Name	
E-mail Address	ecoordinator@propertytsolutionsinc.com					
Mailing Address	323 New Albany Road					
City	Moorestown	State	NJ	Zip	08057	
Telephone	856-813-3000 ext245					
				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 <u>HAVE</u> / <u>HAVE NO</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.						
Signature	<i>Lyla Gray-Etherson</i>			Date	9/13/2017	

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.

Property Solutions Inc. is conducting a Phase I Environmental Assessment of the aforementioned property. As part of the property assessment, we wish to determine whether government agencies possess any records on the subject property or area wide issues that the property be included in that include potential environmental concerns. Please provide any information regarding any AST / UST, PCBs, spills / releases, petroleum and hazardous materials use, storage, or disposal activities, vapor intrusion, contaminated groundwater, solid waste disposal, asbestos, deed notices, and activities and use limitations regarding:
59 Hook Road
Block 417, Lot 1
Bayonne, NJ 07002

AGENCY USE ONLY

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CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 SEP 13 P. 3 37



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 ALISON MI _____ Last Name BORELLIE-mail Address alison.borelli@borelliesq.comMailing Address 159 1st StreetCity Hoboken State NJ Zip 07030Telephone 201-595-9857 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 Alison Borelli Esq. Date 9/14/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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

Extras: Special service charge dependent upon request.

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

copy of house card, any upon permits, any violations and oil tank documents for:

576 Avenue E

Bayonne, NJ 07002

Property owners: James & Bernadette Boner

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 # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____

Records Provided

Custodian or his Assignee Signature

Date

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 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 SEP 14 A 9:12



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 Colleen MI J Last Name Flores
E-mail Address ceaj68@aol.com
Mailing Address 25 E. 43rd ST
City Bayonne State NJ Zip 07002
Telephone 201-944-8528 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 Colleen Flores Date 9-14-17

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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

9-5-17 Fire Reports
21:00 hrs - 2300 hours
13 E. 33rd 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 _____
Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____
Records Provided _____
Custodian or his Assignee Signature _____ Date _____

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CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 SEP 14 A 4 13

#17-604



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 Melanie MI E Last Name ORLESKI
 E-mail Address main.Pool@main.Pool.Chemical.com
 Mailing Address 110 Commerce Rd
 City DuPont State Pa Zip 18641
 Telephone 570-655-7211 FAX 570-655-7488
 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 Melanie E. Orleski Date 9-14-17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

I am requesting a copy of the Bid Contract for the Rock Salt for City Streets. Also if you can please provide the previous year bid results.

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 _____
 Records Provided _____
 Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 SEP 14 A 9 48
 Custodian or his Assignee Signature _____ Date _____

#17-605



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002

Phone (201) 858-8029

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 J Last Name AlonsoE-mail Address michaeljalonso@yahoo.comMailing Address 214a Avenue B, Bayonne, NJ 07002City Bayonne State NJ Zip 07002Telephone 201-315-0276 FAX _____Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail XIf you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.Signature [Signature]Date 9-13-17

Payment Information

Maximum Authorization Cost \$ 10.00

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.06 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

- 1.) Any and all police body camera video footage from 9-11-17 of Police Officer Badge # 51 &
- 2.) Any and all police car camera video footage from any and all vehicle cameras used by officer # 51 on 9-11-17 &
- 3.) Any and all tickets, summons, and complaints filled and or written by Officer #51 on 9-09-17 &
- 4.) Any and all tickets, summons, and complaints filled and or written by Officer #51 on 9-10-17 &
- 5.) Any and all tickets, summons, and complaints filled and or written by Officer #51 on 9-11-17 &
- 6.) Any and all tickets, summons, and complaints filled and or written by Officer #51 on 9-12-17.

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AGENCY USE ONLY

AGENCY USE ONLY

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 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 SEP 14 A 10:26



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



#17-606

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

Payment Information

First Name Angelina MI _____ Last Name Barcia

E-mail Address _____

Mailing Address 241 Baldwin Avenue

City Jersey City State NJ Zip 07306

Telephone 201-386-9079 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 Angelina Barcia Date 9/13/17

Maximum Authorization Cost \$

Selected 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.

A listing of all Taxi cab companies in the city of Bayonne. How many permits are issued to each company active or inactive. How many drivers are registered for each company. How many Taxicab operator licences is listed with each company. How many Limo's are registered for each company. How many Chauffeur licences is listed with each company.

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 _____

Denied _____ Closed _____

Filed _____ Closed _____

Partial _____ Closed _____

Tracking Information

Tracking # _____ Total _____

Rec'd Date _____ Deposit _____

Ready Date _____ Balance Due _____

Total Pages _____ Balance Paid _____

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
SEP 14 2017

Custodian or his Assignee Signature _____ Date _____



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 Rick MI Last Name ANDRES

E-mail Address rick.andres@construction.com

Mailing Address 300 AMERICAN METRO BLVD

City HAMILTON State NJ Zip 08619

Telephone 762-931-5058 FAX 530-725-5706

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

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

Signature [Signature] Date 9-14-17

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.

BUILDING PERMIT (GENERAL BUILDING OR FOOTINGS + FOUNDATION) FOR 189-195 AVENUE E, Block 101, LOT 22.01

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 # Total

Rec'd Date Deposit

Ready Date Balance Due

Total Pages Balance Paid

Records Provided

Custodian or his Assignee Signature

2017 SEP 14 PM 04
RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002



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



#17-608

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	JAMES	MI		Last Name	SUCATO
E-mail Address	JSUCATO@AOL.COM				
Mailing Address	943 BROADWAY				
City	BAYONNE	State	NJ	Zip	07002
Telephone	201-339-7555		FAX	201-339-5109	
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	<i>James Sucato</i>			Date	9-14-17

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order
Fees:	Letter size pages - \$0.05 per page	
	Legal size pages - \$0.07 per page	
	Other materials (CD, DVD, etc) - actual cost of material	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Special service charge dependent upon request.	

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

REQUEST INFORMATION REGARDING AN OIL
TANK DECOMMISSIONING OR REMOVAL FOR
THE PROPERTY LOCATION: 97 WEST 18 ST
BAYONNE, NJ
BL. 00224
LT. 00003

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open
Denied	- Closed
Filled	- Closed
Partial	- Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
RECEIVED CITY CLERK'S OFFICE BAYONNE, N.J. 07002 2017 SEP 14 PM 12:33			
Custodian or his Assignee Signature		Date	

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: 9/14/17

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 274 Lot 36
172 W. 10th St., 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 SEP 14 P 2:23

[] Copy of Minutes [specify date]

City Council _____

Planning Board _____

Zoning Board of Adjustment _____

Other _____

[] Police Accident Report (Fee): _____

Date & Names _____

☒ Other [specify] any & all open permits and violations, & any
and all tank paperwork for the property located
at 172 W. 10th St., 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;

#17-610

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: 9/14/17

Date of Response: _____

Name: Linda J. Hockstein, Esq.Address: 660 BroadwayBayonne, NJ 07002Telephone (Day) 201-823-1700E-mail: linda@hocksteinlaw.com Fax: 201-437-5334Information Requested:Information on a Specific Property Block 18 Lot 2
920 Kennedy Blvd., 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] _____2017 SEP 14 P 2:36
LAW DEPARTMENT
BAYONNE, NEW JERSEY

RECEIVED

[] 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 open permits & violations, & any & all
Tank paperwork for the property located at
920 Kennedy Blvd
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;



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



#17-611

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 Matthew MI C Last Name Cesario
 E-mail Address m.cesario@ark-media.net
 Mailing Address 325 Gold St.
 City Brooklyn State New York Zip 11201
 Telephone 617 864 1285 FAX 718 935 9749
 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 Matthew Cesario Date 9/14/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☒ Money Order
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

I am requesting all the public information that can be made available for George Broughton Jones, a Lieutenant in the Bayonne Police Department.

He was born 25 September 1876 in Jersey City, NJ. He retired with a physical disability and pension on 15 July 1937.

I am requesting his title, position, salary, payroll record, length of service, date of separation and the reason therefore, and the amount and type of pension received.

If this information can be emailed to m.cesario@ark-media.net, that would be preferred. If not, it can be faxed to 718-935-9749.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 SEP 14 P 2:23

+2018234391 P 1/4

>> 1

Ark Media

2017-09-14 13:05

Christina Lagatta

#17-612

From: Robert Sloan
Sent: Friday, September 15, 2017 10:16 AM
To: Christina Lagatta
Subject: FW: Tyrone Johnson v City of Bayonne et als.

From: joelrachmiel@aol.com [mailto:joelrachmiel@aol.com]
Sent: Thursday, September 14, 2017 10:43 PM
To: Robert Sloan <rsloan@baynj.org>
Subject: Tyrone Johnson v City of Bayonne et als.

City of Bayonne
Attn: Robert Sloan, Clerk

RE: Tyrone Johnson v City of Bayonne, et als, Dkt Nos HUD-L-5349-14, Civil Action No. 2:15-508

Dear Mr. Sloan:

This e-mail is served upon you as my request made pursuant to the authorization of the Open Public Records Act and the common law right of access for the City of Bayonne and NJIIF records for all attorney time billings received and attorney payments made in the above captioned law suits. Please timely respond to this request by sending all responsive documents to me at my email address.

Thank you.

Joel I. Rachmiel, Esq.

RECEIVED
2017 SEP 15 A 10:26
LAW DEPARTMENT
BAYONNE, NEW JERSEY



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



#17-613

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 Diana MI MI Last Name Hernandez
E-mail Address dhern1955@yahoo.com
Mailing Address 662 Kennedy Blvd
City Bayonne State NJ Zip 07002
Telephone (201) 658-2590 FAX _____
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9-15-17

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.

Inspection of illegal apartment and wiring at 662 Kennedy Blvd Bayonne, NJ.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filed ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

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

Records Provided

2017 SEP 15 A 9 38
BAYONNE, N.J. 07002
CITY CLERK'S OFFICE
RECEIVED

Custodian or his Assignee Signature

Date



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002

Phone (201) 358-6029

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 ZIA MI Last Name SHAIKH
 E-mail Address ZIA@MYARPP.COM
 Mailing Address 4400 Rt 9 UNIT 1000
 City FREEHOLD State NJ Zip 07728
 Telephone 732-766-5466 FAX 732-200-1071
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 9/18/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc.) - actual cost of material
 Delivery / 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 For years 2007 to 2017 records, reports or ledgers identifying ALL REVENUE / FEES / FINES collected from traffic violations, including Title 39, parking and moving violations by the City of Bayonne.
- ② For years 2007 to 2017 ledger of salary for Judge Frank T. Corbett
- ③ For years 2007 to 2017 ledger of salary for Daniel Kaiseer budget 240.
- ④ oath of office signed by P.O. Daniel Kaiseer budget 240.

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 response here.
 In Progress ☐ Closed ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information
 Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
 Total _____
 Deposited _____
 Balance Due _____
 Balance Paid _____
 Records Provided _____
 Final Cost _____
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 RECEIVED
 2017 OCT 32 A 8 52
 Custodian or his Assignee Signature _____
 Date _____

#17-615



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 Last Name Miceli
 E-mail Address mmiceli@weinerlesniak.com
 Mailing Address 629 Parsippany Road, P.O. Box 0438
 City Parsippany State NJ Zip 07054
 Telephone (973) 403-1100 FAX (973) 781-1495
 Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 9/15/2017

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.

Copies of all floor plans filed with the City of Bayonne Building Department for 563 Broadway Bayonne, New Jersey.

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 SEP 15 A 2:28

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress - Open
 Denied - Closed
 Filled - Closed
 Partial - Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided <u> </u>			
Custodian or His Assignee Signature <u> </u>		Date <u> </u>	



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



#17-616

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 RICHARD MI PAUL Last Name ZITZMAN

E-mail Address _____

Mailing Address 190 WEST 24 ST, LOT # A-24City BAYONNE State N.J. Zip 07002Telephone 1201 243 6003 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 Richard P Zitzman Date 9/18/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

47-49 LEXINGTON AVE. BAYONNE, N.J. 07002
NEED COPY OF COURT DECISION
(ELECTION DATE SEPT 9 2016)(ILLEGAL
APARTMENT)RECEIVED
2017 SEP 18
LAW DEPARTMENT
BAYONNE, N.J.

AGENCY USE ONLY

Est. Document Cost _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking # _____	Final Cost \$ 59.11
Est. Delivery Cost _____		Rec'd Date _____	
Est. Extras Cost _____		Ready Date _____	
Total Est. Cost _____		Total Pages _____	
Deposit Amount _____		Records Provided _____	
Estimated Balance _____			
Deposit Date _____	In Progress - Open _____	Custodian or his Assignee Signature _____	Date _____
	Denied - Closed _____		
	Filed - Closed _____		
	Partial - Closed _____		



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



#17-617

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

Payment Information

First Name Amir MI A Last Name Kaldas

E-mail Address abcamir@yahoo.com

Mailing Address 1111 Kennedy Blvd apt # D1

City Bayonne State NJ Zip 07002

Telephone 201-455-1685 FAX _____

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

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

Signature [Signature] Date 9/18/2017

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.

Looking For a list of all permits for the house
 135 W 49 st Bayonne.

Also if any violations, fees.

RECEIVED
 2017 SEP 18 A 9 59
 LAW DEPARTMENT
 BAYONNE, NEW JERSEY

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information	Tracking #	_____
Est. Delivery Cost	_____			Rec'd Date	_____
Est. Extras Cost	_____			Ready Date	_____
Total Est. Cost	_____			Total Pages	_____
Deposit Amount	_____			Records Provided	_____
Estimated Balance	_____				
Deposit Date	_____	In Progress	-	Open	_____
		Denied	-	Closed	_____
		Filed	-	Closed	_____
		Partial	-	Closed	_____
			Custodian or his Assignee Signature: _____ Date: _____		

#17-618



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	Jessica	Mt	M	Last Name	Pitts
E-mail Address	Jpitts@ArmadaAnalytics.com				
Mailing Address	55 Beattie Place Suite 1510				
City	Greenville	State	SC	Zip	29601
Telephone	864-751-4020				
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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	9/18/17

Payment Information

Maximum Authorization Cost	\$
Select Payment Method	
Cash	☒
Check	☐
Money Order	☐
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

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

Please provide information regarding any open Fire Code, Building Code and Zoning Code Violations, as well as copies of the Certificates of Occupancy for the following property:
Plattykill Manor
22 E 12th Street, Bayonne NJ 70002
(Affordable Housing Block 268 Lot 2)

RECEIVED
2017 SEP 18 AM 10 50
BAYONNE, NEW JERSEY
CITY OF BAYONNE

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY		
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information			
Est. Delivery Cost	_____		Tracking #	_____	Total	_____
Est. Extras Cost	_____		Rec'd Date	_____	Deposit	_____
Total Est. Cost	_____		Ready Date	_____	Balance Due	_____
Deposit Amount	_____		Total Pages	_____	Balance Paid	_____
Estimated Balance	_____		Records Provided			
Deposit Date	_____	In Progress	-	Open	_____	
		Denied	-	Closed	_____	
		Filled	-	Closed	_____	
		Partial	-	Closed	_____	
		Custodian or his Assignee Signature _____ Date _____				

#17-619



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 Domenico MI Last Name Colabraro
 E-mail Address Dom@henryusa.com
 Mailing Address 59 East 1st Street
 City Bayonne State N.J Zip 07002
 Telephone 201-858-4400 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

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 to ventilation System which occurred at 59 East 1st Street. The date of the incident 9-12-17. Company name is Henry Engineering Assoc Co. We would respectfully request a copy of the incident report.

RECEIVED
 SEP 18 11:31
 DEPARTMENT OF TREASURY
 BAYONNE, NEW JERSEY

FOR AGENCY USE ONLY		FOR AGENCY USE ONLY		FOR AGENCY USE ONLY	
Est. Document Cost	_____	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 _____	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ Records Provided _____		
Est. Delivery Cost	_____		Total _____ Deposit _____ Balance _____ Balance Paid _____		
Est. Extras Cost	_____				
Total Est. Cost	_____				
Deposit Amount	_____				
Estimated Balance	_____				
Deposit Date	_____	Custodian or his Assignee Signature _____ Date _____			

#17-620

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

2017 SEP 18 A 11:10

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:	Date of Response:
Name: Robert D. Rieselman / Horizon Environmental & Contracting, Inc.	
Address: 901 Harrison Avenue	
Mays Landing, NJ 08330	
Telephone [Day] (609) 485-2268	
<u>Information Requested:</u>	
Information on a Specific Property Block 140	Lot 56, 57 & 58

Horizon Environmental & Contracting, Inc. is currently conducting a Phase I Environmental Site Assessment for 508 Avenue A, 510-514 Avenue A & 134-136 West 22nd Street. Block: 208 & Lots: 1, 4 & 35. As part of the due diligence inquiry for this property transaction, we are writing to request a records search targeted for any incidents to which you may have responded and/or documented (i.e., tank removal or abandonment, spills, leaks, releases). Specifically, we are seeking information on such incidents that may have resulted in an environment impact to either soil, water or air quality.

Please advise our office as to when you would be able to complete the requested records review by your Health, Hazmat, Building and Fire departments and provide any relevant information.

Your assistance in this matter is greatly appreciated. Please forward all findings to the undersigned. If you require any additional information, kindly contact our office.

HORIZON@I@aol.com

☐ Copy of Minutes (specify date) _____

City Council _____

Planning Board _____

Zoning Board of Adjustment _____

Other _____

☐ Police Accident Report (Fee): _____

Date & Names _____

☐ Other (specify) _____

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:

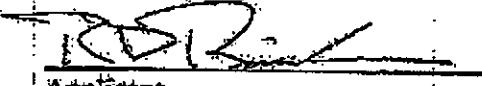
1. no tax or lien searches will be processed five (5) business days before and ten (10) business days after the quarterly due date for taxes (February 1, May 1, August 1, November 1);
2. no tax or lien searches will be processed two (2) business days before and after a tax sale;
3. fifteen (15) days 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;

5. records which are not readily available or which will require a search of records will be made available as soon as possible and the applicant will be provided with an interim report within five (5) business days indicating the amount of time which will be required to complete the search of the records;

6. where a legal determination must be made as to whether records are "public records" the time to provide copies will run from the date that the municipal official receives the determination from the city Law Department or a Court Order that the records should be provided.

The term "public records" generally includes those records that the City is required by law to maintain. The term does not include employee personnel files, police investigation records, public assistance files, or other matters in which there is a right of privacy or confidentiality.

THE APPLICANT HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS FORM WITH THE DATE ON WHICH THE INFORMATION IS EXPECTED TO BE AVAILABLE AND THE ESTIMATED COST. THIS COMPLETED FORM WHEN SIGNED BY THE MUNICIPAL OFFICIAL SHALL CONSTITUTE A RECEIPT FOR THE DEPOSIT MADE BY THE APPLICANT.


Applicant

Date:

09-18-2017

Municipal Officer

Date: _____



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



#17-621

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 Elizabeth MI M Last Name Schindler
 E-mail Address ESchindler@purepropertymanagementLLC.com
 Mailing Address 500 Rt. 17 South, Suite 200
 City Hasbrouck Heights State NJ Zip 07404
 Telephone 201-470-2070 FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 9/19/17

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.

265 Avenue B: Block 38, Lot 17: Any plans/drawings on this property? History of permits pulled for this property? (Building, plumbing, electrical?) History of roof work being done in the last 5 years? History of any fire or police records available? When was last fire prevention inspection? Were there any violations & were they corrected? Last DCA inspection? Any violations? were they corrected? Any permits regarding heating and air conditioning? Any permits still open on this building/property? History of all closed permits? History of any permits denied? Any liens on this property?

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress - Open _____
 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

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 SEP 19 4 37 PM

Custodian or his Assignee Signature

Date

Christina Lagatta

#17-622

From: Robert Sloan
Sent: Tuesday, September 19, 2017 11:06 AM
To: Christina Lagatta
Subject: FW: Bayonne Contact Us: 18, W 11th St, BAYONNE, NJ, 07002
Importance: High

You can consider this an OPRA request.

From: Bayonne Web Site - Please No Reply [mailto:noreply@publicwebmaster.com]
Sent: Monday, September 18, 2017 5:32 PM
To: Robert Sloan <rsloan@baynj.org>
Subject: Bayonne Contact Us: 18, W 11th St, BAYONNE, NJ, 07002
Importance: High



THE CITY OF
BAYONNE
NEW JERSEY

Monday, September 18, 2017

FROM: Joanna Marie Caranto
ADDRESS: P.O. Box 105460 Atlanta, Georgia 30348
EMAIL: carantoj@altisource.com
PHONE: (770)612-7007
SUBJECT: 18, W 11th St, BAYONNE, NJ, 07002
SEND TO: • City Clerk

Good Day!

Requesting for your assistance regarding subject property.

TEXTAREA: Please confirm if there are existing violations and fines/liens that need to be addressed.

Kindly forward to us all up to date supporting documents so we can take action accordingly.

© 2015 AlphaDog Solutions, Inc. All rights reserved. CyberClerk Program is a registered trademark of AlphaDog Solutions, Inc.

RECEIVED
2017 SEP 19 A 11:14
LAW DEPARTMENT
BAYONNE, NEW JERSEY

Christina Lagatta

To: Stacie
Subject: Mayor Schedule
Attachments: OPRA #17-623.tif

Stacie, attached is Part III (final) of response to OPRA #17-623. Mayor's Schedule January 2, 2017 through October 1, 2017.

Please be advised that there is no document of an attendance record for the Mayor.

Regards,

Christina LaGatta

Law Department
City of Bayonne



Christina Lagatta

To: Stacie
Subject: Mayor Schedule
Attachments: OPRA #17-623.tif

Stacie this is Part II of response to OPRA #17-623. Mayor Schedule May 6, 2016 to January 2, 1017.

Regards,

Christina LaGatta

Law Department
City of Bayonne





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 Stacie MI Last Name Perrella
 E-mail Address braymoms@optonline.net
 Mailing Address 25 W 40 St.
 City Bayonne State NJ Zip 07002
 Telephone 201-436-1355 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 Stacie Perrella Date 9/19/2017

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.

Contract of Vision Media with City of Bayonne
 Date of Contract, Payments, Invoices, emails
 between City of Bayonne Administration and Vision Media.

2017 SEP
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 RECEIVED

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

Tracking Information

Tracking # Total
 Rec'd Date Deposit
 Ready Date Balance Due
 Total Pages Balance Paid
 Records Provided

Custodian or his Assignee Signature

Date



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



#17-625

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	<u>MICHAEL</u>	MI		Last Name	<u>SAPARA</u>
E-mail Address					
Mailing Address	<u>19 E. 37 St.</u>				
City	<u>BAYONNE</u>	State	<u>NJ</u>	Zip	<u>07002</u>
Telephone	<u>908-298-9069</u>		FAX	<u>908-276-3376</u>	
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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>per phone @</u>			Date	<u>9-19-17</u>

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 Copy of fire report:
7/23/17.

Location: 19 East 37 St.
Bayonne, NJ 07002

AGENCY USE ONLY

Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking #	_____	Total	_____
Est. Delivery Cost	_____		Rec'd Date	_____	Deposit	_____
Est. Extras Cost	_____		Ready Date	_____	Balance Due	_____
Total Est. Cost	_____		Total Pages	_____	Balance Paid	_____
Deposit Amount	_____		Records Provided			
Estimated Balance	_____					
Deposit Date	_____	In Progress	-	Open	_____	
		Denied	-	Closed	_____	
		Filled	-	Closed	_____	
		Partial	-	Closed	_____	
		Custodian or his Assignee Signature _____ Date _____				



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.



#17-626

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 Ashwathy MI Last Name CPE-mail Address Ashwathy.CP@ocwen.comMailing Address City State Zip Telephone 1800-280-3863 Extn: 64841 FAX (561) 682-8880Preferred 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 Ashwathy CP Date 9/20/2017

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.

We are looking for payment history which reflects the below mentioned amount for the property below.

Loan #	Date	Amount	Description
7472648484	8/12/2013	280.5	WATER/SEWER LIEN
7472648484	6/20/2013	274.03	WATER/SEWER LIEN
7472648484	11/18/2011	1584.25	City Tax
7472648484	9/26/2011	1911.66	Lien
7472648484	9/26/2011	8358.48	City Tax
7472648484	5/6/2010	8617.56	Lien

RE:

ARROYO DEBRA

12 SILVER ST.,

BAYONNE,

NJ 070020000

PARCEL # 00326.0000 00033.0000

RECEIVED
2017 SEP 21 A 11:11
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	_____
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 _____



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



#17-627

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 ANTHONY MI F Last Name ZANOWIC
 E-mail Address ZANOWIC.ANTHONY@GMAIL.COM
 Mailing Address 119 WEST 15TH ST
 City BAYONNE State N.J. Zip 07002
 Telephone 201-628-5593 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 Anthony Zanowic Date 9/21/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

CITY budget FOR THE YEARS 2013-2014-2015-2016

LIST OF PEOPLE LICENSED TO DRIVE A TAXI IN BAYONNE

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information **Final Cost**
 Tracking # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____
 Records Provided
 2017 SEP 21 P 3 10
 BAYONNE, N.J. 07002
 CITY CLERK'S OFFICE
 RECEIVED
 Custodian or his Assignee Signature _____ Date _____

#17-628



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 Nicole MI Last Name Lopez

E-mail Address nicoleL@gsienvironmental.com

Mailing Address 105 Evesboro Medford Rd Ste. C

City Marlton State NJ Zip 08053

Telephone 856-229-7018 FAX 856-229-7152

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 Nicole Lopez

Digitally signed by Nicole Lopez
DN: cn=Nicole Lopez, o=gsienvironmental.com, email=nicoleL@gsienvironmental.com, c=US
Date: 2017.09.27 14:47:38 -0400

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.

GSI is seeking site plans submitted to the city for the St. Anthony (Saint Antonious)/St. Abanoub Coptic Church located at 1335 John F Kennedy Blvd in Bayonne. We are specifically searching for plans dated between 1998 and 2014 for the recently constructed church. If electronic transmittal is not possible, GSI is prepared to reimburse the city for reproduction fees of the plans (up to a fee of \$50) or review the plans on-site.

RECEIVED
2017 SEP 27
LAW OFFICE
BAYONNE, NEW JERSEY
P # 25

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Records Provided

Final Cost

Total
Deposit
Balance Due
Balance Paid

Custodian or his Assignee Signature

Date



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 MARK MI Last Name SMITHE-mail Address taxteam@drnds.comMailing Address 3240 East State StreetCity Hamilton State NJ Zip 08619Telephone 949-777-5999 FAX 330-319-8600Preferred 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 MARK SMITH Date 09/20/2017

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.

Hello

Please provide information on code violation and permit on the following address listed below :

If there is any open cases or permit.

ADDRESS: 41 W 56th Street, Bayonne, NJ 07002.

NAME: ARANA LUIS

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, NJ 07002
 2017 SEP 22 A

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress ☐ Open
 Denied ☐ Closed
 Filled ☐ Closed
 Partial ☐ Closed

AGENCY USE ONLY

Tracking Information

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

Records Provided

Custodian or his Assignee Signature

Date

#17-630

**COUNTY OF BAYONNE
OFFICE OF THE CITY CLERK
OPEN PUBLIC RECORDS ACT REQUEST FORM**

630 AVENUE C, BAYONNE NJ 07306

PHONE: 201-858-6029

FAX: 201-823-4391

EMAIL:

Name of Agency Custodian: ROBERT F SLOAN, ESQ

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 PrintFirst Name TAMMY MI L Last Name WILCOXE-mail Address CONTRACTS@ICPNJ.COMMailing Address 961 ROUTE 10 EASTCity RANDOLPH State NJ Zip 07869Telephone 800-992-0421 EXT 200 FAX 973-584-3410Preferred 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 Tammy Wilcox Date 9/22/17**Payment Information**

Maximum Authorization Cost: \$

Select Payment MethodCash ☐ 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.

May I please have a copy of your invoice(s) (if purchased) or lease paper work for all the departmental copiers, printers or wide formats within your municipality. Kindly include all applicable maintenance agreements for said copiers, printers or wide format machines as well.

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 SEP 22 PM 12:54

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



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



#17-631

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 Mitchell MI MI Last Name Brakowsky
 E-mail Address Mitchell.Brakowsky@gmail.com
 Mailing Address 540 Broadway
 City Bayonne State NJ Zip 07002
 Telephone 201 326 3233 FAX 201 437 8321
 Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☐ E-mail ☐
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 9-21-17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

112 JFK Blvd

Fire response report from 9/15/17

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 SEP 22 AM 10:00

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 # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____
 Records Provided _____
 Custodian or his Assignee Signature _____ Date _____



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



#17-632

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 Monica MI J Last Name CrabtreeE-mail Address mcrabtree@imsinfo.comMailing Address 945 Hornblend Street Suite GCity San Diego State CA Zip 92109Telephone 858-490-5011 FAX 858 490-8811Preferred 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 Monica Crabtree Date 09/25/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Could you tell me who these RFPs were awarded to?

- 2017 Professional Services Contract Positions - Bayonne with a submittal due date of 11/21/16
- ENGINEER FOR PREPARING NEW JERSEY STATE CERTIFIED TAX MAPS with a submittal due date of 9/7/16
- Redevelopment Peninsula at Bayonne Harbor with a submittal due date of 6/30/16

RECEIVED
2017 SEP 25 PM 12:55
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		Final Cost
Tracking #	_____	_____
Rec'd Date	_____	_____
Ready Date	_____	_____
Total Pages	_____	_____
Records Provided		_____
Custodian or his Assignee Signature		Date



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



#17-634

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 Augie MI Last Name Chiaravalloti
E-mail Address augie7@gmail.com
Mailing Address 29 West 30th ST
City Bayonne State NJ Zip 07002
Telephone 201-981-2226 FAX
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 9/25/17

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.

CCO from sale of 378 Kennedy Blvd. Bayonne
Closing was June 26, 1996
The buyers were Joseph & Anna Billota

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 #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 SEP 25 P 2:07
Records Provided

Custodian or his Assignee Signature Date



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



#17-635

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 ALBERT MI R Last Name ANDRIOLA

E-mail Address _____

Mailing Address 194 BURY

City BAYONNE State NJ Zip 07002

Telephone 201-339-1000 FAX 201-436-9141

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

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

Signature [Signature] Date 9-25-17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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

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

Extras: Special service charge dependent upon request.

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

ANY OIL TANK EVER
AT 790 AVE A
BAYONNE NJ 07002
BK 137 LOT 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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 SEP 25 P 1:01

Custodian or his Assignee Signature _____

Date _____



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



#17-636

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

Payment Information

First Name Charles MI I. Last Name Epstein
 E-mail Address ceatty@gmail.com
 Mailing Address 27 Warren Street, Suite 304
 City Hackensack State NJ Zip 07601
 Telephone 201-489-7600 FAX 201-489-2128
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 9/25/17

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 if there are any open Permits or violations for
 30 W. 16th Street, Block 246 Lot 41.

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 SEP 25 P 2:29

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 _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ Total _____ Deposit _____ Balance Due _____ Balance Paid _____ Records Provided _____ Custodian or his Assignee Signature _____ Date _____
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#17-637

Christina Lagatta

From: Robert Sloan
Sent: Tuesday, September 26, 2017 9:05 AM
To: Christina Lagatta
Subject: FW: Bayonne Building Permits - Public Records Request

From: kelsie@datarole.com [mailto:kelsie@datarole.com]
Sent: Tuesday, September 26, 2017 7:26 AM
To: Robert Sloan <rsloan@baynj.org>
Subject: Bayonne Building Permits - Public Records Request

Dear Robert Sloan,

NJ.7002.10336

Pursuant to New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I am requesting copies of public records for your building permit report or log dating back as many years as you have on file. Ideally, this report or log would contain the physical addresses, issue dates, type/category of work, description of work, contractor, and other items for all building permits.

An electronic copy in Excel or CSV format is preferred, but we will accept the report in whatever format you have it and for all information fields you have available. Please feel free to contact me with any questions or concerns.

Thank you very much for your time.

Kelsie Waechter
Data Acquisitionn Specialist, DataRole
(p) 970-231-3935
(f) 513-672-2665
Kelsie@datarole.com

Should you deny any part of this request, you must state in writing the basis for the denial, including the exact statutory citation authorizing the denial as required by as required by New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., Your office has 7 days to respond and 30 days (21 business days) to satisfy this request.

PS: If you don't want to hear from me anymore, just let me know



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



#17-638

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	<u>Ramirez</u>	MI		Last Name	<u>Nashed</u>
E-mail Address	<u>nashed.sam@gmail.com / Ramirez.nashed@invesco.com</u>				
Mailing Address	<u>169 Avenue B</u>				
City	<u>Bayonne</u>	State	<u>NJ</u>	Zip	<u>07002</u>
Telephone	<u>201-388-2895</u>	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 <u>HAVE</u> / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>R. Nashed</u>			Date	<u>9/25/17</u>

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 violation / open perm. t on
184 Avenue F
Bayonne, NJ 07002.

RECEIVED
2017 SEP 26 PM 12:03
LAW DEPARTMENT
BAYONNE, NEW JERSEY

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____	Records Provided	Est. Cost
Est. Delivery Cost	_____				Total
Est. Extras Cost	_____				Deposit
Total Est. Cost	_____				Balance Due
Deposit Amount	_____				Balance Paid
Estimated Balance	_____				
Deposit Date	_____	In Progress - Open			
		Denied - Closed			
		Filled - Closed			
		Partial - Closed			
			Custodian or his Assignee Signature	Date	



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 Mohamed MI Last Name Shoieb
 E-mail Address Shoieb at msn.com
 Mailing Address 333 Stogman Parkway
 City Jersey City State NJ Zip 07305
 Telephone 201 463-4234 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 Mohamed Shoieb Date 9-18-2017

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash Check Money Order
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

I currently hold the note (loan) for a property located at 288-290 Avenue A, Bayonne NJ 07002. I was notified by the borrower that there is a past due fee for violations not corrected in a timely manner. Can you please give me the total amount owed so it can be rectified. Thank you

RECEIVED
 2017 SEP 28 PM 3:26
 LAW DEPARTMENT
 BAYONNE, NEW JERSEY
 Records Provided

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 # Total
 Rec'd Date Deposit
 Ready Date Balance Due
 Total Pages Balance Paid
 Records Provided
 Custodian or his Assignee Signature Date



CITY OF BAYONNE
OPEN PUBLIC RECORDS ACT REQUEST FORM
Office of the City Clerk 630 Avenue C

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002

Phone (201) 858-6029

Fax (201) 823-4397

Fax (201) 823-4397

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 Rick MI MI Last Name ANDRES

E-mail Address rick.andres@construction.com

Mailing Address 300 AMERICAN METRO BLVD

City HANULTON State NW Zip 08610

Telephone 716-981-5058 FAX 530-725-5704

Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ FAX ☒ 330-725-5704 ☐ E-mail ☒

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

Signature [Signature] Date 9-26-17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash	Check	Money Order
------	-------	-------------

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

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

Extras: Special service charge
dependent upon request.

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

BUILDING PERMIT (GENERAL BUILDING OR
FOOTINGS & FOUNDATION) FOR 105.5 NORTH ST,
BLOCK 295, LOTS 16 + 17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Records Provided

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 SEP 26 A 11:41

Custodian or his Assignee Signature _____

Date _____

#17-641

Christina Lagatta

From: Corey McDonald <CMcDonald@journal.com>
Sent: Tuesday, September 26, 2017 4:10 PM
To: Christina Lagatta
Subject: OPRA Request

Hello,

Please let this email stand as a formal OPRA request. I am emailing you to request Mayor Jimmy Davis' schedule from — January 1, 2017 to July 1, 2017.

Best,
Corey

#17-642



CITY OF BAYONNE
OPEN PUBLIC RECORDS ACT REQUEST FORM
Office of the City Clerk, 830 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 Adam MI D. Last Name Pfeffer
E-mail Address noreen@lsplawnj.com
Mailing Address 2105 W. County Line Road
City Jackson State NJ Zip 08757
Telephone 732 364 7333 FAX 732 367 4860
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspct ☐ 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 September 26, 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.

A Copy of the Certificate of Occupancy issued for 44 Washington Parkway, Block 254, Lot 41, City of Bayonne, and issues relating to that Certificate of Occupancy.

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 _____
Total _____
Deposit _____
Balance Due _____
Balance Paid _____
Records Provided _____
Custodian or his Assignee Signature _____ Date _____

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, NJ 07002
2017 SEP 27 A 8:53

17 11:37

(FAX)

P.001/004

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 John MI Last Name Danko

E-mail Address john@midenv.com

Mailing Address 817 Broadway, 4th Floor - Suite 24

City New York State NY Zip 10003

Telephone (631) 417-5776 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 John T. Danko Date 8/27/2017

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.

TARGET PROPERTY: 2-4 Meadow Street, Bayonne, NJ

Please provide the following if possible:

- 1). The Present and Historical Tax Card
- 2). Building Department Permits concerning the installation or removal of heating oil tanks
- 3). The fuel oil tank card / Fire Department home heating oil tank information

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

Total

Deposit

Balance Due

Balance Paid

Records Provided Custodian or his Assignee Signature Date

2011 SEP 11
CITY CLERK'S OFFICE
BAYONNE, NJ 07002

#17-644



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 Nure MI Last Name Jones

E-mail Address njones@childrenspecialized.org

Mailing Address Children's Specialized Hospital, 200 Somerset St.

City New Brunswick State NJ Zip 08901

Telephone 732 258 7166 FAX 732-258-7242

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

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

Signature [Signature] Date 9/28/2017

Payment Information

Maximum Authorization Cost 5

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge 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.

I am requesting Fire incident reports for 815 Broadway and also police reports. One incident occurred on Wednesday September 27, 2017. I am seeking prior incidents at this location also beginning in 2015 to present.

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
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In Progress - Open

Denied - Closed

Filled - Closed

Partial - Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided

2017 SEP 28 A 12:26

BAYONNE, N.J. 07002

CITY CLERK'S OFFICE

RECEIVED

Custodian or his Assignee Signature Date

#17-645



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

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Requestor Information - Please Print

First Name Heather MI MI Last Name Dixon

E-mail Address hdixon@travelers.com

Mailing Address P.O. Box1900

City Morristown State NJ Zip 07962

Telephone 973-631-3117 FAX 877-786-5568

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 Heather Dixon Date 9/28/2017

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.

Claim # E9E7086

Insured: /SU FLO REN L.L.P.

Claimant: MARCIA GUTTERMAN

property tax records/property lines.

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 SEP 28 P 3:31

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

#17-646

ZAVODNICK, PERLMUTTER & BOCCIA, LLC

COUNSELLORS AT LAW
26 JOURNAL SQUARE, SUITE 1102
JERSEY CITY, NEW JERSEY 07306
TELEPHONE 201-653-1155
FACSIMILE 201-653-0808

MITCHELL D. PERLMUTTER*
JOSEPH G. BOCCIA

* Also admitted to New York Bar

DAVID C. SHACHAT
BRIAN MONDADORI
JOSEPH SZESKO

September 25, 2017

Bayonne Department of Health
630 Avenue C
Bayonne, New Jersey 07002

RE: Our Client: Brea N. Mark
Date of Loss: October 22, 2016
Our File No. Z7690

Dear Sir/Madam:

Please be advised that this office represents Ms. Brea N. Mark for injuries she sustained as a result of carbon monoxide poisoning which occurred on October 22, 2016 at the location of 900 Avenue C, Bayonne, New Jersey.

Kindly provide this office with all records concerning inspections and violations at 900 Avenue C, Bayonne, New Jersey for the years 2016 and 2017.

If there is a fee for providing this information, kindly contact Cathy of my office and payment will be sent promptly.

Thank you for your time and attention.

Very truly yours,


JOSEPH G. BOCCIA

JGB/cg



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



#17-647

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	Sylvia	MI	M	Last Name	Whitcomb
E-mail Address	s.whitcomb@constructionjournal.com				
Mailing Address	400 SW 7th Street				
City	Stuart	State	FL	Zip	34994
Telephone	800-785-5165 x438		FAX	888-825-6297	
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 ~~XXXXXX~~ / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Sylvia Whitcomb Date 9/29/2017

Payment Information

Maximum Authorization Cost	\$	
Select Payment Method		
Cash	Check	Money Order
Fees:	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD, etc) - actual cost of material	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Special service charge dependent upon request.	

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

Good Morning,

May I get a copy of the building permit for the Storage Deluxe at 10 East 22nd Street?

Should have been issued 2016-present

Thank you so much,

Sylvia

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

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BAYONNE, N.J. 07002
2017 SEP 29 4:11:12 PM

Custodian or his Assignee Signature _____ Date _____