



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	Hugo	MI	L	Last Name	Lopez
E-mail Address	mail@hugolopez.info				
Mailing Address	19 west 47th street				
City	Bayonne	State	NJ	Zip	07002
Telephone	201-852-8127		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	10/2/17

Payment Information

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

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

Any open permits. Any recent permit request. Any fines issued to the property.

104 West 47th St.
Bayonne, NJ 07002

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, NJ 07002
2017 OCT - 2 A 10:07

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	



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Requestor Information - Please Print

First Name Charles MI Ir Last Name Epstein
 E-mail Address centty@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 9/29/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

Extras: Special service charge dependent upon request.

Records Requested: 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 00248 Lot 00041.

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, NJ 07002
 2017 SEP 32 A 8:52

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

Records Provided

Custodian or his Assignee Signature

Date

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, NJ 07002
 OCT 02 A 10:06

#17-650



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 P. Sloan, Esq., Records Custodian



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Requestor Information -- Please Print

First Name	Barbara		MI		Last Name	Haynes	
E-mail Address	barbara.haynes@pemco-limited.com						
Mailing Address	820 Bear Tavern Road.						
City	West Trenton,		State	NJ		Zip	08628
Telephone	720-509-3249		FAX	303-284-8026			
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail	XX	
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. <u>Have Not</u>							
Signature				Date	10/2/17		

Payment Information

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

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

Please provide the following information as soon as possible:

1. Copies of open permits
 2. Copies of open code violations attached to the property of reference and could result in a fine/summons and/or prevent the sale of the property.
- 83 A HOBART AVE

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, NJ 07002
2017 OCT 2 P 10:55

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	_____



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Robert F. Sloan, Esq., Records Custodian



#17-651

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 Regeena MI D Last Name FowellsE-mail Address regeenaf@masseyzoning.comMailing Address 1801 NE 135th Street, Suite BCity Oklahoma City State OK Zip 73131Telephone 405-475-5056 EXT. 102 FAX 888-365-4039Preferred 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 Regeena Fowells Date 10/02/2017

Payment Information

Maximum Authorization Cost \$ 150.00

Select Payment Method

Cash ☐ Check ☒ Money Order

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

Extras: Special service charge dependent upon request.

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

Requesting the following information on the property listed as SilkLofts Apartments, 170 - 180 Avenue East, Bayonne, NJ 07002 Block 458 Lot 1.01....

- Are there any special permits, variances or planned unit development restrictions that affect the site? If so, will you please provide copies?
- Are there any outstanding building or zoning code violations affecting this property? If so please provide copies.
- Was this property subject to site plan approval? If so, could you please provide a copy of the approved site plan?
- Are there any legal non-conforming issues affecting this property? If so please provide a statement.
- Will you please provide a copy of the certificate(s) of occupancy? If you are unable to locate a certificate of occupancy, will you please include a statement that there was not one located or on file with the City of Bayonne?

Please provide all supporting documents to me at the email address provided. If there are any fees associated with processing my request please contact me either by phone or email and I will be happy to provide CC payment information or overnight a check to expedite the process.

Regards,

Regeena Fowells, Massey Consulting Group

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	

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
201 OCT -3 A 4 34

#17-652



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Requestor Information - Please Print

First Name Gabriel MI J Last Name Paolella
E-mail Address Gabepad@gmail.com
Mailing Address 1821 Pennington Rd.
City Ewing State NJ Zip 08618
Telephone 609-638-8465 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 Gabriel Paolella Date 09/28/17

Payment Information

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

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

Could you please send me the Excel file for the Bayonne Tax Delinquent Report as explained in my e-mail?

Thank You, GP

RECEIVED
2017 OCT - 3
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

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

AGENCY USE ONLY

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

#17-653



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Requestor Information - Please Print

First Name KEVIN MI K Last Name RYAN
 E-mail Address KKDRYAN@GMAIL.COM
 Mailing Address 161 WEST 9th ST.
 City Bayonne State NJ Zip 07002
 Telephone 201-455-3079 FAX _____
 Preferred Delivery: Pick X 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 Kevin K Ryan Date 10/2/17

Payment Information

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

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Gary Parlati sent a second letter to my neighbor at 163 West 9th St., Bayonne, NJ, regarding safety + maintenance violations at the stated property of 163 West 9th St. The owner is listed as Garden State Episcopal CDC - 118 Summit Ave. Jersey City NJ.
 Requesting Copy of letter from G. Parlati (6103)

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information
 Tracking # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____
 Records Provided
 2017 OCT -2 P 1:40
 BAYONNE, N.J. 07002
 CITY CLERK'S OFFICE
 RECEIVED
 Custodian or his Assignee Signature _____ Date _____



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Phone (201) 858-6029

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Requestor Information - Please Print

First Name	<u>ZACHARY</u>	MI	<u>G</u>	Last Name	<u>LOTT</u>
E-mail Address					
Mailing Address	<u>288 Chapter CHAPER AVE</u>				
City	<u>Jc</u>	State	<u>NJ</u>	Zip	<u>07305</u>
Telephone	<u>201-332-8498</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>Zachary Lott</u>			Date	<u>10-02-17</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.

Request Copy of Fire Report
9/30/17 - 190 W. 63rd St (-Hotel)

Rec'd 10/2

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	_____
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	



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Requestor Information - Please Print

First Name	<u>Cindy</u>	MI	<u>J</u>	Last Name	<u>Arrigo</u>
E-mail Address	<u>joarrigo@icloud.com</u>				
Mailing Address	<u>682 Avenue C, Apt 1</u>				
City	<u>Bayonne</u>	State	<u>NJ</u>	Zip	<u>07002</u>
Telephone	<u>201.388.0922</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>Cindy Jo Arrigo</u>			Date	<u>9/30/17</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.

This request is for an email copy of the permit for the current work being done to replace the waterfront walkway on the southwest side of Collins Park. Next to the Bayonne Bridge and by the ball fields and former bike ramp park.

RECEIVED
2017 OCT -4 A 10:33
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	
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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		
Custodian or his Assignee Signature		Date



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

#10-656



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Requestor Information - Please Print

First Name JENNINE MI — Last Name Del SAUDIO
E-mail Address jdelgaudio.712@gmail.com
Mailing Address 1938 Victory Blvd.
City SI State NJ Zip 10314
Telephone 917-613-3269 FAX 718-420-2323
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 Jennine Del Saudio Date 10/3/17

Payment Information

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

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

Property address:

Please provide the following:

- Copy of Cert of Occupancy + Fire Cert.
- Any open violations or liens
- Current TAX BILL
- open water + sewer amounts

BIK-00145/0000 Lot: 00003/0017
33-37 W 32 ND ST. G-8
Bayonne, NJ 07002

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
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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 —

NO 8 A 4 - 100 1102

BAYONNE, N.J. 07002

Custodian or his Authorized Signature

Date



CITY OF BAYONNE

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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



#17-657

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Requestor Information - Please Print

First Name	Carmella	MI		Last Name	Laudando
E-mail Address	Carmella.Laud@gmail.com				
Mailing Address	15 W. 29th St.				
City	Bayonne	State	N.J.	Zip	07002
Telephone	201-230-7250		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	[Signature]			Date	Oct 4, 2017

Payment Information

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

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

Tank removal. In address:
Records - 100 West 27th St.
Bayonne, NJ
Carmella.Laud@gmail.com

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

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, NJ 07002
2017 OCT 4 P 3:10



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



#17-658.

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	4	Last Name	ElShahie
E-mail Address	MO 9286@gmail.com				
Mailing Address	1077 W 29th St				
City	Bayonne	State	NJ	Zip	07002
Telephone	551-200-01		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	[Signature]		Date	10/5/17	

Payment Information

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

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

Block 302 Lot 8
Address: 133 West 5th Street.

Records needed
Any records of oil tank on property / de commissioning / removal.
- fire
- flood

RECEIVED
OCT 10 10:01
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	Total	_____
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	

#17-659



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 Joseph MI A Last Name Rakofsky
E-mail Address Joseph.Rakofsky@gmail.com
Mailing Address 910 Bergen Ave. #203
City Jersey City State NJ Zip 07306
Telephone (917) 319-2699 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 Oct. 6, 2017

Payment Information

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

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

Please provide any information that relates to violations + warnings for the premises, located at 1120-1122 Avenue C, Bayonne, NJ.

RECEIVED
2017 OCT - 6 A 11:01
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 _____



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



#17-660

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 R Last Name Zazzali, Jr.E-mail Address Jimzazzali@Zazzali-law.comMailing Address 570 Broad St. Suite 1402City Newark State N.J. Zip 07102Telephone (973) 623-1822 FAX (973) 623-2209Preferred 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 OrderFees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Any and all records including, but not limited to, Dog bites, attacks, and complaints related to a dog named "Trigger," owned by Pablo Baret or Juan Pablo Baret, possessing Bayonne Dog License number 1112.

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 OCT - 6 A 11:45 RECEIVED CITY CLERK'S OFFICE BAYONNE, N.J. 07002			
Custodian or his Assignee Signature _____		Date _____	

#17-661



October 4, 2017

Records Department

BAYONNE POLICE DEPARTMENT/OFFICE OF THE CITY CLERK

Phone: 201-858-6029

Fax: 201-823-4391

Re: Records

To Whom It May Concern:

Smith & Carson, Inc. is writing to your department for records pertaining to the individual(s) and address(es) shown below. We have been retained by a law office for document production related to a pending civil litigation matter.

We wish to obtain all arrest reports, incident reports, calls for service (CAD calls), accident reports, and jail book-ins (if applicable) for the timeframe indicated below. In the event no contact was made by your department, we respectfully ask for notification, in writing and on your departmental letterhead, that no records were located.

Timeframe for requested records: 1995 to 2004

Damien Shane (DOB 4/28/1960)

Germania Graciela Porras (a/k/a Germania Shane, Germania Barzola, Germainia Barjola, Hermnia Porras; DOB 6/16/1963)

Address(es) (timeframe in parentheses):

- 1070 Kennedy Blvd Apt 3A, Bayonne, NJ 07002-2052 (February 1995 - July 2004)

We will remit payment for any administrative or copy fees related to this request. Records and responses may be emailed to mvisalli@smithcarson.com or faxed to our office, toll free, at 877-349-8451. Please do not hesitate to contact me at 201-693-4703 if you should have any questions or concerns.

Very truly yours,

SMITH & CARSON, INC.

Melanie Visalli

mvisalli@smithcarson.com



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 Jeana MI Last Name Hancock

E-mail Address Jeana.Hancock@pwr.com

Mailing Address 1300 South Meridian Avenue, Suite 400

City Oklahoma City State Oklahoma Zip 73108

Telephone 405-546-4486 FAX 405-428-4263

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 Jeana Hancock Date 10-04-17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide copies of any open/unresolved zoning, building, and fire code violations, variances (special/conditional use permits), certificates of occupancy, and final approved site plan (excluding plumbing, grading, and mechanical) documents issued since September 2016 for the property located at 59 Hook Road. Block: 417/ Lot: 1

Please see the attached tenant list for reference with research.

*Please notify me if fees will exceed \$50.00. (Our Ref# 107131-2)

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 OCT -5

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

#17-663



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 Joanne MI Last Name Lauro
 E-mail Address joanne.lauro@cisleads.com
 Mailing Address 170 Kinnelon Road Suite #2
 City Kinnelon State NJ Zip 07405
 Telephone (973) 492-0509 FAX (973) 492-8378
 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 Joanne Lauro Date 10/5/17

Payment Information

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

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

Bid date 9/28/17 10Am Snow Removal Services
 During Snow Emergency
 Please forward me a complete list of contractors who bid and their bid amounts. Bid tabulations as opened. 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 Deposit
 Ready Date Balance Due
 Total Pages Balance Paid
 Records Provided
 RECEIVED
 2017 OCT - 5 P 3 56
 BAYONNE, N.J. 07002
 CITY CLERK'S OFFICE
 Custodian or his Assignee Signature Date

CITY OF BAYONNE #17-664OFFICE 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 ACTReceived: 10/5/17 Date of Response: _____Name: Linda J. Hockstein, Esq.Address: 660 BroadwayBayonneTelephone [Day] 201-823-1700Fax #: 201-437-5334E-mail: linda@hocksteinlaw.comInformation Requested:Information on a Specific Property Block 13 Lot 341
8 E. 5th 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 OCT -5 P 3 56

[] 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 violations & any & all
tax paperwork for the property
located at 8 E. 5th 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;

		Jersey City, NJ 07305 201-433-8510 Fax: 201-433-9798			
#17-667 10/6	1:22PM	John K. Miller, Esq. <u>amadeoandmiller@aol.com</u> 1767 Kennedy Blvd. Jersey City, NJ 07305 201-433-8510 Fax: 201-433-9798	23 W 43 St. Volitions/ Permits		Respond by: E-mail
#17-666 10/05	11:22AM	Ihab A. Ibrahim, Esq. <u>ihabi@ibrahim-law-firm.com</u> 910 Bergen Ave, - Ste 203 1-855-529-0030	'Tobey' Dog info		Respond by: E-mail
#17-665 10/4	3:35PM	Heather Dixon <u>hdixon@travelers.com</u> PO Box 1900 Morrisowtn, NJ 973-631-3117 Fax: 877-786-5568	535-537 Broadway Site Map		Respond by: E-mail
#17-664 10/5	3:56PM	Linda J. Hockstein, Esq. <u>linda@hocksteinlaw.com</u> 660 Broadway - Bayonne 201-823-1700 Fax: 201-437-5334	8 E 5 St Permits/violations/UST		Respond by: E-mail



#17-666
Ihab A. Ibrahim, Esq.
Attorney at Law

910 Bergen Ave, Suite 203
Jersey City, New Jersey 07306

Phone: 1.855.529.0030 – Fax: 1.855.529.0303

ihabi@ibrahim-law-firm.com
www.Ibrahim-Law-Firm.com

October 5, 2017

Re: OPRA request
Fax: (201) 858-6111

Dear Michelle,

Please accept this letter as a formal request for all of the records pursuant to the Open Public Records Act concerning the dog (*i.e.*, "Tobey") registered with the address 1122 Avenue C, Bayonne, NJ 07002. We would appreciate any materials (health-related, violations, etc.), which in any way relate to this animal or any animal associated with this address.

If you have any further questions, please do not hesitate to make contact with us. Thank you.

Very truly yours,

/s/ Ihab Ibrahim

Ihab A. Ibrahim, Esq.

RECEIVED
2017 OCT - 6 A 11: 22
LAW DEPARTMENT
BAYONNE, NEW JERSEY

NEW

#17-667



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 John MI K Last Name Miller, Esq.
 E-mail Address amadeoandmiller@aol.com
 Mailing Address 1767 Kennedy Blvd.
 City Jersey City State NJ Zip 07305
 Telephone 201-433-8510 FAX 201-433-9798
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10/6/17

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 advise if there are any open permits or current building violations on the property address 23 West 43rd Street, Bayonne, NJ 07002.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress - ☐ Open ☐
 Denied - ☐ Closed ☐
 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 Assigned Signatory _____ Date _____

2017 OCT 6 PM 1:22
 RECEIVED
 CITY CLERKS OFFICE
 BAYONNE, NJ 07002

#77-668



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 K Last Name MILLER, ET D.
 E-mail Address AMADEOANDMILLER@AOL.COM
 Mailing Address 1767 KENNEDY BLVD.
 City JERSEY CITY State NJ Zip 07305
 Telephone 201-433-8510 FAX 201-433-9798
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10/6/17

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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 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 current building violations on the property address 43 EAST 49TH STREET, 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 ☐
 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
 1011 OCT - 6 P 1:22

#17-669



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 ANTHONY MI J Last Name PETERPAUL
 E-mail Address apeterpaul@pclaw.com
 Mailing Address 150 ALLEN ROAD, SUITE 208
 City BASKING RIDGE State NJ Zip 07920
 Telephone 973-467-8855 FAX 973-467-0399
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10/6/2017

Payment Information

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

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

DOCUMENTS AND RECORDS RELATING TO THE PROPERTY LOCATED AT:
 569 BROADWAY
 BLOCK 178, LOT 21
 BAYONNE, N.J.

SEE SCHEDULE A, ATTACHED HERETO

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
 2017 OCT-6 P 1:21



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



#17-670

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 JOSE Mi F Last Name MEDINA
 E-mail Address jmedina1.usa@gmail.com
 Mailing Address 26 W 34th STREET
 City BAYONNE State NJ Zip 07002
 Telephone 201-779-6307 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 005/6/2007

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 regarding oil tank, we need to know if the old tank was removed from the property.
 - Records showing that the premises are free of violations or the list of pending violations.
 - Records showing that the premises have a legal status for a 3 family dwelling.
- 543-545 1st Avenue E.

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
 CLERK'S OFFICE
 BAYONNE, N.J. 07002
 DEC 6 2007



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Phone (201) 858-6029

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



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

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

Requestor Information - Please Print

First Name Steven MI M. Last Name RozekE-mail Address srozek@matrixnewworld.comMailing Address Matrix New World Engineering, 26 Columbia TurnpikeCity Florham Park State NJ Zip 07932Telephone 973-240-1800 FAX 973-240-1818Preferred 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]Digitally signed by Steven M. Rozek
DN: cn=Steven M. Rozek, o=Matrix New World Engineering, ou=Matrix New World Engineering, email=srozek@matrixnewworld.com, c=USDate 10/6/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

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

Extras: Special service charge dependent upon request.

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

Matrix is performing an environmental due diligence for the Halecky-IMTT Park located at 110 East 25th Street in Bayonne, Hudson County, NJ (Block 439, Lot 1; old Block 230A, Lot Y.02). The park also includes land that is addressed as Between 24th and 25th Streets South of Avenue F in Bayonne, Hudson County, NJ (Block 452.02, Lot 12.101). This site is currently a park with a walking path, benches, and flowering gardens. Matrix is requesting information and files including but not limited to, remedial action and permits, underground storage tanks, above ground storage tanks, tanks and building permits, health and environmental violations, discharges/releases of petroleum and hazardous material, spills, EPA correspondence, inspections, health and environmental investigations, historic property ownership, existing and former tenants, fires, potable wells, monitoring wells, septic systems, and other records not listed herein.

RECEIVED
2017 OCT - 6 PM 4:00
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

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



#17-672

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	Bishop	MI		Last Name	Megalla
E-mail Address	bishop Megalla Bishop TEAM REALTY@gmail.com				
Mailing Address	10 Federal St B				
City	Belleville	State	NJ	Zip	07109
Telephone	973-234-2307		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	10/6/17

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.

699 Avenue A
- List of Violations (If any)
- Removal of oil tank (2005)

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 OCT - 6 P 3 39		
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



#17-673

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 or any

Requestor Information - Please Print

Payment Information

First Name CRAIG Middle Initial A Last Name LONG

E-mail Address C.LONG@SH-LAW.COM

Mailing Address 1100 VALLEY BROOK AVE

City LYNDHURST State NJ Zip 07071

Telephone 201 896-7004 FAX _____

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

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

Signature [Signature] Date 10/6/17

Amount Authorized 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 ONE COPY OF THE
COLLECTIVE BARGAINING AGREEMENT
PRESENTLY IN EFFECT BETWEEN THE
CITY OF BAYONNE AND PBA LOCAL NO. 7.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Filing Cost _____

Est. Postage 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 _____ Done _____

Denial _____ Closed _____

Filed _____ Closed _____

Partial _____ Closed _____

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Records Received _____

2017 OCT 10 A 8:02

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

RECEIVED

Custodian or his/her Designee Signature _____

S - Group

Date: October 10, 2017

To: City of Bayonne
Fire Department
630 Avenue C
Bayonne, NJ 07002

#17-674

Re: SilkLofts
154 Avenue E
Bayonne, NJ 07002

Project No: 17-32624.1

To whom it may concern,

GRS - Corteq is an engineering and environmental consulting firm currently conducting a Phase I Environmental Site Assessment, and a Property Condition Assessment of the above-referenced property. As part of the due-diligence process, we are submitting this letter requesting your assistance by providing us with the following information concerning the site and buildings:

Date of last inspection?	
Are there any current fire code violations on file?	
Are there any building permits pertaining to the removal or installation of underground storage tanks?	
Are there any records of Hazardous Materials Spills, or incidents on file?	

If such documents related to these items are on file, please fax them to the number noted below.

Responses may be faxed directly to our office, at (866) 576-2702, or emailed to kylwetmore@gmail.com

Attn: Kyle Wetmore
1297 Naples Lake Drive
Naples, FL 34104

Please note the GRS - Group Project Number on all correspondence. If you need additional information to complete this request, please contact me at (239) 331-4174.

Thank you for your prompt attention to this matter.

Sincerely,

Kyle Wetmore
Professional Associate



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



#17-675

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	Donna	MI		Last Name	Brillante
E-mail Address	r.paradiseappraisals@verizon.net				
Mailing Address	33 Clinton Road, Suite 103				
City	West Caldwell	State	NJ	Zip	07006
Telephone	973-276-1722	FAX	973-276-1724		
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail XXX
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	Donna Brillante			Date	10/10/2017

Payment Information

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

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

We are doing an Appraisal on the following property and would appreciate a copy of the Property Record Card:

9-11 E. 37th Street
Block: 114 Lot: 1

Thank you very much!!

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	
Completed	-	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 OCT 10 P 3 34
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 RICHARD MI M Last Name Ruggirello
 E-mail Address RICK@KENS MARINE.NET
 Mailing Address PO Box 4001 Ken's Marine Service
 City BAYONNE State NJ Zip 07002
 Telephone 201 339 0673 FAX 201 339 8029
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒

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

Signature _____

Date _____

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

Extras: Special service charge dependent upon request.

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

I WOULD LIKE THE BID PACKET FOR
 SNOW PLAW + REMOVAL FOR THIS WINTER
 2017-2018.

THANKS



RICK RUGGIRELLO

Operations Manager

24 HOUR EMERGENCY RESPONSE

Oil Spills • Tank Cleaning • Tank Removal • Vacuum Service

Tel: (201) 339-0673 1-551 227 1077

Fax: (201) 339-8029 rick@kensmarine.net

116-20 EAST 22nd STREET, BAYONNE, NEW JERSEY 07002

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Records Provided

2017 OCT 11 P 12:43
 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 JOHN MILAN MI MI Last Name SEBIK

E-mail Address JOHNSEBIK@GMAIL.COM

Mailing Address 10 EAST 43RD ST 1ST FL

City BAYONNE State NJ Zip 07002

Telephone 973 493 4980 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.

2010, 2011, 2012, 2013.

TOTAL # of Municipal Employees & Wages for each year

TOTAL

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 OCT 11 P 4:00

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 ☐

Filed ☐ Closed ☐

Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided _____

Custodian or his Assignee Signature _____ Date _____



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 MILAN MI MI Last Name SEBIK
 E-mail Address JOHNSEBIK@GMAIL.COM
 Mailing Address 10 EAST 43RD ST 1ST FL
 City BAYONNE State NJ Zip 07002
 Telephone 973 493 4980 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.

2010, 2011, 2012, 2013 New Hires
 New Employee NAME, WAGE, & TITLE, START DATE

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

2017 OCT 11 PM 04
 RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, NJ 07002

#17-679



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. of seq.

Requestor Information - Please Print

First Name JOHN MILAN MI Last Name SEBIK
 E-mail Address JOHNSEBIK@GMAIL.COM
 Mailing Address 10 EAST 43RD ST 1ST FL
 City BAYONNE State NJ Zip 07002
 Telephone 973 493 4980 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 \$ 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.

BAYONNE WATER JOINT VENTURE LLC
ANNUAL REPORT 2014, 2015, 2016

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 OCT 11 P 4:04

AGENCY USE ONLY

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

AGENCY USE ONLY

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

#77-680



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 David MI Last Name Najjar
 E-mail Address David.Najjar@gmail.com
 Mailing Address 51 Lexington Avenue
 City Bayonne State NJ Zip 07002
 Telephone 201-725-7932 FAX 201-420-9485
 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 David Najjar Date

Payment Information

Maximum Authorization Cost \$ 50.00
 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.

1. Please provide a complete copy of each and all building zoning and fire permits, approvals, inspections, field notes and certificates for the following property:
2. Please provide copies of any records regarding the maintenance or removal of underground fuel storage tanks for the following property:
 354 Broadway, Block 241, Lot 21

Thank you,
 David

AGENCY USE ONLY

Est. Document Cost
 Est. Delivery Cost
 Est. Extras Cost
 Trans. Est. Cost
 Deposit Amount
 Estimation 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 #	Term
Rec'd Date	Deposit
Ready Date	Balance Due
Total Pages	Balance Paid
Records Provided	

Custodian or his Assignee Signature Date 2017 OCT 12 A 10:00

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

#17-681



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 David MI _____ Last Name Najjar
 E-mail Address David.Najjar@gmail.com
 Mailing Address 51 Lexington Avenue
 City Bayonne State NJ Zip 07002
 Telephone 201-725-7932 FAX 201-420-9485
 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 David Najjar Date _____

Payment Information

Maximum Authorization Cost \$ 50.00
 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.

1. Please provide a complete copy of each and all building, zoning and fire permits, approvals, inspections, field notes and certificates for the following property:
2. Please provide copies of any records regarding the maintenance or removal of underground fuel storage tanks for the following property:
 870 Broadway, Block 102, Lot 47
 Thank you,
 David

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 OCT 12 AM 10:00	

#17-682



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) 823-4381

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	John	MI	K	Last Name	Miller, Esq.
E-mail Address	amadeoandmiller@aol.com				
Mailing Address	1767 Kennedy Blvd.				
City	Jersey City	State	NJ	Zip	07305
Telephone	201-433-8510		FAX	201-433-9798	
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
					10/12/17

Payment Information

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

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

Please advise if there are any open permits or current building violations on the property address 688 Kennedy Blvd., Bayonne, NJ 07002.

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
 2017 OCT 12 P 2:05

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
_____		_____



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 Percella
E-mail Address bizymoms @ 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 Percella Date 10/12/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

Extras: Special service charge dependent upon request.

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

Documents on Salary Ordinance for following years.
Schedules I, II, III, IV
Unclassified, Professional, Management + Confidential
years: 2015, 2016, 2017

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	2		
Deposit Date	_____	In Progress	-	Open	_____	
		Denied	-	Closed	_____	
		Filled	-	Closed	_____	
		Partial	-	Closed	_____	
		Custodian or his Assignee Signature		Date		

RECEIVED
CITY CLERKS OFFICE
BAYONNE, N.J. 07002
2 A 11:00

#17-684



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 Percella
E-mail Address brynmoms @ 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 ☒
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 Percella Date 10/12/17

Payment Information

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

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

All invoices Allan Roth Esq + firm Roth D'Aguanni
since 12/1/16 - Present.
Copy of all invoices, date of invoice, Reason for each
charge. Payment + date of service for each.
Hourly amount, hours worked.
Copy of all contracts between Roth D'Aguanni + City of Bayonne
Dates 2014- Present.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____
Records Provided 2
Total _____
Deposit _____
Balance Due _____
Balance Paid _____
Final Cost _____
Custodian or his Assignee Signature _____ Date _____

2017 OCT 12 2 11:00
RECEIVED
TYLER'S OFFICE
BAYONNE, NJ 07002

#17-685



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 Percella
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 Percella Date 10/12/17

Payment Information

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

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

All stipend for all employees - 2014- Present
Names, title stipend for, salary amount, date stipend given, any increase.

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. In Progress - Open _____ Denied - Closed _____ Filed - Closed _____ Partial - Closed _____	Tracking Information		Final Cost
Est. Delivery Cost	_____		Tracking # _____	Total _____	RECEIVED CITY CLERK'S OFFICE BAYONNE, N.J. 07002 OCT 12 A 11:00
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	_____	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	Stacie	MI		Last Name	Percella
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 ☒
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	Stacie Percella		Date	10/12/17	

Payment Information

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

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

All new hires as of 8/23/17 - Present.
Any seasonal's made new hires -
Names, date of hire, Title, salary, Dept, Full-time,
Part-time or Seasonal
Police, Fire, Civilians.
"Include if these new employees are receiving benefits"

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		Total
Tracking #	_____	_____
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, NJ 07002
2017 OCT 12 A 11:00



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



#17-687

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 Percella
E-mail Address bizymoms @ 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 ☒

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 Percella Date 10/12/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

Extras: Special service charge dependent upon request.

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

All documents pertaining to Deborah Falciani -
date of hire, salary, any title change during her employment. Date of title change, salary change
+ any test results from Civil Service for these positions.
Title at Date of hire + any changes since date of hire!
ALL stipends (what stipend is for and Amount)

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

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

Records Provided 1

10:11:00

RECEIVED
CLERK'S OFFICE
JUL 11 2017
07002

Custodian or his Assignee Signature _____

Date _____

#17-688



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 bizymoms @ 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 10/12/17

Payment Information

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

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

all documents pertaining to Bernadette D'Angelo.
Note of hire, title, salary.
Any stipends, what stipend is for and amount
what date stipend effective.
Any title changes throughout employment, date,
salary, title change given.

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 2017 Total Deposit Balance Due Balance Paid Records Provided A 11:00 RECEIVED CITY CLERK'S OFFICE BAYONNE, N.J. 07002
Est. Delivery Cost	_____		Tracking #	_____	
Est. Extras Cost	_____		Rec'd Date	_____	
Total Est. Cost	_____		Ready Date	_____	
Deposit Amount	_____		Total Pages	_____	
Estimated Balance	_____				
Deposit Date	_____	In Progress	-	Open	_____
		Denied	-	Closed	_____
		Filed	-	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 Stacie MI Last Name Perrella
E-mail Address bizzymoms @ 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 10/12/17

Payment Information

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

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

all documents pertaining to Joseph Demarco.
date of hire, salary at date of hire.
Any changes to salary i.e. increases, stipends.
dates salary change effective and amount.
date of any stipend and amount.

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

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, NJ 07002
2017 OCT 12 11:00

Custodian or his Assignee Signature

Date

Christina Lagatta

#17-690

From: Corey McDonald <CMcDonald@jjournal.com>
Sent: Thursday, October 12, 2017 4:18 PM
To: Christina Lagatta
Subject: OPRA Request

Hello Christina,

Please let this email stand as a formal OPRA request.

I am requesting the police report for the arrest of Richard T. Stephens of Jersey City on Oct. 3, 2017.

Best,
Corey

#17-691

Christina Lagatta

From: Corey McDonald <CMcDonald@journal.com>
Sent: Thursday, October 12, 2017 4:22 PM
To: Christina Lagatta
Subject: OPRA Request

Hello Christina,

Please let this email stand as a formal OPRA request.

I am requesting all "Use of force" reports and records for Bayonne police officers from January 1, 2010 to January 1, 2017.

Best,
Corey

#17-692



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 Adam MI _____ Last Name Herbsman
 E-mail Address adam@grandcentralconsuHing.com
 Mailing Address PO Box 445
 City Harrison State NY Zip 10528
 Telephone 917-968-6794 FAX 206-338-2270
 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 Adam Herbsman Date 10/13/17

Payment Information

Maximum Authorization Cost \$ 20.00
 Select Payment Method
 Cash ☐ Check ☒ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc.) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

Please provide the following information for John O'Donnell prior to January 2016:

- ① All employment titles and dates served in each title/position for O'Donnell
- ② All salary and benefits information for O'Donnell
- ③ All expense reimbursement requests submitted by O'Donnell
- ④ All CAMPS forms for O'Donnell
- ⑤ Memorandums detailing promotions or changes in title for O'Donnell

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
 OCT 13 2017
 A 10 06



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



#17-693

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 Christine MI _____ Last Name Kwiatk

E-mail Address _____

Mailing Address 53 Humphrey Ave.

City Bayonne State NJ Zip 07002

Telephone 201-683-4226 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 Christine Kwiatk Date 10/12/2017

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 a copy of the report that the Bayonne Fire Department made when they came to my building regarding having smoke detectors in the common area hard wired. I am not sure of the exact date but I know it was this year 2017.

53 Humphrey Ave

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY**Tracking Information**

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

Final Cost

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Records Provided

14 21 100 L102
 2017 OCT 12 P 3 41
 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

First Name Ashley MI _____ Last Name Sotomayor-AlvarezE-mail Address ashley@vrdelrealestate.comMailing Address 324 Monroe StCity Hooker State NJ Zip 07030Telephone 732-991-7155

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 Ashley Sotomayor-Alvarez Date 10/12/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

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

Extras: Special service charge dependent upon request.

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

① CCo Request

② Fire Inspection request

Property Address:

69 W 51st. Bayonne NJ 07002owner: Dominick + Wilma Velez

③ Were there any oil tanks decommissioned?

I will pick up report. This is for the sale of the

Property. (Ashley Sotomayor-Alvarez)

Block: 00044 Lot: 00021

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 OCT 12 P 3 41			
BAYONNE, N.J. 07002			
CITY CLERK'S OFFICE			
RECEIVED			
Custodian or his Assignee Signature		Date	

#17-695



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 Ron MI _____ Last Name RossnickE-mail Address Ron@Rossnick.com, Gregg@GreggNicholas.comMailing Address 516 Valley RoadCity Montclair State NJ Zip 07043Telephone 917-734-2223 FAX 973-509-7779Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒

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

Signature [Signature] Date 10-11-2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

Extras: Special service charge dependent upon request.

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

Property Address: 587 Avenue A, Bayonne NJ

Please provide all real estate related documents for current and prior owner.

Need Permits - Open and Closed

Violations - Past and current

Rent Roll

Tenant Complaints, Tenant leases (if available)

Survey

Current Liens and encumbrances

Active investigations related to property address

Thank you very much! Ron Rossnick 917-734-2223

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

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
OCT 13 A 10:49

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 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 ☒

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

Signature _____ Date 10/13/17

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.

Copy of any financial agreement for Block 234, Lots 8, 9 and 10, which may also be designated as Block 234, Lot 8.01.

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	
Filled	-	Closed	
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information		Final Cost
Tracking # _____	Total _____	2010
Rec'd Date _____	Deposit _____	BAYBORN
Ready Date _____	Balance Due _____	City of
Total Pages _____	Balance Paid _____	Bayborn

Records Provided

13 P. 2: 31

RECEIVED
CITY CLERK'S OFFICE
BAYDINE, 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 LISA MI - Last Name DORIA
E-mail Address DORIA.LISA@gmail.com
Mailing Address _____
City _____ State _____ Zip _____
Telephone 551-655-4566 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10/16/17

Payment Information

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

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

PROPERTY : 86-88 W. 5th ST

Are there any oil tank documents 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
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____
Records Provided _____
Deposit _____
Balance Due _____
Balance Paid _____
Custodian or his Assignee Signature _____ Date _____

2017 OCT 16 9 45 AM
RECEIVED
CITY CLERK'S OFFICE
BAYONNE, NJ 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



#17-698

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 MILAN MI MI Last Name SEBIK

E-mail Address JOHNSEBIK@GMAIL.COM

Mailing Address 10 EAST 43RD ST

City BAYONNE State NJ Zip 07002

Telephone 973 493-4980 FAX

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

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

Signature [Signature] Date 10-16-17

Payment Information

Maximum Authorization Cost \$ 5

Select Payment Method

Cash ☐ Check ☐ Money Order

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

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

Extras: Special service charge dependent upon request.

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

INFORMATIONAL SLIDE DECK PROVIDED TO
DONNA RUSSO ON 9-11-17 FROM GREGORY RUSSO
OF MOBILITIE

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 _____

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Custodian or his Assignee Signature _____

Date _____

#17-699 10/18- 10/24	12:08PM	Art Vooys <u>artvooys@gmail.com</u>	City Tax Atty City Land Use Atty City Tax Appeal Atty Invoices (2016-2017) Form 1099 (2014-2016)	Respond by: E-mail
#17-698 10/17	9:10AM	John Milan Sebik <u>johnsebik@gmail.com</u> 10 E 43 St – Bayonne 973-493-4980	Informational SlideDeck 9/11/17 of Mobilite	Respond by: E-mail
#17-697 10/16	9:45AM	Lisa Doria <u>Doria.lisa@gmail.com</u> 551-655-4566	86-88 W 5 St UST	Respond by: E-mail
#17-696 10/13	2:31PM	Michael Miceli <u>mmiceli@weinerlesniak.com</u> 629 Parsippany Rd. Parsippany Rd. Parsippany, NJ 07054	Block 234 / Lots 8,9,10 Also Lot 8.01 Financial Agreement	Respond by: E-mail
#17-695 10/13	10:49AM	Ron Rossnick ron@rossnick.com. 516 Valley Rd Montclair, NJ 07043 917-734-2223 Fax: 973-509-7779	587 Ave. A Permits, violations, rents, complaints, liens, UST	Respond by: E-mail
#17-694 10/12	3:41PM	Ashley Sotomayor-Alvarez Ashley@	69 W 51 St CCO, Fire Inspect, UST	Respond by: Pick up

#17-700



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

Payment Information

First Name ANDREA MI _____ Last Name SYRACUSE
 E-mail Address ANDCONSULTING@gmail.com
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone 347 231 5988 FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10-17-2017

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 violations, including housing, Fire, health and property known as 415-423 AVENUE C Bayonne, NJ

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 OCT 17 P 4:00

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



#17-701

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 INDRAVADAN MI N Last Name PATEL
E-mail Address MADHVI 45@QOL-com
Mailing Address 15 Margaret Street
City Bayonne State NJ Zip 07002
Telephone 201-616-1122 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 Indra Sambate Date Oct. 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.

① Copy of Zoning regulations, Fire, Building

(15 Margaret St)

RECEIVED
2017 OCT 18 P 2:10
LAW DEPARTMENT
BAYONNE, NEW JERSEY

AGENCY USE ONLY

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



#17-702

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 MILAN Mi SEBIK Last Name SEBIK
 E-mail Address JOHNSEBIK@GMAIL.COM
 Mailing Address 440 AVENUE E
 City BAYONNE State NJ Zip 07002
 Telephone (973) 493-4980 FAX _____
 Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10-19-17

Payment Information

Maximum Authorization Cost \$ 50
 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.

New Directives introduced by
 Director of Public Safety
 2010, 2011, 2013, 2014,

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 OCT 19 A 10:14

#17-723



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 MILAN MI Last Name SEBIK
 E-mail Address JOHN.SEBIK@GMAIL.COM
 Mailing Address 440 AVENUE E
 City BAYONNE State NJ Zip 07002
 Telephone (973) 493-4980 FAX
 Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10-19-17

Payment Information

Maximum Authorization Cost \$ 50
 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.

New Hires by Director of Public Safety
 From 2010 thru 2014

Please provide name, salary, position, Hire date,

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 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 OCT 19 AM 11:14



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 MILAN MI MI Last Name SEBIK
 E-mail Address JOHNSEBIK@GMAIL.COM
 Mailing Address 440 AVENUE E
 City BAYONNE State NJ Zip 07002
 Telephone (973) 493-4980 FAX _____
 Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10-11-17

Payment Information

Maximum Authorization Cost \$ 50
 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.

FBI CRIME STATISTICS FOR BAYONNE
 (LOOKING FOR ACTUAL REPORTS)
 2010, 2011, 2012, 2013, 2014, 2015, 2016.

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 BAYONNE, N.J. 07002
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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) 823-4381

Robert F. Sloan, Esq., Records Custodian



#17-705

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 Yadira MI Last Name Galan
 E-mail Address carly@Bninksconsulting.com
 Mailing Address 1256 Liberty Ave.
 City Hillside State NJ Zip 07205
 Telephone 844-462-7465 FAX 908-353-3107
 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 Yadira Galan Date

Payment Information

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

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

Please provide a list of permit applications for the installation, removal or the decommissioning of underground storage tanks at:

27 E. 50th St.

Block #

54

Lot #

6

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
 Deposited
 Balance Due
 Balance Paid
 Custodian or his Assignee Signature Date

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 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 OCT 25 11 00 AM

#17-706



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	K	Last Name	Miller, Esq.
E-mail Address	RGAMADEOMILLER@AOL.COM				
Mailing Address	1767 Kennedy Blvd.				
City	Jersey City	State	NJ	Zip	07305
Telephone	201-433-8510	FAX	201-433-9798		
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				Date	10/19/17

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.

Please advise if there are any open permits or current building violations for the property
69 West 51st Street, Bayonne, NJ 07002.

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BAYONNE, N.J. 07002
OCT 19 A 11:58

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 _____
Deriled	- 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	

#17-707



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 John MI K Last Name Miller, Esq.
 E-mail Address RGAMADEOMILLER@AOL.COM
 Mailing Address 1767 Kennedy Blvd.
 City Jersey City State NJ Zip 07305
 Telephone 201-433-8510 FAX 201-433-9798
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10/19/17

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.

Please advise if there are any open permits or current building violations for the property
 32 East 31st Street, Bayonne, NJ 07002.

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 OCT 19 A 11:58

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



#17-708

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 Percella
E-mail Address bizzymoms@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 ☐
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 Percella Date 10/19/17

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.

June 6, 2017 incident report from Bayonne Police Dept, CAD system call for service; Dispatch tape to officers brought to scene East 22nd St. Prospect Ave.

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

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

In Progress ☐ Open ☐
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 OCT 19 P 2:56
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CITY CLERK'S OFFICE
BAYONNE, N.J. 07002

Custodian or his Authorized Signature

Date

#17-709



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 Lisa MI Last Name Heiser
E-mail Address Lisah@oclenderservices.com
Mailing Address 1000 Commerce Dr., Ste 520
City Pittsburgh State PA Zip 15275
Telephone 877-788-2923 x 6048 FAX 877-565-2925
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 Lisa Heiser Date 10/19/2017

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.

Hello
Please provide the following information or who we can contact for the information for the following address/ Block and Lot: 642 Kennedy Boulevard, Bayonne, NJ 07002 in Block 188 Lot 42
Open code violations (Weed cutting, debris, etc.) please provide a copy.
Open permits - (Ex. Construction Code - permits, inspections and approvals and Construction UCC) - please provide a copy.

Please email the response to lisah@oclenderservices.com or fax to 877-565-2925

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BAYONNE, NJ 07002
2017 OCT 19 4:10

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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



#17-710

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 MI G Last Name Bracuti, Esq.
 E-mail Address pbracuti@opmfamlaw.com
 Mailing Address 959 G. Springfield Ave
 City Springfield State NJ Zip 07081
 Telephone 973-258-1440 FAX 973-258-1556
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10-13-17

Payment Information

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

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

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

AGENCY USE ONLY

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

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 _____
 Custodian or his Assignee Signature _____ Date _____

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 BAYONNE, N.J. 07002
 2017 OCT 20 P 1:52



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 Courteney MI L Last Name Caine
 E-mail Address caine.c@gtlaw.com
 Mailing Address Greenberg Traurig, 500 Campus Drive, Suite 400
 City Flower Park State N.J. Zip 07932
 Telephone 973-443-3267 FAX 973-301-8410
 Preferred Delivery: Pick Up 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 Courteney L Caine Date 10/20/2017

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.
 Extran: Special service charge dependent upon request.

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

I would like copies of the final certified as-built drawings filed with the City of Bayonne for the parcel of land located at the northbound side of Route 440 between New Hook Access Road and East 22ND Street, otherwise known as Block 452.01, Lots 3 & 4; Block 453.01, Lots 1, 2, 202, 5, 6, 7, 8, 9, 10 & 11; Block 503, Lots 8 and 9.01; and Block 452.01, Lot 5.

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

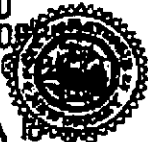
Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian or his Assignee Signature _____			

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 BAYONNE, N.J. 07002
 2017 OCT 20 P 3 22



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

RECEIVED

CITY CLERK'S OFFICE
BAYONNE, N.J.

201 OCT 23 A 10:00

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 MI Last Name Percella
 E-mail Address bizzymoms @ 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 Inspection _____ 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 Stacie Percella Date 10/20/17

Payment Information

Medium Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05

per page

Legal size pages - \$0.17

per page

Other materials (CD, DVD,

etc) - actual cost of material

Delivery: Delivery / postage fees

additional depending upon

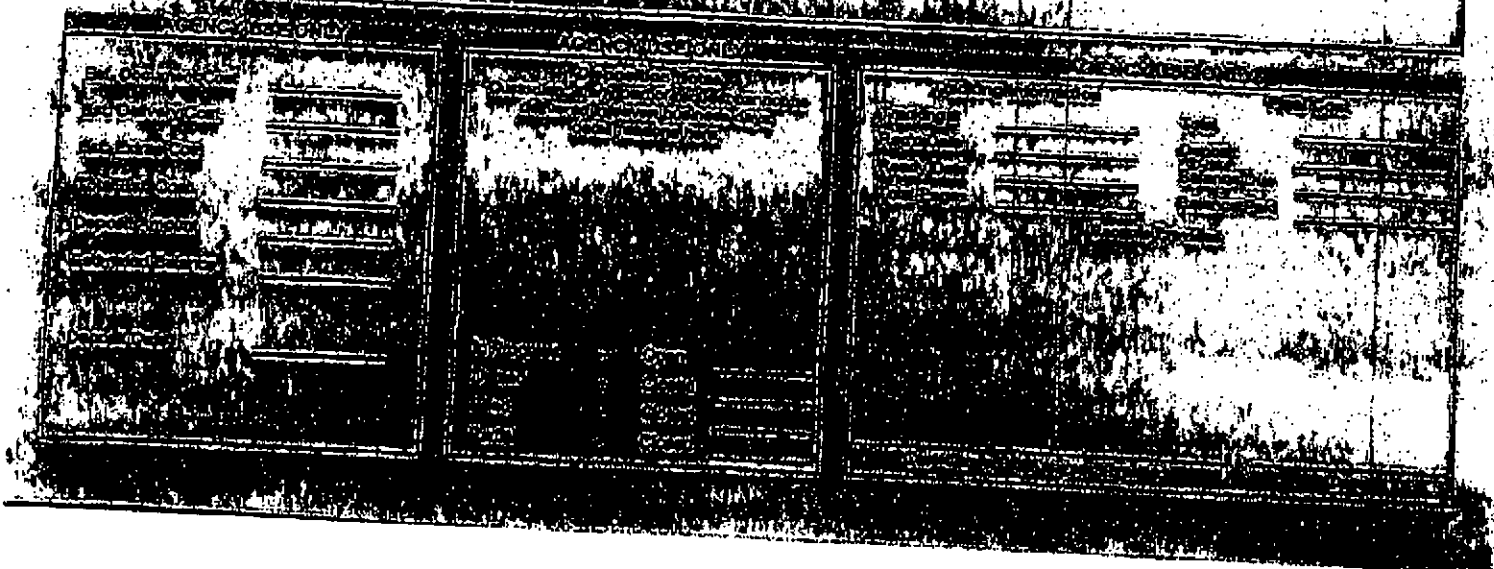
delivery type.

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 documents and info from May 29, 2017 incident report from Bayonne Police Dept; CAD system call for service; Dispatch tape to officers brought to Houlahan's Restaurant.
 Also, only and all amendments or change to these documents.





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 Daniel MI J Last Name Mirabaci
E-mail Address DanielC@NorthernUnitedCorp.com
Mailing Address 17 Colonial Dr.
City Bayonne State NJ Zip 07002
Telephone 201 680 8808 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10/23/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

Extras: Special service charge dependent upon request.

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

I am requesting permit history of the property on 1018 Avenue C, Bayonne, NJ 07002. I am also requesting plans, drawing and violations related to 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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided _____

Custodian or his Assignee Signature _____

Date _____

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
OCT 23 A 11: 06

#17-714



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 Theresa MI Last Name SERTICH
E-mail Address Patooty 222 @ gmail.com
Mailing Address 2410 Sylvan Drive Unit # 5
City Pt. Pleasant State NJ Zip 08742
Telephone (201) 600-8215 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 Theresa Sertich Date 10-23-17

Payment Information

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

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

Good morning, may I please have any and all attendance records in relation to Mr. Steven K. Kramer SS# ending in 3210 on or about June 2, 2017 to date. I would greatly appreciate any/all information your office can provide to me in relation to same -
Thank you, Theresa Sertich.

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
Total Pages Balance
Records Provided
RECEIVED
OCT 23 P 1:43
DEPARTMENT OF TREASURY
BAYONNE, NEW JERSEY
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 GREGORY MI F. Last Name BOYLE
 E-mail Address babalinn@optonline.net
 Mailing Address 1905 SHERWOOD DRIVE
 City WALL State NJ Zip 07719
 Telephone 908-309-8384 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 Gregory F. Boyle Date 10/23/17

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.

Any AND ALL DOCUMENTATION OF REMEDIATION OF
 OIL TANK UNDER DRIVEWAY AT RESIDENCE OF
 807 KENNEDY BLVD, BAYONNE

RECEIVED
 2017 OCT 23 P 1:18
 LAW DEPARTMENT
 BAYONNE, NEW JERSEY

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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



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 Daniel MI J Last Name Mirabel
E-mail Address Daniel@northernunitedcorp.com
Mailing Address 17 colonial Dr
City Bayonne State NJ Zip 07002
Telephone (201) 680-8808 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 10/23/17

Payment Information

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

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

I am requesting open permits, Plans, Violations and Zoning uses for the Property located on 73 West 32nd St, Bayonne, NJ 07002.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Records Provided _____
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
RECEIVED
OCT 23 AM 5:59
Custodian or his Assignee Signature _____ Date _____

Christina Lagatta

#17-717

From: Robert Sloan
Sent: Monday, October 23, 2017 3:18 PM
To: Christina Lagatta
Subject: FW: OPRA Request (0901.HUDSON_BAYONNE CITY)
Attachments: 0901.HUDSON_BAYONNE CITY.pdf

RECEIVED
2017 OCT 23 P 3:25
LAW DEPARTMENT
BAYONNE, NEW JERSEY

From: Larry Higgins [mailto:opra@njpropertyrecords.com]
Sent: Friday, October 20, 2017 6:23 PM
To: Robert Sloan <rsloan@baynj.org>
Subject: OPRA Request (0901.HUDSON_BAYONNE CITY)

Note for clerk: Please discuss this request with your engineering department as they will be the BEST source for the requested documents and information.

The clerk or engineer can fulfil this OPRA easily by visiting our website
www.StateInfoServices.com/opra

We've built this website to avoid sending large files by email, CD, USB, etc. It's a drag/drop file operation and there's no restriction on the file size. You do not need to register or login. You'll receive an email after successfully uploading all the requested files and information so you can close the OPRA request.

You can also submit all the requested information & documents by email if you'd like.

Requested Information:

1.a) A complete set of your municipalities **MOST CURRENT** tax maps. **Note:** If your tax maps are on your website, please provide the direct link and **CONFIRM** they are the most current maps available.

1.b) The date the tax maps were last modified/updated.

1.c) The approximate date to check back for newer/updated tax maps. **Note:** If there's currently no plans on updating the maps anytime soon, please mention that to us.

2.a) The **MOST CURRENT** municipality zoning map(s). **Note:** If your zoning map(s) are on your website, please provide the direct link and **CONFIRM** they are the most current map(s) available.

2.b) The date the zoning map(s) was last modified/updated.

#17-718

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: 10/23/17 Date of Response: _____
Name: Linda Hockstein
Address: 660 Broadway
Bayonne, NJ 07002
Telephone [Day] 201-823-1700

Information Requested:Information on a Specific Property Block 277 lot 5 (260 Ave C)

- ☐ 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 OCT 24 A 8:16

☐ Copy of Minutes [specify date]

City Council _____

Planning Board _____

Zoning Board of Adjustment _____

Other _____

☐ Police Accident Report (Fee): _____

Date & Names _____

☒ Other [specify] Any and all TANK Paperwork
including decommission or removal.

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



#17-719

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	Stephen	MI	S.	Last Name	Rose, Esq.
E-mail Address	srose@rosezuckerlaw.com				
Mailing Address	613 Broadway - P.O. Box 95				
City	Bayonne	State	New Jersey	Zip	07002
Telephone	201-436-6161	FAX	201-436-3355		
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	Stephen S. Rose			Date	October 23, 2017

Payment Information

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

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

Please advise if the premises located at 323-329 Broadway, Block 252, Lot 20 has an oil tank. If so, please advise if the tank was removed.

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
OCT 23 P 2:04

Custodian or his Assignee Signature _____ Date _____

#17-720



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 Lucia MI K Last Name Munoz
 E-mail Address lucia.munoz@mmmortgage.com
 Mailing Address 12901 SW 132 ave
 City Miami State FL Zip 33186
 Telephone 786.345.2481 FAX 305.253.8488
 Preferred Delivery: Pick Up ☐ 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 Lucia Munoz Date 10/24/17

Payment Information

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

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

Would like to verify if the following property has any open code violations and/or fines; if so, requesting a copy of open violation and a copy of all fines.

Address:

760 W 12th St.

Bayonne, NJ 07002

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
 Tracking # _____ 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, NJ 07002
 2017 OCT 24 PM 12:12

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

#17-721

REQUEST UNDER OPEN RECORDS ACT

Received: 10/25/17 Date of Response: _____

Name: Linda J. Hockstein, Esq.

Address: 660 Broadway
Bayonne

Telephone [Day] 201-823-1700

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

Information Requested:

Information on a Specific Property Block 366 Lot 14
41 Newman Ave., Bayonne

- ☐ Municipal Lien Search Certificate Fee: _____
- ☐ Municipal Lien Search Information Only Fee: _____
- ☐ Municipal Improvement Search Certificate Fee: _____
- ☐ Municipal Improvement Search Information Only Fee: _____
- ☐ Municipal Tax Search Certificate Fee: _____
- ☐ Municipal Tax Search Information Only Fee: _____
- ☐ Property Assessment Information Fee: _____
- ☐ List of Property Owners within 200' Fee: _____
- ☐ License Information [Specify] _____

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 OCT 25 AM 09

[] 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 & violations, and
any & all tank paperwork for the property
located at 41 Newman Ave, 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;

#17-722



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 Kyle MI W Last Name Brayton
E-mail Address kylewbrayton@gmail.com
Mailing Address 40 Kennedy Blvd. Unit 503
City Bayonne State NJ Zip 07002
Telephone 315-532-8281 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 Kyle Brayton Date 10/25/2017

Payment Information

Maximum Authorization Cost \$ 50
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.

Attention: Michele O'Reilly (Health Division)

Associated with police incident report #2017-61927 I am requesting all available public records for the dog who attacked me on 10/1/2017 in Bayonne's 16th Street park. I am requesting a copy of the dogs license with the city, proof of an up to date rabies vaccination as of 10/1/2017, any previous dog bite/dog attack records, any previous complaints from neighbors or the public, and any other public records that may be beneficial in my case to recover damages from Mr. Fisher. The dog was extremely aggressive towards me and the responding police officer, so if prior incidents have occurred Mr. Fisher may have been negligent bringing his dog to a public park. Thanks for your help!

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

RECEIVED
OCT 25 PM 12:16
CITY OF BAYONNE
NEW JERSEY
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

Payment Information

First Name	Anuj	MI		Last Name	Kale
E-mail Address	akale@boundlessre.com				
Mailing Address	1123 Broadway #721				
City	New York	State	NY	Zip	10010
Telephone	212-337-0239				
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 Anuj Kale Date 10/25/17

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.

1053 - 1057 Broadway Block 40, Lots 21,22,23

Any and all public records in all governmental departments related to 1053-1057 Broadway

RECEIVED
2017 OCT 25 P 3:11
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	_____
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	

#17-724



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 Donald MI D Last Name Camphell
E-mail Address d.d.camphell@verizon.net
Mailing Address 599 Avenue C
City Bayonne State NJ Zip 07002
Telephone 201-437-1600 FAX 201-437-4220
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 HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Donald Camphell Date 10/25/17

Payment Information

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

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

Any and All Building Records, Construction Permits etc. With Regard to 576 Avenue E, Bayonne, NJ 07002, owned by James and Bernadette Borer.

RECEIVED
2017 OCT 26
BAYONNE, NJ
CITY OF 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 ☐
Filed ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____
Records Provided _____
Final Cost _____
Deposit ☐
Balance ☐
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



#17-725

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

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

Requestor Information - Please Print

First Name	Andrew	MI	K	Last Name	Schmucker
E-mail Address	aschmucker@bel-env.com				
Mailing Address	19 Chatham Road				
City	Summit	State	NJ	Zip	07901
Telephone	908-918-1702		FAX	908-918-1707	
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 NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	10/25/17

Payment Information

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

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

Brennan Environmental, Inc. (BEI) is conducting an environmental site assessment for the property located at 27-29 Avenue C, Block 378/ Lots 1, 2, 3, & 4, Bayonne, NJ 07002. BEI kindly requests copies of all available environmental information regarding this property under the Open Public Records Act (OPRA), including but not limited to: any remedial, permitting, and enforcement records; any information regarding discharges to air, water, or soil; any permits, violations, enforcements, penalties, inspections, or complaints; any correspondence or reports submitted to the City of Bayonne or the NJDEP; any fire prevention bureau records; any community right to know surveys; any above-ground or underground storage tank permits or registrations, including installation and removal documents; any well drilling permits, NJPDES permits, or sewer discharge permits; any soil, water, or air sampling data; any remediation correspondence, permits, or reports; any actions or reports of actions by NJDEP emergency response; and all invoices for any actions taken. The preferred delivery method of materials in via e-mail. Thank you in advance for your timely assistance with this matter.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

From:

10/26/2017 10:42

#765 P.001/001

10/26/2017 10:46

2018586092

LAW DIVISION CITY OF

PAGE 02/02

Attn: Christine #17-726



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. Slean, 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>Robert</u>	Mi	<u>M</u>	Last Name	<u>Anderson</u>
E-mail Address	<u>Rleonardo@efalawfirm.com</u>				
Mailing Address	<u>301 Main Street Suite 3</u>				
City	<u>Allenhurst</u>	State	<u>NJ</u>	Zip	<u>07711</u>
Telephone	<u>732-1063-1920</u>	FAX	<u>732-280-9130</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>[Signature]</u>			Date	<u>10/26/17</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.

Any and all records for U3 w. 30th Street in Bayonne, New Jersey, from ~~January 2015~~ 2/24/16.

(per requestor)

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 _____		Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____
Est. Delivery Cost	_____		Records Provided _____		
Est. Extra Cost	_____				
Total Est. Cost	_____				
Deposit Amount	_____				
Estimated Balance	_____				
Deposit Date	_____	In Progress _____ Denied _____ Filled _____ Partial _____	Open _____ Closed _____ Closed _____ Closed _____	Custodian or his Assignee Signature _____ Date _____	

RECEIVED
 2017 OCT 26 A 10:42
 LAW DIVISION
 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



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 Miranda MI Last Name PSYK

E-mail Address Miranda.Psyk@thecclaimcenter.com

Mailing Address PO Box 47604

City Plymouth State MN Zip 55447

Telephone 866-233-0353 x235 FAX 866-233-9627

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 Miranda Psyk Date 10-26-17

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.

I'm contacting you on behalf of Verizon. I'm looking to see if the Fire department responded to a motor vehicle accident involving a utility pole. This should have happened around 10/28/2015 at the location Pulaski St. & RT 440. The pole number is #P63345. Verizon told me that the Police notified them but were unable to locate a report. My date & location may be slightly off. I'm looking to see if the Fire department responded to help me better locate a police report.

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

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 OCT 26 A 11:19



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Phone (201) 858-6029

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



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

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

Requestor Information - Please Print

First Name Steven MI M. Last Name RozekE-mail Address srozek@matrixnewworld.comMailing Address Matrix New World Engineering, 26 Columbia TurnpikeCity Florham Park State NJ Zip 07932Telephone 973-240-1800 FAX 973-240-1818Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.Signature [Signature] Date 10/26/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

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

Extras: Special service charge dependent upon request.

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

Matrix is performing an environmental due diligence for the 16th Street Park (Block 21, Lots 15 and 16; Block 254, Lot 45) in Bayonne, Hudson County, NJ. Matrix is requesting information and files including but not limited to, remedial action and permits, underground storage tanks, above ground storage tanks, tanks and building permits, health and environmental violations, discharges/releases of petroleum and hazardous material, spills, EPA correspondence, inspections, health and environmental investigations, historic property ownership, existing and former tenants, fires, potable wells, monitoring wells, septic systems, and other records not listed herein.

RECEIVED
2011 OCT 26 A 10:10
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	



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



#17-729

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	MARIA	MI		Last Name	Leone
E-mail Address	MRSMARIALEONE@gmail.com				
Mailing Address	183 Betsy Ross Dr.				
City	Freehold	State	NJ	Zip	07728
Telephone	732-547-8177		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				Date	Oct 29, 2017

Payment Information

Maximum Authorization Cost	\$ 100	
Select Payment Method		
Cash	Check	Money Order
Fees:	Letter size pages - \$0.05 per page	
	Legal size pages - \$0.07 per page	
	Other materials (CD, DVD, etc) - actual cost of material	
Delivery:	Delivery / postage fees additional depending upon delivery type.	
Extras:	Special service charge dependent upon request.	

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

Contact information for Any party or individual that contacted the City of Bayonne or Any of it's Representatives regarding the property located at 126 west 2nd Street in Bayonne, NJ. Specifically but not limited to violation #6206 issued on 10-3-17 By the City of Bayonne's Fire Official. Scope can be limited to the last six months.

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	

RECEIVED
OCT 12 2017
P 12:23
CITY OF 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



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 NANCY MI E Last Name BRYANT
E-mail Address nancy.bryant.0615@GMAIL.COM
Mailing Address 1226 JFK Blvd #1
City Bayonne State NJ Zip 07006
Telephone 201 877 8536 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 Nancy Bryant Date 10-27-17

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.

COPIES OF ALL REPORTS, RECORDS AND/OR OTHER DOCUMENTS WITHIN THE POSSESSION OF THE FIRE DEPARTMENT FOR THE PROPERTY AT 1226 KENNEDY Blvd, and/or 1224 Kennedy Blvd FROM 10-1-2010 TO THE PRESENT. (ONLY PSEG HAS our address as 1224.)

RECEIVED
2017 OCT 27
BAYONNE, NJ

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 #	_____	Est. Cost	_____
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	_____	
		Filed	-	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



#17-731

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>Peter</u>	Mt	<u>G</u>	Last Name	<u>Nakhla</u>
E-mail Address	<u>Nakhla.Peter@yahoo.com</u>				
Mailing Address	<u>24 canterbury Ave</u>				
City	<u>N. Arlington</u>	State	<u>NJ</u>	Zip	<u>07031</u>
Telephone	<u>347 334 8778</u>	FAX	<u>201 955 6261</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 HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Peter Nakhla Date 10-27-17

Payment Information

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

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

building violation of 18 west 11 st bayonne NJ 07002

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	_____	
		Filed	-	Closed	_____	
		Partial	-	Closed	_____	
		Custodian or his Assignee Signature		Date		

#17-732



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

Payment Information

First Name Russell MI _____ Last Name Fang
 E-mail Address RenoTechRFang@gmail.com
 Mailing Address 25 Park Lane South
 City Jersey City State NJ Zip 07030
 Telephone 973 543 0948 FAX 201 710 7144
 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 Russell Fang Date 10/27/2017

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.

My Uncle is interested in purchasing this house
 and is trying to find out if there is any
 open building violations or permits relating to this property.

519 Ave A Apt#4

Block #:

Lot #:

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 _____

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 _____

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, NJ 07002
 10/27/2017 2:25
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided _____



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



#17-733

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>Pasquale</u>	MI		Last Name	<u>Agresti</u>
E-mail Address	<u>pagresti@pagrestilawoffice.com</u>				
Mailing Address	<u>620 BROADWAY</u>				
City	<u>Bayonne</u>	State	<u>NJ</u>	Zip	<u>07002</u>
Telephone	<u>201-858-4670</u>	FAX	<u>201-632-4866</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>[Signature]</u>			Date	<u>10-27-77</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 and all documents related to any oil tank or removal of oil tank located at 1230 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		Final Cost
Tracking #	_____	Total 2017
Rec'd Date	_____	Deposit _____
Ready Date	_____	Balance Due _____
Total Pages	_____	Balance Paid _____
Records Provided		27
		P 1:39
Custodian or his Assignee Signature		Date

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

Christina Lagatta

#17-734

From: Robert Sloan
Sent: Monday, October 30, 2017 10:35 AM
To: Christina Lagatta
Subject: FW: Opra request

From: random random (<mailto:justaskin18@gmail.com>)
Sent: Sunday, October 29, 2017 4:59 PM
To: Robert Sloan <rsloan@baynj.org>
Subject: Opra request

This is a anonymous opra request
Please provide a copy of all building permits submitted and approved between 2005 thru to date in pdf format to
the email address of justaskin18@gmail.com for property address
Property address 42 Kennedy Blvd Bayonne NJ
Thanx

RECEIVED
2017 OCT 30 A 10 39
LAW DEPARTMENT
BAYCONE, NEW JERSEY

2017-10-30 14:50:50 (GMT)

12016036615 From: Peter Cecinini, Esq.



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



#17-735

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 MI Last Name Cecinini
 E-mail Address office @ cecinini law . com
 Mailing Address 1081 Avenue C
 City Bayonne State NJ Zip 07002
 Telephone 201 354 9305 FAX 201 603 6615
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☒ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 10/30/17

Payment Information

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

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

We need all oil tank records for 117-119W
 10th St. Bayonne. Thank you

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information
 Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided _____
 RECEIVED
 BAYONNE, NJ 07002
 CITY CLERK'S OFFICE
 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



#17-736

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>Chester</u>	MI		Last Name	<u>Kahan</u>
E-mail Address	<u>chesterkahan@gmail.com</u>				
Mailing Address	<u>1915 54 St.</u>				
City	<u>Brooklyn</u>	State	<u>NY</u>	Zip	<u>11204</u>
Telephone	<u>347-585-7778</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>[Signature]</u>			Date	<u>10/30/17</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.

I Chester Kahan am requesting to please provide me with all Records (permits etc...) to Address:
393 Kennedy Blvd. Bayonne N.J.
Thanks so much!!

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 OCT 30 P 1:20			
BAYONNE, N.J. 07002			
CITY CLERK'S OFFICE			
RECEIVED			
Custodian or his Assignee Signature		Date	

#17-737



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	Alexandria	MI		Last Name	Brown
E-mail Address	Alexandria.brown@pemco-limited.com				
Mailing Address	820 Bear Tavern				
City	West Trenton	State	NJ	Zip	08628
Telephone	720-509-3238	FAX			
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail Apply
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	Alexandria Brown	Date	10/30/2017		

Payment Information

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

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

In search of any open code violations and open permits for property address 95 W 43RD ST, Byonne, NJ, 07002.

-Please provide a copy of any supporting documents.

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, NJ 07002
2017 OCT 30 PM 12:25

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		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



#17-738

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	MNBC electrical corp.		
MI		Last Name	
E-mail Address	kchertowski@mnbcelectrical.com		
Mailing Address	212 Broadway, Bayonne		
City	Bayonne	State	NJ
Zip	07002		
Telephone	201-858-1760	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			
Date	10/30/2017		

Payment Information

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

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

CERTIFICATE OF OCCUPANCY

212 Broadway 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	_____

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 OCT 30 P 1:59

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 Carly MI _____ Last Name Kaminsky
 E-mail Address Carly@brinksconsulting.com
 Mailing Address 1256 Liberty Ave
 City Hillside State NJ Zip 07205
 Telephone 844-462-7465 FAX 908-353-3107
 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 Carly Kaminsky Date 10/30/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

Extras: Special service charge dependent upon request.

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

Please provide a list of permit applications for the decommissioning or Removal of underground oil tanks at:
 13 West 9th St

Block # 277 Lot # 25

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 OCT 30 P 2 12



27
28

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



#17-740

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 DARLENE MI L Last Name DYNEGA
E-mail Address VEGANDD@AOL.COM
Mailing Address 38 KELLY PARKWAY
City BAYONNE State NJ Zip 07002
Telephone 201-823-4431 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 Darlene Dynega Date OCT 30, 2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

Extras: Special service charge dependent upon request.

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

FIRE REPORT OF OCT 27 OR OCT 28 ~~at~~ after 10 PM. on either Oct 27 or Oct 28 at 38 Kelly Parkway

RECEIVED
2011 OCT 30
4:06 PM
BAYONNE, NEW JERSEY
CITY CLERK'S OFFICE

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost _____
Balance Due _____
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 Brittany MI A Last Name SMITH
 E-mail Address Brittanys@cisleads.com
 Mailing Address 170 Kinnelon Road
 City Kinnelon State NJ Zip 07405
 Telephone 973-402-0509 FAX 800-962-0600
 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 Brittany Smith Date 10/30/17

Payment Information

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

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

A copy of Demolition permit for best foods site located on Avenue A that includes the name, address, and telephone number for general contractor.

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
 2017 OCT 30 P 4:03



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 Brittany MI A Last Name SMITH
 E-mail Address Brittanys@cisleads.com
 Mailing Address 170 Kinnelon Road
 City Kinnelon State NJ Zip 07405
 Telephone 973-442-0500 FAX 800-962-0644
 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 Brittany Smith Date 10/30/17

Payment Information

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

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

A copy of demolition permit filed for
 676-688 Avenue E (Pier View Lofts @ former
 Doolans Auto Site) Block 402, Lots 4-7 that
 include the name, address, and telephone
 number for the general contractor.

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 2017 OCT 30 P 4:03

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



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 Joanna MI Last Name CrosbyE-mail Address joanna.crosby@wilsonelser.comMailing Address Wilson Elser 200 Campus DriveCity Florham Park State NJ Zip 07932Telephone 973-735-6148FAX Preferred Delivery: Pick Up US Mail On-Site Inspect Fax E-mail X

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

Signature [Signature]Date 10/27/17

Payment Information

Maximum Authorization Cost \$ 30.00

Select Payment Method

Cash ☐ Check Money OrderFees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per pageOther 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.

Full copies of the following complaints and/or summonses:

0901-S-2016-000259 ✓ SC-2017-041187 ✓ SC-2016-035672 ✓ 0901-S-2016-001123 ✓
SC-2016-044534 ✓ SC-2016-044532 ✓ SC-2017-000807 ✓ SC-2016-044535 ✓
SC-2016-04431 ✓

Along with all responses and dispositions of the above.

AND any other documents, summonses and/or complaints filed regarding complaints and/or incidents at 38-40 Kelly Parkway, Bayonne, NJ for the period January January 2015 to October 13, 2007.

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

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
OCT 30 P 3 48



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



#17-744

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	EMMA G. MARY	Last Name	
E-mail Address			
Mailing Address	46 East 47 St		
City	Bayonne	State	NJ
Zip	07002		
Telephone	201-954-3088	FAX	201-954-3088
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE/HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.			
Signature	Date 10-26-17		

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.

Re 46 East 47 St,
OWNER Requesting (Burling Dept)
1- ANY OPEN VIOLATION
2- ANY Report from INSPECTOR
for violation OR SUMMON
OR Penalties
10-26-17

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			
2017 OCT 30 P 4:05			
BAYONNE, N.J. 07002			
CITY CLERK'S OFFICE			
RECEIVED			
Custodian or his Assignee Signature		Date	

Christina Lagatta

#17-745

From: Robert Sloan
Sent: Tuesday, October 31, 2017 10:05 AM
To: Christina Lagatta
Subject: FW: PwC's Request for Records - City of Bayonne, NJ #5606

From: Marianne Duffey (US - TAX) [mailto:marianne.r.duffey@pwc.com]
Sent: Monday, October 30, 2017 5:07 PM
To: Robert Sloan <rsloan@baynj.org>; Terrence Malloy <tmalloy@baynj.org>
Cc: Sean Kim (US - TAX) <sean.kim@pwc.com>
Subject: PwC's Request for Records - City of Bayonne, NJ #5606

Good afternoon:

Pursuant to the state open records law N.J. Stat. Ann. Secs. 47:1-1 to 47:1A-13, on behalf of PricewaterhouseCoopers LLP ("PwC"), I am writing to request copies of the City of Bayonne's fiscal records concerning all unclaimed, undeliverable, overdue and/or outstanding funds or obligations, (i.e. deposits or obligations NOT currently held by your State's Unclaimed Property Department) in the amount of \$1,000.00 or greater, currently held in accounts managed by the City of Bayonne, including any and all:

1. Checks or warrants issued by the City of Bayonne for payments on obligations incurred by any City of Bayonne agency, department, office, court, college or other authorized authority that have remained outstanding for a period of six months or longer; AND the payee retains the right to claim the funds. (i.e. The payment has not been replaced, was not issued in error, and/or the obligation to the payee has not been voided by law.)
2. Called, matured, and/or currently redeemable municipal bonds or other securities issued by any City of Bayonne agency, and any outstanding or uncashed dividend payments associated with these securities.
3. Amounts on deposit with the City of Bayonne that are held in trust for recipients whose whereabouts are unknown, including instances in which payment was never attempted, payment was never requested, and/or instances when payments were returned as undeliverable. Such amounts may relate to (but are not limited to) tax refunds, tax overpayments, cash deposits, cash escrows, cash securities, performance bonds, sheriffs bonds, eminent domain, matured government bonds, real estate foreclosures, vendor payments, restitution payments, proceeds from public sales of lost property, unsuccessful electronic fund transfers, and/or lost heir accounts.

PwC is only interested in receiving records pertaining to non-natural persons (businesses). PwC is not seeking any records which could invoke a personal privacy exemption. Please also note, that none of the information requested by PwC will be used to solicit owners or third parties.

Ideally, the released records should include the amount held on behalf of the payee/recipient, any available identifying information regarding the recipient of the funds, the date associated with the obligation, and information indicating either the account in which the funds are held or the nature of the payment. Additionally, if the City of Bayonne issued a check that was not negotiated, please provide the check number, the check date, and the address where the payment was sent, if available.

Responsive documents may include the following:

- Stale Dated/Un-cashed Checks Report/Register
- Check/Warrant Reconciliation Report/Register
- Unclaimed Checks Report
- Bond History Log
- Reimbursable Bond Report
- Performance Bond Deposit Report/List
- Active/Open Cash Deposit List
- Property Tax Overpayment Log/Ledger
- Property tax refund log/ledger

Kindly provide this information to me, preferably in Excel, Adobe Acrobat, or Word format, via email to marianne.r.duffey@pwc.com. If your agency does not maintain these public records and/or you are not the custodian of these public records, please either forward our request to the appropriate agency(ies)/person(s) in possession of the documents we are seeking, or otherwise please provide me with the proper custodian's name and email address. (Agencies/Departments which may be in possession of the documents we are requesting include but are not limited to the Clerk, Treasury, Finance Department, Accounting Department, Auditor, Controller, Tax Collector, Public Works, Building Department, Sheriff, Comptroller, and Court(s)).

Please notify me if there are any costs associated with fulfilling this request.

As provided by the open records law, please provide your response within a reasonable timeframe. If you choose to deny this request, please provide a written explanation for the denial including a reference to the specific statutory exemption(s) upon which you rely. Additionally, please provide all segregable portions of otherwise exempt material.

If you have any questions, please do not hesitate to contact me at marianne.r.duffey@pwc.com. Thank you for your time and assistance.

Sincerely,

Marianne R. Duffey
PwC | PA
Office: 617 530 4071
PricewaterhouseCoopers LLP
Corporate Asset Recovery
101 Seaport Boulevard
Boston, MA 02210
Email: marianne.r.duffey@pwc.com
www.pwc.com

The content of this email is limited to the matters specifically addressed herein and is not intended to address other potential tax consequences or the potential application of tax penalties to this or any other matter.

The information transmitted, including any attachments, is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited, and all liability arising therefrom is disclaimed. If you received this in error, please contact the sender and delete the material from any computer. PricewaterhouseCoopers LLP is a Delaware limited liability partnership. This communication may come from PricewaterhouseCoopers LLP or one of its subsidiaries.



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Phone (201) 858-6020

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



#17-746

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 Carly MI _____ Last Name Kaminsky
 E-mail Address Carly@brinksconsulting.com
 Mailing Address 1256 Liberty Ave
 City Hillside State NJ Zip 07205
 Telephone 844-462-7465 FAX 908-353-3107
 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 Carly Kaminsky Date 10/30/17

Payment Information

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

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

Please provide a list of permit applications
 for the decommissioning or Removal of
 underground oil tanks at:
 13 West 9th St

Block # 277 Lot # 25

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, NJ 07002
 2017 OCT 31

#17-747



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 Adam MI Last Name Herbsman
 E-mail Address adam@grandcentralconsulting.com
 Mailing Address PO Box 418
 City Harrison State NJ Zip 10521
 Telephone 917-968-6194 FAX 206-338-2270
 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 Adam Herbsman Date 10/31/17

Payment Information

Maximum Authorization Cost \$ 20.00

Select Payment Method

Cash Check Money Order

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

Extras: Special service charge dependent upon request.

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

Please provide the following information for Static Percells prior to January 2017:

- ① All employment titles & dates served in each title / position for Percells
- ② All Salary & benefits information for Percells
- ③ All expense reimbursement requests submitted by Percells
- ④ All CAMPS forms for Percells
- ⑤ Memorandums detailing promotions or changes in title for Percells

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

Records Provided

Custodian or his Assignee Signature Date

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 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 OCT 31 P 2:03

#17-748



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) 823-4301

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 Mindy MI 00000 Last Name Weinberg
 E-mail Address FOILS @ ENAFco. com
 Mailing Address 3 LODI LANE
 City MONSEY State NY Zip 10952
 Telephone 845-354-7071 FAX 845-362-5130
 Preferred Delivery: Pick Up ☐ 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 Mindy Weinberg Date 10/31/17

Payment Information

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

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

139 W. 54th St.
 Bayonne, NY 07002
 Section: 901
 Block: 29
 Lot: 6

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

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 OCT 31 P 1:48



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 Adam MI D Last Name Herbsman
 E-mail Address adam@grandcentralconsulting.com
 Mailing Address PO Box 445
 City Harrison State NY Zip 10528
 Telephone 917-968-6794 FAX 206-338-2270
 Preferred Delivery: Pick Up ☐ 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 [Signature] Date 10/31/17

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.

Please provide the following:

Written communications, including emails and memos, sent or received by any employees of the City of Bayonne, between January 1, 2013 & December 31, 2013 that include the following terms:

① "TriEagle"

② "TriEagle Energy"

③ "Commercial Utility Consultants"

④ "Government Energy Aggregation"

⑤ "supplier auction"

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 10/31 P 2:11



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 Mindy MI 00000 Last Name Weinberg
 E-mail Address FOILS @ ENAFco . com
 Mailing Address 3 LODI LANE
 City MONSEY State NY Zip 10952
 Telephone 845-35V-7071 FAX 845-362-5130
 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 10/31/17

Payment Information

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

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

131 W. 54th St.
 Bayonne, NJ 07002
 Section: 901
 Block: 29
 Lot: 10

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

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 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 OCT 31 P 11 48



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



#17-751

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 Mindy MI 00000 Last Name Weinberg
 E-mail Address FOILS @ ENAFco. com
 Mailing Address 3 LODI LANE
 City MONSEY State NY Zip 10952
 Telephone 845-354-7071 FAX 845-362-5130
 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 10/31/17

Payment Information

Maximum Authorization Cost \$ _____

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.

125 W. 54th St.
 Bayonne, NJ 07002
 Section: 901
 Block: 29
 Lot: 13

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

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 201 OCT 31 P 1:47



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

#17-752



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 Mindy MI FOILS Last Name Weinberg
E-mail Address FOILS @ ENAFECO.COM

Mailing Address 3 LODI LANE
City MONSEY State NY Zip 10952

Telephone 845-354-7071 FAX 845-362-5130
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 10/31/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

129 W. 54th St.
Bayonne, NJ 07002
Section: 901
Block: 29
Lot: 11

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 _____
Post Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided _____

Custodian or his Assignee Signature _____

Date _____

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 OCT 31 P 1:48



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



#17-753

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 Mindy MI 00000 Last Name Weinberg
 E-mail Address FOILS@ENAFCD.COM
 Mailing Address 3 LODI LANE
 City MONSEY State NY Zip 10952
 Telephone 845-354-7071 FAX 845-362-5130
 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 10/31/17

Payment Information

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

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

90-92 West 24th st.
 Bayonne, NJ 07002
 Section: 901
 Block: 194
 Lot: 22

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. Extra Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____

AGENCY USE ONLY

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

In Progress - Open _____
 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 _____

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 BAYONNE, N.J. 07002
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