



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 Rafael MI Last Name Augusto
 E-mail Address ralph.augusto@yahoo.com
 Mailing Address 28 Cottage St
 City Bayonne State NJ Zip 07002
 Telephone 201-515-1700 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 Rafael Augusto Date 10/1/2017

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.

Letter, Email, or letters from Library Director Sarah Bains advising Library Personnel, and Library Pre-School teachers and staff, that a Tier 2 Sexual Predator had been in the building and that police had been called to the library on 2 separate occasions September 2015, and October 2017. Also, any memos or written communications directing staff on how to handle the entrance of a sexual predator into the building while children are present. All communications between the Director and City Administrator regarding the protection and safety of staff and public.

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
 DEPARTMENT OF TREASURY
 RECEIVED
 OCT 31 2017
 P 2:29
 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



#17-755

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>10-1-17</u>

Payment Information

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

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

Any copy of any ~~other~~ certificate of
inspection or certificate of Registration
for property located at 12 Oak St. 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
NOV 1 P 12:22

#17-756

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: 11/2/17 Date of Response: _____

Name: Linda J. Hockstein, Esq.

Address: 660 Broadway
Bayonne, NJ 07002

Telephone (Day) 201-823-1700

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

Information Requested:

Information on a Specific Property Block 380 Lot 4
36 Kelly Parkway, 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 NOV -2 A 11:00

[] Copy of Minutes [specify date]

City Council _____

Planning Board _____

Zoning Board of Adjustment _____

Other _____

[] Police Accident Report (Fee): _____

Date & Names _____

☒ Other [specify] any & all open permits and violations, and
any & all tank paperwork for the property
located at 36 Kelly Parkway, Bayonne

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

The information requested will be ready on _____

Estimated Number of Pages _____

Estimated Cost _____

Deposit [shall not be less than the estimated cost] _____

The public records requested will normally be available within four [4] business days, except that:

1. no tax or lien searches will be processed five [5] business days before and ten [10] business days after the quarterly due date for taxes [February 1, May 1, August 1, November 1];
2. no tax or lien searches will be processed two [2] business days before and after a tax sale;
3. fifteen [15] days for a certificate as to municipal taxes, liens or improvements;
4. minutes of public meetings will be available within two [2] business days after the minutes have been approved by the Council or Board;



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Phone (201) 858-6029

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



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 Aimee MI K Last Name Pacheco
 E-mail Address aimee.pacheco@pemco-limited.com
 Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd
 City West Trenton State NJ Zip 08628
 Telephone 720-509-3245 FAX 303-284-8026
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Aimee Pacheco Date 11/2/2017

Payment Information

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

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

Please e-mail my response to this OPRA request.

I need a copy of any 1. open permits and 2. open code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party.

88 W 45th St, Bayonne, NJ
 Block 84 / Lot 40

Thank you!

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

2017 NOV 16
 RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, NJ 07002

#17-758



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 Lakeisha MI J Last Name Zinamon
E-mail Address lzinamon@amrcclaims.com
Mailing Address 126 West Sheridan Avenue
City Oklaoma City State OK Zip 73102
Telephone (405) 606-8231 FAX (405) 606-3123
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☒ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11/2/17

Payment Information

Maximum Authorization Cost \$ 5
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.

I am searching for an incident / accident report involving Verizon aerial cables damaged in a MVA at 201 Bayonne Crossing Way in or before 04/29/2017. If the fire station responded and a fee is associated please advise, thank you.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____
Records Fee _____
Final Cost _____
RECEIVED
2017 NOV 2 P 3 44
CITY OF BAYONNE
NEW JERSEY
Custodian or his Assignee Signature _____ Date _____

#17-159



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Phone (201) 858-6029

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



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

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

Requestor Information - Please Print

First Name	<u>Ryan</u>	MI		Last Name	<u>N.</u>
E-mail Address	<u>habbahow191@gmail.com</u>				
Mailing Address					
City			State		
Zip					
Telephone			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 <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	<u>[Signature]</u>			Date	<u>11/2/17</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.

Name of Affordable Housing attorney for 2016 and 2017
along with copy of contract ordering rates.
Please email to habbahow191@gmail.com

RECEIVED
2017 NOV - 6 A 10:00
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 _____
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



#17760

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

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

Requestor Information - Please Print

First Name Sylvia MI M Last Name Whitcomb
E-mail Address s.whitcomb@constructionjournal.com
Mailing Address 400 SW 7th Street
City Stuart State FL Zip 34994
Telephone 800-785-5165 x438 FAX 888-825-6297
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒ XX
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that ~~KXAKS~~ / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Sylvia Whitcomb Date 11.3.2017

Payment Information

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

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

Good Afternoon,

May I get a copy of the building permit for 678-688 Avenue E? There should be a demo and building permit.

They should have been issued in 2017

The Owner is Pier View Lofts, LLC

Thank you so much,

Sylvia

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 NOV - 3 AM 11

AGENCY USE ONLY

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

AGENCY USE ONLY

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/her Assistant 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



#17-761

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	Anita	MI	R	Last Name	Erickson
E-mail Address	notify@deckerclaims.com				
Mailing Address	Decker Associates, 899 Mountain Avenue, Ste 3B				
City	Springfield	State	NJ	Zip	07083
Telephone	973-315-1476	FAX	973-258-1530		
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	X or 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	Anita R. Erickson			Date	11/3/17

Payment Information

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

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

Copy of Fire Report
November 2, 2017
207 Avenue B, Bayonne
Our File No. DE-1759725

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 NOV - 3 P 4: 22

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Phone (201) 858-6029

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



#17-762

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 Kathleen MI M Last Name Murray
 E-mail Address kmurray@tera-inc.com
 Mailing Address 6 North Union Avenue, Suite 10
 City Cranford State NJ Zip 07016
 Telephone 908-377-1865 FAX 908-926-2336
 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 NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Kathleen Murray Date 11/5/17

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.

Records are requested for the property located at Block 830, Lots 1.01, 1.02, 1.03 and 1.04. These records would include: Records from Tax Assessor, Building Department, Health Department, Department of Public Works or other relevant departments for this property including ownership records, COs for current and past operators, above ground or underground storage tanks records, storage of hazardous materials/ wastes (Community Right-to-Know), records for septic systems, wells (potable, production or monitoring), known spills or releases of hazardous materials/wastes, site plans and/or surveys and a current tax map.

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	_____
Records Provided		_____	
Custodian or his Assignee Signature _____		_____	

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 NOV - 6 A M 00

#17-763



OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph. # 732-780-3779 Fax # 848-220-9139



Important Notice

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

Requestor Information - Please Print

First Name Alison MI P Last Name Mitrosky
E-mail Address trinity.permitting@trinitysolarsystems.com
Mailing Address 2211 Allenwood Rd
City Wall State NJ Zip 07719
Telephone 1-732-780-3779 FAX 1-848-220-9158
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 Alison P. Mitrosky Date 11/6/17

Payment Information

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

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

Hello,
Trinity has been contracted by a resident of your town to install a 4.35 Mounted Solar System. We are preparing a permit on this resident's behalf. The resident has exhausted all avenues to locate a survey for the property. We would like to request a survey for the Township resident via OPRA REQUEST, as per you Town Home Page. Request sent 11/6/17. Residents name and address as follows:

Name: Rokicki, Raymond
Address: 734 John F. Kennedy Blvd Bayonne, New Jersey 07002 United States
Block: 100
Lot: 4

Thank you so much
Trinity hope's the Township can help their resident, with this request. Please respond in writing. If by chance you cannot help please detail the basis of denial.

Thanks very much in advance

Ali Mitrosky

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

RECEIVED
2017 NOV -6 P 12:03
LAW DEPARTMENT
BAYONNE, NEW JERSEY

#17-764

CITY OF BAYONNE

OFFICE OF THE CITY CLERK
MUNICIPAL BUILDING

630 Avenue C

Bayonne, New Jersey 07002

Tel. (201) 858-6029

Fax (201) 823-4391

REQUEST UNDER OPEN RECORDS ACT

Received: _____ Date of Response: _____

Name: Linda J. Hockstein, Esq.Address: 660 BroadwayBayonne, NJ 07002Telephone [Day] 201-823-1700Fax #: 201-437-5334 E-mail: linda@hocksteinlaw.comInformation Requested:Information on a Specific Property Block 68 Lot 2
198 Ave. B, 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 NOV - 6 A 10:46

[] Copy of Minutes [specify date]

City Council _____

Planning Board _____

Zoning Board of Adjustment _____

Other _____

[] Police Accident Report (Fee): _____

Date & Names _____

☒ Other [specify] any & all paperwork on an underground oil tank,
including evidence of decommissioned tank and/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;

#17-765



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 11/6/17

Payment Information

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

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

Document showing all stipends removed from my employee from 2014-2017 (present day).
 Name, date stipend removed, amount, what title stipend was for.

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 Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____		Final Cost Total _____ Deposited _____ Balance Due _____ Balance Paid _____
Est. Delivery Cost	_____		Records Provided 201 NOV - 6 A 10:46 CITY CLERK'S OFFICE BAYONNE, N.J. 07002		
Est. Extras Cost	_____				
Total Est. Cost	_____				
Deposit Amount	_____				
Estimated Balance	_____				
Deposit Date	_____				

#17-766



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 530 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 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 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 11/6/2017

Payment Information

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

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

Documents pertaining to a "Complaint Summons" 7 pages
 filed by P.O. David Baccarella on 5/31/2017, against Vincent + Stacie Percella
 Copy and all documents in his court file removed from the J.C. Court System from 9/5/17 to present.

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 _____	Total	_____
Est. Delivery Cost	_____			Deposit	_____
Est. Extra Cost	_____			Balance Due	_____
Total Est. Cost	_____			Balance Paid	_____
Deposit Amount	_____			Records Provided	_____
Estimated Balance	_____				
Deposit Date	_____	In Progress - Open	_____	RECEIVED OFFICE NOV 13 2017 10:46 07002	
		Denied - Closed	_____		
		Filed - Closed	_____		
		Partial - Closed	_____		
			Custodian or his Assignee Signature	Date	

#17-767



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Phone (201) 853-6029

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 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 11/6/2017

Payment Information

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

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

Documents pertaining to a "Complaint Summons"
 7 pgs. Filed by Stacie Percella, Vincent Percella
 against P.O. David Baccarella.

Filed between 5/30/17 - 6/1/17

Any and all documents in this case filed received
 from the J.C. Court System from 9/5/17 - Present.

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	_____	Records Provided	_____
Deposit Date	_____	In Progress	-	Open	_____	RECEIVED CITY CLERK'S OFFICE BAYONNE, N.J. 07002 NOV - 6 A 10:10
		Denied	-	Closed	_____	
		Filed	-	Closed	_____	
		Partial	-	Closed	_____	
		Custodian or his Assignee Signature		Date		

#17-768

Tristan Silverio <silveriotristan@yahoo.com>
Monday, November 6, 2017 3:09 PM
Christina Lagatta
Yna Bacurio; RLEONE@travelers.com
Report Request for 207 Avenue B Fire Incident

Sir/Maddam,

I am writing to request a report regarding a fire that occurred at 207 Avenue B on Thursday, November 2, 2017, that started approximately around the hours of 9:30pm and 10pm. My wife and I (copied here) reside at 205 Avenue B, Unit 1 F, where our unit/apartment got affected with severe water damage to the ceilings and walls and are filing a claim with our insurance provider for damages to be repaired.

I have also copied the Insurance agent (Ryan Leone) here so that you may send a REPLY to ALL.

Please confirm receipt of this email and when should we expect this report.

Please contact me via this email or at my cell at 347-456-6120

Best,

Tristan Silverio

#17-769

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

URGENT

Please get this to
us by the end of
the day Thursday.
We are closing on Friday.
Thank you.

REQUEST UNDER OPEN RECORDS ACT

Received: 11/7/17

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 42 Lot 22160 W. 52nd 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 NOV - 7 P 4: 01

[] Copy of Minutes [specify date] _____

City Council _____

Planning Board _____

Zoning Board of Adjustment _____

Other _____

[] Police Accident Report (Fee): _____

Date & Names _____

☒ Other [specify] _____

any & all ~~other~~ open permits + violations,
and any & all tank paperwork for the property
located at 160 W. 52nd St, Bayonne

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

The information requested will be ready on _____

Estimated Number of Pages _____

Estimated Cost _____

Deposit [shall not be less than the estimated cost] _____

The public records requested will normally be available within four [4] business days, except that:

1. no tax or lien searches will be processed five [5] business days before and ten [10] business days after the quarterly due date for taxes [February 1, May 1, August 1, November 1];
2. no tax or lien searches will be processed two [2] business days before and after a tax sale;
3. fifteen [15] days for a certificate as to municipal taxes, liens or improvements;
4. minutes of public meetings will be available within two [2] business days after the minutes have been approved by the Council or Board;



CITY OF BAYONNE
OPEN PUBLIC RECORDS ACT REQUEST FORM
 Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
 Phone (201) 868-8029
 Fax (201) 823-4391
 Robert F. Sloan, Esq., Records Custodian



#17-770

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 AMIE MI C Last Name KALAC
 E-mail Address AKALAC@HAGLANDLONGO.COM
 Mailing Address 40 PATTERSON ST.
 City NEW BRUNSWICK State NJ Zip 08903
 Telephone 732-545-4717 FAX 732-545-4579
 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 11/7/17

Payment Information

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

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

THIS REQUEST IS FOR THE CITY OF BAYONNE
 FIRE DEPARTMENT / CODE ENFORCEMENT UNIT RECORDS
 FOR THE FOLLOWING PROPERTY:
 133 LEXINGTON AVENUE, BAYONNE, NJ 07002
 AND INCLUDING, BUT NOT LIMITED TO, THE UNDERGROUND
 STORAGE TANK AND HEATING SYSTEM PERMIT DATED 3/17/1997.
 AND CITY OF BAYONNE CONSTRUCTION DEPARTMENT
 RECORDS

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, NJ 07002
 NOV - 7 10 01



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) 822-4391

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 Sharon MI C Last Name Yontef
 E-mail Address _____
 Mailing Address 50 Lorelei Rd.
 City West Orange State NJ Zip 07052
 Telephone 973-731-9574 FAX 973-731-9580
 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 Sharon C. Yontef Date 11/6/17

Payment Information

Maximum Authorization Code: _____
 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 report for an incident that occurred in the evening of Oct. 28, 2017 at 965 Ave. C - Apt. 3. The fire department responded to the specified location. I'm the president, one of the owners, and also the manager of the property.
 Thank you. Sharon C Yontef. Please fax to 973-731-9580.

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	_____		Custodian or My Authorized Signature		Date	
		In Progress	•	Open	_____	
		Denied	-	Closed	_____	
		Filed	-	Closed	_____	
		Partial	-	Closed	_____	

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 NOV - 7 P 2:56



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



#19-772

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

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

Requestor Information - Please Print

First Name	<u>Michael</u>	Mt		Last Name	<u>McKittick</u>
E-mail Address					
Mailing Address	<u>182 Prospect Ave</u>				
City	<u>BAYONNE</u>	State	<u>NJ</u>	Zip	<u>07002</u>
Telephone	<u>201-858-6134</u>	FAX			
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>			Date	<u>11-8-17</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.

Copy of ALL UNION BOOKS - CONTRACTS:
Police
Fire
Crossing Guards
AFSCME
Supervisor

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 NOV - 8 A 8 25			
BAYONNE, N.J. 07002			
CITY CLERK'S OFFICE			
RECEIVED			
Custodian or his Assignee Signature		Date	

CITY OF BAYONNE

OFFICE OF THE CITY CLERK
MUNICIPAL BUILDING

630 Avenue C

Bayonne, New Jersey 07002

Tel. (201) 858-6029

Fax (201) 823-4391

#17-773

REQUEST UNDER OPEN RECORDS ACT

Received: 11/8/17 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 121 Lot 40
18 E, 37th 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 NOV - 8 A 10 35

[] Copy of Minutes [specify date]

City Council _____

Planning Board _____

Zoning Board of Adjustment _____

Other _____

[] Police Accident Report (Fee): _____

Date & Names _____

☒ Other [specify] any & all tank paperwork for the
property located at 18 E. 37th St, Bayonne

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

The information requested will be ready on _____

Estimated Number of Pages _____

Estimated Cost _____

Deposit [shall not be less than the estimated cost] _____

The public records requested will normally be available within four [4] business days, except that:

1. no tax or lien searches will be processed five [5] business days before and ten [10] business days after the quarterly due date for taxes [February 1, May 1, August 1, November 1];
2. no tax or lien searches will be processed two [2] business days before and after a tax sale;
3. fifteen [15] days for a certificate as to municipal taxes, liens or improvements;
4. minutes of public meetings will be available within two [2] business days after the minutes have been approved by the Council or Board;

#17-774



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Phone (201) 258-6029

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 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 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 11/8/2017

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 of Salary Ordinance of Official 1 + 2
titles, steps. Years 2014, 2015, 2016, 2017.
Min - Max

REC'D
2017 NOV
LAW DEPT
BAYONNE, NJ
RECEIVED

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 _____	Total _____ Deposit _____ Balance Due _____ Interest Paid _____ Received _____	Fees _____	
Est. Delivery Cost	_____					
Est. Extra Cost	_____					
Total Est. Cost	_____					
Deposit Amount	_____					
Estimated Balance	_____					
Deposit Date	_____	In Progress	-	Open	_____	
		Denied	-	Closed	_____	
		Filed	-	Closed	_____	
		Partial	-	Closed	_____	
		Custodian or his Assignee Signature		Date		

#17-775



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 Percella Last Name Percella
 E-mail Address bizymom5@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 ☐ 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 11/9/2017

Payment Information

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

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

Document on Mary Parlati.
 Date of hire, title, salary at Dating hire.
 Promotions, title change, Dating promotion or title change
 all documents pertaining to salary. Increases, decreases.
 Amount of each. Date of each change.
 Documents of his current salary of working in two department.
 Salary, step raises. amounts, date of each
 Documents payroll stating reason for separate checks

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	
Est. Delivery Cost	_____			Tracking # _____	Total _____
Est. Extra Cost	_____			Rec'd Date _____	Deposit _____
Total Est. Cost	_____			Ready Date _____	Balance Due _____
Deposit Amount	_____			Total Pages _____	Balance Paid _____
Estimated Balance	_____			Records Provided	
Deposit Date	_____			RECEIVED CITY CLERK'S OFFICE BAYONNE, N.J. 07002 21 NOV - 9 A 9	
				Custodian or his Assignee Signature _____ Date _____	

#17-776



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 Percella Last Name Percella
 E-mail Address bizymom5@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 ☐ 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 11/9/2017

Payment Information

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

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

All documents from Mayor James M. Davis
 all written letters designating any person as
 Acting Mayor in Mayor Davis Absences.
 Name, dates of absence, kept person works for.
 from 2014 - Present.

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			
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	_____		

2017 NOV 9 11:07 AM
 CITY OF BAYONNE
 RECEIVED
 OFFICE
 11/07/2017

#17-777



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 ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:2B-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 11/9/2017

Payment Information

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

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

Documents on all tree planting for years 2014 Present.
 Work orders for each, Name, Date, address.

Invoice for all planting for these years -

Work Orders for all tree removals, stump removals, names address, date and payment on each removal.

Copy of tree ordinance and any changes in the tree ordinance since 2014 - present.

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	
Est. Delivery Cost	_____			Total	_____
Est. Extra Cost	_____			Deposited	_____
Total Est. Cost	_____			Bal. Due	_____
Deposit Amount	_____			Bal. Paid	_____
Estimated Balance	_____			RECEIVED CITY CLERK'S OFFICE BAYONNE, N.J. 07002 NOV - 9 A 9 41	
Deposit Date	_____	In Progress - Open	_____	Custodian or his Assignee Signature _____ Date _____	
		Denied - Closed	_____		
		Filed - Closed	_____		
		Partial - Closed	_____		

#17-778



CITY OF BAYONNE
OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 530 Avenue C, Bayonne, NJ 07002

Phone (201) 858-6029

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



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

Requestor Information – Please Print

First Name Stacie MI _____ Last Name Perrella
E-mail Address braymoms@optonline.net
Mailing Address 25 W 40 St.
City Bayonne State NJ Zip 07002
Telephone 201-436-1355 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ Email ☒

If 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 11/9/2007

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 materials	
Delivery:	Delivery / postage fees additional depending upon delivery type.
Extras:	Special service charge dependent upon request.

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

All employees hired as seasonal workers during time frame 5/1/2016 - present. (Not including ^{Day} camps)

Document of which employees that were hired as seasonal and are now hired as F.T. employees.

Names, dates of hire on both (Seasonal to F.T.) title, salary on both start date and current. Department each employee works in.

Names of Employees receiving benefits -

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost _____		Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. 		Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ Records Provided _____	
Est. Delivery Cost _____				Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____	
Est. Extras Cost _____				RECEIVED CITY CLERK BAYONNE, N.J. 2017 NOV - 9 A	
Total Est. Cost _____				Custodian or his Assignee Signature _____	
Deposit Amount _____		In Progress - Open _____ Denied - Closed _____ Filed - Closed _____ Paid - Closed _____			
Estimated Balance _____					
Deposit Date _____					

#77-779



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 brazymoms @ 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 _____ Fax _____ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-9, 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 11/9/2017

Payment Information

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

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

Documents on employee Lina Valdez
 Date of hire, title, salary at date of hire, department,
 all raises employee has had since date of hire, title change,
 step raises, stepends, longevity.
 Current position.

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 # _____ Rec'd Date _____ Ready Date _____ Total Pages _____	Total	_____
Est. Delivery Cost	_____			Deposit	_____
Est. Extras Cost	_____			Balance Due	_____
Total Est. Cost	_____			Balance Paid	_____
Deposit Amount	_____			Records Provided	_____
Estimated Balance	_____				
Deposit Date	_____	In Progress - Open _____			
		Denied - Closed _____			
		Filed - Closed _____			
		Partial - Closed _____			
		Custodian or his Assignee Signature _____		Date _____	

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 201-436-1355

#17-780



CITY OF BAYONNE
OPEN PUBLIC RECORDS ACT REQUEST FORM
 Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002
 Phone (201) 853-8029
 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 Stacie MI Last Name Percella
 E-mail Address buzymoms@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 Fax E-mail X
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-9, 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 11/9/2017

Payment Information

Maximum Authorization Cost 3
 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 on these title: Personnel Technician, Assistant Treasurer.
 what date those titles were posted for employees to apply.
 what employees applied for position.
 Date of testing.
 what employee now holds that title.
 what employee was promoted, salary at which employee starts at and all steps in salary schedule for both positions.

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 <u>2</u> Rec'd Date <u>11/9/17</u> Ready Date <u>11/9/17</u> Total Pages <u>9</u> Records Provided <u>9</u> Final Cost <u>27.45</u>
Est. Delivery Cost	_____		_____		
Est. Extra Cost	_____		_____		
Total Est. Cost	_____		_____		
Deposit Amount	_____		_____		
Estimated Balance	_____				
Deposit Date	_____				
		In Progress	-	Open	_____
		Denied	-	Closed	_____
		Filled	-	Closed	_____
		Partial	-	Closed	_____
		Custodian or his Assignee Signature _____ Date _____			

#17-181



CITY OF BAYONNE
OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Phone (201) 858-6029

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



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

Requestor Information - Please Print

First Name Stacie MI Last Name Percella
 E-mail Address buzzymoms @ 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 11/9/2017

Payment Information

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

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

All documents on Gary Chmielewski
 date of hire, salary at date of hire and forward to present
 pay. All raises, step raises, title changes from
 date of hire to present. Any stipends, amount, reason
 for stipend. All dates of any raises, step raises, longevity
 amounts of each.
 Date of hire to present.

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. Extra 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	_____	RECEIVED CITY CLERK'S OFFICE BAYONNE, N.J. 07002 2017 NOV - 9 A 9 41
		Denied	-	Closed	_____	
		Filed	-	Closed	_____	
		Partial	-	Closed	_____	
		Custodian or his Assignee Signature		Date		

#17-782



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 staciepercella5@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 11/9/2017

Payment Information

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

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

Documents on all gas jobs assigned to each employee
 Number of job, Employee assigned to. Department employee
 works for.
 All City & Bayonne Employees.

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 Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____		Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____
Est. Delivery Cost	_____		Records Provided RECEIVED CITY CLERK'S OFFICE BAYONNE, N.J. 07002 NOV - 9 A 4 41		
Est. Extras Cost	_____				
Total Est. Cost	_____				
Deposit Amount	_____				
Estimated Balance	_____		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



#17-783

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 R Last Name Bracey
 E-mail Address dbracey@elken@gmail.com
 Mailing Address 221 High Street
 City Hackettstown State NJ Zip 07840
 Telephone (908) 813-2323 FAX (908) 813-8360
 Preferred Delivery: Pick ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☐ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ~~HAVE~~ HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 11/3/17

Payment Information

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

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

All files pertaining to environmental spills, remediation, investigation, permitting, Deed Notices etc, for the subject site,

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



#17-784

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

Atlantic Environmental Solutions, Inc.
First Name MARZENA MI MI Last Name SOBILLO
E-mail Address marzena@atlanticeenvironmental.com
Mailing Address 5 MARINE VIEW PLAZA, SUITE 401
City HOBOKEN State NJ Zip 07030
Telephone (201) 816-9400 FAX (201) 876-9563
Preferred Delivery: Pick Up ☐ US Mail ☒ On-Site Inspect ☐ Fax ☒ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11/7/2017

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 see attached letters

100 East 22nd Street

Bayonne, Hudson County, New Jersey

Block: 457.01, Lot: 1

Prior Block: 457.01, Prior Lot: 12

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 NOV - 9 P 12:43

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	

#17-783



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 MARZENA MI _____ Last Name SOBILLO

E-mail Address marzena@solutionenvironmental.com

Mailing Address 5 MARINE VIEW PLAZA, SUITE 401

City HOBOKEN State NJ Zip 07030

Telephone (201) 876-9400 FAX (201) 876-9563

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

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

Signature [Signature] Date 11/8/2017

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 see attached letters

30 Prospect Ave, Bayonne, New Jersey

Block: 456

Lots: 24.01 & 24.02

MARZENA@SOLUTIONENVIRONMENTAL.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	

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

#17-786

REQUEST UNDER OPEN RECORDS ACT

Received: 11/9/17

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 358 Lot 27
83A Hobart 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 NOV - 9 P 3 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 83A Hobart 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;

2017-11-09 20:21:04 (GMT)

19736951312 From: Ankit Duggal



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



#17-787

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	Ankit		MI		Last Name	Duggal
E-mail Address	ruhee@rernj.com					
Mailing Address	1135 clifton ave ste 101					
City	clifton	State	nj	Zip	07013	
Telephone	9738943004		FAX	973-685-4874		
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail	X

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

Signature _____ Date 11/9/2017

Payment Information

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

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

For 36 East 16 Street Bayonne NJ

assessor card
 delinquent taxes
 open permits
 unpaid fines and dues
 Underground Oil tanks
 rent register
 vacant property list

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY**Tracking Information**

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

Records Provided

Custodian or his Assignee Signature

Date

RECEIVED
CITY CLERK'S OFFICE
 630 AVENUE C, N.J. 07002
 11/11/17 11:29 AM

#17-788

Christina Lagatta

From: Ford, Andrew <aford3@gannettnj.com>
Sent: Friday, November 10, 2017 10:27 AM
To: Robert Sloan; Christina Lagatta
Subject: OPRA request

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

1. Settlement agreement related to the November 2014 federal lawsuit filed by city resident Brandon Walsh and members of his family.
2. Copy of the complaint filed against Bayonne by the Jersey Journal related to the above settlement.

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

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

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

If you claim any portion of the above public records are exempt from disclosure under the law, please provide a Vaughn index identifying which records exist, which portion or portions you claim are exempt and the legal provisions you contend apply, and release the remainder of such records, redacting only the portion or portions you claim are exempt.

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

Sincerely,

Andrew Ford
732-643-4281
Reporter
@AndrewFordNews
aford3@gannett.com

RECEIVED
2017 NOV 13 A 10:26
LAW DEPARTMENT
BAYONNE, NEW JERSEY



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Phone (201) 858-6029

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



#17-789

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>Daniel</u>	MI	<u>P</u>	Last Name	<u>Simpson</u>
E-mail Address	<u>dsimpson@newmansimpson.com</u>				
Mailing Address	<u>Newman & Simpson, LLP, 32 Mercer Street</u>				
City	<u>Hackensack</u>	State	<u>NJ</u>	Zip	<u>07601</u>
Telephone	<u>201-487-0200</u>		FAX		
Preferred Delivery:	Pick Up ☐	US Mail ☐	On-Site Inspect ☐	Fax ☐	E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>			Date	<u>11/13/2017</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.

Please email us a copy of the application of Levin Properties, L.P. with respect to property having street addresses of 21-33 East 53rd Street and 18-24 East 54th Street, designated as Block 36, Lot 4, Lot 5, Lot 6 (assessed as an additional lot under Lot 4) and Lot 7 (assessed as an additional lot under Lot 5). A public hearing on this application is scheduled for November 20, 2017.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
2017 NOV 13 A 11:07			
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 LEONARDO MI L Last Name VARLA S

E-mail Address LEEVAR@3@HOTMAIL.COM

Mailing Address 6 MARION COURT

City BAYONNE State NJ Zip 07002

Telephone 201-370-8625 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 ☒ HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Leonardo Varla Date 11-13-2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

UNDER GROUND STORAGE TANK OIL TANK INFORMATION.

FOR Block # 369 Lot # 32

6 MARION COURT

RECEIVED
2017 NOV 13 PM 2:34
LAW DEPARTMENT
BAYONNE, NEW JERSEY

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

Jack McDonald
908 359-7614

#17-791

TRAVELERS

Bayonne police department
630 Avenue C
Bayonne N.J 07002
Attn: Detective Maak, BCI

Faxed 11/10/17 (201 858 6338)

Re: Trip and fall
File number-C5D 1537
Your report number 17-15056

Detective Maak

Please be advised that I am a Special Investigator with Travelers insurance company assigned to the Special Investigation Unit..

I am currently investigating a trip and fall occurring at 477 Broadway on 3/3/17 for possible referral to the office of the Insurance Fraud Prosecutor..

The victim is Ellen Decicco 2301 Ward Dr., Rahway NJ

I am interested in obtaining any photos taken of the fence on the date of accident as noted in the police report

Would you kindly advise me if the photos are available and if they can be e mailed or need to be picked up at headquarters.

Sincerely,

Jack McDonald
908 359 7614
Jmcdonal@travelers.com

RECEIVED
2011 NOV 13 P 1:56
LAW DEPARTMENT
BAYONNE, NEW JERSEY



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Phone (201) 858-6029

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



#17-792

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 R Last Name LOMBARDIE-mail Address MICHAELR@LOMBARDIANDLOMBARDI.COMMailing Address 1862 OAK TREE ROADCity EDISON State NJ Zip 08820Telephone (732) 905-1500 FAX (732) 906-7625Preferred 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 Michael R. Lombardi Date 11/06/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 REQUESTED DOCUMENTS WITH REGARDS TO THE FOLLOWING BUSINESS ENTITY:

FORUM FITNESS
21 W. 25TH STREET
BAYONNE, NEW JERSEY

DOCUMENTS REQUESTED:

ANY AND ALL RECORDS PERTAINING TO ANY AND ALL RENOVATION OF THE GYM IN THE 2014-2015 TIME FRAME.

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 Due _____

Records Provided

Custodian or his Assignee Signature

Date

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
NOV 13 A 11:59



JAMES M. DAVIS
MAYOR

CITY OF BAYONNE
OFFICE OF THE CITY CLERK
MUNICIPAL BUILDING
630 AVENUE C • BAYONNE, NJ 07002
TEL: (201) 858-6029
FAX: (201) 823-4391

ROBERT F. SLOAN, RMC/CMC
CITY CLERK

MEMORANDUM

Date: November 13, 2017

From: Christina LaGatta – Law Dept.

**To: Law Dept.
BPD**

**Re: OPRA #17-793 Peter Franco – Bayonne
(Permits for various Festivals)**

Attached is a request under (OPRA) Open Public Records Act for information pertaining to the above. Response is due within 7 business days of the above date.

If your response is extensive, please advise me of the approximate amount of information and the time you will need to gather the information. Additionally, please notify me if there are no records.

Please return the OPRA response with the following form to my attention.

Thank you in advance for your prompt attention regarding this matter.

NOTE: Please contact John Coffey in the Law Department on ext. 6091 should you have any questions pertaining to this OPRA.

/attachments



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



#17-794

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 FRANCO
E-mail Address REALPETERFRANCO@gmail.com
Mailing Address 127 W. 12th Street.
City BAYONNE State NJ Zip 07002
Telephone 201 888 0749 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 P. Franco Date 11/13/17

Payment Information

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

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

Request. Any and all permits, electrical, plumbing, etc
for the BCB Pavilion tent. Construction.

BLK-700 Lot-1

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress Open
Denied Closed
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 NOV 13 P 1:27
RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
Custodian or his Assignee Signature Date

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 Peter MI _____ Last Name FRANCO

E-mail Address REALPETERFRANCO@

Mailing Address 127 W. 12th Street

City Bayonne State NJ Zip 07002

Telephone (201) 888 0749 FAX _____

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

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

Signature [Signature] Date 11/13/12

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.

Complete list of employees by department, title, Date of hire, salary. (presently).

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

Final Cost

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

Records Provided

2012 NOV 13 P 1:27
BAYONNE, N.J. 07002
CITY CLERK'S OFFICE
RECEIVED

Custodian or his Assignee Signature

Date

#17-796

**BOROUGH OF POINT PLEASANT
OPEN PUBLIC RECORDS ACT REQUEST FORM**
PO BOX 25, POINT PLEASANT, N.J. 08742
Telephone Number: 732-892-3434 & Fax Number: 732-892-7351

Important Notice

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

Requestor Information - Please Print

First Name 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 11-13-17

Payment Information

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

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

Good afternoon, I am requesting "off duty" 6-2-17 - 9-17-17. Specifically if Capt. Steve Kramer was out on Workers' Compensation and/or Disability from the employment, City of Bayonne - Before denying Please review current status - Thank You
[Signature]

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
NOV 13 P 4:30
BAYONNE, NJ
CITY OF BAYONNE
NEW JERSEY

Custodian 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



#17-797

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 FRANCO
 E-mail Address REAL Peter FRANCO @ gmail.com
 Mailing Address 127 W. 12th St.
 City BAYONNE State NJ Zip 07002
 Telephone 201 888 0749 FAX _____
 Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒

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

Signature [Signature] Date 11/14/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

Extras: Special service charge dependent upon request.

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

TOTAL Amount of revenue generated by parking taxes in the city of Bayonne. And the source And Amount of each Amount for 2013, 2014, 2015, 2016, 2017

total Amount of revenue generated by Hotel taxes in the city of Bayonne. And the source, And Amount of each Amount for 2013, 2014, 2015, 2016, 2017

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

Final Cost

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

Records Provided
 2017 NOV 14 P 1:03
 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 Peter MI _____ Last Name FRANCE
E-mail Address Real Peter France@gmail.com
Mailing Address 127 W. 12th St.
City Bayonne State NJ Zip 07002
Telephone 201 8880749 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11/14/17

Payment Information

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

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

- ① Employee count total # of employees, number of fulltime employees, number of part-time employees, for the following years: 2013, 2014, 2015, 2016, 2017.
- ② Names, titles, salaries, municipality of residence for all employees hired in 2013, 2014, 2015, 2016, 2017.
- ③ Names, titles, salaries, and municipalities of residence for all employees promoted in 2013, 2014, 2015, 2016, 2017.

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	_____	2017 NOV 14 P 1:03 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



#17-799

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	FRANCO
E-mail Address	REAL PETER FRANCO @GMAIL.COM				
Mailing Address	127 W. 12th St.				
City	Bayonne	State	NJ	Zip	07002
Telephone	201 888 0249		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	4/14/17

Payment Information

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

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

Complete employee census including name, position, date of hire, salary, and overtime paid in 2014, 2015, 2016, and 2017 including the reason for any stipend.

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 NOV 14 P 1:03
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



#17-800

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 FRANCO

E-mail Address REAL Peter FRANCO @GMA.I.COM

Mailing Address 127 W. 12TH ST.

City BAYONNE State NJ Zip 07002

Telephone 201 888 0749 FAX

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

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

Signature [Signature] Date 11/14/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

Any and all contracts + agreements regarding the so called Bayonne Pavilion at the Peninsula at Bayonne Harbor.

total amount and source of revenue generated payable to the city of Bayonne by Bayonne Pavilion from construction to demolition.

total amount of water/sewer connection fees paid by the owners or operators of the Bayonne Pavilion. Any documents related to the calculation thereof and/or an explanation regarding why the requisite fee was not paid.

ADDITIONAL PAGE

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

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

Custodian or his Assignee Signature Date

The total Amount of Bayonne Parking Tax collected
And remitted to the City of Bayonne for paid
Parking related to the Bayonne Pavilion.

P. J. O.

11/14/17



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



#17-801

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 FRANCO
E-mail Address REALPETERFRANCO@gmail.com
Mailing Address 127 W 12th Street
City Bayonne State NJ Zip 07002
Telephone 201 888 0749 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒

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

Signature [Signature] Date 11/14/12

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 correspondence between the city of Bayonne and or its representatives or agents and the Local Finance Board since 2013 to present.

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
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 NOV 14 P 1:03
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



#17-802

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 Goldman

E-mail Address mgoldman@progressive.com

Mailing Address 959 Route 46 East, ste 404

City Parsippany State NJ Zip 07054

Telephone 973-632-2488 FAX 201-939-0704

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

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

Signature [Signature] Date 11/14/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

I am an investigator with Progressive Insurance. Progressive customer Osvaldo Nunez of 122 Prospect Ave in Bayonne had a vehicle which caught fire. We are working on the claim for his 2014 Mitsubishi Outlander, bearing vin: 4A4AR3AUXEE002659 and NJ Reg: WGT50P.

Please provide a copy of the Bayonne Fire Report as well as corresponding CAD report for the vehicle fire that occurred on 10/9/17 at approximately 715pm at the intersection of 35th and Avenue E in Bayonne. The documents are necessary to verify facts involving the insured's claim.

Thank you

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes

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

In Progress ☐ Open

Denied ☐ Closed

Filed ☐ Closed

Partial ☐ Closed

AGENCY USE ONLY

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

Records Provided

2017 NOV 14 A 10:58

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



#17-803

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 A Last Name Fernandez
 E-mail Address IRETODAY@GMAIL.COM
 Mailing Address 72 Van Riper Ave #326
 City Tersay City State NJ Zip 07306
 Telephone 973-384-1054 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 11/14/17

Payment Information

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

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

- ① A List of Properties that are "in care of" Someone other than the registered owner (Marked % in tax assessors website)
 ② A List of Registered Vacant Properties
 ③ Copies of the "Notice of intent to foreclose" that have been filed with the bayonne township tax collector between 03/1/2017 - 11/13/2017
 * For items 1 & 2 the dates of 03/01/2017 → 11/13/2017 are acceptable. Thank you for your time.

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 _____
 RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 2017 NOV 14 4:29 PM
 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



#17-804

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>Natalia</u>	MI	<u>V</u>	Last Name	<u>Olechkevitch</u>
E-mail Address	<u>natalya@victorona.com</u>				
Mailing Address	<u>14 Herrick Court, Unit 2</u>				
City	<u>Bayonne</u>	State	<u>NJ</u>	Zip	<u>07002</u>
Telephone	<u>(415) 816-5492</u>				
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 Nov. 14, 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: 519 Ave. A, #1, Bayonne, NJ

For any open permits or violations.
Oil tank removal.

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 NOV 14 A 4 45	
BAYONNE, N.J. 07002	
CITY CLERK'S OFFICE	
RECEIVED	
Custodian or his Assignee Signature	Date

#177-805



CITY OF BAYONNE
OPEN PUBLIC RECORDS ACT REQUEST FORM
 Office of the City Clerk, 530 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 baymon5@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 11/14/17

Payment Information

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

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

Documentation - Police Department needs and procedures in City Ordinance stating Audio recordings for calls to service documents showing how long audio recording are kept on file.

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 Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____		Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____
Est. Delivery Cost	_____		Records Provided 07 NOV 14 P 4:20 BAYONNE, N.J. 07002 CITY CLERK'S OFFICE RECEIVED		
Est. Extras Cost	_____				
Total Est. Cost	_____				
Deposit Amount	_____				
Estimated Balance	_____				
Deposit Date	_____			Custodian or his Assignee Signature _____ Date _____	

17330

#17-806



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Phone (201) 858-6029

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



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

Requestor Information - Please Print

First Name Jessica MI Last Name Pantoja
 E-mail Address jpantoja@metroreporting.com
 Mailing Address Box 906, William Penn Annex
 City Philadelphia State PA Zip 19105-0930
 Telephone 800-245-10686 FAX 800-343-9047
 Preferred Delivery: ☐ Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☐
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 11/10/17

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.

Date: 11/02/17

Rept#:

Location: 207 AVENUE B

BAYONNE

Insured: SILVERIO

Fire Report.

AGENCY USE ONLY

Est. Document Cost
 Est. Delivery Cost
 Est. Extras Cost
 Est. 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 ☐

AGENCY USE ONLY

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

2017 NOV 15 A 11:20
 RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, NJ 07002



City of Bayonne #17-807

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address
 Agency Telephone Number & Fax Number
 Agency e-mail address (201) 823-4391
 Name of Agency Custodian



Important Notice

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

Requestor Information - Please Print

First Name Carly MI MI Last Name Kaminsky
 E-mail Address Carly@brinksconsulting.com
 Mailing Address 1250 Liberty Ave
 City Hillside State IL Zip 07205
 Telephone (844) 462-7465 FAX (908) 353-8107
 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 Carly Kaminsky Date 11/14/17

Payment Information

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

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

Please provide a list of permit applications for the installation, removal or the decommissioning of UNDERGROUND STORAGE TANKS at: 21 W. 6th St, Bayonne, ^{City} NJ 07002

Block# 318

Lot# 5

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

2017 NOV 15 A 8 28
 BAYONNE, N.J. 07002
 CITY CLERK'S OFFICE
 J. [Signature]



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 Cynthia MI J Last Name Howard

E-mail Address cyndylarow@ymail.com

Mailing Address 39 Gramercy Park N

City NY State NY Zip 10010

Telephone 914 356 7139 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 Cynthia Howard Date 11/13/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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

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

Extras: Special service charge dependent upon request.

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

Record 1

My grandfather Michael Krzak died of ~~an~~ a car or train accident on December 2, 1945. Is there an accident report? He lived at 15 West 44th street. A hospital report?

Record 2 He was a tavern owned in Bayonne. Is there any record of a liquor / owner ^{license?} record of his tavern? or address of the tavern?

Any information would be greatly appreciated on the documents.
Thank you
Cynthia Howard

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 _____

Cost

Total _____

Deposit _____

Balance _____

Balance _____

City Clerk's Office
Bayonne, NJ 07002
A 11:20

Custodian or his Assignee Signature _____ Date _____

#17-809



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 Annie MI Baran Last Name Baran
 E-mail Address baran 0323 @ yahoo.com
 Mailing Address 1204 Schmidt Ave
 City Union State NT Zip 07083
 Telephone 908-256-0843 FAX 908-688-6203
 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 Annie Baran Date 11-14-17

Payment Information

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

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

20 Silver ST, Bayonne NT 07002

Block: 326 Lot: 29

Please send property record card, This information is use for appraisal purpose.

Thank you

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		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
 NOV 15 P 2:38

#17-810



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	Melissa	MI	Last Name	Staubitz
E-mail Address	asorc@aol.com			
Mailing Address	473 Hamburg Turnpike			
City	West Milford	State	NJ	Zip 07480
Telephone	(973) 696-3122	FAX	(973) 839-8779	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax OR E-mail
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that <u>NAME</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 11/15/2017

Payment Information

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

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

Good afternoon,

I am inquiring to know if there is any documentation on file regarding storage tanks for the referenced property below (underground storage tanks, aboveground storage tanks... looking for permits, Certificate of Approvals, etc.). Anything found can either be emailed or faxed to me, whichever is easiest for you. Thank you in advance for your assistance!

** Address of Inquiry: 36 East 16th Street, 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 #	_____	Total	_____
Est. Delivery Cost	_____		Rec'd Date	_____	Deposit	_____
Est. Extras Cost	_____		Ready Date	_____	Balance Due	_____
Total Est. Cost	_____		Total Pages	_____	Balance Paid	_____
Deposit Amount	_____		Records Provided	_____		
Estimated Balance	_____					
Deposit Date	_____	In Progress	Open	_____		
		Denied	Closed	_____		
		Filled	Closed	_____		
		Partial	Closed	_____		
				Custodian Signature		Date

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
NOV 15 P 2:38



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 CHRISTIAN MI A Last Name GRIBALDI
E-mail Address cgribaldi@mac.com
Mailing Address 25 W 34th St
City Bayonne State NJ Zip 07002
Telephone 908-591-4625 FAX _____
Preferred Delivery: Pick Up ☒ US Mail _____ On-Site Inspect ☒ Fax _____ E-mail _____
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11/15/17

Payment Information

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

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

I own the 34th St Firehouse and am trying to preserve & restore as much of the originality of the building. I would like to access any pertinent info available on the building.
Blueprints, permits, municipal upgrades, system upgrades, structural work proposed or done.
Also any available Bayonne Fire Dept ANNUAL reports written prior to the city selling the firehouse in 2011. I believe each report may show any work or issues addressed with the building as well.
Any fire signal plans or blueprints to the old signal system in the 34th St firehouse.

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		RECEIVED NOV 15 P 3 20 CITY OF BAYONNE NEW JERSEY Records Provided
Est. Delivery Cost	_____		Tracking #	_____	
Est. Extras Cost	_____		Rec'd Date	_____	
Total Est. Cost	_____		Ready Date	_____	
Deposit Amount	_____		Total Pages	_____	
Estimated Balance	_____				
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



#17-812

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 Pasquale MI _____ Last Name Agresti
E-mail Address pagresti@agrestilawoffice.com
Mailing Address 620 Broadway
City Bayonne State NJ Zip 07002
Telephone 201-858-4670 FAX 201-632-4866
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 11-16-17

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.

Any documentation evidencing oil tank or removal
of oil tank at property located at
22 E. 25 Street Bayonne NJ 07002

RECEIVED
2017 NOV 16 AM 9:07
LAW DEPT
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 _____
Records Provided _____
Custodian or his Assignee Signature _____ Date _____



bayonne
OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address
Agency Telephone Number & Fax Number
Agency e-mail address 201-823-4391
Name of Agency Custodian

**Important Notice**

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

Requestor Information - Please Print

First Name Carly MI Last Name Kaminsky
 E-mail Address Carly@brinksconsulting.com
 Mailing Address 1256 Liberty Ave
 City Hillside State NJ Zip 07005
 Telephone (844) 462-7465 FAX (908) 353-8107
 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 Carly Kaminsky Date 11/15/17

Payment Information

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

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 : 439 Avenue C, Bayonne, NJ 07002

Block # 224

Lot # 24

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 Refund Due
 Total Pages Balance
 Records
 2017 Nov 16 A 8:33
 RECEIVED
 CLERK'S OFFICE
 BAYONNE, N.J. 07002
 Custodian 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 Claudia MI Barboza Last Name Barboza
 E-mail Address ClaudiaB@C21ar.net C21ar
 Mailing Address 867 N Stiles St.
 City Linden State NJ Zip 07036
 Telephone 908-587-5222 FAX 908-925-5495
 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 Claudia Barboza Date 11/15/17

Payment Information

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

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

Please provide all records of open permits, close permits, plumbing, electric, construction, etc. Property
 97 Humphrey Ave. Bayonne, NJ 07002
 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 _____
 Records Provided _____
 Final Cost _____
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 6 A 8:33
 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	Peter	Mi		Last Name	Franco
E-mail Address	RealPeterFranco@gmail.com				
Mailing Address	127 W. 12th Street				
City	Bayonne	State	NJ	Zip	07002
Telephone	201-888-0749		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 / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	11-15-17

Payment Information

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

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

Respectfully request a copy of any and all itemized receipts and/or invoices, paid to Facebook for the purpose of advertising thru The City of Bayonne's Official Facebook page to include an explanation or purpose for each individual advertisement and a physical copy of the individual advertisements themselves (See photo on the right). The timeframe I am requesting from would be from July 1 2014 to Present or November 15th 2017.



The City of Bayonne

Sponsored ·

Learn about your City Council President Sharon Ashe-Nadrowski.



Council President & Council

Member At-Large

bayonnenj.org

Learn More

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
Custodian or his Assignee Signature		Date

Records Provided

RECEIVED
NOV 16 2017
1:53
BAYONNE, NEW JERSEY

#17-816

Christina Lagatta

From: Christina Lagatta
Sent: Thursday, November 16, 2017 2:37 PM
To: Christina Lagatta
Subject: FW: Open Records Request - Incentive Agreements [Bayonne, NJ]

-----Original Message-----

From: jalexander@GovInsightServices.com [<mailto:jalexander@GovInsightServices.com>]
Sent: Thursday, November 16, 2017 12:36 PM
To: Robert Sloan <rsloan@baynj.org>
Subject: Open Records Request - Incentive Agreements [Bayonne, NJ]

Good afternoon,

I am performing some research on economic development incentives across the country and would like to make an open records request for the following documents:

Electronic copies of:

Economic development incentive agreements approved between June 1, 2017 and September 30, 2017 by the city.

N/A



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



#17-817

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

Requestor Information - Please Print

First Name Rebeca MI Last Name Grunspan
 E-mail Address Rebeca@geraldkleinlaw.com
 Mailing Address 954 Morris Avenue
 City Lakewood State NJ Zip 08701
 Telephone 732-994-6832 FAX 732-399-9359
 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 Rebeca Grunspan Date 11/17/17

Payment Information

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

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

Please provide any documents on file related to any open permits or violations or UST removal on the following property:

130 W. 20th Street, Bayonne, NJ 07002 Block 218 Lot 23

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		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>			

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, NJ 07002
 2017 NOV 16 PM 2:07



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) 823-4381

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 Amie MI C Last Name Kalac
 E-mail Address AKALAC@HOBBLANDLONGO.COM
 Mailing Address 40 Paterson St.
 City New Brunswick State NJ Zip 08903
 Telephone 732-545-4717 FAX 732-545-4579
 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 11/17/17

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.

This request is for any and all documents regarding the inspection on 11/8/1974 and underground tank and heating installation permit dated 3/17/1997 as referenced on the attached record from the Bayonne Fire Department, Code Enforcement Unit. This includes a copy of the permit for the property at
 Thank you. 133 Lexington Ave,
 Bayonne, NJ.

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 _____ Date _____

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 NOV 17 A 4 55



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	Peter	MI		Last Name	Franco
E-mail Address	RealPeterFranco@gmail.com				
Mailing Address	127 W. 12th Street				
City	Bayonne	State	NJ	Zip	07002
Telephone	201-888-0749		FAX		
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	11-17-17

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.

Respectfully request copies RFP/RFQ bid specifications for electrical, plumbing, and building contractors as it relates to the worksite "Peninsula at Bayonne Harbor": HARBOR STATION SOUTH Bayonne, NJ 07002 referred to on the tax map as Block 700 Lot 1.

Additionally request a copy of all individual respondents to the aforementioned RFP/RFQ or an official explanation as to why one was not done.

RECEIVED
2017 NOV 17 P 1:11
CLERK OF THE COURT
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



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	Franco
E-mail Address	RealPeterFranco@gmail.com				
Mailing Address	127 W. 12th Street				
City	Bayonne	State	NJ	Zip	07002
Telephone	201-888-0749		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	11-17-17

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.

Respectfully request copies of any payments, receipts, and invoices as it relates to the worksite "Peninsula at Bayonne Harbor": HARBOR STATION SOUTH Bayonne, NJ 07002 referred to on the tax map as Block 700 Lot 1 between the City of Bayonne and the following companies:

Delgado Electric 126 West 56th Street Bayonne, NJ 07002

Dominick Lunanova 517 Park Avenue Hoboken, NJ 07030

BRIDGE ELECTRIC 23 West 18th Street Bayonne, NJ 07002

Marcos A DE PAZ/Marco's Plumbi 6035 Buchanan Place West New York, NJ 07093

RECEIVED
2017 NOV 17 P 1:12
LAW DEPARTMENT
BAYONNE, NEW JERSEY

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, N.J. 07002

Phone (201) 858-6029

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



#77-821

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 ADAY MI Last Name KESRIWAL
 E-mail Address contact.kran@gmail.com
 Mailing Address 1 Parkview Drive, Millburn
 City Millburn State NJ Zip 07041
 Telephone 551-358-4728 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 al Date 11/7/17

Payment Information

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

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

I am in contact to purchase 390 Ave E, Bayonne.
 Need the following pls:

1. Any survey previously filed; Any sub-division plat on file
2. Any Copies of Building permit applications and filed plans.
3. Copies of any permits issued.
4. Copy of Building Land.

MANY THANKS !!

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
 NOV 17 P 1:08



#17-822

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 Tim MI S Last Name Royer
 E-mail Address tim-royer@aem-net.com
 Mailing Address 2580 Northeast Expressway
 City Atlanta State GA Zip 30345
 Telephone 404 329 9006 FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site inspect _____ Fax _____ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 11/17/17

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.

Seeking records regarding the property at 8 Hook Road, Bayonne, NJ 07002 and the following:

- permits/registrations of storage tanks
- hazardous materials storage and/or spills, releases, or fires
- Code violations (fire, building, etc.)
- environmental liens or activity and use limitations (AULs)
- storm water and/or industrial wastewater permits

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress _____ Open _____ Denied _____ Closed _____ Filled _____ Closed _____ Partial _____ Closed _____	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ Records Provided _____	Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____ Date _____	RECEIVED CITY CLERK'S OFFICE 630 AVENUE C, BAYONNE, NJ 07002 2017 NOV 17 P 1:06	Custodian or his Assignee Signature _____ Date _____

#17-823^{D1}



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 Frank MI _____ Last Name Marciano
 E-mail Address frank@marcianolaw.com
 Mailing Address 86 Hudson St.
 City Hoboken State New Jersey Zip 07030
 Telephone 201-656-1000 FAX 201-371-3601
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 11/18/2017

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.

In referenced to the corporation "PMA Demolition and Excavation, INC." and "PMA Demolition & Excavating, INC. as an individual and agent of corporation "Patrick M. Ambrosio." the following request below refer to both the corporation, individual, and agent. I request the following:

- Any information in the billing department regarding work performed.
- Any worked preformed relating to 264 Kennedy Blvd. Bayonne, New Jersey 07306 in 2009.
- Any building application for permits, or permits granted.
- Any Court papers on file.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

 In Progress _____ Open _____
 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 _____

RECEIVED
 CITY CLERK'S OFFICE
 BAYONNE, N.J. 07002
 NOV 20 11 08 20



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Phone (201) 858-6029

Fax (201) 823-4391

Robert F. Sloan, Esq., Records Custodian



#17-824

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 Kershima MI K Last Name MosesE-mail Address Kayrelle01@gmail.comMailing Address 239 Avenue ECity Bayonne State NJ Zip 07002Telephone 347-757-1946 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 Kershima Moses Date 11.20.17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

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

Extras: Special service charge dependent upon request.

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

An inspection was done on the building where I reside and I would like any and all documents that are included with ~~and~~ that inspection.

239 Ave. 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 ☐
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
NOV 20 9 13 AM

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 ERICK MI R Last Name TORREZ

E-mail Address ETORREZJR@AOL.COM

Mailing Address 943 BROADWAY

City BAYONNE State NEW JERSEY Zip 07002

Telephone 201-205-3670 FAX 201-339-5109

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

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

Signature [Signature] Date 11/20/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Extras: Special service charge dependent upon request.

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

PLEASE PROVIDE

ALL PERTINENT DOCUMENTS IN REGARDS TO OIL TANKS FOR BELOW PROPERTY.

161 WEST 20TH ST BAYONNE, NJ 07002 / BLOCK ; 213 LOT; 8

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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
NOV 20 2017
1:36

#17-826 11/20	1:36PM	Erick R. Torrez <u>etorrezjr@aol.com</u> 943 Broadway – Bayonne 201-206-3670 Fax: 201-339-5109	161 W 20 St UST		Respond by: E-mail
#17-825 11/20	12:14PM	Maria Vega <u>Mvega@weichart.com</u> 151 B LeFante Way Bayonne, NJ 646-403-2682	No Info		
#17-824 11/20	9:13AM	Kershima K. Moses <u>Kayrell01@gmail.com</u> 239 Ave. E – Bayonne 347-757-1946	239 Ave. E Inspection		Respond by: E-mail
#17-823 11/20	8:20AM	Frank Marciano <u>frank@marcianolaw.com</u> 86 Hudson St. Hoboken, NJ 07030 201-656-1000 Fax: 201-371-3601	PMA Demolition Billing, Worked Performed for 264 Blvd in 2009, Applications for permits, Permits granted, Court filings		Respond by: E-mail
#17-822 11/17	1:06PM	Tim S. Royer <u>Tim-royer@aem-net.com</u> 2580 Northeast Expressway Atlanta, GA 30345 404-329-9006	8 Hook Road Permits, UST, Hazardous Materials, Violations, Environ Liens, Wastewater permits.		Respond by: E-mail
#17-821 11/17	1:06PM	Ajay Kejriwal <u>contact.krah@gmail.com</u>	390 Ave. E Surveys, sub-division,		Respond by: E-mail



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

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.

First Name ERICK MI R Last Name TORREZ
E-mail Address ETORREZJR@AOL.COM
Mailing Address 943 BROADWAY
City BAYONNE State NEW JERSEY Zip 07002
Telephone 201-206-3670 FAX 201-339-5109
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.
Signature [Signature] Date 11/20/2017

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

PLEASE PROVIDE

ALL PERTINENT DOCUMENTS IN REGARDS TO OIL TANKS FOR BELOW PROPERTY.

161 WEST 20TH ST BAYONNE, NJ 07002 / BLOCK ; 213 LOT; 8

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian or his Assignee Signature _____

Date _____

2017 NOV 20 PM 1:36
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



#17-827

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

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

Requestor Information - Please Print

First Name	Sylvia	MI	M	Last Name	Whitcomb
E-mail Address	s.whitcomb@constructionjournal.com				
Mailing Address	400 SW 7th Street				
City	Stuart	State	FL	Zip	34994
Telephone	800-785-5165 x438		FAX	888-825-6297	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail XX
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that ~~XXXXX~~ / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	Sylvia Whitcomb			Date	11/20/2017

Payment Information

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

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

Good Afternoon,

May I get a copy of the building permit for 222 Avenue East in Bayonne? New 5-story apartment building with 70 units.

The permit should have been issued 2017-present

Madison Hill Properties is the Owner

Thank you so much,

Sylvia

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
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	12

Custodian or his Assignee Signature

Date

RECEIVED
CITY CLERK'S OFFICE
BAYONNE, N.J. 07002
2017 NOV 20 10 00