East Newark Borough

# OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 973-481-2902 Fax: 9734810627

PUBLIC RECORDS

**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 Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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 NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 8/14/2017

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 7/30/2017

End Date 8/12/2017

**AGENCY USE ONLY**

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

**AGENCY USE ONLY**

**Disposition Notes**

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

**AGENCY USE ONLY**

**Tracking Information**

Tracking # 64-2017

Rec'd Date 8/14/17

Ready Date 8/16/17

Total Pages 7

**Final Cost**

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

**Records Provided**

D Makowski 8/16/17

Custodian Signature Date

New Jersey Judiciary

# Records Request Form

| Request Date | Preferred Delivery |
|---|---|
| 8/17 | ☐ Pick Up<br>☐ US Mail<br>☐ On Site Inspection<br>☐ Fax<br>☒ Email |
| Request Needed By | |

## Part A: Requestor Identification

| Last Name | Middle Initial | First Name |
|---|---|---|
| Mota | | Caitlin |

| Address | Daytime Telephone (Include area code) |
|---|---|
| 1 Harmon Plaza | 201-273-4205 ext. |

| City | State | Zip Code | Fax/Email (optional) |
|---|---|---|---|
| Secaucus | NJ | 07029 | cmota@jjournal.com |

## Part B: Records Request Processing Location

Please select one of the locations below to process your records request.

County Hudson
Division

☐ Superior Court Clerk's Office
☐ Appellate Division Clerk's Office
☐ Supreme Court Clerk's Office
☐ Tax Court Clerk's Office
☐ Office of the Administrative Director
☒ Municipal Court East Newark
☐ Other

## Part C: Case Identification

| Case Name | Docket/Complaint/Ticket Number* |
|---|---|
| | |

*In Criminal and Municipal Cases, if you do not know the docket number, please provide Defendant's information:

| Defendant Name and alias(es), if any | Defendant Birth Date | Last 4 digits of Defendant's Social Security Number |
|---|---|---|
| | | |

| Indictment/Arrest Date | Indictment/Accusation/ Complaint/Municipal Number | Appeal Number | Sentencing Date | Name of Sentencing Judge |
|---|---|---|---|---|
| | | | | |

## Part D: Records Requested by Division

Please describe records requested as completely as possible. Include any case numbers, dates and names of individuals involved. Attach additional pages if necessary.

All records for parking tickets issued between Jan. 1, 2016. and Dec. 31, 2016.

Copies of the "automated traffic system monthly management report" for all months in 2016.

## Part E: Copy Fees

| Copy Fees: | Special Copy Requests - **Additional fees will be charged** | | Are you a named party or attorney in this case? |
|---|---|---|---|
| 5¢ per page letter size<br>7¢ per page legal size | ☐ Seal only<br>☐ Certified with Seal | ☐ Certified without Seal<br>☐ Exemplified (includes Seal) | ☐ Yes ☐ No |

## For Judiciary Use Only

| Disposition | Disposition Date |
|---|---|
| ☐ Delivered ☐ Denied ☐ Unavailable | |

If request is denied or records are unavailable, explain here. Attach additional pages if necessary.

05-2017
8/17/2017

emailed to Heather 8/22/17
County to handle.

East Newark Borough

# OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 973-481-2902 Fax: 9734810627

PUBLIC RECORDS

**Important Notice**

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**Requestor Information – Please Print**

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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 NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 8/28/2017

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 8/13/2017

End Date 8/26/2017

**AGENCY USE ONLY**

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

**AGENCY USE ONLY**

**Disposition Notes**

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

**AGENCY USE ONLY**

**Tracking Information**

Tracking # 06-2017

Rec'd Date 8/28/17

Ready Date _____

Total Pages 8/30/17

**Final Cost**

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

**Records Provided**

See attached

Custodian Signature 8/30/17 Date

East Newark Borough

# OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 973-481-2902 Fax: 9734810627

PUBLIC RECORDS

**Important Notice**

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**Requestor Information – Please Print**

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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 NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 9/11/2017

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 8/27/2017

End Date 9/9/2017

**AGENCY USE ONLY**

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

**AGENCY USE ONLY**

**Disposition Notes**

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

**AGENCY USE ONLY**

**Tracking Information**

Tracking # 67-2017

Rec'd Date 9-11-17

Ready Date _____

Total Pages _____

**Final Cost**

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

**Records Provided**

**Custodian Signature** **Date**

BOROUGH OF EAST NEWARK
OFFICE OF THE CITY CLERK

# OPEN PUBLIC RECORDS ACT REQUEST FORM

34 SHERMAN AVE, EAST NEWARK NJ 07209
PHONE: 973-481-2902 EXT 221
*FAX: 973-481-0627*
*EMAIL: BOROUGHOFEASTNEWARK@VERIZON.NET*
*Name of Agency Custodian: ROBERT B KNAPP*

**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 TAMMY MI L Last Name WILCOX

E-mail Address CONTRACTS@ICPNJ.COM

Mailing Address 961 ROUTE 10 EAST

City RANDOLPH State NJ Zip 07869

Telephone 800-992-0421 EXT 200 FAX 973-584-3410

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 Tammy Wilcox Date 9/22/17

**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.

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

missing time period - emailed 9/22/17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Rec'd 9/22/2017
A 67-2017
10/2/17
Ø Records
10/2/17

East Newark Borough

# OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 973-481-2902 Fax: 9734810627

PUBLIC RECORDS

**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 Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-9524 FAX 609-961-6661

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 NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 9/25/2017

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 9/10/2017

End Date 9/23/2017

**AGENCY USE ONLY**

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

**AGENCY USE ONLY**

**Disposition Notes**

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

**AGENCY USE ONLY**

**Tracking Information**

Tracking # 08-2017

Rec'd Date 9-25-17

Ready Date 9-26-2017

Total Pages 9

**Final Cost**

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

**Records Provided**

Custodian Signature

9/26/2017

Date

**Borough of East Newark**

**From:** kelsie@datarole.com
**Sent:** Monday, September 25, 2017 8:16 AM
**To:** clerk@boroughofeastnewark.com
**Subject:** East Newark borough Building Permits - Public Records Request

Dear Barbara Netchert,

NJ.7029.10356

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

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

Thank you very much for your time.

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

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

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

9/29/17 emailed & stated Barbara is County Clerk.

69-2017
Rec'd 9/25/2017
9/29/17
See attached
10/2/17

BOROUGH OF EAST NEWARK

# OPEN PUBLIC RECORDS ACT REQUEST FORM

34 Sherman Avenue, East Newark, New Jersey 07029
Tel: (973) 481-2902 ext. 221 Fax: (973) 481-0627
boroughofeastnewark@verizon.net
Robert B. Knapp, Acting Borough Clerk

**Important Notice**

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

**Requestor Information – Please Print**

First Name DANIEL MI J Last Name FITZGERALD

E-mail Address FITZGERALD@FREEHILL.COM

Mailing Address 80 PINE ST, 25TH FLOOR

City NEW YORK State NY Zip 10005

Telephone 212-381-3047 FAX 212-425-1901

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

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

Signature _____ Date 9-25-17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

WE REPRESENT DEFENDANTS IN A CIVIL LAWSUIT STYLED FIGUEROA, et al. v. HORNBLOWER NEW YORK, LLC, et al., No. 153739/2016 (SUPREME COURT OF NEW YORK COUNTY). THE PLAINTIFF, JACLYN FIGUEROA (nee JOSKO), FILED SUIT ON BEHALF OF HER DECEASED HUSBAND, PETER FIGUEROA. WE ARE REQUESTING ALL RECORDS RELATED TO JACLYN FIGUEROA'S FILING OF AN ORDER OF PROTECTION AGAINST PETER FIGUEROA. PLEASE CONTACT ME WITH ANY QUESTIONS.

**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 _____

**AGENCY USE ONLY**

Tracking Information
Tracking # 70-2017
Rec'd Date 9-28-17
Ready Date 9-29-17
Total Pages 0

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

Records Provided

No record available emailed 9/29/2017

BOROUGH OF EAST NEWARK

# OPEN PUBLIC RECORDS ACT REQUEST FORM

34 Sherman Avenue, East Newark, New Jersey 07029
Tel: (973) 481-2902 ext. 221 Fax: (973) 481-0627
boroughofeastnewark@verizon.net
Robert B. Knapp, Acting Borough Clerk

**Important Notice**

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**Requestor Information – Please Print**

First Name ELKIN MI D Last Name GUTIERREZ

E-mail Address EDG2103@GMAIL.COM

Mailing Address 7 EAST ST, APT 4

City JERSEY CITY State NJ Zip 07306

Telephone 201-873-8886 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 28 Sep 2017

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting a current copy of the East Newark Redevelopment Plan as amended by the mayor and borough council in August 2017 (on or about August 21, 2017). I am requesting an electronic copy, to be delivered to the email address furnished above.

**AGENCY USE ONLY**

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

**AGENCY USE ONLY**

**Disposition Notes**

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

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

**AGENCY USE ONLY**

**Tracking Information**

Tracking # 71-2017
Rec'd Date 9-29-17
Ready Date 10-3-17
Total Pages 4

**Final Cost**

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

**Records Provided**

All attached

[signature] Custodian Signature 10/3/17 Date

East Newark Borough

# OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 973-481-2902 Fax: 9734810627

PUBLIC RECORDS

**Important Notice**

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**Requestor Information – Please Print**

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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 NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Christina Mota Date 10/9/2017

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 9/24/2017

End Date 10/7/2017

**AGENCY USE ONLY**

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

**AGENCY USE ONLY**

**Disposition Notes**

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

**AGENCY USE ONLY**

**Tracking Information**

Tracking # 72-2017

Rec'd Date 10-9-17

Ready Date 10-11-17

Total Pages 6

**Final Cost**

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

**Records Provided**

See attached

Custodian Signature 10/11/17 Date

**Borough of East Newark**

**From:** Borough of East Newark <boroughofeastnewark@verizon.net>
**Sent:** Friday, October 13, 2017 9:50 AM
**To:** 'John Visconi'
**Cc:** Anne Babineau; Neil Marotta
**Subject:** RE: OPRA Request
**Attachments:** Resolution 96-17.PDF; Alma Dev Sel.pdf

Dear Mr. Visconi:
This office is in receipt of your Open Public Records Act Request dated received October 9, 2017.
A search through our records has indicated that the attached record(s) match the criteria of your request.
Kindly be advised that the Borough does not have a fully executed Redeveloper's Agreement between the Borough and East Newark Towne Center, however a copy of Resolution Number 96-17 authorizing the same has been included. Upon full execution a copy of the Redeveloper's Agreement will be made available to you.
This email shall satisfy the Borough's requirement under N.J.S.A. 47-1A.
Should you have any questions or concerns, please do not hesitate to contact our office at your convenience.

Best regards,
-Brigite

Brigite I. Goncalves
Administrative Assistant, Deputy Registrar,
Chief Finance Officer, Treasurer, RPPO/RPPS,
Planning Board Secretary

Borough of East Newark
34 Sherman Avenue
East Newark, New Jersey 07029
Tel: (973) 481-2902 extension 221
Fax: (973) 481-0627
www.boroughofeastnewark.com



**From:** John Visconi [mailto:jvisconi@mdmc-law.com]
**Sent:** Monday, October 09, 2017 2:46 PM
**To:** clerk@boroughofeastnewark.com
**Cc:** boroughofeastnewark@verizon.net
**Subject:** OPRA Request

Mr. Clerk,

73-2017
10-9-17
issued 10/13/2017
see attached

*BOROUGH OF EAST NEWARK*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*34 Sherman Avenue, East Newark, New Jersey 07029*
*Tel: (973) 481-2902 ext. 221 Fax: (973) 481-0627*
*boroughofeastnewark@verizon.net*
*Robert B. Knapp, Acting Borough Clerk*

**Important Notice**

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**Requestor Information – Please Print**

First Name Matthew MI M Last Name Lunemann

E-mail Address matthew.lunemann@wsp.com

Mailing Address 2000 Lenox Drive, 3rd Floor

City Lawrenceville State NJ Zip 08648

Telephone 609-512-3663 FAX

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

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

Signature _____ Date 10/13/2017

**Payment Information**

Maximum Authorization Cost $ 20

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Plans and/or permit applications related to the existing bulkhead along the Passaic River at Block 18, Lots 4 & 5.

As part of an on-going feasibility study, we are looking for any plans (whether as-built plans or as part of a permit application) showing the existing bulkhead in plan view, elevation view, and/or typical sections.
We are trying to find tip elevations of the bulkheads to ensure bulkhead stability is not adversely impacted as part of our feasibility evaluation of considered alternatives.

**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 # 74-2017
Rec'd Date 10-13-2017
Ready Date 10-19-2017
Total Pages _____

**Final Cost**

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

anthony contacted company

Custodian Signature _____ Date 10.31.17

*BOROUGH OF EAST NEWARK*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*34 Sherman Avenue, East Newark, New Jersey 07029*
*Tel: (973) 481-2902 ext. 221 Fax: (973) 481-0627*
*boroughofeastnewark@verizon.net*
*Robert B. Knapp, Acting Borough Clerk*

**Important Notice**

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

**Requestor Information – Please Print**

First Name Kelsie MI _____ Last Name Waechter

E-mail Address kelsie@datarole.com

Mailing Address PO Box 1057

City Cincinnati State OH Zip 45201

Telephone 970-231-3935 FAX _____

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

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

Signature _____ Date 10/5/2017

**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.

NJ.7029.10356
Pursuant to New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I am requesting copies of public records for your building permit report or log dating back as many years as you have on file. Ideally, this report or log would contain the physical addresses, issue dates, type/category of work, description of work, contractor, and other items for all building permits.

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

Thank you very much for your time.

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

No log with info on xcel

**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 # 75-17
Rec'd Date 10/20/17
Ready Date 11/2/17
Total Pages 93

**Final Cost**

Total _____
Deposit _____
Balance Due Ø
Balance Paid _____

**Records Provided**

extension granted
report provided
see attached

Custodian Signature 11/2/17 Date

*BOROUGH OF EAST NEWARK*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*34 Sherman Avenue, East Newark, New Jersey 07029*
*Tel: (973) 481-2902 ext. 221 Fax: (973) 481-0627*
*boroughofeastnewark@verizon.net*
*Robert B. Knapp, Acting Borough Clerk*

**Important Notice**

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

**Requestor Information – Please Print**

First Name Peter MI G Last Name Bracuti, Esq

E-mail Address pbracuti@gpmfamlaw.com

Mailing Address 959 S. Springfield Ave.

City Springfield State NJ Zip 07081

Telephone 973-258-1440 FAX 973-258-1556

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

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

Signature _____ Date 10-13-2017

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

**AGENCY USE ONLY**

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

Deposit Date _____

**AGENCY USE ONLY**

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

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

**AGENCY USE ONLY**

**Tracking Information**

Tracking # 76-17
Rec'd Date 10/20/17
Ready Date _____
Total Pages _____

**Final Cost**

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

_____ Custodian Signature

_____ Date

15-06
14
17-04

BOROUGH OF EAST NEWARK

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*34 Sherman Avenue, East Newark, New Jersey 07029*
*Tel: (973) 481-2902 ext. 221 Fax: (973) 481-0627*
*boroughofeastnewark@verizon.net*
*Robert B. Knapp, Acting Borough Clerk*

**Important Notice**

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

**Requestor Information – Please Print**

First Name Norberto MI A Last Name Hernandez

E-mail Address nhernandez@negliaengineering.com

Mailing Address 34 Park Avenue (Neglia Engineering Associates(

City Lyndhurst State New Jersey Zip 07071

Telephone (201) 939-8805 FAX

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

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

Signature Norberto Hernandez Date 10/20/17

**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.

I am requesting one (1) hard copy of the most current version of the Borough of East Newark's Zoning / Land Use Ordinance.

**AGENCY USE ONLY**

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

Deposit Date ____

**AGENCY USE ONLY**

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

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

**AGENCY USE ONLY**

**Tracking Information**

Tracking # 77-17
Rec'd Date 10/20/17
Ready Date 10/31/17
Total Pages 138

**Final Cost**

Total 6.90
Deposit ____
Balance Due ____
Balance Paid ____

**Records Provided**

Chapter XXXIII Zoning ord 06-15, 17-04 & code book

Custodian Signature 11/1/17 Date

*BOROUGH OF EAST NEWARK*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*34 Sherman Avenue, East Newark, New Jersey 07029*
*Tel: (973) 481-2902 ext. 221 Fax: (973) 481-0627*
*boroughofeastnewark@verizon.net*
*Robert B. Knapp, Acting Borough Clerk*

**Important Notice**

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

**Requestor Information – Please Print**

First Name Larry MI _____ Last Name Higgins

E-mail Address OPRA@NJPropertyRecords.com

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

City Oldwick State NJ Zip 08858

Telephone 908-255-9919 FAX _____

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

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

Signature _____ Date _____

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

**AGENCY USE ONLY**

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

Deposit Date _____

**AGENCY USE ONLY**

**Disposition Notes**

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

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

**AGENCY USE ONLY**

**Tracking Information**

Tracking # 78-17
Rec'd Date 10/23/17
Ready Date 11/1/17
Total Pages 0

**Final Cost**

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

Submitted tax map attachment & link to website

Custodian Signature

11/1/17
Date

**rough of East Newark**

**From:** Larry Higgins <opra@njpropertyrecords.com>
**Sent:** Friday, October 20, 2017 6:24 PM
**To:** boroughofeastnewark@verizon.net
**Subject:** OPRA Request (0902.HUDSON_EAST NEWARK BORO)
**Attachments:** 0902.HUDSON_EAST NEWARK BORO.pdf

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

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

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

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

## Requested Information:

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

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

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

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

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

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

**3.a)** What is the Engineers Company Name, Email, and Phone Number?

**NOTE: Fulfil this OPRA easily by visiting our website www.StateInfoServices.com/opra**

East Newark Borough

# OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 973-481-2902 Fax: 9734810627

PUBLIC RECORDS

**Important Notice**

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

**Requestor Information – Please Print**

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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 NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Christina Mota Date 10/23/2017

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 10/8/2017

End Date 10/21/2017

**AGENCY USE ONLY**

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

**AGENCY USE ONLY**

**Disposition Notes**

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

**AGENCY USE ONLY**

**Tracking Information**

Tracking # 79-17

Rec'd Date 10/23/17

Ready Date 10/24/17

Total Pages 4

**Final Cost**

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

**Records Provided**

2 acc. reports faxed.

DMakowski 10/24/17

Custodian Signature Date

*BOROUGH OF EAST NEWARK*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*34 Sherman Avenue, East Newark, New Jersey 07029*
*Tel: (973) 481-2902 ext. 221 Fax: (973) 481-0627*
*boroughofeastnewark@verizon.net*
*Robert B. Knapp, Acting Borough Clerk*

**Important Notice**

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

**Requestor Information – Please Print**

First Name Roy MI E Last Name Rogers

E-mail Address rrogers@harrisonhousing.com

Mailing Address Housing Auth. of the Town of Harrison, 788 Harrison Ave.

City Harrison State NJ Zip 07029

Telephone 973-483-1488 FAX 973-483-4277

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

**If you are requesting records containing personal information, please circle one:** Under penalty of N.J.S.A. 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 Roy Rogers/kg Date 10/18/17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please forward any copies of police reports, arrest reports, criminal complaints, lab reports, disposition of case, summons & complaints for Marcelino Huaranga, 31 Searing Avenue, East Newark, date of birth 11/1/1971. Mr. Huaranga has executed an authorization to obtain reports which is attached.

**AGENCY USE ONLY**

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

Deposit Date _____

**AGENCY USE ONLY**

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

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

**AGENCY USE ONLY**

**Tracking Information**

Tracking # 79-17(1)
Rec'd Date 10/24/17
Ready Date 10/31/17
Total Pages 4

**Final Cost**

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

D Makowski Custodian Signature 10/31/17 Date

East Newark Borough

# OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 973-481-2902 Fax: 9734810627

PUBLIC RECORDS

**Important Notice**

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

**Requestor Information – Please Print**

First Name Christina MI ____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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 NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Christina Mota Date 11/6/2017

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 10/22/2017

End Date 11/4/2017

**AGENCY USE ONLY**

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

**AGENCY USE ONLY**

**Disposition Notes**

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

**AGENCY USE ONLY**

**Tracking Information**

Tracking # 80-17

Rec'd Date 11-6-17

Ready Date 11-9-17

Total Pages 7

**Final Cost**

Total ____

Deposit ____

Balance Due Ø

Balance Paid ____

**Records Provided**

All attached

Custodian Signature

11-9-17

Date

*BOROUGH OF EAST NEWARK*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*34 Sherman Avenue, East Newark, New Jersey 07029*
*Tel: (973) 481-2902 ext. 221 Fax: (973) 481-0627*
*boroughofeastnewark@verizon.net*
*Robert B. Knapp, Borough Clerk*

**Important Notice**

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

**Requestor Information – Please Print**

First Name Maria MI ____ Last Name Barraca

E-mail Address ____

Mailing Address 16 Searing Avenue

City East Newark State NJ Zip 07029

Telephone 973-483-6592 FAX 973-483-6592

Preferred Delivery: Up 201-Pick 859-5018 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 Maria Barraca 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.

Incident report of EMS call on 10/25/17
At 16 Searing Avenue

**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 # 81-2017
Rec'd Date 11-6-2017
Ready Date 11-7-2017
Total Pages 1

**Final Cost**

Total ____
Deposit Ø
Balance Due ____
Balance Paid ____

**Records Provided**

Attached

Custodian Signature

11-7-17
Date

East Newark Borough

# OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 973-481-2902 Fax: 9734810627

PUBLIC RECORDS

**Important Notice**

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

## Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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 NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Christina Mota Date 11/10/2017

## Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 10/08/2017

End Date 11/04/2017

**AGENCY USE ONLY**

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

**AGENCY USE ONLY**

**Disposition Notes**

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

**AGENCY USE ONLY**

**Tracking Information**

Tracking # 82017

Rec'd Date 11/13/17

Ready Date 11/14/17

Total Pages 9

**Final Cost**

Total _____

Deposit _____

Balance Due 0

Balance Paid _____

**Records Provided**

D Makowski Custodian Signature

11/14/17 Date

East Newark Borough

# OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 973-481-2902 Fax: 9734810627

PUBLIC RECORDS

**Important Notice**

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

## Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone 609-961-1120 FAX 609-961-6661

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 NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Christina Mota Date 11/20/2017

## Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 11/5/2017

End Date 11/18/2017

**AGENCY USE ONLY**

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

**AGENCY USE ONLY**

**Disposition Notes**

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

**AGENCY USE ONLY**

**Tracking Information**

Tracking # 83-2017

Rec'd Date 11-20-17

Ready Date 11-22-17

Total Pages 10

**Final Cost**

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

**Records Provided**

See attached

Custodian Signature 11/22/17 Date