TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Bonilla, Records Custodian

Attn:

Important Notice

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

Requestor Information – Please Print

First Name: HECTOR MI: Last Name: ROSARIO

E-mail Address: UNIONCITYSPINE@GMAIL.COM

Mailing Address: 510 - 43RD ST.

City: UNION CITY State: NJ Zip: 07087

Telephone: 201-866-2130 FAX: 201-863-0234

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: Date: 10/02/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Records Requested: Please be as specific as possible in describing the records being requested. Also, please note that [illegible] 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 FOR MVA'S

FOR: UNION CITY SPINE & PAIN

DATES: 09/25/17 TO 10/01/17

THANK YOU.

HECTOR

2017 OCT -2 P 1:03

OFFICIAL USE ONLY

Tracking Rec'd Date: 10/02/17

Ready Date: 10/10/17

4pm called 10/10/17

or... Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: 143 pgs

Response Provided: Date Closed:

Custodian Signature: Date:

Final Cost Total: $7.15

Deposit:

Balance Due:

Balance Paid:

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name: HECTOR MI: ____ Last Name: ROSADO

E-mail Address: UNIONCITYSPINE@GMAIL.COM

Mailing Address: 510 - 43rd ST.

City: UNION CITY State: NJ Zip: 07087

Telephone: 201-866-2130 FAX: 201-863-0234

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: [signature] Date: 10/23/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

REQUEST FROM MVA'S
FOR: UNION CITY SPINE & PAIN
DATES: 10/16/17 TO 10/22/17

THANK YOU
HECTOR

RECEIVED
2017 OCT 24 A 9:09

OFFICIAL USE ONLY

Tracking Rec'd Date: 10/24/17
Ready Date: 10/30/17 Called 10.30.17
or... Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 13 pgs
Response Provided: ____ Date Closed: ____

Final Cost Total: $6.65
Deposit: ____
Balance Due: ____
Balance Paid: ____

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

N PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Robin MI M Last Name Tucholski

E-mail Address robin@prioritysearchservices.com

Mailing Address Priority Search Services, 788 Shrewsbury Ave., Suite 2131

City Tinton Falls State NJ Zip 07724

Telephone (732) 741-5080 FAX (732) 741-5068

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 Robin M. Tucholski Date 10/2/2017

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.

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

PER YOUR VACANT PROPERTY REGISTRATION ORDINANCES, WE ARE LOOKING TO RECEIVE A LISTING COPY OF PROPERTIES CURRENTLY REGISTERED AS VACATED/ABANDONED AND, IF POSSIBLE, THE CURRENT BALANCE ASSOCIATED WITH REGISTRATION.

THANK YOU,
ROBIN TUCHOLSKI

OCT 2 - 001 2 PM 12:11

OFFICIAL USE ONLY

Tracking
Rec'd Date: _____
Ready Date: _____
or Denial Type: □ Total □ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

Custodian Signature: _____ Date: _____

Erin Barillas

From: Erin Barillas
Sent: Tuesday, October 3, 2017 8:39 AM
To: 'James de los Santos'
Subject: RE: OPRA
Attachments: OB1B0D.PDF

Good Morning Mr. del los Santos,

Attached please find the response to your request filed via email on September 29, 2017, requesting the following Resolutions:

- Authorizing the execution of a Developers Agreement with 4810 Aschoff, LLC
- Authorizing the execution of a Developers Agreement with Rohit Gaur and Suman Lata and amending a Developers Agreement with Spectrum Capital North Bergen, LLC
- Authorizing the execution of irrevocable Offer to Purchase with Hector Zulueta

As with any OPRA request, you have the right to challenge the decision by the Township to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government records Council ("GRC") by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at PO Box 819, Trenton, NJ 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The Council can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

Erin Barillas, RMC
Township Clerk
Township of North Bergen
4233 Kennedy Boulevard
North Bergen, NJ 07047
erinbarillas@northbergen.org
201-392-2025 (phone)
201-330-7694 (fax)

From: James de los Santos [mailto:jamesmdls@gmail.com]
Sent: Monday, October 2, 2017 6:48 PM
To: Erin Barillas <Erinbarillas@NorthBergen.org>
Subject: Re: OPRA

Hello,

Just following up on my OPRA request from Sept. 29th.

James M. de los Santos

On Fri, Sep 29, 2017 at 12:19 PM, James de los Santos <jamesmdls@gmail.com> wrote:

Hello Ms. Barillas,

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Erin Barillas, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Jon MI _____ Last Name Fischer

E-mail Address jfischer@fischerapp.com

Mailing Address 86 Davison Place

City Englewood State NJ Zip 07631

Telephone (201) 280-3687 FAX (201) 586-0378

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 Jon Fischer Date 9/28/2017

Payment Information

Maximum Authorization Cost $ 20.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a copy of the property record card, including the derivation of building square footage, for 1206 81st Street.
Also, kindly advise the zone of the property, and the 2017 tax rate.
Thank you.

RECEIVED
2017 SEP 28 P 1:04

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9/28/17
Ready Date: 10/03/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

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

email/fax 10-03-17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Jeros MI ____ Last Name Bhoja

E-mail Address JBhoja@gmail.com

Mailing Address 234 78 Street

City North Bergen State NJ Zip 07093

Telephone (201) 577 8799 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 JBhoja 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.

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

All records on House especially Certificate of Occupancy in last 5 years for 234 78th St

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9/29/17
Ready Date: 10/03/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Emailed on 10/03/17

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

2017 SEP 29 P 3:18 RECEIVED

Custodian Signature: ____ Date: ____

State of New Jersey Standard

Open Public Records Act Request Form

Done

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 Doris MI ____ Last Name Kobza

E-mail Address Permit@NJPella.com

Mailing Address 4 Dedrick Place

City West Caldwell State NJ Zip 07006

Telephone 973-852-6538 FAX 866-396-9931

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

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

Signature [signature] Date 10/02/2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a Permit Fee Log Detail Report or Permit Activity September 2017
If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.
Copies can be faxed or emailed using the information above.
I can also pick up the information in person if that is preferred.
I realize there may be charges associated with providing this information. Please call me if there are any questions.
I respect your time and appreciate your help.
Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

Emailed on 10/03/17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Lydia MI ____ Last Name Coleman

E-mail Address COLEMANLydia@aol.com

Mailing Address 1104 Riverside Station Blvd

City Secaucus State NJ Zip 07094

Telephone 201-616-2328 FAX ____

Preferred Delivery: Pick Up X 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 Lydia Coleman Date 10/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

OPRA Record property card – 1202-98th St No B.

RECEIVED
2017 OCT -2 P 12:52

OFFICIAL USE ONLY

Tracking
Rec'd Date: Oct 2 2017
Ready Date: 10/3/17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Emailed on 10/3/17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Mary MI ____ Last Name Knrtel

E-mail Address Mknodel@lowenstein.com

Mailing Address One Lowenstein Drive

City Roseland State NJ Zip 07068

Telephone 973-597-6332 FAX 973-635-6333

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 Mary Knodel Date 10/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

We Request copies of all permits (active) for the property located at 4001 Bell Avenue, No. Bergen, NJ; Block 89; Lot 305, including but not limited to Building Permit No. 2016-0751, dated 6/17/16.

This request includes all building permits and any and all permits pertaining to operations at the above address.

Thank you for your assistance.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/03/17
Ready Date: 10/04/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost
Total: 2.50
Deposit: 0.00
Balance Due: 2.50
Balance Paid: ____

Emailed on 10/04/17 for 2.50

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Anastasia MI _____ Last Name Trout

E-mail Address anastasia.trout@pemco-limited.com

Mailing Address 4600 S Ulster st Ste 530

City Denver State CO Zip 80237

Telephone 720-509-3265 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 Anastasia Trout Date 9/19/2017

Payment Information

Maximum Authorization Cost $ 0.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Property Address: 2019 46th ST, North bergen NJ 07047
Block: 100 Lot: 36

Please provide records of current open code violations or open permits, including fines/invoices.

Please provide records of Vacant property registration, if none please confirm.

RECEIVED
2017 OCT -2 A 10:12

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/02/17
Ready Date: 10/03/17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

emailed on 10/04/17

Custodian Signature: _____ Date: _____

Report Run For Township

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name W Scott MI ____ Last Name Murphy, Esq.

E-mail Address wsm@murphypelusо.com

Mailing Address 437 60th Street

City West New York State NJ Zip 07087

Telephone (201) 868-1400 FAX (201) 868-6418

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 WSM Date 10/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting all and any inspections and complaints/summons going back 5 years.
(summons for illegal apt in year 2014, 2015, repair of the entrance steps, year 2016.)
For address: 8104 4th Avenue, North Bergen, NJ.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10-2-17

Ready Date: 10-04-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost
Total: ____

Deposit: ____

Balance Due: ____

Balance Paid: ____

Emailed on faxed 10-04-17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

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TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Alejandra MI ____ Last Name Marin.

E-mail Address alemg85@hotmail.com

Mailing Address 10 Woodcliff AV

City North Bergen State NJ Zip 07047

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 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.

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

326-17
copy of ordinance

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____
Ready Date: ____
or Denial Type: □ Total □ Partial (see back for reasons)
Total Pages: 4pgs
Response Provided: 10/4/17
Date Closed: 10/4/17

emailed

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

Custodian Signature: ____ Date: ____

Sep. 20

Gonzalez

Emailed on 10/03/17

m: Erin Barillas
ent: Wednesday, September 20, 2017 11:02 AM
To: Deidry Gonzalez
Subject: FW: North Bergen township Building Permits - Public Records Request

OPRA Request

Erin Barillas, RMC
Township Clerk
Township of North Bergen
4233 Kennedy Boulevard
North Bergen, NJ 07047
erinbarillas@northbergen.org
201-392-2025 (phone)
201-330-7694 (fax)

From: kelsie@datarole.com [mailto:kelsie@datarole.com]
Sent: Wednesday, September 20, 2017 10:58 AM
To: Erin Barillas <Erinbarillas@NorthBergen.org>
Subject: North Bergen township Building Permits - Public Records Request

Dear Erin Barillas,

NJ.7047.10369

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.

Oct. 3, 201

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Jock MI ____ Last Name Stevens

E-mail Address Jock.Stevens@PZR.com

Mailing Address 1300 S. Meridian, Suite 400

City Oklahoma City State OK Zip 73108

Telephone 800-344-2944 ext. 4447 FAX 405-880-8231

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 Jock Stevens Date 10/03/2017

Payment Information

Maximum Authorization Cost $
$30.00
Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Property Address: 5203 John F. Kennedy Blvd Block: 193 Lot: 29.01

Please provide copies of any open/current zoning violation; variances, special or conditional use permits, or exceptions; and copies of a Finalized Site Plan or zoning data box if available for the above referenced property.

Please do not exceed $30.00 without prior approval.
Our ref# 107059-1

2017 OCT -3 P 12:48

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/03/17
Ready Date: 10/04/17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Emailed on Faxed 10/04/17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Jorge ~~E. Alfonso~~ MI L Last Name ALFONSO

E-mail Address JL-ALFONSO@HOTMAIL.COM

Mailing Address 345 Wilshire Dr.

City Nutley State NJ Zip 07110

Telephone (973) 718-1938 FAX

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

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

Signature [signature] Date 10-5-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Property Maintenance Ordinances &/or Code for Residential Home owners sidewalks, etc.

RECEIVED
2017 OCT -5 P 3:31

RM#23014

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____
Ready Date: ____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Saerona MI ____ Last Name Yu

E-mail Address saerona.yu@hrglawfirm.com

Mailing Address Haworth, Rossman & Gerstman, 505 Main Street

City Hackensack State NJ Zip 07601

Telephone 201-831-1400 FAX ____

Preferred Delivery: Pick Up ____ US Mail x 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 Saerona Yu Date 10/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

1. Any and all reports, documents, photographs, diagrams and notes in regards to the fire that occurred on December 21, 2016 at 1231 Kennedy Boulevard in North Bergen, NJ 07047

2. Any and all fire code violation assessed against the property located at 1231 Kennedy Blvd., North Bergen, NJ since January 1, 2015.

2017 OCT -4 A 9:12

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/04/17
Ready Date: 10/11/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

Emailed on 10/11/17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Raymond MI A Last Name Preblick

E-mail Address rpreblick@gmail.com

Mailing Address 64 Adams Place

City Glen Ridge State NJ Zip 07028

Telephone 917-974-0025 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 Raymond Preblick 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.

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

Please reference the attached information request sheet.

Thank you,

Ray Preblick

RECEIVED
2017 SEP 26 A 9:38

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9/26/17
Ready Date: 10/05/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

Emailed on 10/05/17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Julio MI ____ Last Name Godoy

E-mail Address daddygodoy@Gmail.com

Mailing Address 5802 NEWKIRK AVE.

City NORTH BERGEN State N.J. Zip 07047

Telephone 917 596 3768 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 Julio Godoy Date OCT. 11, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

a copy of my Property Document or a legal two fam.
5802 NEWKIRK AVE. NORTH BERGEN N.J. 07047

RECEIVED
2017 OCT 11 A 10:55

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/11/17
Ready Date: 10/11/17

Done 10/11/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Jacqueline MI ____ Last Name Magalhaes

E-mail Address JPoye@daibes.net

Mailing Address 1000 Portside Drive

City Edgewater State NJ Zip 07020

Telephone (201) 840-0050 FAX (201) 840-6806

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 Jacqueline M. Date 10/11/17

Payment Information

Maximum Authorization Cost $ 100.00

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Documents relating to Property → 7601 River Road, North Bergen, NJ.
Specifically the *Redevelopment Plan (Dated May 30, 2012) and the following Ordinances: 1) 141-12 (Authorizing PILOT)
2) 2006-14 (reducing the number of units)
3) 327-17 (Authorizing Second Amendment)
4) 944-03 (rezoning the property)
5) 135-12 (approving redevelopment plan)

CWH, LLC

Prof # 1233-14

Planning Board Reso.

RECEIVED
2017 OCT 11 P 12:02

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____
Ready Date: ____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Custodian Signature: ____ Date: ____

Attn: H4U4622

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Taylor MI ____ Last Name Snyder

E-mail Address tasnyder@travelers.com

Mailing Address P.O. Box 1900 Travelers Insurance Attn: Claim H4U4622

City Morristown State NJ Zip 07962

Telephone 973-631-3068 FAX 877-786-5568

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

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

Signature Taylor Snyder Date 9/18/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Video of auto accident from traffic light.
Accident info:
- Intersection of Bergenline Ave and Kennedy Blvd
- 9/11/2017 15:21 PM
- case number 17081447
- 3 vehicles involved

RECEIVED
2017 OCT -2 A 10:03

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/02/17
Ready Date: 10/11/17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Emailed on 10-11-17
faxed

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name YVEXY MI ____ Last Name DELAROSA

E-mail Address YVEXYDELAROSA@HOTMAIL.COM

Mailing Address 712-87TH ST

City NORTH BERGEN State NJ Zip 07047

Telephone 201.744.9520 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 Yvexy Delarosa Date 10/02/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I WOULD LIKE TO RECEIVE A DIGITAL COPY OF THE CAD INCIDENT REPORT OF THE DAY AUGUST 02, 2017, RENDERED AT MY HOUSE. CASE # 17069604

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/03/17

Ready Date: ____

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost
Total: ____

Deposit: ____

Balance Due: ____

Balance Paid: ____

2017 OCT 12 P 2:07

Emailed on 10-11-17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Michele MI ____ Last Name Tuero

E-mail Address Michele.Tuero@rjmlaw.org

Mailing Address 295 Spring Valley Rd.

City Park Ridge State NJ Zip 07656

Telephone 201-391-8200 FAX 201-391-8660

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 Michele Tuero Date 9/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Re Police Report for Case # 17050393

Pg 2 states "... Driver 1 was arrested and charged accordingly..."

Can you provide information/documents showing if Louis Cappuccio (Driver 1) was convicted or not.

RECEIVED 2017 SEP 29 A 8:59

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9/29/17
Ready Date: 10/10/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

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

Explanation on 10-10-17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Patricia MI R Last Name Caserta

E-mail Address Pcaserta@answerweb.com

Mailing Address 726 W Sheridan Avenue

City Oklahoma City State OK Zip 73102

Telephone 405-606-8223 FAX 405-605-3484

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 [signature] Date 10-3-2017

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.

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

Verizon facilities sustained damage while excavation was taking place on 74th Street in between John F Kennedy Boulevard E and Broadway Street. in North Bergen, NJ. Verizon is requesting any permits requested that would be active for the above described location during the months of March and April when the damages took place. The permits would be for construction work such as sidewalk/curb replacement, utility installation, road or pavement removal,etc.

RECEIVED
2017 OCT -3 A 11:39

OFFICIAL USE ONLY

Tracking Rec'd Date: 10-03-17

Ready Date: 10-10-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

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

Emailed on 10/10/17

AR James Media

www.arjamesmedia.com

1000 Woodbridge Center Drive Suite 212 Woodbridge, New Jersey 07095
Phone – 848-999-2185
Fax – 848-999-2361

Fax

Date: October 2, 2017

To: North Bergen Records Room *From:* A.Siemietkowski

Fax: 201-392-2524 *No. of pages* 1

Comments:

To Whom it May Concern:

AR James Media owns and operates several of the transit shelters located at the bus stops in North Bergen.
We are looking to obtain a copy of the police report (we do not have the case #) regarding a motor vehicle accident that occurred on Tuesday, September 26, 2017. The location was on River Road northbound in front of Palisades Medical Center.
Our transit shelter was destroyed at this location and there was one fatality.
If possible, can you please fax a copy of the report to 848-999-2361.

Should you have any questions please do not hesitate to contact me at 908-294-8688
Thank you for your time.

Amanda Siemietkowski

Sgt. 10/06/17

Report Run F

OPEN PU
4233

Patrick DeFrancisci
OWNER / PRESIDENT
CONSULTING & INVESTIGATIONS
patgg2017@gmail.com
www.TheGideonGroup.org
973-902-8614

The second page of this form contains importa rds. Please read it carefully.

Requestor Information – Please Print

First Name PATRICK MI ____ Last Name DEFRANCISCI

E-mail Address PATGG2017@GMAIL.COM

Mailing Address 27 GREENDALE ROAD

City CEDAR GROVE State NJ Zip 07009

Telephone 973-902-8614 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 9/27/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

1) COPY OF PROPERTY CARD.
2) ANY PERMITS FOR CONSTRUCTION ON PROPERTY.
3) COPY OF WORK COMPANY WHO DID WORK ON ABANDONED OIL TANK

PROPERTY LOCATED @ 1417 43RD ST. N.B.

RECEIVED
2017 SEP 27 A 9:29

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9/27/17
Ready Date: 9/29/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

emailed on 9/29/17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Zidan MI A Last Name Dindia

E-mail Address

Mailing Address 8620 Newkirk Ave 2NDFL

City North Bergen State NJ Zip 07047

Telephone 551-689-7827 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 Zidan Dindia Date 10/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Oil call to 8620 Newkirk Ave 2NDFL
North Bergen NJ. 07047

2017 OCT -2 P 12:1

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/02/17
Ready Date: 10/11/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Pick-up 10/12/17

Final Cost
Total: 0.45¢
Deposit: ____
Balance Due: ____
Balance Paid: ____

Custodian Signature: ____ Date: ____

Gary Ipp

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Robert MI ____ Last Name Walden

E-mail Address bobamonagus@aol.com

Mailing Address 7855 Boulevard East #15i

City North Bergen State NJ Zip 07047

Telephone 201 472-8642 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 Robert Walden Date 10-02-17

Payment Information

Maximum Authorization Cost $ 25.00

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

(1) Copies of communications and records concerning egress in the North Bergen Preschool.
(2) A copy of the North Bergen Preschool's Certificate of occupancy.
(3) Copies of any inspection reports for compliance with egress, fire, and other safety and health regulations in ~~[illegible]~~ the North Bergen Preschool TCUs.

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____
Ready Date: ____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____
Custodian Signature: ____ Date: ____

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

*Emailed response on 10/12/17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

2017 OCT 13 A 8:28

Important Notice

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

Requestor Information – Please Print

First Name Robert MI ____ Last Name Walden

E-mail Address bobamongus@aol.com

Mailing Address 7855 Boulevard East #15i

City North Bergen State NJ Zip 07047

Telephone 201 472-8642 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 Robert Walden Date 10-12-17

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of any records, documents communications which are related to air quality and other environmental testing of the North Bergen Preschool TCUs.

OFFICIAL USE ONLY

Tracking Rec'd Date: Oct 13 2017

Ready Date: 10/13/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

Final Cost Total: P

Deposit: ____

Balance Due: ____

Balance Paid: ____

Done By Erin 10/13/17

Oct. 4. 2017

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

The second 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 E Last Name WATTS

E-mail Address MWATTS62@YAHOO.COM

Mailing Address 27 COMMERCE ST

City GARFIELD State NJ Zip 07026

Telephone 973-777-9789 FAX 973 777 9739

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 M Watts Date 10/04/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

2216 GRAND AVE, BL 46, LOT 30.021, PROPERTY IS A 2 FAMILY WITH ADDED GRADE BASEMENT, IT IS FINISH WITH 1. BATH, KITCHEN, FAMILY.. DO THE ZONING ALLOW THE USE OF A BASEMENT KITCHEN, IT IS LEGAL OR DONE WITH PERMITS... PLEASE LET ME KNOW

2017 OCT -4 A 10:08

OFFICIAL USE ONLY

Tracking Rec'd Date: 10/04/17

Ready Date: 10-16-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost Total: ____

Deposit: ____

Balance Due: ____

Balance Paid: ____

emailed on 10-16-17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Jeanette MI ____ Last Name Cuevas

E-mail Address Jcuevas960@gmail.com

Mailing Address 118-35 Queens Blvd, suite#1250

City Forest Hills State NY Zip 11375

Telephone 718-205-1010 FAX 718-205-2066

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 10/3/17

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.

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

I am requesting a copy of the video Footage of my clients accident on 9/07/17. My clients name is Guacorda Duran. Please send the video Footage to the above address so we can help her with her property damage claim. Thank You

RECEIVED
2017 OCT -3 A 10:58

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/03/17
Ready Date: 10/13/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

emailed
faxed
10-13-17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name JOSEPH MI C. Last Name CICCARELLO

E-mail Address PVESPA52@YAHOO.COM

Mailing Address P.O. BOX 555

City CLIFFSIDE PARK State NJ Zip 07010

Telephone 201-952-7806 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 _____ Date 10-4-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

SEE ATTACHED SHEET, WOULD LIKE TO SEE SURVEILLANCE DVD (VIDEO) FROM THE WHITE CASTLE RESTAURANT, WHERE THEFT OCCURRED ON THE A.M. OF SUN 17 SEPT, 2017.

2017 OCT -4 A 10:51

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/04/17
Ready Date: 10/13/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

Custodian Signature: _____ Date: _____

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

emailed on 10/13/17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Alicia MI ____ Last Name Chao

E-mail Address aliciachao@gmail.com

Mailing Address 11 Masar Road

City Brenton State NJ Zip 07005

Telephone (925) 998-5949 FAX (973) 716-7483

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

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

Signature [signature] Date 10/3/2017

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.

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

I am requesting the building permit card for 4525 Smith Ave. Apt. 6, North Bergen, NJ 07105. This request is for my client, the buyer, to ensure there are no open permits or unresolved violations before closing.

2017 OCT -3 P 2:10

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/03/17
Ready Date: 10/13/17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

emailed 10-13-17 faxed

Final Cost
Total: ____
Deposit: 25
Balance Due: ____
Balance Paid: ____

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2125 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name PILAR MI V Last Name Arsenec

E-mail Address pilar4peace@aol.com

Mailing Address 8900 Boulevard East #8BN

City North Bergen State NJ Zip 07047

Telephone 917-885-4512 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 Pilar V. Arsenec Date 10/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Hello, I am writing to request the following for 8900 Boulevard East North Bergen, NJ 07047 North + South Buildings

I spoke to those in Trenton regarding ascertaining all records pertaining to any code violations or Fire code violations in connection to the elevators. Trenton said that North Bergen Township are responsible for inspection of the sabety of elevators and any violations cited. If you would be so kind as to Provide these citations or violations from The years 2013 through 2016. Trenton mentioned you would have them.

Many Thanks for your time and assistance. I will need them before Oct 16, I will pay a fee if necessary to get them before then.

Thank you.

RECEIVED
2017 OCT -6 P 2:5

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10-06-17
Ready Date: 10-16-17

emailed on 10-16-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Eric MI R Last Name Van Assen

E-mail Address evanassen@stonefieldeng.com

Mailing Address 92 Park Avenue

City Rutherford State NJ Zip 07070

Telephone 201-340-4468 FAX 201-340-4472

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

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

Signature ____ Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide all past land resolutions, traffic studies, and site plans for the Tonnelle Shopping Center at 8101 Tonnelle Avenue, North Bergen, NJ (Block 457.01, Lot 38). past + present

2011 OCT 12 P 2:3[illegible]

e

* Mena emailed requestor the attached advisory * EB 10/23/2017 *

OFFICIAL USE ONLY

Tracking

Rec'd Date: ____

Ready Date: ____

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

e mailed 10/25/17

Final Cost

Total: ____

Deposit: ____

Balance Due: ____

Balance Paid: ____

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Leah MI _____ Last Name Bock

E-mail Address LBock@sklawgroup.com

Mailing Address 4553 Route 9 North

City Howell State NJ Zip 07731

Telephone 732-367-9500 x 10 FAX 732-367-9495

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 *Leah Bock* Date 10/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Re: 1108 7th Street, Block 15, Lot 42
1217 7th Street, Block 14, Lot 22
118 74th Street, Block 304 Lot 17
124 74th Street, Block 304 Lot 21
1702 76th Street, Block 326, Lot 73
7222 Broadway, Block 306, Lot 46.02
8610 Kennedy Blvd., Block 393, Lot 13, North Bergen, NJ

This office represents the prospective purchaser with his purchase of the above 7 referenced properties. In connection with such purchase, please provide us with the following:

1. Copies of any open housing, building, or code violations on the property, or confirmation that there are none.
2. Copies of any open fire violations on the property, or confirmation that there are none.

2017 OCT -3 P 1:23

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10-03-17
Ready Date: 10-16-17
or Denial Type: □ Total □ Partial (see back for reasons)
Total Pages: _____

Email sent 10/16/17

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

Response Provided: _____ Date Closed: _____

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Jannie MI ____ Last Name Duong

E-mail Address jduong@zoning-info.com

Mailing Address 3555 NW 58th st #400

City Oklahoma City State OK Zip 73112

Telephone 405-525-2998 x 143 FAX 405-528-4878

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 10.05.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please find this as a formal records request for the following property: 7601 River Road

1) Provide copies of any open building code violations since the date of the last inspection
2) Provide copies of any open zoning code violations since the date of the last inspection
3) Provide copies of any open fire code violations since the date of the last inspection
4) Provide copy of certificate of occupancy for the property

RECEIVED OCT 18 2017

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/05/17
Ready Date: 10/17/17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

Emailed on 10/17/17
Faxed

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Jannie MI _____ Last Name Duong

E-mail Address jduong@zoning-info.com

Mailing Address 3555 NW 58th st. #400

City Oklahoma City State OK Zip 73112

Telephone 405-525-2998 x 143 FAX 405-528-4878

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 10.09.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please find this as a formal records request for the following property: 8610 Kennedy Boulevard (Block 393, Lot 13)

1) Provide copies of any open building code violations since the date of the last inspection
2) Provide copies of any open zoning code violations since the date of the last inspection
3) Provide copies of any open fire code violations since the date of the last inspection
4) Provide copies of any variances, ordinances, special permits, site plans, conditional/special use permits, zoning cases and resolutions associated with property
5) Provide copy of certificate of occupancy for the property
6) Provide copies of any road project plans (construction, widening, etc....) that would require additional right of way from the property from January 2017 to January 2022

2017 OCT 10 A 8:38

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/10/17
Ready Date: 10/19/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

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

Emailed on 10/19/17 Pekar

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Yoon MI ____ Last Name Whang

E-mail Address yoonjwhang@gmail.com

Mailing Address 426 Hudson St #2

City Hackensack State NJ Zip 07601

Telephone 973-894-3919 FAX 973-894-3920

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 Yoon J Whang Date 10/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

7201 LIBERTY AVE, NORTH BERGEN, NJ 07047
We need any code violation status if any for above.
We are regional property manager for bank owned property.
For client request, we are researching.
Thank you.

2017 OCT 13 P 1:45

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/13/17
Ready Date: 10/20/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

Final Cost
Total: 45
Deposit: ____
Balance Due: ____
Balance Paid: ____

Emailed on
faxed 10/20/17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name RICK MI ____ Last Name ANDRES

E-mail Address rick.andres@construction.com

Mailing Address 300 AMERICAN METRO BLVD

City HAMILTON State NJ Zip 08619

Telephone 716-931-5058 FAX 530-725-5706

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

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

Signature [signature] Date 10-17-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

BUILDING PERMIT (GENERAL BUILDING OR FOOTINGS AND FOUNDATION) FOR THE MACHPELAH CEMETERY CREMATORY + MAUSOLEUM, 5810 TONNELLE AVE, BLOCK 435, LOT 30-40

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/17/17
Ready Date: 10/20/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

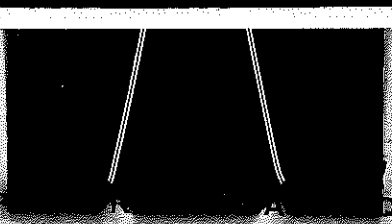
Total Pages: ____

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

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

Emailed on Faxed 10/20/17



OPEN [redacted] QUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Amanda MI ____ Last Name Vitiello

E-mail Address avitiello@partneresi.com

Mailing Address 362 Fifth Avenue, Suite 501

City New York State NY Zip 10001

Telephone (646) 892-2793 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 Amanda Vitiello Date 10/16/2017

Payment Information

Maximum Authorization Cost $
$100
Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of the following documents are requested for the addresses listed below:

- Certificate of Occupancy
- Any open / pending Building, Fire or Zoning violations.
- Record search regarding any hazardous substance use, storage or releases; the presence of any Underground Storage Tanks (USTs) or Above-ground Storage Tanks (ASTs); or, the presence of any Activity and Use Limitations (AULs).

Addresses:

Site No. 4	118-124 74th Street, North Bergen, NJ	Block 304	Lots 17, 21
Site No. 43	7222 Broadway, North Bergen, NJ	Block 306	Lot 46.02
Site No. 7	1702 76th Street, North Bergen, NJ	Block 326	Lot 73
Site No. 44	8610 Kennedy Boulevard, North Bergen, NJ	Block 393	Lot 13
Site No. 3	1108-1110 7th Street, North Bergen, NJ	Block 15	Lot 42
Site No. 5	1217 7th Street, North Bergen, NJ	Block 14	Lot 22

Please reach out directly with any questions or concerns. Thank you so much.

2017 OCT 17 A 9:34

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/17/17
Ready Date: 10/20/17
emailed 10/20/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Rhina MI ____ Last Name Magana

E-mail Address erealtynj@gmail.com

Mailing Address 5810 Bergenline Ave

City West New York State NJ Zip 07093

Telephone 201-912-0581 FAX 201-624-7057

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 Rhina Magana Date 10/19/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Request of OPRA for property
2021 Kennedy Blvd - North Bergen
Copy of property card c/o

2017 OCT 19 P 12:08

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/19/17
Ready Date: 10/30/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

Emailed on request 10/30/17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Charles MI I. Last Name Epstein

E-mail Address ceatty@gmail.com

Mailing Address 27 Warren Street, Suite 304

City Hackensack State NJ Zip 07601

Telephone 201-489-7600 FAX 201-489-2128

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

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

Signature _____ Date 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.

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

Any and all records regarding the abandonment of an oil tank that took place in or about December 2007, as per a Certificate of Abandonment dated December 17, 2007, for property located at 1303-1305 43rd Street, Block 134 Lot 212.01.

2017 OCT 19 A 9:10

(3841)

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/19/17
Ready Date: 10/20/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

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

Emailed on 10/20/17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Yoon MI ____ Last Name Whang

E-mail Address yoonjwhang@gmail.com

Mailing Address 426 Hudson st #2

City Hackensack State NJ Zip 07601

Telephone 973-894-3919 FAX 973-894-3920

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 Yoon J. Whang Date 10/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

8515 BERGENLINE AVE APT 1C, NORTH BERGEN, NJ 07047
We need any code violation status if any for above.
We are regional property manager for bank owned property.
For client request, we are researching.
Thank you.

2017 OCT 13 P 1:44 RECEIVED

OFFICIAL USE ONLY

Tracking Rec'd Date: 10/13/17

Ready Date: 10/20/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

Final Cost Total: ____

Deposit: ____

Balance Due: ____

Balance Paid: ____

Emailed 10/20/17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name JUANA MI V Last Name BRAVO

E-mail Address Jbravoramirez@msn.com

Mailing Address 727 - 25th apt B1

City UNION CITY State NJ Zip 07087

Telephone 2017292005 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 Juana R Bravo Date 10/12/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

ON OCTOBER 12 I WAS CROSSING THE STREET LOCATED ON 83RD TONNELLE AVE, THE TRAFFIC LIGHT WAS ON RED, WHEN A YOUNG LADY SUDDENLY DIDN'T LET ME CROSS AND I HAVE TO STOP, CAUSE SHE ALMOST HIT ME WITH HER CAR, I WAS SHOCKED WITH THE INCIDENT AND I SCREAM AT HER WITH THE "B" WORD TO BE CAREFUL, AFTER THAT SHE PULLED OVER GOT OUT OF HER CAR AND START INSULTING ME WITHOUT ANY REASON, SHE WAS ACTING VERY CRAZY, AND SPITTED ON MY FACE, I WANTED TO TAKE PIC. OF HER LICENSE, AND SHE DIDN'T LET ME, AFTER THAT SHE JUST LEFT I TOOK A PICTURE OF THE CAMERA ACROSS THE STOP SIGN 2145 LOCATED ON 83RD STREET TONNELLE AVE. THE CAMERA IT'S LOCATED ON 83RD STREET # 62234.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10-17-17
Ready Date: 10-19-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost
Total: 2.10
Deposit: 2.10
Balance Due: 0.00
Balance Paid: 2.10

2017 OCT 19 PM 1:03

Emailed on 10-19-17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

RGAMADEOMILLER

Important Notice

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

Requestor Information – Please Print

First Name JOHN MI K Last Name MILLER, ESQ.

E-mail Address RGAMADEOMILLER@AOL.COM

Mailing Address 1760 KENNEDY BLVD.

City JERSEY CITY State NJ Zip 07305

Telephone 201-433-8510 FAX 201-433-9798

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

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

Signature _____ Date 10/10/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

PLEASE ADVISE IF THERE ARE ANY OPEN PERMITS OR CURRENT BUILDING VIOLATIONS ON THE PROPERTY ADDRESS 9060 PALISADE AVE. # 912, NORTH BERGEN, NJ.

RECEIVED OCT 13 2017 U.S.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10-10-17
Ready Date: 10-17-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

Emailed on faxed 10-17-17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name GREGORY MI J Last Name BODNARUK

E-mail Address BODNARUKCONSULTING@GMAIL.COM

Mailing Address 3 CORN HILL DRIVE

City MORRISTOWN State NJ Zip 07960

Telephone 908-581-8560 FAX

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

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

Signature [signature] Date 10/10/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

3725 TONNELLE AVE + 3701 DELL AVE

BLOCK 86 LOTS 114 + 101

RECORDS OF UNDERGROUND TANKS, CHEMICAL SPILLS, WELL / SEPTIC SYSTEMS, ACTIVE CODE VIOLATIONS, DATES OF MOST RECENT INSPECTIONS

RECEIVED 2017 OCT 10 P 12:21

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10-10-17
Ready Date: 10-17-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

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

emailed 10-17-17
faxed

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Francis MI G Last Name Heidkamp

E-mail Address franheidkamp@yahoo.com

Mailing Address 208 Belgrove Dr

City Kearny State NJ Zip 07032

Telephone 551-206-7447 FAX 201-603-1147

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 Francis Heidkamp Date 10/10/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am doing an appraisal on 1208 64th street (Block 219, Lot 58.03). The rear and sides of the house were not accesible and I was unable to measure, I am requesting a copy of the property record card. Thank you, Fran Heidkamp

RECEIVED 2017 OCT 10 P 12:21

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/10/17
Ready Date: 10/17/17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

Emailed on 10-17-17 faxed

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Richard MI L Last Name Schneider, Esq.

E-mail Address RSchneider@vcclaw.com

Mailing Address Vogel, Chait, Collins & Schneider, PC
25 Lindsley Dr., Suite 200

City Morristown State NJ Zip 07960

Telephone 973-538-3800 FAX 973-538-3800

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 10/9/17

Payment Information

Maximum Authorization Cost $ 50.00

Select Payment Method

Cash Check Money Order

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

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

Extras. Special service charge dependent upon request

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

Please send copies of any Permits or Resolutions adopted by the Planning Board and/or Board of Adjustment for the installation of wireless communications facilities at the following address:

2500 83rd St.
Block: 443.03, Lot: 1
North Bergen, NJ 07047

OCT 10 A 9:05

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10-10-17
Ready Date: 10-17-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided. ____ Date Closed: ____

Custodian Signature: _____ Date: _____

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

emailed on faxed 10/17/17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Brian MI ____ Last Name Rader

E-mail Address brian@jms lawyers.com

Mailing Address 30-B Vreeland Road, Suite 201, Florham Park, NJ 07932

City Florham Park State NJ Zip 07932

Telephone 973-845-7634 FAX 973-845-7645

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

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

Signature [signature] Date 10/12/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

All permits associated with work performed at the following address: 101 73rd Street, Unit 12, North Bergen, NJ, from 2013-2017.
All violations and citations as well.

2017 OCT 12 P 1:19 CLERK

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/12/17
Ready Date: 10/18/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

Emailed on 10-18-17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

DOB 2-24-56

Requestor Information – Please Print

First Name LORRAINE MI ____ Last Name VIVIAN

E-mail Address LV1956@LIVE.COM AUREIAVILLARI@AIM.COM

Mailing Address 66 WALLIS AVENUE #12

City North Jersey CITY State NJ Zip 07306

Telephone 201-208-9386 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 Lorraine Vivian Date 10-6-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Ambulance Report for 11/17/13 at about 9:50 PM. ~~Fell~~ was ~~Hurt~~. Fell and Broke my KNEE Cap+Patella TENDON↓ TORN off. Happened at 78th ST., on bilKo ½ DOOR of property 7724 BERGENLINE AVENUE. SEND COPY OF REPORTS TO ATTORNEY ALSO - Police Report for that date, and a follow-up Date later that week dated UNCERTAIN. 11-18-13 To 11-22-17

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/06/17
Ready Date: 10/18/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost
Total: 1.00
Deposit: 0
Balance Due: 0
Balance Paid: 2.50

RECEIVED OCT 18 2017

Emailed on 10-18-17 Faxed

Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name MARK MI ____ Last Name GREEN

E-mail Address GREENMARK1069@gmail.com

Mailing Address 1517 74th St. 2ND Flr

City NORTH BERGEN State NJ Zip 07047

Telephone 646-287-8326 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 Mark Green Date 10-6-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

REQUEST FOR A COPY OF "CERTIFICATE OF OCCUPANCY"
FOR MY ADDRESS 1517 74th St. 2ND Flr, NORTH BERGEN, NJ 07047

RECEIVED
2017 OCT -6 A 11:54

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/06/17
Ready Date: 10/18/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

emailed on 10-18-17

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

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

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 ~~KNOWN~~ *I 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 10/12/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Good Morning,

May I get a copy of the Building Permit for the Hardee's at 7101 Tonnelle Avenue going into the Tanger Center?

The permit should have been issued 2017

Thank you so much,

Sylvia

2017 OCT 12 A 10:21

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/12/17
Ready Date: 10/19/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

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

Emailed on
faxed 10-19-17

Custodian Signature: Date:

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Stephanie MI ____ Last Name Mena

E-mail Address Stephanie@realestateNj.com

Mailing Address 1 Marine Plaza, Suite 324 North

City North Bergen State NJ Zip 07047

Telephone 201-868-6300 FAX 201-868-6055

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

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

Signature Stephanie Mena Date 10/16/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please send the registered rent for

7416 Kennedy Blvd
North Bergen, NJ 0747

Thank you,
Stephanie

2017 OCT 16 A 10:47

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/16/17
Ready Date: 10/19/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

email sent on faxed 10/19/17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Brittany MI A Last Name Smith
E-mail Address BrittanyS@cisleads.com
Mailing Address 170 Kinnelon Road
City Kinnelon State NJ Zip 07405
Telephone 973-492-0509 FAX 800-962-0814
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 Attorney Smith Date 10/16/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

A copy of only those pages of the Zoning Board of adjustment application for

① Patrick Hunter Lafrieda, LLC
40th Street & Tonnelle and Dell Ave.
Block 86, Lots 275, 276; Block 106.1, Lots 208.01, 210, 214
215, 260, 261, 263, 265, 267.

② Tereshoran Land company of NJ, LLC
1135 51st Street, Block 1164, Lots 28 & 4.02

that include the name, address, and telephone # for the owner, applicant engineer architect, and attorney. Please also provide the page of the application that describes the proposed square footage of new construction (not site plan)

RECEIVED OCT 16 2017

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/16/17
Ready Date: 10/19/17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

Emailed on 10-19-17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Brandon MI J Last Name Broderick

E-mail Address Mirna@201injury.com

Mailing Address 90 main Street

City Hackensack State NJ Zip 07601

Telephone 201-853-1505 FAX 201-620-2127

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

On 12/04/2015 a 911 call was placed and North Bergen Police showed up. Police did not do report.

Location: Challenger Rd & Emerson St.

Please forward:

- 911 phone call transcript or dispatch report.

Call: Mirna @ 201-853-1505 Ref No: 204726

2017 OCT 11 12:

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/11/17
Ready Date: 10/19/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

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

Emailed on 10-19-17 by ek

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Brian MI A Last Name Rans

E-mail Address bransQ1$nj.org

Mailing Address 574 Summit Ave, 2nd floor

City Jersey City State NJ Zip 07306

Telephone 973-523-2900 Ext. 3419 FAX 201-798-4785

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 10/23/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

North Bergen's rent control ordinance and/or rent leveling ordinance and/or rent stabalization ordinance

ordinance #
467-93 *Emailed ord. on 10/24/17*

RECEIVED
2017 OCT 24 A 9:09

OFFICIAL USE ONLY

Tracking
Rec'd Date: _____
Ready Date: _____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

Custodian Signature: _____ Date: 10/24/2017

Oct. 10, 2

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records 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 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) 839-6779

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 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 10/09/2017

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,

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: 1401 27th Street, North Bergen, NJ 07047 **

2017 OCT 10 A 8:18 RECEIVED

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date 10-10-17
Ready Date 10-17-17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature 10/17/17 Date

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records 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 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) 839-6779

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 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 10/05/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Good afternoon,

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

** Address of Inquiry: 1302 7th Street, North Bergen, NJ 07047 **

RECEIVED 2017 OCT -5 P 2:32

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/05/17
Ready Date: 10/17/17
or Denial Type: □ Total □ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Emailed on 10/17/17 for fax

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Drew MI ____ Last Name Rucando

E-mail Address DRUCANDO@LKSLAW.NET

Mailing Address 50 Harrison Street, Suite 315

City Hoboken State NJ Zip 07030

Telephone 201-798-9300 FAX 201-798-1393

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 Drew Rucando Date 10/23/17

Payment Information

Maximum Authorization Cost $ N/A

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Reports, photographs, audio recordings (including 911 call and police radio audio), video recordings (including surveillance cameras and police dashboard cameras), and any/all other documents relating to a motor vehicle crash that occurred on 9/21/17 at approximately 7:20am near 2900 Paterson Plank Road. This accident is recorded by New Jersey Police Crash Investigation Report Case No. 17084597. A copy of the crash report is attached.

OCT 23 A 9:51

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/23/17
Ready Date: 10/31/17

called to pick up CD. 10-31-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost
Total: 0.20¢
Deposit: ____
Balance Due: ____
Balance Paid: ____

Emailed on fax 10-31-17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Borillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name: HECTOR MI: ____ Last Name: ROSARIO

E-mail Address: UNIONCITYSPINE@GMAIL.COM

Mailing Address: 510 - 43rd ST.

City: UNION CITY State: NJ Zip: 07087

Telephone: 201-866-2130 FAX: 201-863-0234

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: [signature] Date: 11/06/17

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.

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 FOR MVA'S

FOR: UNION CITY SPINE & PAIN

DATES: 10/30/17 TO 11/05/17

THANK YOU.

HECTOR

RECEIVED
2017 NOV -6 P 2:11

OFFICIAL USE ONLY

Tracking Rec'd Date: 11-6-17

Ready Date: 11-14-17

or... Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: 171

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

Final Cost Total: $8.55

Deposit: ____

Balance Due: ____

Balance Paid: ____

11/06/2017 14:24 2018630234 UNION CIT SPINE PAGE 01/01

m Legal Plex LLC

North Bergen Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 201-392-2025 Fax: 2013307694

4233 John F. Kennedy BLVD North Berg

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 11/11/2017

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 10/28/2017

End Date 11/10/2017

220
45

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 11-14-17

Ready Date 11-21-17

Total Pages 315 pp

Total $15.75

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

called 11-21-17

Custodian Signature _____ Date _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047

TEL: 201-392-2025 FAX: 201-330-7694

Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name TAE MI Y Last Name HONG

E-mail Address DRHONG@OPTONLINE.NET

Mailing Address 6135 BERGENLINE AV. #3

City WEST New York State NJ Zip 07093

Telephone (201) 854-8488 FAX (201) 854-8964

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 11/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Police Crash investigation Report

FROM: 11/6/17 to: 11/11/17

2017 NOV 14 A 9:57

OFFICIAL USE ONLY

Tracking

Rec'd Date: 11-14-17

Ready Date: 11-21-17

Called 11-21-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: 110

Response Provided: ___ Date Closed: ___

Final Cost

Total: $5.50

Deposit: ___

Balance Due: ___

Balance Paid: ___

Custodian Signature: ___ Date: ___

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name: HECTOR MI: _____ Last Name: ROSARIO

E-mail Address: UnionCitySpine@Gmail.com

Mailing Address: 510 - 43rd ST.

City: Union City State: NJ Zip: 07087

Telephone: 201-866-2130 FAX: 201-863-0234

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: [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.

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

REQUEST FOR MVA'S
FOR: UNION CITY SPINE & PAIN
DATES: 11/06/17 TO 11/12/17

THANK YOU.
HECTOR

OFFICIAL USE ONLY

Tracking
Rec'd Date: _____

Ready Date: _____

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

Custodian Signature: _____ Date: _____

Final Cost
Total: _____

Deposit: _____

Balance Due: _____

Balance Paid: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Steven MI P. Last Name Haddad

E-mail Address magdi@SPhLaw.com

Mailing Address 510 Thornall St. Suite #270

City Edison State NJ Zip 08837

Telephone 732-933-3535 FAX 732-933-3536

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

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

Signature [signature] Date 10/30/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash · Check · Money Order

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

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

Extras: Special service charge dependent upon request.

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

10/23/17 - 10/29/17

2017 OCT 30 A 11:58 CUSTODIAN

Tracking
Rec'd Date: 10/30/17
Ready Date: 11-08-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 199 pgs
Response Provided: ____
Date Closed: ____

OFFICIAL USE ONLY

Called 11-08-17

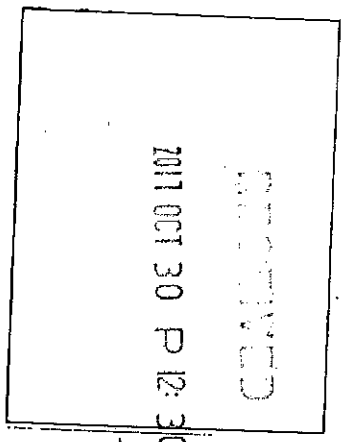
Final Cost
Total: $9.95
Deposit: ____
Balance Due: ____
Balance Paid: ____

Custodian Signature: ____ Date: ____

PLEASE FAX REQUEST FORM TO (201) 330-7694

TOWNSHIP OF NORTH BERGEN

MUNICIPAL BUILDING
4233 KENNEDY BOULEVARD
NORTH BERGEN, NEW JERSEY 07047
TEL: 201-392-2025 FAX: 201-330-7694



REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY:
Cost: $9.95

~~Date of Response:~~

Number of pages: 199pgs

called 11-8-17

If you wish to have your information mailed, we would need a check or money first.

Then we will send you your request.

Name: Jose F. Fernandez / EZ Police Reports, LLC

Address: 7 Shelby Ct.
Paramus, NJ 07652

Telephone [Day] 201 781 8969

888 850 3304

Information Requested:

[____] **Copy of Minutes** [specify board or entity, date, topic or other identifying information]

[____] **Copy of Ordinance or Resolution** [specify date, number, or other identifying information]

[____] **Police Accident Report** Fee: ____
Identify Accident: ____

[X] **Other** [specify] Copy of All motor vehicle accident police reports From 10/23/17 through 10/29/17

[____] **License Information** [Specify] ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Leonard MI J. Last Name Altamora.

E-mail Address altacrosslaw@yahoo.com.

Mailing Address 4000 Bergenline Ave.

City UC. State NJ. Zip 07087.

Telephone (201)(866-6467) FAX (201)(866-3566)

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 11/6/17

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.

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

Police Report from 10/29/17 to 11/5/17.

RECEIVED
2017 NOV -6 A 11:58

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-06-17
Ready Date: 11-14-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 191 pgs
Response Provided: ____ Date Closed: ____

Called 11-14-17

Final Cost Total: $9.55
Deposit: ____
Balance Due: ____
Balance Paid: ____

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Leonard MI J. Last Name Altamora

E-mail Address altacrosslaw@yahoo.com.

Mailing Address 4000 Bergenline Ave.

City UC. State NJ Zip 07087

Telephone (201) (866-6467) FAX (201) (866-3566)

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 10/30/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Police Report from 10/22/17 to 10/29/17

2017 OCT 30 A 10:24

CLERK

OFFICIAL USE ONLY

Tracking Rec'd Date: 10/30/17

Ready Date: 11-08-17

or Denial Type: ☐ Total ☒ Partial (see back for reasons)

Total Pages: 2 1/2 pgs

Response Provided: _____ Date Closed: _____

Called 11-08-17

Final Cost Total: $ 10.60

Deposit: _____

Balance Due: _____

Balance Paid: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2026 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name TAE MI Y Last Name HONG

E-mail Address DRHONG@OPTONLINE.NET

Mailing Address 6135 BERGEN LINE AV. #3

City WEST NEW YORK State NJ Zip 07093

Telephone (201) 854-8488 FAX (201) 854-8964

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 10/18/17

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.

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

Police Crash investigation Report.

FROM: 10/8/17 TO: 10/14/17

2017 OCT 18 P 12:52

OFFICIAL USE ONLY

Tracking
Rec'd Date: _____

Ready Date: _____

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: N/A

Response Provided: _____ Date Closed: _____

Called 10/24/17

Final Cost Total: $ 30.47

Deposit: _____

Balance Due: _____

Balance Paid: _____

Custodian Signature: _____ Date: _____

PLEASE FAX REQUEST FORM TO (201) 330-7694

TOWNSHIP OF NORTH BERGEN
MUNICIPAL BUILDING
4233 KENNEDY BOULEVARD
NORTH BERGEN, NEW JERSEY 07047
TEL: 201-392-2025 FAX: 201-330-7694

2017 NOV -1 A 9:58

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Date Received: 11-07-17

Date of Response: 11-14-17

Name: Ana C. Moreira, Esq. $8.55

Address: 2310 John F. Kennedy Boulevard called 11-14-17

Jersey City, NJ 07304 171 pgs

Telephone [Day] (201) 332-1800 Fax: (201) 332-2456

Information Requested:

[ ] **Copy of Minutes** [specify board or entity, date, [illegible] other identifying information]

[ ] **Copy of Ordinance or Resolution** [specify date, number, or other identifying information]

[ ] **Police Accident Report** Fee:

Identify Accident:

[X] **Other** [specify] Weekly police automobile accident reports for pick up from Oct 30 - Nov 5, 2017

[ ] **License Information** [Specify]

Information on a Specific Property Address

Block Lot

[ ] **Municipal Lien Search** Fee: $ 10.00

Municipal Lien Searches are provided by the designated search officer and will be provided within 15 days after the request is received and the fee paid, as provided in *N.J.S.A.* 54:5-11, et seq.

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

6:06PM

PLEASE FAX REQUEST FORM TO (201) 330-7694

TOWNSHIP OF NORTH BERGEN
MUNICIPAL BUILDING
4233 KENNEDY BOULEVARD
NORTH BERGEN, NEW JERSEY 07047
TEL: 201-392-2025 FAX: 201-330-7694

2017 OCT 31 A 9:54

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Date Received: 10-31-17

Date of Response: 11-08-17

Name: Ana C. Moreira, Esq. 1pg@ $.95

Address: 2310 John F. Kennedy Boulevard called 11-8-17

Jersey City, NJ 07304

Telephone [Day] (201) 332-1800 Fax: (201) 332-2456

Information Requested:

[ ] **Copy of Minutes** [specify board or entity, date, topic or other identifying information]

[ ] **Copy of Ordinance or Resolution** [specify date, number, or other identifying information]

[ ] **Police Accident Report** Fee:

Identify Accident:

[X] **Other** [specify] Weekly police automobile accident reports for pick up from Oct 23 - Oct 29 2017

[ ] **License Information** [Specify]

Information on a Specific Property Address

Block Lot

[ ] **Municipal Lien Search** Fee: $ 10.00

Municipal Lien Searches are provided by the designated search officer and will be provided within 15 days after the request is received and the fee paid, as provided in *N.J.S.A.* 54:5-11, et seq.

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

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Berilla, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name: Steven MI: P. Last Name: Haddad

E-mail Address: Magdi@SPhLaw.Com

Mailing Address: 510 Thornall St. Suite #270

City: Edison State: NJ Zip: 08837

Telephone: 732-933-3535 FAX: 732-933-3536

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: 11/6/17

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.

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

10/30/17 – 11/5/17

RECEIVED
2017 NOV -6 A 11:32

OFFICIAL USE ONLY

Tracking Rec'd Date: 11-6-17

Ready Date: 11-14-17 called 11-14-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: 17 pgs

Response Provided: ____ Date Closed: ____

Custodian Signature: Date:

Final Cost Total: $8.55

Deposit: ____

Balance Due: ____

Balance Paid: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Rodin MI V Last Name moquete

E-mail Address Rodinmoquete@gmail.com

Mailing Address 1308 43 St.

City North Bergen State NJ Zip 07047

Telephone 201-892-9524 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 R. Rodin V. Moquete 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.

Records Requested: Please be as specific as possible when 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.

DMV. Accident Reports

From: 10/22/17

To 10/29/17

NJTR-1

2017 OCT 30 P 12:17

CLERK'S OFFICE

OFFICIAL USE ONLY

Tracking Rec'd Date: 10/30/17

Ready Date: 11/09/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: 1 pg

Response Provided: ____ Date Closed: ____

Called

Final Cost Total: $9.95

Deposit: ____

Balance Due: ____

Balance Paid: ____

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Rodin MI U Last Name moquete

E-mail Address Rodinmoquete@Gmail.com

Mailing Address 1308 43 St.

City North Bergen State NF Zip 07047

Telephone 201-892-9524 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 R. Rodin U. Moquete 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

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.

D.M.V. Accident Reports

from: 11/1/17

To 11/8/17

NJTR-1

2017 NOV -6 P 2:20 CLERK'S OFFICE

OFFICIAL USE ONLY

Tracking Rec'd Date: 11-6-17

Ready Date: 11-14-17

Called 11-14-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: 140 pgs

Response Provided: _____ Date Closed: _____

Final Cost Total: $7.00

Deposit: _____

Balance Due: _____

Balance Paid: _____

Custodian Signature: _____ Date: _____

PLEASE FAX REQUEST FORM TO (201) 330-7694

TOWNSHIP OF NORTH BERGEN

MUNICIPAL BUILDING
4233 KENNEDY BOULEVARD
NORTH BERGEN, NEW JERSEY 07047
TEL: 201-392-2025 FAX: 201-330-7694

2017 NOV -6 P 2:51 RECEIVED

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY:
Cost: $8.55

Date of Response: 11-14-17 called 11-14-17

Number of pages: 17 pp

If you wish to have your information mailed, we would need a check or money first.

Then we will send you your request.

Name: Jose F. Fernandez / EZ Police Reports, LLC

Address: 7 Shelby Ct.
Paramus, NJ 07652

Telephone [Day] 201 781 8969

Fax Number 800 [illegible]

Information Requested:

[ ] **Copy of Minutes** [specify board or entity, date, topic or other identifying information]

[ ] **Copy of Ordinance or Resolution** [specify date, number, or other identifying information]

[ ] **Police Accident Report** Fee:
Identify Accident:

[X] **Other** [specify] Copy of All motor vehicle accident police reports From 10/30/17 through 11/5/17

[ ] **License Information** [Specify]

12:33PM NO. 7000 P. 1/1

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Bertilas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Steven MI P. Last Name Haddad

E-mail Address Magdi@SPhLaw.Com

Mailing Address 510 Thornall St. Suite #270

City Edison State NJ Zip 08837

Telephone 732-933-3535 FAX 732-933-3536

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 11/13/17

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

...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.

11/6/17 – 11/12/17

2017 NOV 14 A 9:51

OFFICIAL USE ONLY

Tracking Rec'd Date: 11-14-17
Ready Date: 11-21-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 130
Response Provided: ____ Date Closed: ____

Called 11-21-17

Final Cost Total: $6.50
Deposit: -
Balance Due: ____
Balance Paid: ____

Custodian Signature: Date:

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Leonard MI J. Last Name Altamura.

E-mail Address altacrosslaw@yahoo.com.

Mailing Address 4000 Bergenline Ave.

City UC. State NJ. Zip 07087.

Telephone (201)(866-6467) FAX (201)(866-3566)

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 11/13/17

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.

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

Police Repact from 11/5/17 to 11/12/17

OFFICIAL USE ONLY

Tracking Rec'd Date: 11.14.17

Ready Date: 11.21.17

called 11/21/17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: 145

Response Provided: ____ Date Closed: ____

Final Cost Total: $7.25

Deposit: ____

Balance Due: ____

Balance Paid: ____

Custodian Signature: ____ Date: ____

North Bergen Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 201-392-2025 Fax: 2013307694

4233 John F. Kennedy BLVD North Berg

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 10/30/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

2017 OCT 30 A 9:

Record Request Information: Please b... 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 10/28/2017

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 # _____

Rec'd Date 10-30-17

Ready Date 11-08-17

Total Pages 19 pg

Final Cost

Total $9.95

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

called 11-8-17

Custodian Signature

11/8/17

Date

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Bianny MI ____ Last Name Ortega

E-mail Address reports@theingenio.com

Mailing Address 7521 Bergenline Ave

City North Bergen State N.J. Zip 07047

Telephone 201-240-2930 FAX 201-758-2724

Preferred Delivery: Pick Up X 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 Bianny Ortega Date 11/8/17.

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 materia

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

Extras: Special service charge dependent upon request.

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

Requesting automobile accident police reports from 11/3/17 - 11/7/17.

Thank you,

2017 NOV -8 P 12:17

OFFICIAL USE ONLY

Tracking Rec'd Date: 11-08-17

Ready Date: 11-15-17

Called 11-15-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: 98

Final Cost Total: $4.90

Deposit: ____

Balance Due: ____

Balance Paid: ____

Reasons

PLEASE FAX REQUEST FORM TO (201) 330-7694

TOWNSHIP OF NORTH BERGEN

MUNICIPAL BUILDING
4233 KENNEDY BOULEVARD
NORTH BERGEN, NEW JERSEY 07047
TEL: 201-392-2025 FAX: 201-330-7694

2017 NOV 20 P 1:16

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY:
Cost: #8160
Date of Response: 11-28-17
Number of pages: 172

called 11-28-17

If you wish to have your information mailed, we would need a check or money first.

Then we will send you your request.

Name: Jose F. Fernandez / EZ Police Reports, LLC
Address: 7 Shelby Ct.
Paramus, NJ 07652
Telephone [Day] 201 781 8969
Fax Number [illegible] 3304

Information Requested:

[ ] **Copy of Minutes** [specify board or entity, date, topic or other identifying information]

[ ] **Copy of Ordinance or Resolution** [specify date, number, or other identifying information]

[ ] **Police Accident Report** Fee:
Identify Accident:

[X] **Other** [specify] Copy of all motor vehicle accident police reports From 11/13/17 through 11/29/17.

[ ] **License Information** [Specify]

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Rodin MI U Last Name moquete

E-mail Address Rodinmoquete@gmail.com

Mailing Address 1308 43 St.

City North Bergen State NJ Zip 07047

Telephone 201-892-9524 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 Rodin U. moquete 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.

Records Requested: Please be as specific as possible in describing the records being requested. Also [illegible] method of delivery will only be accommodated if the custodian [illegible] jeopardized by such method [illegible] and the integrity of the records will not be

D.M.V. Accident Reports

From: 11/8/17

To 11/15/17

NITR-1

2017 NOV 14 A 11:50

Tracking

Rec'd Date: 11-14-17

Ready Date: 11-21-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

otal Pages: 179

esponse ovided: _____ Date Closed: _____

stodian Signature: _____ Date: _____

OFFICIAL USE ONLY

called 11-21-17

Final Cost

Total: $8.95

Deposit: ✓

Balance Due: _____

Balance Paid: _____

PLEASE FAX REQUEST FORM TO (201) 330-7694

TOWNSHIP OF NORTH BERGEN

MUNICIPAL BUILDING
4233 KENNEDY BOULEVARD
NORTH BERGEN, NEW JERSEY 07047
TEL: 201-392-2025 FAX: 201-330-7694

2017 NOV 14 A 11:29

Called 11-21-17

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY:

Cost: $ 6.30

Date of Response: 11-21-17

Number of pages: 126

If you wish to have your information mailed, we would need a check or money first.

Then we will send you your request.

Name: Jose F. Fernandez / EZ Police Reports, LLC

Address: 7 Shelby Ct.
Roseville, NJ 07852

Telephone [Day] 201 781 8969

Fax Number 888 850 3304

Information Requested:

[ ] **Copy of Minutes** [specify board or entity, date, topic or other identifying information]

[ ] **Copy of Ordinance or Resolution** [specify date, number, or other identifying information]

[ ] **Police Accident Report** Fee:

Identify Accident:

[X] **Other** [specify] Copy of all motor vehicle accident police reports From 11/6/17 through 11/12/17

[ ] **License Information** [Specify]

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Bianny MI ____ Last Name Ortega

E-mail Address reports@theinagenio.com

Mailing Address 7521 Bergenline Ave

City North Bergen State N.J. Zip 07047

Telephone 201-240-2930 FAX 201-758-2724

Preferred Delivery: Pick Up X 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 [signature] Date 11/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting automobile accident police reports from 11/9/17 - 11/13/17.

Thank you.

OFFICIAL USE ONLY

Tracking Rec'd Date: 11/1/17

Ready Date: 11-2-17

called i/m 11-2-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: 109

Final Cost Total: $5.45

Deposit: ____

Balance Due: ____

Balance Paid: ____

North Bergen Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 201-392-2025 Fax: 2013307694

4233 John F. Kennedy BLVD North Berg

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 11/11/2017

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 request will be filled 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 10/28/2017

End Date 11/10/2017

220
45

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 11.14.17

Ready Date 11.21.17

Total Pages 315.00

Final Cost

Total $15.25

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

called 11.21.17

Custodian Signature Date

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL.: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Leonard MI J. Last Name Altamura.

E-mail Address altacross law@yahoo.com.

Mailing Address 4000 Bergenline Ave

City UC. State NJ. Zip 07087

Telephone (201)(866-6467) FAX (201)(866-3566)

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 11/20/17

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 dependant upon request.

Records Requested: Please be as specific as possible in describing the records being requested. 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.

Police Report from 11/12/19 to 11/19/17.

2017 NOV 22 A 10:45

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-20-17
Ready Date: 11-28-17
or
Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 185
Response Provided: ____
Date Closed: ____
Custodian Signature: ____ Date: ____

Called 11-28-17

Final Cost
Total: $9.25
Deposit: ____
Balance Due: ____
Balance Paid: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Steven MI P. Last Name Haddad

E-mail Address magdi@SPhLaw.com

Mailing Address 510 Tharnall St. Suite #270

City Edison State NJ Zip 08837

Telephone 732-933-3535 FAX 732-933-3536

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 11/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

11/13/17 – 11/19/17

2017 NOV 20 A 9:58

OFFICIAL USE ONLY

Tracking Rec'd Date: 11-20-17

Ready Date: 11-28-17

called 11-28-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: 172

Response Provided: ____ Date Closed: ____

Final Cost Total: $8.60

Deposit: ____

Balance Due: ____

Balance Paid: ____

Custodian Signature: Date:

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Rodin MI V Last Name Moquete

E-mail Address RodinMoquete@Gmail.com

Mailing Address 1308 43 St.

City North Bergen State NF Zip 07047

Telephone 201-892-9524 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 Rodin V. Moquete 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.

Records Requested: Please be as specific as possible in describing the records being requested. 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.

DMV. Accident Reports

From: 11/13/17

To 11/20/17

NJTR-1

2017 NOV 21 A 8:5

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-21-17
Ready Date: 11-28-17

Called 11-28-17.

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: 200

Response Provided: _____ Date Closed: _____

Custodian Signature: _____ Date: _____

Final Cost
Total: $ 10.00
Deposit: _____
Balance Due: _____
Balance Paid: _____

PLEASE FAX REQUEST FORM TO (201) 330-7694

TOWNSHIP OF NORTH BERGEN
MUNICIPAL BUILDING
4233 KENNEDY BOULEVARD
NORTH BERGEN, NEW JERSEY 07047
TEL: 201-392-2025 FAX: 201-330-7694

2017 NOV 20 A 10:45

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Date Received: 11-20-17

Date of Response: 11-28-17

Name: Ana C. Moreira, Esq. 17 pgs $8.60

Address: 2310 John F. Kennedy Boulevard

Jersey City, NJ 07304

Telephone [Day] (201) 332-1800 Fax: (201) 332-2456

Information Requested:

[date, topic or other identifying information]

[ ] **Copy of Ordinance or Resolution** [specify date, number, or other identifying information]

[ ] **Police Accident Report** Fee:

Identify Accident:

[X] **Other** [specify] Weekly police automobile accident reports for pick up from November 13 - November 19 2017

[ ] **License Information** [Specify]

Information on a Specific Property Address

Block Lot

[ ] **Municipal Lien Search** Fee: $ 10.00

Municipal Lien Searches are provided by the designated search officer and will be provided within 15 days after the request is received and the fee paid, as provided in *N.J.S.A.* 54:5-11, et seq.

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

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Krista MI F Last Name Fiore

E-mail Address Kfiore@rjm-law.com

Mailing Address Reilly, Janiczek, McDevitt, Henrich & Cholden, PC

City Merchantville State NJ Zip 08709

Telephone 856-317-7180 FAX 856-317-7188

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 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.

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

Any and all records regarding 1707 69th Street, North Bergen, NJ from 2007 to present including:

1) Copies of all Resolutions

2) Transcripts + tapes of all hearings.

2017 NOV 20 P 12:53

Tracking
Rec'd Date: 11-20-17
Ready Date: 11-30-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

1 of 3
2 of 3
3 of 3

OFFICIAL USE ONLY
154
137
174
505

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

emailed on 11-30-17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name JOSEPH MI E Last Name OLIVIER JR.

E-mail Address OLIFAMILY2@AOL.COM

Mailing Address 233 8TH STREET APT. 2

City PALISADES PARK State NJ Zip 07650

Telephone 201-446-3533 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 Joseph E Olivier Jr 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.

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

I WOULD LIKE TO OBTAIN THE VIDEO FROM TRAFFIC CAME ON 81ST & KB NORTH BERGEN FACING SOUTH BOUND RELATING TO AN M.V.A ON 11/10/17. AT APPROX. 5:50PM. PLEASE PROVIDE FULL M.V.A. FILE # 170.99857

NOV 15 P 1:15

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-15-17
Ready Date: 11-28-17

emailed on 11-28-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost
Total: 0
Deposit: -
Balance Due: ____
Balance Paid: ____

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Joel MI K Last Name Seigel

E-mail Address Sofia@Seigellaw.com

Mailing Address 505 Goffle Rd, Second Flr.

City Ridgewood State New Jersey Zip 07450

Telephone 201-444-4000 FAX 978-967-8363

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 J. Seigel Date 11/10/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

RE: Diego Barzallo
DOA: 10/27/2017

Please be advised that I represent the above named in a claim for damages as a result of a Motor Vehicle Accident. Kindly provide any and all surveillance ~~Incident~~ and/or traffic video located at, on, or near 9140 Tonnelle Ave between the hours of 4:30pm and 6:40pm.

Thank you for your prompt attention in this matter.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-14-17
Ready Date: 11-27-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

emailed on 11-27-17

Final Cost
Total:
Deposit:
Balance Due:
Balance Paid:

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barilias, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name: BRIAN MI: N Last Name: MITTMAN

E-mail Address: BRIAN.MITTMAN@HOTMAIL.COM

Mailing Address: PO BOX 1031

City: NEW YORK State: NY Zip: 10113

Telephone: 646 425 9918 FAX:

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

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

Signature: [signature] Date: 10/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I AM CURRENTLY IN CONTRACT TO BUY 1400 70TH ST APT. 6. (BLOCK 00249.01 / LOT 00150). COULD YOU PLEASE TELL ME WHAT THE CURRENT LEGAL RENT IS FOR THE CONDO, AND ALSO CONFIRM THAT THE UNIT IS NOT CURRENTLY UNDER ANY TAX ABATEMENT?

THANK YOU VERY MUCH.

RECEIVED
2017 NOV -1 A 11:29

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-01-17
Ready Date: 11-02-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Custodian Signature: ____ Date: ____

Emailed on 11-02-17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Melissa MI A Last Name Prominta

E-mail Address Melissa0324@Gmail.com

Mailing Address 250 Brownetown Rd

City Woodland Park State NJ Zip 07424

Telephone (201) 917-0884 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 Melissa Prominta Date Nov. 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.

Records Requested: Please be specific 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 capability and the integrity of the records will not be jeopardized by such method of delivery.

Violions, Home, Health, Building, Fire inspection reports, ~~Reins. lawsuits of Infact Arcos, and Bank (New owner) of House Evictions.~~

Rafeal Arcos.
3705 Bergen Tpk.
North Bergen 07047.

RECEIVED 2017 NOV 16 P 1:36

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-16-17
Ready Date: 11-17-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 161 pp
Response Provided: ____ Date Closed: ____

Final Cost
Total: ____
Deposit: ____
Balance Due: ____
Balance Paid: ____
emailed on 11-17-17

Custodian Signature: Date: ____

Done Emailed on 11-20-17 per Ed Giunta

Deidr[illegible] Gonzalez

F[illegible]om: Erin Barillas
Sent: Monday, October 23, 2017 8:23 AM
To: Deidry Gonzalez
Subject: FW: OPRA Request (0908.HUDSON_NORTH BERGEN TWP)
Attachments: 0908.HUDSON_NORTH BERGEN TWP.pdf

Erin Barillas, RMC
Township Clerk
Township of North Bergen
4233 Kennedy Boulevard
North Bergen, NJ 07047
erinbarillas@northbergen.org
201-392-2025 (phone)
201-330-7694 (fax)

From: Larry Higgins [mailto:opra@njpropertyrecords.com]
Sent: Friday, October 20, 2017 7:11 PM
To: Erin Barillas <Erinbarillas@NorthBergen.org>
Subject: OPRA Request (0908.HUDSON_NORTH BERGEN TWP)

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.

Township
4233 K
Nort

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print madelinec@remax.com

First Name Yan MI C Last Name Lin

E-mail Address LinMichelle519@icloud.com

Mailing Address 2-42 Plaza Road

City FairLawn State NJ Zip 07410

Telephone 201-233-5481 FAX 973-842-0747

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

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

Signature [signature] Date 10/30/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

* All permits opened and requested for 900 76th Street North Bergen NJ
*Any current open/ outstanding permits for 900 76th Street North Bergen NJ
*Any records for Underground Storage Tank for 900 76th Street North Bergen NJ

2017 OCT 31 A 9:51

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/31/17
Ready Date: 11-08-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Emailed on 11-8-17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice hcsevilla21@gmail.com

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

Requestor Information – Please Print

First Name Henry MI C Last Name Sevilla

E-mail Address hcsevilla21@gmail.com

Mailing Address _____

City _____ State _____ Zip _____

Telephone 201-679-2695 679-2695 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 _____ 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.

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

Any open or past permits for oil tank removal for the property located at 1412 67th st, North Bergen, NJ 07047. Record card for the property

2017 NOV 20 A 9:37

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-20-17
Ready Date: 11-22-17

cell does not work and email too 11-22-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

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

Emailed on 11-22-17

Custodian Signature: _____ Date: _____

Nov. 3. 2017

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name David MI _____ Last Name Quinones

E-mail Address admin@coldwellbanker247.com

Mailing Address 25 Broadway

City Elmwood Park State New Jersey Zip 07407

Telephone (201) 794 - 7050 FAX (858) 309-6518

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 David Quinones Date November 02, 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.

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

Please provide the following:
1. property record card
2. any open and/or closed permits
3. any open violations

Address: 7400 3 rd St, North Bergen, NJ 07047

Block: 272 Blk Sfx: _____

Lot: 186 Lot Sfx: _____

RECEIVED
2017 NOV -3 A 9:14

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-03-17

Ready Date: 11-17-17

or Denial Type: □ Total □ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

Final Cost
Total: _____

Deposit: _____

Balance Due: _____

Balance Paid: _____

Emailed on 11-17-17 and faxed

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Stephen MI C Last Name Hepperle

E-mail Address stephen@njrealestateadvisors.com

Mailing Address

City Guttenberg State NJ. Zip 07093

Telephone 1(201) 926-3108 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 Stephen Hepperle 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.

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

– Complete Listing of ABC License in North Bergen.

A) Listing of Active & Inactive.

B) Contact Information (If Given.)

Liquor License

RECEIVED NOV 9 2017 TOWNSHIP CLERK

OFFICIAL USE ONLY

Tracking Rec'd Date: 11-9-17

Ready Date: 11-21-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost Total: ____

Deposit: ____

Balance Due: ____

Balance Paid: ____

emailed 11-21-17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Angel MI M Last Name Savournin

E-mail Address gel1122@optonline.net

Mailing Address 5012 Hudson Avenue

City West New York State N.J Zip 07093

Telephone 917-578-9111 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 11/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like to request Public records for the following address 8514 Newkirk Ave, North Bergen N.J. Any building permits or repairs that have been done on the following address mentioned above

2017 NOV 13 P 12:51 U

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11/08/17
Ready Date: 11/22/17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

Final Cost
Total: 18 U
Deposit: 12 U
Balance Due: _____
Balance Paid: _____

Emailed on 11/22/17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Oscar MI ____ Last Name Muñoz

E-mail Address Bills@interamericanlimo.com

Mailing Address 7315 Bergenline Avenue

City North Bergen State NJ Zip 07047

Telephone 201-330-0192 FAX 201-758-5402

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 Oscar 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.

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

I misplaced my CO-.
May I please get provided with a copy, I'm in the process of change of use in the basiness.
Thank you!
7315 Bergenline Avenue
North Bergen, NJ 07047

Bergenline Avenue
* Interamerican Limousine Service *

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-06-17
Ready Date: 11-22-17

Spoke to Oscar he took a picture of the co.

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

2017 NOV -6 A 10:58

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Mitesh MI M. Last Name Patel

E-mail Address kajal@mplegal.net ; taylor@mplegal.net

Mailing Address 555 US Hwy 1 South, Suite 100

City Iselin State NJ Zip 08830

Telephone (908) 822-7966 FAX (908) 822-7967

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 11/16/17

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any and all copies of open permits or violations on the property: 8615 5th Ave
North Bergen
NJ, 07047
(Block: 393 ; Lot: 20)

RECEIVED NOV 16 P 2:52

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-16-17
Ready Date: 11-21-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

Custodian Signature: _____ Date: _____

Emailed on
faxed 11-21-17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Mitesh MI M. Last Name Patel

E-mail Address kajal@mplegal.net; taylor@mplegal.net

Mailing Address 555 US Hwy 1 South, Suite 100

City Iselin State NJ Zip 08830

Telephone (908) 222-7966 FAX (908) 222-7967

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 11/16/17

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Provide approval for removal of UST :

8615 5th Ave
North Bergen
NJ, 07047
(Block: 393; Lot: 20)

2017 NOV 16 P 2:51

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-16-17
Ready Date: 11-21-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

Custodian Signature: _____ Date: _____

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

Email sent
11-21-17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Mitesh MI M. Last Name Patel

E-mail Address kajal@mpiegal.net; taylor@mpiegal.net

Mailing Address 555 US Hwy 1 South, Suite 100

City Iselin State NJ Zip 08830

Telephone (908) 222-7966 FAX (908) 222-7967

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 11/8/17

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any and all open permits or violations on the property: 606 Grand Ave
North Bergen
NJ 07047

(Block: 00014; Lot: 00004)

2017 NOV -8 P 4:36

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-08-17
Ready Date: 11-17-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

Emailed on
Faxed
11-17-17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name EDITH MI H Last Name CLASSEN

E-mail Address eclassen79@gmail.com

Mailing Address 1309 85th STREET

City NORTH BERGEN State N.J. Zip 07047

Telephone (201) 978-8608 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 Edith Classen 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.

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

EMS report
5/6/2017
Lida Nunez
9/12/53

RECEIVED
2017 NOV -3 A 11:56

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-3-17
Ready Date: 11-3-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

Final Cost
Total: ⊘

Deposit: _____

Balance Due: _____

Balance Paid: _____

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name EDWARD MI R Last Name GIUNTA

E-mail Address EGIUNTA@NORTHBERGEN.ORG

Mailing Address 9000 PALISADE AVE #709

City North Bergen State NJ Zip 07047

Telephone 201.681.9835 FAX 201 392 8114

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 11/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

PLEASE PROVIDE PROPERTY MANAGING AGENT NAME AND PHONE NUMBER/CONTACT INFORMATION FOR PAST CLAIMS DATA BASE FOR ANY/ALL 9000 PALISADE AVE. CONDO UNITS

for #522 + #1021

RECEIVED
2017 NOV -1 P 12:00

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____
Ready Date: ____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 10pgs
Response Provided: ____ Date Closed: ____
Custodian Signature: [signature] Date: ____

Final Cost
Total: 0.50
Deposit: ____
Balance Due: ____
Balance Paid: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Zaida MI ____ Last Name Cribeiro

E-mail Address Floorsexpress@hotmail.com

Mailing Address 1407 51st Street

City North Bergen State NJ Zip 07047

Telephone 201-725-0638 FAX ____

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

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

Signature [signature] Date 10/26/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I need the property Card for 1407 51st Street North Bergen, NJ 07047

RECEIVED
2017 OCT 26 P 12:48
CLERK'S OFFICE

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10-26-17
Ready Date: 11-06-17

Emailed 11-08-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

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

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name MOHAMAD MI ____ Last Name ROUZBAYANI

E-mail Address mbrouzbayani@gmail.com

Mailing Address 3900 Bailey Ave # 1A

City BRONX State NY Zip 10463

Telephone 914-319-7176 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 Koyc Date 10/27/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

1220 50 st. N. Bergen
Copy of Reseloution for board of
Adjustment

RECEIVED
2017 OCT 27 P 3:26

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/27/17
Ready Date: 11-08-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

Final Cost
Total: ____
Deposit: ____
Balance Due: ____
Balance Paid: ____
emailed 11-08-17

Custodian Signature: ____ Date: ____

November 6, 201
02:10 PM

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Tina MI ____ Last Name Cernuda

E-mail Address TCernuda@aol.com

Mailing Address c/o Lefmax Villa 932 River Road.

City Edgewater State NJ Zip 07020

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 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 11/6/17

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.

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

Address: 7010 Tonnelle Ave
Blk: 241
Lot: 39

COPIES OF ANY LIENS ON THE PROPERTY
COPIES OF ALL OPEN VIOLATIONS
COPIES OF ALL OPEN AND CLOSED PERMITS IN THE PAST 10 YEARS,
COPIES OF OPEN OR CLOSED PERMITS ISSUED FOR OIL TANK REMOVAL

2017 NOV -6 A 11:32

CLERK'S OFFICE

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-06-17
Ready Date: 11-08-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

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

Emailed on 11-8-17

State of New Jersey Standard

Open Public Records Act Request Form

Done

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 Doris MI ____ Last Name Kobza

E-mail Address Permit@NJPella.com

Mailing Address 4 Dedrick Place

City West Caldwell State NJ Zip 07006

Telephone 973-852-6538 FAX 866-396-9931

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 11/03/2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a Permit Fee Log Detail Report or Permit Activity October 2017
If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.
Copies can be faxed or emailed using the information above.
I can also pick up the information in person if that is preferred.
I realize there may be charges associated with providing this information. Please call me if there are any questions.
I respect your time and appreciate your help.
Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Emailed on
11-08-17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL.: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Krista MI ____ Last Name Fiore

E-mail Address kfiore@rjm-law.com

Mailing Address Reilly, Janiczek, McDevitt, Henrichs Cholden, 2500 McClellan Ave Suite240

City Merchantville State NJ Zip 08109

Telephone 856-317-7180 FAX ____

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

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

Signature [signature] Date 10/24/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any and all records regarding 1707 69th Street, North Bergen, New Jersey from 2007 to the present. This includes any and all documents relating to zoning and planning, resolutions, meeting minutes, plans, photographs, engineering and/or design plans, building permits, contracts, purchase and work orders, records of inspections, incident and/or accident reports, project logs, violations and supervisor information.

RECEIVED 2017 OCT 24 A 9:06

waiting for Building — emailed photographs

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/24/17
Ready Date: 11-08-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____
Date Closed: ____

Emailed on 11-08-17

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

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Jose MI L Last Name Camacho

E-mail Address Cam0626@gmail.com

Mailing Address 6918 Newkirk Ave

City North Bergen State NJ Zip 07047

Telephone 201-774-0357 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 11/08/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Need to know if my current address is a two bedroom or a commercial. My landlord is trying to kick me out and I need proof. The address is 6918 Newkirk ave.

RECEIVED
2017 NOV -8 P 4:55
CLERK'S OFFICE

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-8-17
Ready Date: 11-09-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

Final Cost
Total: ____
Deposit: ____
Balance Due: ____
Balance Paid: ____
Done 11-8-17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Ivan ~~[illegible]~~ MI A Last Name Alvarez

E-mail Address Alvarez1591@yahoo.com

Mailing Address 6910 ~~[illegible]~~ Newkirk ave ~~North Bergen NJ~~

City NB State NJ Zip 07047

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 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 11/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Need to know the residents where I live is a one bedroom, two bedroom or Commercial. ~~[illegible]~~ are there allow to rent us the apartment where we live. (6910 Newkirk ave, North Bergen NJ, 07047

2017 NOV -8 P 4:59

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-8-17
Ready Date: 11-08-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

One 11-8-17

Final Cost
Total: 0
Deposit: _____
Balance Due: _____
Balance Paid: _____

Custodian Signature: _____ Date: _____

Nov. 6. 2017

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Adam MI ____ Last Name Alter

E-mail Address aalter95@gmail.com

Mailing Address 162 Liberty St

City Hackensack State NJ Zip 07601

Telephone 201-343-9060 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 11/03/2017

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.

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

Any Zoning or Planning Board Applications for 8133 Bergenline Ave, North Bergen, NJ 07047 within the past 10 years.

RECEIVED
2017 NOV -3 A 8:54

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-03-17
Ready Date: 11-09-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Emailed 11-8-17

Custodian Signature: ____ Date: ____

0908
Prior
Loc:
Own
St

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Aaron MI L Last Name Argueta

E-mail Address aaronargueta302@gmail.com

Mailing Address 395 Jersey ave

City Fairview State NJ Zip 07022

Telephone 973 842 6200 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 NOV/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.

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

Need to know who owns the property
in 85-27 Kennedy blv North bergen

2017 NOV -9 P 2:25

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-6-17
Ready Date: 11-9-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

emailed 11-09-17

Custodian Signature: ____ Date: ____

Octob
j1

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Sardiñas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name: Christine M Last Name: Rivera

E-mail Address: cmrlawn@gmail.com

Mailing Address: 525 26th Street, Suite 1A

City: Union City State: NJ Zip: 07087

Telephone: 201-325-0111 FAX:

Preferred Delivery: 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 ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

See attached letter.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/26/17
Ready Date: 11/06/17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Custodian Signature: Erin Sardiñas Date: 11-6-17

Nov. 6

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barilias, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Stephen MI C Last Name Heppenle

E-mail Address stephen@njrealestateadvisors.com

Mailing Address

City N. Bergen State N.J. Zip 07047

Telephone 1(201) 926-3108 FAX

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

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.

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

Subject Property: 1006-88th Street

1) Open violations with Building Permits
2) Five Violations (Open – closed)
3) House has a (CO-?)
4) If on file- Last Known - Address for Contact Information.

RECEIVED NOV 6 2017 10:24 GA

OFFICIAL USE ONLY

Tracking Rec'd Date: 11-06-17

Ready Date: 11-9-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages:

Response Provided: Date Closed:

Emailed on 11-09-17

Final Cost Total:

Deposit:

Balance Due:

Balance Paid:

Custodian Signature: Date:

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Andrew MI L. Last Name Weinstein

E-mail Address andy@andyweinsteinlaw.com

Mailing Address 110 Fairview Avenue, Suite 3

City Verona State NJ Zip 07044

Telephone 973-415-8600 FAX 973-710-3080

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 11/5/2017

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.

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

Please provide a list of all permits issued for 8427 Columbia Avenue, North Bergen, NJ 07047, and the status (open/closed) of any such permits. Thanks!

RECEIVED
2017 NOV -6 A 10:21

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-6-17
Ready Date: 11-9-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

emailed 11-09-17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print Javier234c@yahoo.com

First Name Javier Aka Asia MI ____ Last Name Torres

E-mail Address ASiac12h220118@gmail.com

Mailing Address 143 -76- St Apt #2

City North Bergen, State NJ Zip 07047

Telephone 551-333-4111 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 NOV- 16 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.

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

OPRA Request
" CAD Entry for Report
17097028 11

November 1, 2017

8:50 pm / 9:20 pm

143-76 St #2
North Bergen, NJ 07047

2017 NOV 16 A 11:21

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-16-17
Ready Date: 11-16-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

Final Cost
Total: ____
Deposit: ____
Balance Due: ____
Balance Paid: ____
Emailed on 11-16-17

Custodian Signature: ____ Date: ____

201-~~912-2084~~. 330-7694.

Erin Bar

Fro

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Sonia MI M. Last Name Baez.

E-mail Address Soniam6188@Yahoo.Com.

Mailing Address 1401 88th st #2.

City North Bergen State NJ Zip 07047.

Telephone 201-600-8108. 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.

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

Requesting fees that are allowed in town of North Bergen for towing fees. Dolly, storage fees.

Thank you! Sonia

Ordinance 533-94

RECEIVED NOV 14 2017

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____
Ready Date: ____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Custodian Signature: [signature] Date: 11/14/2017

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Nicholas MI J Last Name Staub Staeb

E-mail Address nickystaeb35@gmail.com

Mailing Address 7435 Blvd E. #26

City N. Bergen State N.J Zip 07047

Telephone 201 662-2294 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 11/10/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Noise ordinance

2017 NOV 10 P 3:48

#18-09

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____

Ready Date: ____

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost
Total: ∅

Deposit: ____

Balance Due: ____

Balance Paid: ____

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Hai Ming MI ____ Last Name Tang

E-mail Address tigert628@gmail.com

Mailing Address 60 pocono Rd

City Mountain Lakes State NJ Zip 07046

Telephone 408-646-6425 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.

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

I would like to request the Rent Roll (Legal Rent) information for 7612 Park Ave, Unit B8, North Bergen, NJ 07047

please email the information to: tigert628@gmail.com

Thank you!

2017 NOV 14 A 10:59

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-14-17
Ready Date: 11-15-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

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

Emailed on 11-15-17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Nicholas MI M Last Name Torres, Esq

E-mail Address nick@ntorreslaw.com

Mailing Address 5300 Bergenline Avenue, 3rd Floor

City West New York State NJ Zip 07093

Telephone 201-330-1119 FAX 201-330-1161

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 X Nicholas M. Torres Date 11/1/2017

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.

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

This office represents Penelope Romero, a minor by her mother and guardian Jenny Argueta. Ms. Romero was injured in an accident on February 1, 2012. At this time we are requesting acertified copy of the police incident report No. 12006800,together with any photographs of the accident location as well as any related reports and witness statements.

RECEIVED
2017 NOV -2 A 10:57

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-02-17
Ready Date: 11-15-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

Emailed 11-15-17
faxed.

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ~~ACT~~ REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name CARLOS MI A Last Name GARCIA-RAMOS

E-mail Address Carlos_garcia908@aol.com

Mailing Address 610 CLINTON AVE

City PLAINFIELD State NJ Zip 07063

Telephone (908) 821-3376 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 11/9/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I HAD AN ACCIDENT ON 11/6/17 BETWEEN 3:30 PM TO 4:00 PM THIS HAPPEN ON 189 & 74TH ST.

2017 NOV -9 P 4:25

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-09-17
Ready Date: 11-15-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

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

emailed on 11-15-17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Victoria MI ____ Last Name Reed

E-mail Address Victoria.Reed@ewma.com

Mailing Address 100 Misty Lane

City Parsippany State NJ Zip 07054-2741

Telephone 973-560-1400-Ext 169 FAX 973-560-0400

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 Victoria Reed Date 11/01/2017

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.

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

Properties located at 5401 & 5409 Tonnelle Avenue, Block 167, Lots 2 & 3.02

EWMA is seeking environmental documentation on the property site from the following departments from the year 2005 until the present:

- Building: UST/AST permits,
- Health/ Fire Dept: Chemical inventory, spill records, NJDEP Correspondence, chemical inspection reports,
- Engineering: Septic System construction, and
- Tax Assessor: Property Cards.

RECEIVED NOV -1 A 9:53

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-01-17
Ready Date: 11-14-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

Emailed Faxed 11-14-17

Final Cost
Total: 0
Deposit: ____
Balance Due: ____
Balance Paid: ____

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Mitchell MI ____ Last Name Perlmutter

E-mail Address mperlmutter@zpblaw.com

Mailing Address Zavodnick, Perlmutter & Boccia, LLC, 26 Journal Square, Suite 1102

City Jersey City State NJ Zip 07306

Telephone 201-653-1155 FAX 201-653-0808

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

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

Signature [signature] Date 10/31/2017

Payment Information

Maximum Authorization Cost $ 200.00

Select Payment Method

~~xxxx~~ Cash Check ~~xxxxxxxxxx~~ Money Order

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

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

Extras: Special service charge dependent upon request.

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

All police reports concerning accidents caused to cars and motorcycles because of roadway conditions, (i.e. potholes) on Route 495 North Bergen, to which the North Bergen Police responded during 2014-present.
All complaints to North Bergen concerning the condition, such as complaints about potholes, for Route 495 North Bergen during 2014 to present.
Our area of interest is Route 495 East so a response limited to Route 495 East is acceptable. Thank you.

RECEIVED
2017 NOV -3 A 8:26

OFFICIAL USE ONLY

Tracking
Rec'd Date: Nov 3 2017
Ready Date: 11-14-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Emailed faxed 11-14-17

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

Custodian Signature: ____ Date: ____

1 Nov. 15

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name MICHAEL MI ____ Last Name DUGAN

E-mail Address mdugan@koreins.com

Mailing Address 354 EISENHOWER PKWY

City LIVINGSTON State NJ Zip 07039

Telephone 908 380 5503 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 11/15/17

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.

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

Requesting complete copies of ALL bid bonds for the following project with a bid date of 7/21/17:

Project Name: Rebid-North Hudson Reg Fire & Rescue Firehouse Repairs

Please email documents: mdugan@koresins.com

See attached results for reference.

2017 NOV 15 P 1:10

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-15-17
Ready Date: 11-20-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Emailed on 11-20-17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Haley MI _____ Last Name Rodack

E-mail Address hrodack@rouxinc.com

Mailing Address 402 Heron Drive

City Logan Twp State NJ Zip 08085

Telephone 8564238800 FAX 856-421-4670

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 Haley Rodack 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.

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

We are conducting due diligence for the subject Site, known as Columbia Park Shopping Mall, located at 3131-3149 Kennedy Boulevard in North Bergen Township, NJ and we are seeking any environmental documents including site remediation files for all identifiable remedial and permitting records.

RECEIVED
2017 NOV -6 A 10:24

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-6-17

Ready Date: 11-20-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

Final Cost
Total: _____

Deposit: _____

Balance Due: _____

Balance Paid: _____

Emailed on
Payed 11-20-17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL.: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Richard MI ____ Last Name LaBarbiera

E-mail Address RLB@personalinjuryfirm.net

Mailing Address 9232 Kennedy Boulevard

City North Bergen State NJ Zip 07047

Telephone 201-854-6444 FAX 201-854-6440

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 11/08/2017

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.

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

Copy of Entire North Bergen Discovery File for Summons No.: NBT 040075. Please include everything including, but not limited to any statements, reports, lab testing, and interviews.

NOV -9 A 10:16

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-09-17

Ready Date: 11-20-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost
Total: ____

Deposit: ____

Balance Due: ____

Balance Paid: ____

Emailed on faxed 11-20-17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name KYLE MI J Last Name SALIERNO

E-mail Address ksalier1@progressive.com

Mailing Address 152 WEST ST

City S. PLAINFIELD State NJ Zip 07080

Telephone 908-941-3760 FAX 908-941-3782

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 11/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

REQUESTING STREET CAMERA FOOTAGE FROM THE INTERSECTION OF 79TH ST. & TONNELLE AVE AS IT RELATES TO A REPORTED PEDESTRIAN STRIKE IN THE CROSSWALK.
- FOOTAGE REQUESTED FOR AUGUST 24, 2017 FROM 2:30PM THROUGH 5PM.
- NORTH BERGEN POLICE REPORT # 17075996

IF FOOTAGE IS NO LONGER AVAILABLE, PLEASE CALL OR EMAIL TO ADVISE HOW LONG FOOTAGE IS RETAINED.

2017 NOV -8 P 4:50

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-08-17
Ready Date: 11-20-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

Custodian Signature: _____ Date: _____

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

Emailed on faxed 11/20/17

PM EST LSRP Environmental Consult -> Records Custodian 201330

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Donald MI M Last Name Bello

E-mail Address DBello@LSRPEnvironmentalConsulting.com

Mailing Address PO Box 630

City Flanders State NJ Zip 07836

Telephone 973-630-5199 x701 FAX 973-206-2221

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 _____ Date 11/8/17

Payment Information

Maximum Authorization Cost $ 100.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

LSRP Environmental Consulting LLC is conducting an environmental assessment and hereby requests available files, permits, citations, and/or any records associated with the following property:

8511 Tonnelle Avenue, North Bergen, NJ (Block 458 Lots 1, 2, 3, 4, 11, 12A and Block 458A Lots 1, 2, 4, 5). Please provide a records review to include, but not be limited to, all permitting records, inspection records, remedial records, underground storage tank records, soil and ground water data, and maps associated with the subject property. It is our opinion that this request meets the specificity requirements as specified under NJSA 47:1A-5, NJSA 47:1-9 and Gannett NJ Partners v. Middlesex, 379 NJ Super 205 (App Div 2005).

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-08-17
Ready Date: 11-20-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: _____

Response Provided: _____ Date Closed: _____

Custodian Signature: _____ Date: _____

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

Emailed on
Faxed
11-20-17

FAX

mpalmer@gertlerlaw.com
Michelle

Dei

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barilias, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name David MI A. Last Name Hardaker, Esq.

E-mail Address David.hardaker@gertlerlaw.com

Mailing Address 1340 Campus Parkway, Suite B4

City Wall State NJ Zip 07719

Telephone 732.919.1110 FAX 732.919.7732

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

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

Signature _____ Date July 21, 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.

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

Entire copy of building/construction department's file for 8200 Kenndy Boulevard and 8206 Kenndy Boulevard, North Bergen, NJ including any and all building applications, building permits, surveys, site maps, site plans, construction details, architect drawings, demolition plans, building code, correspondence, etc.

RECEIVED
2017 NOV -1 P 1:1

Resend on 11-01-17 to Michelle Palmer
Orig Sent on 7-28-17

OFFICIAL USE ONLY

Tracking
Rec'd Date: _____
Ready Date: _____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

Emailed on 11-01-17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

42[illegible] Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Brittany MI A Last Name Smith

E-mail Address Brittanys@cisleads.com

Mailing Address 170 Kinnelon Road

City Kinnelon State NJ Zip 07405

Telephone 973-492-0800 FAX 800-962-0544

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 Brittany Smith Date 11/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0:07 per page
Other materials (CD, DVD, etc) – actual cost of material

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

Extras: Special service charge dependent upon request.

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

A copy of only those pages of the Board of Adjustment application for North Bergen Properties, LLC 1600-1606 53rd Street, Block 183, Lot 20.02 that includes the name, address, and telephone # for the owner, applicant, engineer, architect and attorney.

RECEIVED 2017 NOV -1 P 1:57

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-02-17
Ready Date: 11-02-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

Custodian Signature: _____ Date: _____

Emailed on 11-2-17 faxed

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Sarah MI ____ Last Name Sutton

E-mail Address ____

Mailing Address 700A 85th Street

City North Bergen State NJ Zip 07047

Telephone 917- 713-7632 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 ____ Date 10/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Commercial ordinance

Pd # 313-16

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-02-17
Ready Date: 11-02-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Done 11/02/17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Everth MI ____ Last Name Maradiaga

E-mail Address everth@eregal1yNJ.com

Mailing Address 5810 Bergenline Ave

City WNY State NJ Zip 07093

Telephone 201 780 2492 FAX 877 382 2851

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 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.

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

I need any and all Records pertaining to the oil tank Removal on Property address 2021 Kennedy Blvd.

RECEIVED
2017 NOV -2 A 11:04

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-02-17
Ready Date: 11-02-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

Final Cost
Total: ____
Deposit: ____
Balance Due: ____
Balance Paid: ____
Done 11-02-17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Vishal - manglani@hotmail.com.

Important Notice

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

Requestor Information – Please Print

First Name VISHAL MI ____ Last Name MANGLANI

E-mail Address vishal-manglani@hotmail.com.

Mailing Address 7004 Kennedy BLVD EAST, APT 19F

City West New York State NJ Zip 07093

Telephone 914-645-5555 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 11/1/2017

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.

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

I was involved in a car accident back in 8/11/2015 and was looking to get a copy of police report.

Police report # 15064649

RECEIVED
2017 NOV -1 P 3:14

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-01-17
Ready Date: 11-03-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

Final Cost
Total: ____
Deposit: ____
Balance Due: ____
Balance Paid: ____
emailed on 11-03-17

Custodian Signature: ____ Date: ____

Deidry Gonzalez

From: ___ FOIA <foia@buildzoom.com>
Sent: Thursday, November 09, 2017 11:22 AM
To: Deidry Gonzalez
Subject: Freedom of Information Act Request: Building Permit Records

To whom it may concern,

I am writing to request permit records from North Bergen Township, New Jersey on behalf of Buildzoom.

BuildZoom helps people hire the best local contractors, and we strive to give consumers a clear picture of contractors' track records. In particular, we post information on building permits pulled by every contractor online as a free service to the public.

We do business in North Bergen Township, New Jersey and would like to provide the service to its residents.

Can you please provide us with a report of all building permits processed by your department since Sep 13, 2017?

Such reports typically:

- Are referred to as a Permit Activity Report, a Permit Fee Log or a Monthly Permit Report.
- Include all permits broadly related to work on new and existing structures, such as structural, electrical, plumbing, mechanical, demolition, solar, HVAC, and gas permits, as well as any other kind of permit related to construction, renovation and maintenance.
- Contain (i) property address fields, (ii) permit type fields, (iii) a permit value or estimated job value, (iv) a permit status field and (v) dates associated with the permit, such as an application date, an issue date and an expiry date, as well as (vi) the details of the contractor(s) who performed the work and, of course, (vii) a description of the permitted work.

We would like to request the records either via FTP or email delivery. An Excel or CSV format would be ideal, but a PDF or scanned file would also work.

Please feel free to email me or call Vidhan Agrawal, the Product Manager for our Data Platform at (415) 890-3706.

We greatly appreciate your help and thank you in advance for your assistance!

Regards,
Claudine Anague

--
BuildZoom
A better way to remodel
301 Howard Street, Suite 1410
San Francisco, CA, 94105
www.buildzoom.com
(415) 890-3706

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Joe MI ____ Last Name Kress

E-mail Address joe@brockerhoffllc.com

Mailing Address 37 Belvidere Ave

City Washington State NJ Zip 07882

Telephone 908-689-4300 FAX 908-689-4330

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 Joe Kress Date 11/10/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am looking for the following records:
- Underground storage tank (UST)/Aboveground storage tank (AST) records/permits
- Hazardous material storage/releases/spills
- Violations
- Right to Know Surveys
- Septic system and potable well records/permits
- Current and historic property tax card for address;

1106 80th Street
North Bergen, NJ
Block 350, Lot 73

2017 NOV 10 P 2:42

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-10-17
Ready Date: 11-22-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Custodian Signature: ____

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

emailed 11-22-17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Rick MI ____ Last Name ANDRES

E-mail Address rick.andres@construction.com

Mailing Address 300 AMERICAN METRO BLVD

City HAMILTON State NJ Zip 08619

Telephone 716-931-5058 FAX 530-725-5906

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 $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

ZBA APPLICATION OR LIST OF PROFESSIONAL PER THE ZBA APPLICATION FOR 2427-2507 KENNEDY BLVD AND 1205 20TH ST, BLOCK 50 LOTS 15, 25.01, 25.02, 24.01

NOV 10 P 12:13

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-10-17
Ready Date: 11/22/17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Emailed on Faxed 11/22/17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Yajayra MI ____ Last Name Casanova

E-mail Address realtorcasanova@gmail.com

Mailing Address 8101 - 3rd Ave #2

City North Bergen State NJ Zip 07047

Telephone 201) 658-8404 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 ____ 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.

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

Rental history for
311 - 79th St #45
North Bergen, NJ
07047

-Thank you!

I'm a Realtor helping a client search/purchase investment condo in North Bergen. Need rental info to proceed :)

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-20-17
Ready Date: 11-22-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ____

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

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

Emailed on 11-22-17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Katie MI ____ Last Name Luminello

E-mail Address Katie@RMNConstruction.Com

Mailing Address 278 Rt. 46 East

City Parsippany State NJ Zip 07866

Telephone (973) 240-7037 FAX (973) 240-7038

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail OK 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 Katie Luminello 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.

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

To whom it may Concern,

Could I please have a copy of the Construction permit for the below project showing who the G/C is.

Project:

Bling Jewelry
5901 West Side Ave
North Bergen, NJ 07047

Thank you!

2017 NOV 20 P 2:59

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-20-17
Ready Date: 11-22-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Emailed on faxed 11-22-17

Custodian Signature: ____ Date: ____

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL.: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

2

Important Notice

The second 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 ____ Last Name Borelli

E-mail Address alisondb@optonline.net

Mailing Address 159 11th Street

City Hoboken State NJ Zip 07030

Telephone 201 595 9857 FAX 201 221 7569

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

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

Signature Alison Bore 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.

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

Please provide the following with respect to 2021 JFK Blvd Block 40 Lot 21

1. are there any registered rents
2. what is the maximum amount of rent that may be charged?
3. are there any violations?
4. are there any open permits?
5. please provide copies of all permits & certificates of approval

RECEIVED 2017 NOV 14 P 3:23

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-14-17
Ready Date: 11-21-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____
Custodian Signature: ____ Date: ____

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

Emailed on faxed 11-21-17

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name CLAUDIA MI L Last Name MENDOZA-VELARDE

E-mail Address LORENVE@AOL.COM

Mailing Address 222-74TH STREET

City NORTH BERGEN State NJ Zip 07047

Telephone 201-875-7019 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 / I HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/3/2017

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.

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

- HEALTH DEPARTMENT
- POLICE REPORTS
- BUILDING INSPECTIONS.
- COMPLAINTS TO THE PROPERTY

222-74TH STREET
NORTH BERGEN NJ 07047.

RECEIVED
2017 NOV -3 P 2:13

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-03-17
Ready Date: 11-17-17

or Denial Type: ☐ Total ☐ Partial (see back for reasons)

Total Pages: ___

Response Provided: ___ Date Closed: ___

Final Cost
Total: ___
Deposit: ___
Balance Due: ___
Balance Paid: ___

emailed 11-17-17

Custodian Signature: ___ Date: ___

EST LSRP Environmental Consult -> Records Custodian

20133

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barillas, Records Custodian

Important Notice

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

Requestor Information – Please Print

First Name Donald MI M Last Name Bello

E-mail Address DBello@LSRPEnvironmentalConsulting.com

Mailing Address PO Box 630

City Flanders State NJ Zip 07836

Telephone 973-630-5199 x701 FAX 973-206-2221

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 _____ Date 11/8/17

Payment Information

Maximum Authorization Cost $ 100.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

LSRP Environmental Consulting LLC is conducting an environmental assessment and hereby requests available files, permits, citations, and/or any records associated with the following property:

8133 Bergenline Avenue, North Bergen, NJ Please provide a records review to include, but not be limited to, all permitting records, inspection records, remedial records, underground storage tank records, soil and ground water data, and maps associated with the subject property. It is our opinion that this request meets the specificity requirements as specified under NJSA 47:1A-5, NJSA 47:1-9 and Gannett NJ Partners v. Middlesex, 379 NJ Super 205 (App Div 2005).

OFFICIAL USE ONLY

Tracking
Rec'd Date: 11-08-17
Ready Date: 11-21-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____
Date Closed: _____

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

Emailed Faxed 11/21/17

Custodian Signature: _____ Date: _____