201 662 4847

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

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.

D.M.V. Accident Reports

From: 7/24/17

To 7/31/17

NITR-1

RECEIVED
2017 AUG -1 P 1:48
TOWNSHIP OF NORTH BERGEN

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-01-17
Ready Date: 8-07-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 189

4M 8-7-17

Final Cost
Total: $ 9.45
Deposit: ____
Balance Due: ____
Balance Paid: ____

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

North Bergen Township

1. Case Number

2. Police Dr
NOT
3

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 Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 8/7/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 7/30/2017

End Date 8/5/2017

RECEIVED
2017 AUG -7 A 11: 08

AGENCY USE ONLY

Est. Document Cost 15.75

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.

$17.75 8/14/17

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

05 Page 1 of
01 1. Case Num

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

RECEIVED
2017 AUG -7 P 3:21

7.45 #1

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY:
Cost: 149 pgs Called 8/14/17

Date of Response:

Number of pages:

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 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 7/31/17 through 8/6/17

[ ] **License Information** [Specify]

96 05 Page 1
1. Case Nu
97 01
98

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 [illegible] any other state, or the United States.

Signature [signature] Date 8/7/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Delivery: Delivery / postage fees additional depending upon [illegible]

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.

Car Accident Police Report
From 7/31/17 – 8/6/17

CLERK'S OFFICE
2017 AUG -7 A 9:36

OFFICIAL USE ONLY

Tracking Rec'd Date: _____ 7.00 XX

Ready Date: _____ mox 8/14/17

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

Total Pages: 140 pgs

Response Provided: _____ Date Closed: _____

Final Cost Total: _____

Deposit: _____

Balance Due: _____

Balance Paid: _____

Custodian Signature: _____ Date: _____

Page 1 of 2

1. Case N

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 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 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.

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.

D.M.V. Accident Reports

From: 7/31/17

To 8/7/17

NTR-1

RECEIVED
2017 AUG -7 P 2:38

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____

Ready Date: ____

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

Total Pages: 149

Response Provided: ____ Date Closed: ____

7.45

Called 8/14/17

Final Cost
Total: ____

Deposit: ____

Balance Due: ____

Balance Paid: ____

Custodian Signature: ____ Date: ____

Page 1
1. Ca

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(at)yahoo.com

Mailing Address 4500 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 7/31/17

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.

Police Report from 7/30/17 to 8/6/17

RECEIVED
2017 AUG -8 A 8:58

OFFICIAL USE ONLY

Tracking
Rec'd Date:

Ready Date:

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

Total Pages: 167

Response Provided:

Date Closed:

Custodian Signature: Date:

$8.35
Called 8/14/17
Picked Up 8/14/17

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

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

equestor 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, [illegible]

Signature [signature] Date 6/20/17

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.

[illegible] 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 6/15/17 - 6/19/17

RECEIVED
2017 JUN 20 A 11:26

OFFICIAL USE ONLY

Tracking c'd Date: 6-20-17

dy Date: 6-28-17

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

agent: [illegible]

4/m 6/28/17

Final Cost Total: $5.50

Deposit: ____

Balance Due: ____

96 01 | Page 1 of 3 | ☐ Fatal | New Jersey Pol...

97 01 | 1. Case Number 17070848 | 10. Cra...

98 03 | 2. Police Dept. of NORTH BERGEN POLIC... Code

99 02 | 3. Station/Precinct -

100a 01 | 4. Date of Cra... mm

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 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 8/14/17

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.

Police Crash investigation Report.

From: 8/7/17 to: 8/11/17

OFFICIAL USE ONLY

Tracking Rec'd Date: _____

Ready Date: _____

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

Total Pages: 95

Response Provided: _____ Date Closed: _____

Called on 8/14/17

Final Cost Total: 4.75

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

Called 8/16/17

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Date Received: 143 pgs - 8.15 XX

Date of Response:

Name: Ana C. Moreira, Esq.

Address: 2310 John F. Kennedy Boulevard

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 August 07 - August 13, 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:

2017 AUG 14 P 12:38

Page 1 of 3

1. Case Number 170

2. Police Dept. of NORTH BE

3. Station/Precin

4. Date of mm

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 Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 8/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/6/2017

End Date 8/12/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

Called on 8/16/17

In Progress - Open _____

Denied - Closed _____

Filed - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages 131

Final Cost

Total 6.55 FK

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

CC # 2116

Custodian Signature _____ Date _____

PLEASE FAX REQUEST FORM TO (201) 330-7694

Page 1 of 3

1. Case Number

2. Police Dept. No.

TOWNSHIP OF NORTH BERGEN

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

RECEIVED
2017 AUG -7 A 11:09

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Date Received: 149 pgs. Called 8/14/17

Date of Response:

Name: Ana C. Moreira, Esq.

Address: 2310 John F. Kennedy Boulevard
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 JULY 31 - AUGUST 06, 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

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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 8/7/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge -, dependent upon request.

[illegible] records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological [illegible] jeopardized by such method of delivery.

Police Crash investigation Report

From: 7/31/17 to: 8/6/17

AUG -7 A 11:08

CLERK'S OFFICE

OFFICIAL USE ONLY

Tracking
Rec'd Date: _____
Ready Date: _____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 149
Response Provided: _____ Date Closed: _____

7.45

Called 8/14/17

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

Custodian Signature: _____ Date: _____

05 Page 1 of 3 ☐ Fatal New

01 1. Case Number 17070682

01 2. Police Dept. of NORTH BER

00 3. Station

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
Brin Barillas, Records Custodian

Important Notice

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Requestor Information -- Please Print

First Name Leonard MI J. Last Name Altamura

E-mail Address altacross1@yahoo.com

Mailing Address 4000 Bergenline Ave

City UC. State N.J. Zip 07087

Telephone (201)(866-6407) FAX (201)(866-3506)

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 8/14/17

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.

Police Report from 8/6/17 to 8/13/17

2017 AUG 14 A 10:08

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____

Ready Date: ____

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

Total Pages: 155

Response Provided: ____ Date Closed: ____

Called 8/16/17

Final Cost Total: 7.75

Deposit: ____

Balance Due: ____

Balance Paid: ____

Custodian Signature: ____ Date

Page 1 of 3

01 1. Case Number 17
01 2. Police Dept. NOR
03 3.
00

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: 5 le Thornall St. Suite # 270
City: Edison State: NJ Zip: 08837
Telephone: (732) 993-3535 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: 8/14/17

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.

Car Accident Police Reports

From 8/7/17-8/13/17

OFFICIAL USE ONLY

Tracking Rec'd Date: ____
Ready Date: ____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 143
Response Provided: ____
Date Closed: ____
Custodian Signature: ____ Date: ____

Called 8/16/17.

Final Cost Total: 14.35
Deposit: ____
Balance Due: ____
Balance Paid: ____

Page 1 of 3 ☐ Fatal

1. Case Number 1707[illegible]

2. Police Dept. of NORTH [illegible]

3. Statis[illegible]

01 01 03 02

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 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 201-392-9524 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.

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.

DMV. Accident Reports

From: 8/7/17

To 8/14/17

NJTR-1

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____

Ready Date: ____

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

Total Pages: 162

Response Provided: ____ Date Closed: ____

Called 8/16/17

Final Cost
Total: $8.10 RK

Deposit: ____

Balance Due: ____

Balance Paid: ____

Custodian Signature: ____ Date: ____

96 01 Page 1 of 3 ☐ Fatal New Jers
97 01 1. Case Number 17070848 10. C
98 03 2. Police Dept. of NORTH BERGEN POLIC Code
99 02 3. Station/Precinct -
100a 01 4. Date of Crash mm dd yy 0 8 0 7
100b 04 23. Veh. # 01
101 02
107

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

Called 8/16/17

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY:
Cost: 143 pgs
Date of Response: ~~$7.15~~
Number of pages:

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 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 8/7/17 through 8/13/17

[ ] **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 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 8/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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: 8/12/17 TO: 8/18/17

RECEIVED
2017 AUG 21 A 9:47

OFFICIAL USE ONLY

Tracking
Rec'd Date: _____

Ready Date: _____

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

Total Pages: 177 pgs

Response Provided: _____ Date Closed: _____

Custodian Signature: _____ Date: _____

called 4.25.17

Final Cost Total: $.85

Deposit: _____

Balance Due: _____

Balance Paid: _____

Page 1 of 3 ☐ Fat

1. Case Number 17070

2. Police Dept. of NORTH BERGE

3. Station/Precinct -

4. Date of Crash mm dd 08

23. Ve

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2035 FAX: 201-330-7004
Erin Berlins, 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 08/14/17

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: 08/07/17 TO 08/13/17

Thank You.
HECTOR

2017 AUG 14 P 12:38

OFFICIAL USE ONLY

Tracking
Rec'd Date:
Ready Date:
or... Denial Type:
Total Pages: 143
Response Provided:
Custodian Signature:

☐ Total ☐ Partial (see back for reasons)

Called 8/16/2017

Date Closed:
Date:

Final Cost Total: N/C
Deposit:
Balance Due:
Balance Paid:

05 01 01

Page 1 of 3 ☐ Fatal New

1. Case Number 170688

2. Police Dept. of NORTH P

3. SI

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2028 FAX: 201-330-7094
Erin Barilles, 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 ROSADO

E-mail Address UNIONCITYSPINE@GMAIL.COM

Mailing Address 520 - 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 08/08/17

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 (see 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: 07/31/17 TO 08/06/17

-THANK YOU

HECTOR

2017 AUG 10 P 2:08

CLIFTON

OFFICIAL USE ONLY

Tracking Rec'd Date:

Ready Date:

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

Total Pages: 1+9

Response Provided:

Date Closed:

Custodian Signature: Date:

Called 8/16/17

Final Cost Total: $1.45

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 Leonard MI J. Last Name Altamura

Email 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 8/21/2017

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.

Police Report from 8/13/17 to 8/20/17

thankyou! Dee

RECEIVED
2017 AUG 21 A 11:00

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____

Ready Date: ____

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

Total Pages: 183

Response Provided: ____ Date Closed: ____

called 8-25-17

Final Cost Total: $9.15

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 Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 8/21/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/13/2017

End Date 8/19/2017

ACT # 2133.

RECEIVED
2017 AUG 21 A 9:30

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 8-21-17
Ready Date 8-25-17
Total Pages 174 pgs

Records Provided

Final Cost

Total $18.70
Deposit _____
Balance Due _____
Balance Paid _____

called 8-25-17

Custodian Signature

Date 8/25/17

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

RECEIVED
2017 AUG 22 A 9:18

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY:
Cost: $7.80
Date of Response: 8/25/17
Number of pages: 156pgs

called 8.25.17

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] 201 787 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 8/14 through 8/20

[ ] **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 R. 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, please note that [illegible] method of delivery will only be accommodated if the custodian [illegible] integrity of the records will not be jeopardized by such [illegible]

DMV. Accident Reports

From: 8/14/17

To 8/21/17

NJTR-1

RECEIVED
2017 AUG 21 P 2:32

Tracking
Rec'd Date: 8/21/17
Ready Date: 8/25/17

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

Total Pages: 174 pgs

Response Provided: ____ Date Closed: ____

OFFICIAL USE ONLY

Called 8/25/17

Final Cost
Total: $8.70
Deposit: ____
Balance Due: ____
Balance Paid: ____

Custodian Signature: ____ Date: ____

224 pp

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

RECEIVED
2017 JUL 24 A 10:43

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Date Received: 7/24/17

Date of Response: 7/31/17

Name: Arthur Schwartz P.C.

Address: 405 Candlewood Commons BLDG 4
Howell, NJ 07731

Telephone [Day] 732-905-1008

684 pp
$34.20

Information Requested:

[ ] Copy of [illegible] to name or other identifying information]

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

[ ] **Police Accident Report** Fee:

Identify Accident:

[✓] **Other** [specify] I am requesting all motor vehicle accident reports for the month of June 2017. I will send courier to pick them up. Please fax payment information when ready. Thank you.

[ ] **License Information** [Specify]

Arthur Schwartz

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: 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: 08/21/17

Payment Information

Maximum Authorization Cost $: ____

Select Payment Method

Cash Check Money Order

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

Delivery: Delivery / postage (see 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 [illegible] your preferred method of delivery will only 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: 08/14/17 TO 08/20/17

THANK YOU.

HECTOR

RECEIVED
2017 AUG 21 P 12:44

OFFICIAL USE ONLY

Tracking Rec'd Date: ____

Ready Date: ____

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

Total Pages: 154.

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

Called 8/25/17

Final Cost Total: 17.80

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 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 [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.

Requesting automobile accident police reports from 8/4/17 - 8/8/17.

Thank you.

may be VM 8/16/17 10:00am

2017 AUG -9 A 9:34 CLERK

OFFICIAL USE ONLY

Tracking Rec'd Date: ____

Ready Date: ____

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

Total Pages: 108

Final Cost Total: 5.40

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 PEGGY MI ____ Last Name WONG

E-mail Address PWONG8550@GMAIL.COM

Mailing Address 8550 BOULEVARD EAST / APT. 5D

City NORTH BERGEN State NJ Zip 07047

Telephone (201) 854-0774 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 Peggy Wong Date 8/1/17

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.

NORTH BERGEN POLICE REPORTS OF VEHICULAR ACCIDENTS ON BULLS FERRY ROAD FROM JUNE 1, 2013 – JUNE 30, 2015. SPECIFICALLY AT SOUTHERN END, DIRECTLY BEHIND THE "STONEHENGE" HIGH RISE BUILDING.

THANK YOU!

RECEIVED
2017 AUG -2 A 9:05

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-02-17
Ready Date: 8-07-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 81/2 pgs
Response Provided: ____ Date Closed: ____

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

emailed 8-7-17

Custodian Signature: ____ Date: ____

August 4, 2017
09:57 AM

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 Re/max 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 8/3/17

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.

Address: 4302 Meadowview Ave.

Block: 137 Lot 366.1

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

RECEIVED
2017 AUG -3 P 1:25

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-03-17
Ready Date: 8-09-17

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 8-09-17

Olaniel

From: Veronica Olaniel
Sent: Tuesday, August 8, 2017 10:01 AM
To: 'Cassondra Weaver'
Subject: Littering & Air Pollution Ordinance
Attachments: 201708080959

Dear Ms. Weaver,

Attached please find the reply to your OPRA request for Littering & Air Pollution ordinances.

1033-05	Littering
619-26	Littering
1575-71	Air Pollution
1456-70	Air Pollution

If you need any further assistance, please feel free to contact me directly.

Thank you
Veronica

Veronica Olaniel
Business License Clerk & Planning Board Secretary
Township of North Bergen
4233 Kennedy Blvd.
North Bergen, NJ 07047
(201) 392-2024
(201) 330-7694

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 SL@personalinjuryfirm.net

Mailing Address 9252 Kennedy Blvd.

City N. Bergen State NJ Zip 07047

Telephone 201-854-6444 FAX 201-854-6442

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 8.1.17

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.

EMS Report for date of service 1-8-17
for James Tillis. DOB: 2-20-88

RECEIVED
2017 AUG -1 A 10:47
CLERK'S OFFICE
TOWNSHIP OF NORTH BERGEN

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-01-17
Ready Date: 8-08-17

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: ____

8-08-17

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 Yazmin MI M Last Name Lianzo

E-mail Address yliranzo01@aol.com

Mailing Address 7014 Bergenline Ave #C2

City North Bergen State NJ Zip 07047

Telephone 201-281-9827 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 Yazmin Lianzo Date 8/3/17

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.

Permit information on any work done in/around home; Including oil tanks / Repairs

* 333 75th Street
North Bergen, NJ 07047

RECEIVED AUG -7 P 1:53

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-07-17
Ready Date: 8-08-17

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

Total Pages: _____

Response Provided: _____ Date Closed: _____

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

emailed 8-8-17

Custodian Signature: _____ Date: _____

Done

State of New Jersey Standard

Open Public Records Act Request Form

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 _____ Date 8/01/2017

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 July 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 8-08-17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Jul. 31. 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 Mary MI B Last Name De La Torre

E-mail Address p2u@usa.com

Mailing Address 585 N Twin Oaks Valley Road Suite E

City San Marcos State CA Zip 92069

Telephone 503-689-5577 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 Mary De La Torre Date 7/26/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 me the Master Sign Plan for 1706 Paterson Plank Road. I have already contacted Spectrum Group, and they do not have it. They referred me back to the City. Thank you.

RECEIVED
2017 JUL 31 A 11:57

OFFICIAL USE ONLY

Tracking
Rec'd Date: 7-31-17
Ready Date: 8-8-17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

emailed 8-8-17

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 Robert MI ____ Last Name Brake

E-mail Address robert@tsquareproperties.com

Mailing Address 2601 Henry Hudson Pkwy 8D

City Bronx State NY Zip 10463

Telephone 914-417-8249 FAX ____

Preferred Delivery: Pick Up X or US Mail X On-Site Inspect ____ Fax ____ 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 6/28/17

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.

For the benefit of the owner, that I am working for, I need a site plan copy issued within the last 20 years. If not available, please indicate where I might obtain one.
2750 Tonnelle Ave N.Bergen NJ 07047

RECEIVED
2017 AUG -2 P 2:48

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-02-17
Ready Date: 8-08-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

emailed 8-08-17

Custodian Signature: ____ Date: ____

Veronica Olaniel

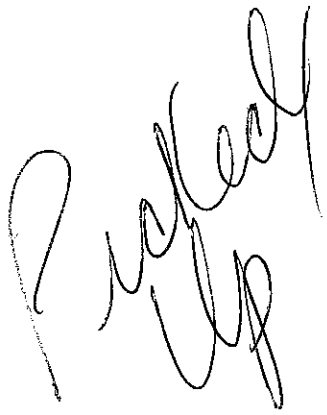
From: Veronica Olaniel
Sent: Tuesday, August 8, 2017 2:42 PM
To: 'susann.l.mcgoldrick@abc.com'
Subject: OPRA request -

Susan,

Your OPRA request for the incident at Union Turnpike on 8/7, for the 911 calls will be available for pick up at the Clerk's office tomorrow morning. This OPRA request will not be able to emailed since it is audio recording on a CD.
If you have any questions, please feel free to contact me.

Thank you
Veronica

Veronica Olaniel
Business License Clerk & Planning Board Secretary
Township of North Bergen
4233 Kennedy Blvd.
North Bergen, NJ 07047
(201) 392-2024
(201) 330-7694



August 4, 20[illegible]
09:54 AM

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 Re/max 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 ____ Date 8/3/17

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.

Address: 8521 2nd Ave. North Bergen NJ 07047

Block 388 Lot 32

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

RECEIVED
2017 AUG -3 P 1:25

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-03-17
Ready Date: 8-09-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

emailed 8-09-17

Custodian Signature: ____ Date: ____

August 4, 2017
09:56 AM

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 Tina MI ____ Last Name Cernuda

E-mail Address TCernuda@aol.com

Mailing Address c/o Re/max 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 8/3/17

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.

Address: 8805 3rd Ave. North Bergen

Block 395.3, Lot 38.02

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

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2017 AUG -3 P 12:25

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Tracking Rec'd Date: 8-03-17

Ready Date: 8-09-17

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 8-09-17

August 4, 2017
09:58 AM

Owne

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 Re/max 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 8/3/17

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.

Address: 1154 50th Street North Bergen NJ 07047

Block: 162 Lot 29

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

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2017 AUG -3 P 1:25

OFFICIAL USE ONLY

Tracking Rec'd Date: 8-03-17

Ready Date: 8-08-17

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
8-08-17

August 4, 2017
09:55 AM

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 Re/max 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 8/3/17

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.

Address: 1457 52nd Street. North Bergen.

Block 181 Lot 27.02

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

RECEIVED
2017 AUG -3 P 1:23

OFFICIAL USE ONLY

Tracking Rec'd Date: 8/03/17

Ready Date: 8-08-17

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 8-8-17

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

Open Record Officer
NORTH BERGEN TWP
4233 Kennedy Blvd
North Bergen, NJ 07047

RECEIVED
2017 AUG -2 A 11:37

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

Under the provisions of the NJ Open Records Law. We are requesting access to the following information: We are asking for information about your **mail machine**, or postage equipment from Manufacturers Neopost, Hasler, MailFinance, Francotyp Postalia (FP Mailing), or Pitney Bowes

A copy of the MOST RECENT, CURRENT lease agreements or Most Recent Purchase Order for your current mailing equipment which shows lease commencement date and term of contract for mail machine from vendors Neopost, Hasler, Pitney Bowes, FP Mailing

Or

If the equipment was purchased, we are requesting a copy of your MOST RECENT meter rental bill, equipment rental bill, and maintenance / service contract bill or bill from last service call.

We will entertain suggestions you feel will make my request more responsive and thereby ensure that you can meet our request. If possible we would like to have the data sent to us at the address below.

Please email your request to me at adorward@printandmailing.net or mail to my attention at:

Print Management Solutions
Attn: Amy Dorward
P O Box 350
Trexlertown, PA 18087

If all or any part of this request is denied, please cite the specific exemption(s) that you think justifies your refusal to release the information, and inform me of the appeal procedures available to me under the law.

We would appreciate you handling this request as quickly as possible, and look forward to hearing from you.

Respectfully,

Emailed
8-10-17

Amy Dorward
P O Box 350
Trexlertown, PA 18087

Aug. 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 Gina MI ____ Last Name Gros

E-mail Address ggros@gallassurvey.com

Mailing Address Gallas Surveying Group, 2865 US Route 1

City ~~North Bergen~~ BRUNSWICK State NJ Zip 08902

Telephone 732-422-6700 FAX 732-940-8786

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 8/16/17

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.

I would like to request copies of the of the following information for the Tonnelle Plaza Shopping Center property located at 8101 Tonnelle Avenue, Lot 38, Block 457.01 in North Bergen, NJ:

1. Most current surveys and site plans you may have on file (entire site)
2. Any mapping illustrating the location of the water and sewer lines running within the property area, as well as any possible connections to the building – (MUA) must contact them directly.

Our office is preparing a Boundary & Topographic Survey of the property and will utilize any mapping provided solely for reference purposes on same.

Thank you for your help and please contact me with any questions.

GSG Project #G17204

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/17/17
Ready Date: 8/23/17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

emailed 8-23-17

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 ALEXIS MI ____ Last Name FERNANDEZ

E-mail Address EMMAACOSTA69@YAHOO.COM.

Mailing Address 413 - 74TH ST

City NORTH BERGEN State N.J. Zip 07047

Telephone 201 562 5916 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 ALEXIS FERNANDEZ Date 08/07/17

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. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

RECORD OF ANY COMPLAINS MADE ON THIS PROPERTY FROM 07/01/17 TO NOW.

RECEIVED
2017 AUG -7 A 10:35

THIS IS A DAYCARE. THE STATE IS HANDLING

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/7/17
Ready Date: 8/7/17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

Veronica Spoke to him about this

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 Josefina MI ____ Last Name Canon

E-mail Address Josefina.canon83@gmail.com

Mailing Address 8811 2nd Ave Apt B5

City North Bergn State NJ Zip 07047

Telephone 551-333-0859 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 Josefina Canon Date 8/2/17

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.

Rentroll Last Year
8811 - 2nd Ave B5

RECEIVED
2017 AUG -2 A 10:58

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-2-17
Ready Date: 8-2-17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

Done 08-02-17

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 ROBERT MI M Last Name IRVING

E-mail Address RIRVING@METROWEBNJ.COM

Mailing Address 5901 TONNELLE AVE

City NORTH BERGEN State N.J Zip 07047

Telephone 201-553-0700 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 [signature] Date 8-2-17

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.

ALL DRAWINGS FOR CSX NORTH BERGEN YARD RECONFIGURATION BETWEEN 43RD TO 61ST NORTH BERGEN, N.J BETWEEN DATES JANUARY, 1, 2001 TO CURRENT (8-1-17) THIS WOULD INCLUDE CERTIFIED PLANS UNDER HEP FILE # 201-H-1630, HEP FILE # 214-H-3321

↓

soil conservation district
Hudson, Essex, Passaic 641-0770
(201)

RECEIVED
AUG 2 P 2:41

8/11/17 spoke to Robert he is waiting for Bernie to give him any information, he also spoke to Bernie about this Request

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 Peter MI D Last Name Christakis

E-mail Address peterchristakis@gmail.com

Mailing Address 31-87 Steinway St., Ste. 3

City Astoria State NY Zip 11103

Telephone (212) 302-6600 FAX (212) 208-4465

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 8/4/17

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 building dept, zoning board, fire dept or health dept, violations and/or citations for 8427 Columbia Ave, North Bergen, NJ.

Any and all construction, plumbing and electrical permits pulled for 8427 Columbia Ave, North Bergen, NJ.

Any and all open construction, plumbing and electrical permits for 8427 Columbia Ave.

[redacted]

RECEIVED
2017 AUG -7 A 8:18

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-7-17
Ready Date: 8-11-17

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

Total Pages: _____

Response Provided: _____ Date Closed: _____

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

emailed
faxed
8-11-17

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 Jorge MI ____ Last Name Tover

E-mail Address GT construction 22@yahoo.com

Mailing Address 206 Court ave, Lyndhurst NJ

City Lyndhurst State NJ Zip 07071

Telephone 201 667 5544 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 8/9/17

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.

Im in court the owner for this property no want to pay the final Paiment

Property 1519 89st North Bergen - All records - Permits a. Inspections Fire, elect, plming, Building -

RECEIVED
2017 AUG -9 P 4:09
CLERK'S OFFICE

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-09-17
Ready Date: 8-11-17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

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

emailed 8-11-17

Aug. 10.

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 Katherine MI ____ Last Name Kiritsis

E-mail Address KatherinKiritsis@gmail.com

Mailing Address 25 66th St Apt 5

City WNY State NJ Zip 07093

Telephone 201-598-6358 FAX ~~201-~~ 212-296-1074

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 8/10/17

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.

Requesting records for any liens on the Property title for 7508 Park Ave Apt 2d4. North Bergen NJ 07047. All information that is applicable to the property.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/10/17

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: ____

emailed 8-11-17

Custodian Signature: _____ Date: _____

August 10, 2017
10:13 AM

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 Herbsman

E-mail Address adam@grandcentralconsulting.com

Mailing Address PO Box 445

City Harrison State NY Zip 10528

Telephone 917 968 6794 FAX 206 338 2270

Preferred Delivery: Pick Up ____ US Mail ____ On-Site 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 Adam Herbsman Date ____

Payment Information

Maximum Authorization Cost $ 5.00

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 the property tax payment history for the following property

7117 Kennedy Blvd
North Bergen, NJ 07047

(Block 258, Lot 22)

RECEIVED 2017 AUG 10 A 8:02

OFFICIAL USE ONLY

Tracking
Rec'd Date: 08-10-17

Ready Date: 08-10-17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost
Total: ____

Deposit: ____

Balance Due: ____

Balance Paid: ____

emailed 8-10-17

Custodian Signature: ____ Date: ____

CRAIG MCCARTHY, REPORTER
732-372-2078
cmccarthy@njadvancemedia.com
Woodbridge Corporate Plaza
485 Route 1 South, Building E, Suite 300
Iselin, NJ 08830-3009

7/25/2017

Dear Custodian,

Please consider this a formal OPRA request for the unredacted Use of Force reports for incidents occurring in the calendar years 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015 and 2016 from your municipality's police department.

We are entitled to these unredacted reports under N.J.S.A. 47:1A3(b) as a result of the state Supreme Court ruling on July 11, 2017, in the case North Jersey Media Group v. Lyndhurst.

The court wrote in its opinion, "The law calls for disclosure of 'the identity of the investigating and arresting personnel' and adds that the exception on which defendants rely 'shall be narrowly construed.'"

Under that ruling, the court also ruled that "OPRA's criminal investigatory records exception does not apply to records that are "required by law to be made, maintained or kept on file." N.J.S.A. 47:1A-1.1. As a result, the exemption does not cover Use of Force Reports, which the Attorney General requires officers to prepare after the use of deadly force."

Therefore, this request cannot be denied under the exemption of an "ongoing investigation" since they are required under the Attorney General's Use of Force Policy, which has "the force of law for police entities." (NJMG v. Lyndhurst)

If your agency chooses to deny, citing safety concerns, please provide a statement for each incident stating why officer or officers' names "will jeopardize the safety of any person . . . or any investigation in progress" or "would be harmful to a bona fide law enforcement purpose or the public safety." (NJMG v. Lyndhurst)

Please email scanned digital copies of the unredacted original Use Of Force forms as PDFs. If the file is too large, we will accept a CD with the requested documents mailed to the address above.

Under penalty of N.J.S.A. 2C:283, I certify that I have not been convicted of any indictable offense under the laws of New Jersey, or any other state, or in the United States.

Please note, this request clearly notes New Jersey's Open Public Record Act, therefore does not need to be on local OPRA forms.

We reserve the right to appeal your decision to withhold any information.

I look forward to your reply via email. We request all correspondence referencing this OPRA be via email.

Thank you for your assistance.
CRAIG MCCARTHY

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 Shirley MI A Last Name DANIELS

E-mail Address

Mailing Address 4127 Liberty Ave APT C

City North Bergen State NJ Zip 07047

Telephone 201-863-1001 FAX Please Fax to TENAFLY ADVOCATE

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

MICHAEL ALVIN 201-867-4454

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

Signature Shirley Daniels Date 8-11-17

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.

Copies of Police Reports AND/OR INCIDENT REPORTS INVOLVING Shirley DANIELS & WENDY MENDEZ (4127 Liberty Ave, APT E)

2017 AUG 11 P 12:33 RECEIVED

201-867-4458 refax on 9/08/17 was sent to wrong fax

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____
Ready Date: ____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____
Date Closed: 8/16/17

faxed on 8/16/17

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 David MI L. Last Name Soffer

E-mail Address dsoffer@davidsofferlaw.com

Mailing Address 45 Bleeker Street

City Newark State NJ Zip 07102

Telephone (973) 907-8383 FAX (973) 907-8083

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 8/9/17

Payment Information

Maximum Authorization Cost $ 100

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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 dash-cam footage from May 14, 2017 from the following North Bergen Police Department Vehicles: Unit 1, Unit 32, Unit 6, Unit 88, Unit EMS51, Unit 52. Specifically, footage from their response to Incident # 17044573, which began at approximately 1:30 am.

2) Any and all reports authored by officers Laranuner, Cabrera, Gennari, Devers, Censullo, and Arguda relating to Incident # 17044573, including any use of force reports, incident reports and continuation reports.

3) Any and all body-cam footage from any of the above-named officers for the Incident and/or time period stated above.

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____
Ready Date: ____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: 8/14/17
Date Closed: 8/14/17
Custodian Signature: [signature] Date: ____

emailed on 8/14/17.

Final Cost
Total: ✓
Deposit: 2017 AUG -9 P 2:15
Balance Due: CLERK'S OFFICE RECEIVED
Balance Paid:

GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side 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 F. Last Name GIANCATERINO

Company SKOLOFF & WOLFE, P.C.

Mailing Address 293 EISENHOWER PARKWAY

City LIVINGSTON State NJ Zip 07039 Email rgiancaterino@skoloffwolfe.com

Business Hours Telephone: Area Code 973 Number 992-0900 Extension 130

Preferred Delivery: E-Mail X US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 August 10, 2017

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21 - @$0.25

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

With Regard to the property known as Block 169, Lot 12.02, 2115 - 69th Street, North Bergen, New Jersey (Amerco Real Estate Company- I respectfully request that you provide me with a copy of the Tax Assessor's entire file including but not limited to the entire property record card including field inspection notes, the income and cost approaches for the subject property and any sketches or diagrams of the building and/or the land.

2017 AUG 11 A 9:09

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.

emailed on 8/14/17

In Progress - Open
Denied - Closed 8/14/17
Filled - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total 0
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

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 Dalinda MI ____ Last Name Finogarth

E-mail Address ____

Mailing Address 807- 82nd Street

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 ____

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other 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 CCTV Video - DOA 8/10/2017
Report # - 17071900
Wilfredo Toro

RECEIVED
2017 AUG 11 P 2:18

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

Verc

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 H Last Name De la Rosa

E-mail Address zabdirealty@gmail.com

Mailing Address 298 Palisade Ave. Suite 2

City Cliffside Pk State NJ Zip 07010

Telephone (201)496-6035 FAX (201)496-6036

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 Joseph De la Rosa Date 8/11/17

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 proof ~~that~~ the house is a legal 2 Family.

1440 20th St.

North Bergen, NJ 07047

2017 AUG 11 P 3:49

OFFICIAL USE ONLY

Tracking

Rec'd Date: _____

Ready Date: _____

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

Total Pages: _____

Response Provided: _____

emailed OO 8/15/17

Date Closed: _____

Final Cost

Total: Ø

Deposit: _____

Balance Due: _____

Balance Paid: _____

Custodian Signature: _____ Date: _____

ABI

1122 Franklin Avenue, Suite 300
Garden City, NY 11530
(888)308-3979
FAX: (855)770-8992

REFERENCE NO. 5859347-07

August 14, 2017

ATTN: Custodian of Records
North Bergen Town Hall/North Bergen EMS
4233 Kennedy Boulevard
North Bergen, NJ 07047
(201) 392-2022 x4

Dear Custodian of Records,

We have been requested by Michael J. Palma, Esquire of Law Offices of Viscomi & Lyons to obtain records on the following:

RE: Pertaining to: Angela Colasante
Date of Birth: 04/02/1955
Other Identification: XXX-XX-9331

Requested Records:
Any and all documents, paper and digital records pertaining to the care, treatment and examination of patient named Angela Colasante, DOB April 2, 1955, with SS# XXX-XX-9331, including, but not limited to, all transport records, call-in logs, notes, correspondence, medical and medication records, itemized billing charges.

You will be in compliance with the attached Medical Authorization by fulfilling the following instructions:

1. BY FORWARDING THE RECORDS TO THE FOLLOWING ADDRESS:

   ABI Document Support Services
   1122 Franklin Avenue, Suite 300
   Garden City, NY 11530

2. OR, BY E-MAIL TO RETRIEVALNY@ABIDSS.COM

3. BY INCLUDING A SIGNED AFFIDAVIT OF CUSTODIAN OF RECORDS OR NO RECORDS (completely filled out) WITH THE REQUESTED RECORDS.

PLEASE NOTE: Please provide the records on a CD or electronically. If there is any invoice associated with the cost of producing these records, please provide this invoice prior to the records being produced. Prior approval for costs exceeding $250.00 is required. Any invoice above $250.00 received after the records are provided will not be paid. You may fax invoices to (855) 770-8992.

If you have any questions regarding this request, please call our office before the scheduled date at (888) 308-3979 or e-mail your inquiry to retrievalny@abidss.com.

Thank you for your cooperation.

Sincerely yours,

ABI

Order# 5859347-07/AB BWNEM

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 KEITH MI ____ Last Name BEVACQUI

E-mail Address KBEVACQUI@GMAIL.COM

Mailing Address P.O. BOX 68

City BARNEGAT State NJ Zip 08005

Telephone (732) 904-7971 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 08/15/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 INFORMATION REGARDING THE FOLLOWING FOR MOTOR VEHICLE ACCIDENTS, POLICE CAD REPORTS, DISPATCHES OR MOTOR VEHICLE SUMMONS:

JORGE L. PRUNA
526 7TH STREET APT. 1R
UNION CITY, NJ 07087
DATE OF BIRTH: 04-20-1959
NJDL: P766 41073 04592

2017 AUG 15 P 2:23

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____
Ready Date: ____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: 8/17/17

emailed

Final Cost
Total: Ø
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 Burton MI O Last Name Langlois

E-mail Address burton.langlois@atcassociates.com / ATC Group Services

Mailing Address 3 Terri Lane Suite 4

City Burlington State NJ Zip 08016

Telephone 610 313 3100 FAX 610 313 3151

Preferred Delivery: Pick Up 2nd US Mail ____ On-Site Inspect ____ Fax ____ E-mail 1st

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

Signature Burton O Langlois Date 08/07/2017

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.

All files and information for the property located at 5203 J.F. Kennedy Blvd. in North Bergen, Hudson County, New Jersey from 1940 to present. The site is identified on the municipal tax map as Block 193, Lot 92.01. Please pass this request on to all departments including but not limited to: tax assessor, building, planning, engineering, health, fire prevention, fire department, zoning, and environmental commission. If possible I would prefer records emailed. If not feasible I will like to setup an on-site inspection:
-Current and historical property record cards & Past and present owners/uses of the property;
-Current tax assessment of the property;
-Construction and building reports/permits;
-Current zoning information & Tax map;
-Any environmental information including but not limited to any underground storage tanks, above ground storage tanks, spills, cleanups, and liens; and
-Provider of all services (water, sewer, gas, and electric).

Please contact me before any coasts may accrue.

RECEIVED 2017 AUG -8 A 9:02

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____
Ready Date: ____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____
Date Closed: 8/17/13
Custodian Signature: ____ Date: ____

emailed 8/17/13

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 Shantty MI ____ Last Name Vasquez

E-mail Address Shantty@Gmail.com

Mailing Address 376 N 6th St 3L

City Newark State NJ Zip 07107

Telephone 862 267-6005 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 08/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 Ordinance of towing

Ordinance 533-94

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____
Ready Date: ____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: 8/21/2017

emailed

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

Custodian Signature: [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 SAM MI ____ Last Name LEE

E-mail Address SKLBROKER2307 @ GMAIL.COM

Mailing Address 104 E. ELIZABATH AVE #311

City LINDEN State NJ Zip 07036

Telephone (201) 494-6518 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 8/3/17

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.

LIQUOR LICENSE TYPE #33 (CONSUMPTION)

- ANY AVILABLE NOW
- OR (POCKET) IN ACTIVE LICENSE

RECEIVED
2017 AUG -3 P 2:11

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____
Ready Date: ____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ✓ Date Closed: 8/14/17
Custodian Signature: [signature] Date:

emailed

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

Erin Barillas
Monday, August 7, 2017 5:50 PM
Michael D. Witt; tkobin@chasanlaw.com; Robert Dowd; Christopher Pianese; Veronica Olaniel
Fwd: OPRA request

Hi,

Below is another request for the same incident.

Erin

Sent from my iPhone

Begin forwarded message:

From: "Ortiz, Keldy" <OrtizK@northjersey.com>
Date: August 7, 2017 at 5:18:55 PM EDT
To: "erinbarillas@northbergen.org" <erinbarillas@northbergen.org>
Subject: OPRA request

Dear Custodian of Records:

This is Keldy Ortiz and I'm a reporter with the Bergen Record.

Pursuant to the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq. ("OPRA"), the Open Public Meetings Act ("OPMA") and the common law, I am writing to request the following records:

1) Use of force report, police reports and audio of 911 calls made regarding to 1601 Union Turnpike on Aug. 7 2017 regarding Winston Espino Sanchez.

I agree to pay any reasonable duplication fees for the processing of this request in an amount not to exceed $25. If the cost will be more than this amount, please contact me as soon as possible to discuss the fee.

If there are no records responsive to this request, please notify me, in writing, of this fact. If there are portions of a record(s) which must be redacted, please identify the record that has been redacted and the legal basis for your contention that the redacted portion(s) is exempt from disclosure under OPRA. If a record(s), in its entirety, is exempt from disclosure under OPRA, kindly notify me, in writing, of the exemption under OPRA upon which you are relying. I reserve the right to appeal any decision to withhold any information and/or to dispute fees charged.

Because such information must be made readily available, I anticipate receiving it as soon as possible but, in no event, later than the seven (7) business days required by law. If you cannot make the requested documents available to me within that statutory timeframe, kindly let me know, in writing, when I can expect the documents and the reason for the delay. I prefer to have the records emailed to me at ortizk@northjersey.com

From: Erin Barillas
Sent: Monday, August 7, 2017 9:47 AM
To: Veronica Olaniel; tkobin@chasanlaw.com; Michael D. Witt; Christopher Pianese; Robert Dowd
Subject: Fwd: OPRA Request - shooting this weekend

Good Morning Everyone,

Please see email below from an attorney requesting info on the shooting. Response, if any, is due on August 16, 2017.

Thank you.

Sent from my iPhone

Begin forwarded message:

From: CJ Griffin <cgriffin@pashmanstein.com>
Date: August 7, 2017 at 9:34:12 AM EDT
To: "erinbarillas@northbergen.org" <erinbarillas@northbergen.org>
Subject: OPRA Request - shooting this weekend

Good morning:

Pursuant to OPRA and the common law right of access, my client (Richard Rivera LLC) seeks the following records which relate to the police-involved shooting either early this morning or late last night. (See this story: http://abc7ny.com/prosecutor-police-fatally-shoot-man-who-stabbed-3-people/2282194/)

1. Use of Force Reports
2. All information required to be released pursuant to NJSA 47:1A-3b, including the name of the individual who was shot and the police officers who shot him
3. A copy of all 9-1-1 calls for this incident
4. A copy of dash cam footage for this incident
5. A copy of body-worn camera footage for this incident
6. A copy of the police department's Use of Force Policy
7. A copy of the use of force training certificates for the officers who shot this person

Please email all responsive records to me. Thank you,

CJ Griffin
Member of the Firm
Direct: 201.270.4930
Email • V-Card • Bio

PashmanStein
WalderHayden

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 Inmar MI R Last Name Bercian Arqueta

E-mail Address

Mailing Address 631 61st

City West New York State NJ Zip 07093

Telephone 201 926 6494 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 8/24/17

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.

Copy of C.C TV Video for Agust 15th
80 St Townelle Ave Between 2 50 PM T 3:30 PM

RECEIVED
2017 AUG 24 A 9:21

OFFICIAL USE ONLY

called 8-28-17

Tracking
Rec'd Date: 8/24/17
Ready Date: 8/28/17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost
Total: [signature]
Deposit: ____
Balance Due: ____
Balance Paid: ____

Custodian Signature: ____ Date: ____

Gonzalez

emailed 8/30/17

From: Veronica Olaniel
Sent: Monday, August 21, 2017 9:30 AM
To: Deidry Gonzalez
Subject: FW: 471 MONMOUTH STREET LLC (Bond #BX9471) status inquiry
Attachments: BX9471 Status Form.pdf

From: Lisa White [mailto:lwhite@bondexins.com]
Sent: Friday, August 18, 2017 12:08 PM
To: Veronica Olaniel <volaniel@northbergen.org>
Subject: 471 MONMOUTH STREET LLC (Bond #BX9471) status inquiry

Good Afternoon, Veronica,

As Surety on the above captioned, we are requesting a status report on the progress of this project and any comments that you wish to share. Your completion and prompt return of this brief inquiry would be greatly appreciated. Thank you!

Regards,

LISA WHITE | Account Manager

30A Vreeland Road |Suite 120, PO Box 6 | Florham Park, NJ 07932
Tel: 973.377.7000 | Direct: 973.437.9656 | Fax: 973.377.5077

BONDEX
INSURANCE GROUP

http://www.bondexins.com

emailed 8/30/17

...ry Gonzalez

From: Veronica Olaniel
Sent: Monday, August 21, 2017 9:30 AM
To: Deidry Gonzalez
Subject: FW: 8818 CHURCHILL ROAD LLC (Bond #BX9485) status inquiry
Attachments: BX9485 Status Form.pdf

From: Lisa White [mailto:lwhite@bondexins.com]
Sent: Friday, August 18, 2017 12:45 PM
To: Veronica Olaniel <volaniel@northbergen.org>
Subject: 8818 CHURCHILL ROAD LLC (Bond #BX9485) status inquiry

Good Afternoon, Veronica,

As Surety on the above captioned, we are requesting a status report on the progress of this project and any comments that you wish to share. Your completion and prompt return of this brief inquiry would be greatly appreciated. Thank you!

Regards,

LISA WHITE | Account Manager

30A Vreeland Road |Suite 120, PO Box 6 | Florham Park, NJ 07932
Tel: 973.377.7000 | Direct: 973.437.9656 | Fax: 973.377.5077

BONDEX
INSURANCE GROUP

http://www.bondexins.com

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 Dustin MI _____ Last Name Kapson

E-mail Address dkapson@akrf.com

Mailing Address One Washington Square, 530 Walnut Street, Suite 998

City Philadelphia State PA Zip 19106

Telephone 646-388-9767 FAX 212-726-0942

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

AKRF, Inc. (AKRF) has been retained to perform an environmental assessment of the property located at: 2400 95th Street, North Bergen, NJ. Block 463, Lot 2. The purpose of this request is to obtain and review available files for any of the following: Environmental or Health related violations, incidents, complaints, etc.; Community Right to Know (RTK) Information; Underground Storage Tank (UST) registration records, installation/removal permits, etc.; Hazardous and Petroleum material inventories, discharges, leaks, spills, etc. ; Monitoring well, potable well, production well or other well installation records; Industrial Site Recovery Act (ISRA) or ECRA correspondence or reports; Site Remediation Reform Act (SRRA) forms or reports; any Groundwater contamination reports, including Classification Exception Areas (CEAs) ; Declaration of Environmental Restrictions (DERs) or Deed Notices; Air emission permits or records; Solid waste or sanitary waste permits or records; and/or any Tidelands or Coastal Engineering permits or records.

Thank you in advance for your help regarding this matter. In the event that there is a fee associated with obtaining this information, or if your office would rather make the files available for AKRF's review, please do not hesitate to call me at 646-388-9767.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-17-17

Ready Date: 8-28-17

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

Total Pages: _____

Response Provided: _____ Date Closed: _____

Final Cost
Total: _____

Deposit: _____

Balance Due: _____

Balance Paid: _____

emailed 8-28-17

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 Dustin MI _____ Last Name Kapson

E-mail Address dkapson@akrf.com

Mailing Address One Washington Square, 530 Walnut Street, Suite 998

City Philadelphia State PA Zip 19106

Telephone 646-388-9767 FAX 212-726-0942

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

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

Signature _____ Date _____

Payment Information

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AKRF, Inc. (AKRF) has been retained to perform an environmental assessment of the property located at: 9505 Railroad Avenue, North Bergen, NJ. Block 463, Lot 1. The purpose of this request is to obtain and review available files for any of the following: Environmental or Health related violations, incidents, complaints, etc.; Community Right to Know (RTK) Information; Underground Storage Tank (UST) registration records, installation/removal permits, etc.; Hazardous and Petroleum material inventories, discharges, leaks, spills, etc. ; Monitoring well, potable well, production well or other well installation records; Industrial Site Recovery Act (ISRA) or ECRA correspondence or reports; Site Remediation Reform Act (SRRA) forms or reports; any Groundwater contamination reports, including Classification Exception Areas (CEAs) ; Declaration of Environmental Restrictions (DERs) or Deed Notices; Air emission permits or records; Solid waste or sanitary waste permits or records; and/or any Tidelands or Coastal Engineering permits or records.

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

Total Pages: _____

Response Provided: _____ Date Closed: _____

Final Cost
Total: _____

Deposit: _____

Balance Due: _____

Balance Paid: _____

emailed 8-28-17

Custodian Signature: _____ Date: _____

TOWNSHIP OF NORTH BERGEN

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First Name Dustin MI _____ Last Name Kapson

E-mail Address dkapson@akrf.com

Mailing Address One Washington Square, 530 Walnut Street, Suite 998

City Philadelphia State PA Zip 19106

Telephone 646-388-9767 FAX 212-726-0942

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

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Select Payment Method

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

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

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AKRF, Inc. (AKRF) has been retained to perform an environmental assessment of the property located at: 9401 Fairview Avenue, North Bergen, NJ. Block 480, Lot 1. The purpose of this request is to obtain and review available files for any of the following: Environmental or Health related violations, incidents, complaints, etc.; Community Right to Know (RTK) Information; Underground Storage Tank (UST) registration records, installation/removal permits, etc.; Hazardous and Petroleum material inventories, discharges, leaks, spills, etc. ; Monitoring well, potable well, production well or other well installation records; Industrial Site Recovery Act (ISRA) or ECRA correspondence or reports; Site Remediation Reform Act (SRRA) forms or reports; any Groundwater contamination reports, including Classification Exception Areas (CEAs) ; Declaration of Environmental Restrictions (DERs) or Deed Notices; Air emission permits or records; Solid waste or sanitary waste permits or records; and/or any Tidelands or Coastal Engineering permits or records.

Thank you in advance for your help regarding this matter. In the event that there is a fee associated with obtaining this information, or if your office would rather make the files available for AKRF's review, please do not hesitate to call me at 646-388-9767.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-17-17
Ready Date: 8-28-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

Final Cost
Total: _____
Deposit: _____
Balance Due: _____
Balance Paid: _____
Email Deal 8-28-17

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
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Requestor Information – Please Print

First Name Dustin MI _____ Last Name Kapson

E-mail Address dkapson@akrf.com

Mailing Address One Washington Square, 530 Walnut Street, Suite 998

City Philadelphia State PA Zip 19106

Telephone 646-388-9767 FAX 212-726-0942

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.

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Payment Information

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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.

AKRF, Inc. (AKRF) has been retained to perform an environmental assessment of the property located at: 9401 Railroad Avenue, North Bergen, NJ. Block 466, Lot 5. The purpose of this request is to obtain and review available files for any of the following: Environmental or Health related violations, incidents, complaints, etc.; Community Right to Know (RTK) Information; Underground Storage Tank (UST) registration records, installation/removal permits, etc.; Hazardous and Petroleum material inventories, discharges, leaks, spills, etc. ; Monitoring well, potable well, production well or other well installation records; Industrial Site Recovery Act (ISRA) or ECRA correspondence or reports; Site Remediation Reform Act (SRRA) forms or reports; any Groundwater contamination reports, including Classification Exception Areas (CEAs) ; Declaration of Environmental Restrictions (DERs) or Deed Notices; Air emission permits or records; Solid waste or sanitary waste permits or records; and/or any Tidelands or Coastal Engineering permits or records.

Thank you in advance for your help regarding this matter. In the event that there is a fee associated with obtaining this information, or if your office would rather make the files available for AKRF's review, please do not hesitate to call me at 646-388-9767.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-17-17
Ready Date: 8-28-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

8-28-17 emailed

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 Dustin MI _____ Last Name Kapson

E-mail Address dkapson@akrf.com

Mailing Address One Washington Square, 530 Walnut Street, Suite 998

City Philadelphia State PA Zip 19106

Telephone 646-388-9767 FAX 212-726-0942

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

AKRF, Inc. (AKRF) has been retained to perform an environmental assessment of the property located at: 9400 Fairview Avenue, North Bergen, NJ. Block 466, Lot 1. The purpose of this request is to obtain and review available files for any of the following: Environmental or Health related violations, incidents, complaints, etc.; Community Right to Know (RTK) Information; Underground Storage Tank (UST) registration records, installation/removal permits, etc.; Hazardous and Petroleum material inventories, discharges, leaks, spills, etc. ; Monitoring well, potable well, production well or other well installation records; Industrial Site Recovery Act (ISRA) or ECRA correspondence or reports; Site Remediation Reform Act (SRRA) forms or reports; any Groundwater contamination reports, including Classification Exception Areas (CEAs) ; Declaration of Environmental Restrictions (DERs) or Deed Notices; Air emission permits or records; Solid waste or sanitary waste permits or records; and/or any Tidelands or Coastal Engineering permits or records.

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OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-17-17
Ready Date: 8-28-17

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

Total Pages: _____

Response Provided: _____ Date Closed: _____

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

emailed 8-28-17

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 Dustin MI _____ Last Name Kapson

E-mail Address dkapson@akrf.com

Mailing Address One Washington Square, 530 Walnut Street, Suite 998

City Philadelphia State PA Zip 19106

Telephone 646-388-9767 FAX 212-726-0942

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

AKRF, Inc. (AKRF) has been retained to perform an environmental assessment of the property located at: 2240 74th Street, North Bergen, NJ, Block 457.01, Lot 27.02. The purpose of this request is to obtain and review available files for any of the following: Environmental or Health related violations, incidents, complaints, etc.; Community Right to Know (RTK) Information; Underground Storage Tank (UST) registration records, installation/removal permits, etc.; Hazardous and Petroleum material inventories, discharges, leaks, spills, etc. ; Monitoring well, potable well, production well or other well installation records; Industrial Site Recovery Act (ISRA) or ECRA correspondence or reports; Site Remediation Reform Act (SRRA) forms or reports; any Groundwater contamination reports, including Classification Exception Areas (CEAs) ; Declaration of Environmental Restrictions (DERs) or Deed Notices; Air emission permits or records; Solid waste or sanitary waste permits or records; and/or any Tidelands or Coastal Engineering permits or records.

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OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-17-17

Ready Date: 8-28-17

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

Total Pages: _____

Response Provided: _____ Date Closed: _____

Final Cost
Total: _____

Deposit: _____

Balance Due: _____

Balance Paid: _____

emailed 8-28-17

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 yaakov MI ____ Last Name weinberg

E-mail Address Yaakov@yyinvestments.com

Mailing Address 5923 17th ave

City brooklyn State NY Zip 11204

Telephone 848-525-5782 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 8/30/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

As a potential buyer, (I'm on contract) I'm requesting rentals for the building located at 7516-7524 kiesel terrace North Bergen, NJ 07047.
As well as any other information which is possible to send guarding the buildings records.

2017 AUG 30 P 3:46

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/30/17
Ready Date: 8/31/17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

emailed 8-31-17

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 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 Mariel MI J Last Name Caba

E-mail Address MarielCaba816@gmail.com

Mailing Address 3000 Jeanetta St #2105

City Houston State TX Zip 77063

Telephone 832-874-1805 FAX 713-773-2134

Preferred Delivery: Pick Up ____ US Mail X 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 8-15-17

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 am needing my Arresting record on the date of 1-09-2004. I need my record for the Texas Medical Board in order to obtain my LMRT (x-ray tech) license. I already received my record from the Courthouse, now I'm needing the supporting document of the Arrest. My address at time of arrest was 816 Summit Ave Apt 1R Union City, NJ 07087. Please send me this record via mail, or fax or email.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/21/17
Ready Date: 8/30/17

emailed 8-30-17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

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

RECEIVED
2017 AUG 21 A 9:58
CLERK'S OFFICE

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Date Received: 8/21/17

Date of Response: 8/25/17

Rec'd 8-30-17

Name: Lyla Gray-Etherson 856-813-1073.

Address: 323 New Albany Road, Moorestown, NJ

&Coordinator@propertyx5.

Telephone [Day] 856-813-3000

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] Any permits or plans; any information about fires/spills
Any information regarding ASTs/USTs; Fire Code Violations

[ ] **License Information** [Specify]

Information on a Specific Property Address 4301 Tonelle Avenue

Block 103.01 Lot 83

[ ] **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.* 54:5-14, et seq.

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

GOVERNMENT RECORDS REQUEST FORM

Box 18

Important Notice

The reverse side 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 F. Last Name GIANCATERINO

Company SKOLOFF & WOLFE, P.C.

Mailing Address 293 EISENHOWER PARKWAY

City LIVINGSTON State NJ Zip 07039 Email rgiancaterino@skoloffwolfe.com

Business Hours Telephone: Area Code 973 Number 992-0900 Extension 130

Preferred Delivery: E-Mail x US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 August 17, 2017

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21 - @$0.25

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

With Regard to the property known as Block 169, Lot 12.02, 2115 - 69th Street, North Bergen, New Jersey (Amerco Real Estate Company), Planning Board / Zoning Board of adjustment records. A copy of the Resolution approving a use variance for the construction of the Path Mark or other building on the above captioned block and lot prior to 2014.

emailed on 8/28/17

RECEIVED 2017 AUG 18 P 1:

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

10

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side 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 F. Last Name GIANCATERINO

Company SKOLOFF & WOLFE, P.C.

Mailing Address 293 EISENHOWER PARKWAY

City LIVINGSTON State NJ Zip 07039 Email rgiancaterino@skoloffwolfe.com

Business Hours Telephone: Area Code 973 Number 992-0900 Extension 130

Preferred Delivery: E-Mail x US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 August 17, 2017

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21 - @$0.25

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

With Regard to the property known as Block 169, Lot 12.02, 2115 - 69th Street, North Bergen, New Jersey (Amerco Real Estate Company), a copy of the contents of the "application binder containing application and supporting materials" described on page 9 of the application to the planning board.

RECEIVED 2017 AUG 18 P 1:15

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.

6

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

emailed Requestor.

Custodian Signature _____ Date _____

Gary Ip

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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Requestor Information – Please Print

First Name ROBERT MI F. Last Name GIANCATERINO

Company SKOLOFF & WOLFE, P.C.

Mailing Address 293 EISENHOWER PARKWAY

City LIVINGSTON State NJ Zip 07039 Email rgiancaterino@skoloffwolfe.com

Business Hours Telephone: Area Code 973 Number 992-0900 Extension 130

Preferred Delivery: E-Mail x US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 August 17, 2017

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21 - @$0.25

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

With Regard to the property known as Block 169, Lot 12.02, 2115 - 69th Street, North Bergen, New Jersey (Amerco Real Estate Company), I respectfully request that you provide me with a copy of any certificate of occupancy or temporary certificate of occupancy for any work done at the subject building / site during 2014, 2015, and 2016.

RECEIVED
2017 AUG 18 P 1:15

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 8-18-17
Ready Date 8-23-17
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date 8/23/17

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Fr...

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 Nicole MI ____ Last Name Lopez

E-mail Address AmandaC@gsienvironmental.com

Mailing Address 105 Evesboro-Medford Rd

City Marlton State NJ Zip 08053

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

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

GSI is seeking records related to Documentation related to underground storage tanks at the property (permits for installation, removal, etc.). * Certificates of occupancy dating back to first development of the property (1940 or earliest available). * Asbestos or lead based paint abatement documentation. * Documentation related to releases/spills of hazardous materials at the property. * Documentation related to septic systems or supply wells at the property 8801 - 8817 River Rd.

RECEIVED
2017 AUG 18 A 10:01

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/18/17
Ready Date: 8/30/17

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

Total Pages: ____

Response Provided: emailed on 8-31-17

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 Christopher MI W Last Name MICHAELS

E-mail Address CMichaels@chartwelllaw.com

Mailing Address 1 Logan Sq., 26th Flr, 130 N. 18th St

City PHILADELPHIA State PA Zip 19103

Telephone 215 972 5492 FAX 215-972-7008

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 8/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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Other materials (CD, DVD, etc) – actual cost of material

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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 any construction-related documents including building permits or plans or reports for the construction of the BJ's Wholesale Club, located at 2100 88th Street, North Bergen, NJ 07047.

Additionally, I am looking for any documents, plans, reports, or permits related to the construction or renovation of the parking lot at the above location.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/18/17
Ready Date: 8-25-17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

emailed 8-25-17

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
WQuirk@QuirkLawOffice.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 William MI J. Last Name Quirk

E-mail Address WQuirk@QuirkLawLLC.com

Mailing Address 354 State St. Ste 202

City Hackensack State NJ Zip 07601

Telephone (201) 968-0500 FAX (201) 968-0089

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 8/23/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
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Other 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 police reports or incident reports filed by the occupants of 2201 Kennedy Boulevard - 2nd floor against the occupants of 2201 Kennedy Boulevard - 1st fl. I am requesting copies of reports related to the conduct of the occupants of the 1st floor for the period of 2015 to present.

RECEIVED 2017 AUG 23 P 2:25

OFFICIAL USE ONLY

Tracking Rec'd Date: 8/23/17

Ready Date: 8/28/17

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 8-28-17

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 EUGENIO MI ____ Last Name GARCELL

E-mail Address EGARCELL@GMAIL.COM

Mailing Address 5665 KENNEDY BLVD, APT 238

City NORTH BERGEN State NJ Zip 07047

Telephone (551) 273 8992 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 E. Garcell Date 08/22/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

LAST MOST RECENT CO/CCO OF 6235 JOHN KENNEDY BLVD. NORTH BERGEN, NJ, 07047

RECEIVED
2017 AUG 22 A 10:08

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/22/17
Ready Date: 8/28/17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

emailed 8-28-17

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 Hester MI ____ Last Name Garcia

E-mail Address lester926@GMAIL.com

Mailing Address 3504 Fourth Ave

City Weehawken State NJ Zip 07086

Telephone 201-725-4616 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 8-21-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 permits, Plumbing, HVAC, Electric,

Copies of MUA permit, PASSaic permit. Fees.

Fees

for 2626 Grand Ave
North Bergen

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/21/17
Ready Date: 8/28/17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

emailed 8-28-17

Custodian Signature: ____ Date: ____

Report Run For Town

~~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 Sarah MI N Last Name Mertz

E-mail Address smertz@5archgroup.com

Mailing Address 700 Automation Dr. Unit F

City Windsor State CO Zip 80550

Telephone 970-427-5537 FAX 970-427-5537

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 Sarah Mertz Date 8/18/2017

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.

Please provide any currently open or pending code violation citations, including unpaid code violation invoices for the property
5212-5214 Grand Avenue, North Bergen, NJ 07047
Block: 182 / Lot: 7
Please let me know if there is any additional information I can provide that may assist.
Thank you for your assistance,
Sarah Mertz

RECEIVED
2017 AUG 21 A 9:30

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/21/17
Ready Date: 8/28/17

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

Total Pages: _____

Response Provided: _____ Date Closed: _____

Final Cost
Total: _____
Deposit: _____
Balance Due: _____
Balance Paid: _____
emailed 8-28-17

Custodian Signature: _____ Date: _____

Veronica Olaniel

From: Veronica Olaniel
Sent: Monday, August 28, 2017 11:24 AM
To: 'jhgoldsmith@verizon.net'
Subject: Ordinance 251-15
Attachments: OBCD47.pdf

Dear Mr. Goldsmith,

Attached please find the reply to your OPRA request regarding the above ordinance.

Thank you
Veronica

Attachment(s): OBCD47.pdf

Veronica Olaniel
Business License Clerk & Planning Board Secretary
Township of North Bergen
4233 Kennedy Blvd.
North Bergen, NJ 07047
(201) 392-2024
(201) 330-7694

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 Barilles, Records Custodian

Important Notice

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Requestor Information – Please Print

First Name Anita MI R Last Name Erickson

E-mail Address notify@deckerclaims.com

Mailing Address Decker Associates, 899 Mountain Avenue, Ste 3B

City Springfield State NJ Zip 07081

Telephone 973-315-1476 FAX 973-258-1530

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

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

Signature Anita R Erickson Date 8/15/17

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.

Copy of Fire Report
August 5, 2017
1202 82nd Street, North Bergen
Property Owner: Anne Magnus
Our File No. DE-1758163

RECEIVED
2017 AUG 16 A 9:04
TOWNSHIP OF NORTH BERGEN
CLERK'S OFFICE

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-16-17
Ready Date: 8-25-17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

faxed emailed 8-25-17

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 Burton MI O Last Name Langlois

E-mail Address burton.langlois@atcassociates.com / ATC Group Services

Mailing Address 3 Terri Lane Suite 4

City Burlington State NJ Zip 08016

Telephone 610 313 3100 FAX 610 313 3151

Preferred Delivery: Pick Up 2nd US Mail ____ On-Site Inspect ____ Fax ____ E-mail 1st

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

Signature Burton D Langlois Date 08/07/2017

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.

All files and information for the property located at 5203 J.F. Kennedy Blvd. in North Bergen, Hudson County, New Jersey from 1940 to present. The site is identified on the municipal tax map as Block 193, Lot 92.01. Please pass this request on to all departments including but not limited to: tax assessor, building, planning, engineering, health, fire prevention, fire department, zoning, and environmental commission. If possible I would prefer records emailed. If not feasible I will like to setup an on-site inspection:
-Current and historical property record cards & Past and present owners/uses of the property;
-Current tax assessment of the property;
-Construction and building reports/permits;
-Current zoning information & Tax map;
-Any environmental information including but not limited to any underground storage tanks, above ground storage tanks, spills, cleanups, and liens; and
-Provider of all services (water, sewer, gas, and electric).

Please contact me before any coasts may accrue.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/16/17
Ready Date: 8/25/17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

emailed 8-25-17

Custodian Signature: ____ Date: ____

Aug. 23. 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 Gloria MI ____ Last Name Demartini

E-mail Address gloria@centurioncorp.com

Mailing Address 105 Susquehanna Ave

City Franklin Lakes State NJ Zip 07417

Telephone (201) 485-8105 FAX (201) 485-8157

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 Gloria Demartini Date 8/23/17

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.

Please provide a copy of the current Contract for the garbage & Recycling Pick up and disposal

RECEIVED
2017 AUG 23 P 2:25

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-23-17
Ready Date: 8-25-17

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 8-25-17

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 Chris MI _____ Last Name Erisnor

E-mail Address ChrisErisnor@Gmail.com

Mailing Address 512 85th Street

City North Bergen State New Jersey Zip 07047

Telephone 646-355-6795 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 8/16/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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 have a copy of the film on camera on 7/11/17 1:57 A.M.; 8800 ~~tonnelle~~ (tonnelle) Ave. North Bergen. I was in a black Lincoln Towncar with green letters. (Inter American taxi; 201-758-5555)...

I was mailed a ticket claiming I unlawfully approached an Emergency vechile or whatever Emergency vechicle type it was inappropriate. Please send me a copy of this film ~~before~~ So I may present it in Court as evidence. I am representing myself in this matter.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-16-17
Ready Date: 8-25-17

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

Total Pages: _____

Response Provided: _____ Date Closed: _____

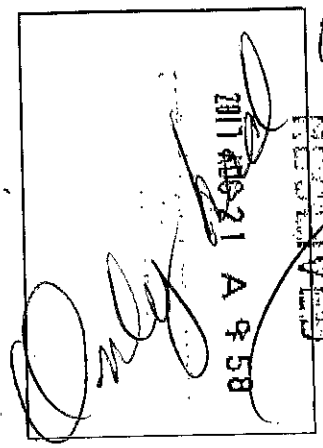
Custodian Signature: _____ Date: _____

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

RECEIVED
2017 AUG 16 P 12:21
emailed 8-25-17

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

Date Received: _____

Date of Response: _____

Name: Lyla Gray-Etherson

Address: 323 New Albany Road, Moorestown, NJ

Telephone [Day] 856-813-3000

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] Any permits or plans; any information about fires/spills
Any information regarding ASTs/USTs; Fire Code Violations

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

Information on a Specific Property Address 4301 Tonelle Avenue
Block 103.01 Lot 83

[____] **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: _____

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

s/w Eric asked for a letter until Monday 4/21/17

RECEIVED
2017 AUG -8 A 11:47

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY:

Cost:

Date of Response: 8/22/17 emailed 8-22-17

Number of pages: evanassen@stonefieldeng.com

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

Then we will send you your request.

Name: Eric Van Assen

Address: 92 Park Avenue, Rutherford, NJ 07070

Stonefield Engineering & Design

Telephone [Day] (201)-340-4468

Fax Number (201)-340-4472

Information Requested:

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

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

All prior land use resolutions for Block 457.01, Lot 38

[ ] **Police Accident Report** Fee:

Identify Accident:

[X] **Other** [specify] Site plans and traffic studies prepared for the Tonnell Shopping Center located at 8101 Tonnelle Avenue Block 457.01, Lot 38.

[ ] **License Information** [Specify]

Aug. 14

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 932 River Rd.

City Edgewater State NJ Zip 07020

Telephone 201-681-4888 FAX 201-945-6053

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 [signature] Date 8/14/17

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.

ADDRESS: 1006 88th Street North Bergen NJ 07047

BLOCK: 395.13
Lot: 16
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

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/24/17
Ready Date: 8/23/17

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 8/23/17

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 Tina MI ____ Last Name Cernuda

E-mail Address TCernuda@aol.com

Mailing Address c/o Re/max 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 8/15/17

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.

Address: 8521 2nd Ave. North Bergen NJ 07047

Block 388 Lot 32

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

AUG 15 2017

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/15/17
Ready Date: 8/24/17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____
Date Closed: ____

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

emailed 8-24-17

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 Joyce MI ____ Last Name Quintanilla

E-mail Address ____

Mailing Address 1528-38th Street

City North Bergen State NJ Zip 07047

Telephone (201) 850-3205 FAX (201) 395-5695

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 J Quintanilla Date 8-15-17

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.

We made an complaint about my neighbor pool 1526-38th St. Can we have a copy of the letter that was mail to her. My fax # (201)395-5695

Health Dept.

Thank You!

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-15-17
Ready Date: 8-23-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: ____ Date Closed: ____

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

Faxed 8-23-17

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 Lee MI ____ Last Name Perez

E-mail Address leedee131@gmail.com

Mailing Address 149 Hillcrest Place

City No Bergen State NJ Zip 07047

Telephone 917-863-9584 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.

police reports #17062323 July
+ video CCTV. 17062251 July 8, 2017
@ Any and all incidence at 141 Hillcrest Pl
N.B. NJ.

RECEIVED
2017 AUG 21 P 12:01

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-21-17
Ready Date: 8-23-17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost
Total: Q
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 George MI ____ Last Name Fernandez

E-mail Address george.fernandez99@gmail.com

Mailing Address 910 80th St

City North Bergen State NJ Zip 07047

Telephone 201-655-0274 FAX 862-345-3220

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 8/16/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

(Cash) Check Money Order

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

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.

Certificate of Continued Occupancy
Open and closed Building Permits
Electrical Open and closed Permits
Plumbing open and closed Permits
1004 76th St NB

RECEIVED
2017 AUG 16 A 8:08
CLERKS OFFICE

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/16/17
Ready Date: 8/21/17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

emailed 8-21-17

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 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 8/10/17

Payment Information

Maximum Authorization Cost $20.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

Kindly email the property record card, including the derivation of building square footage, for Block 327, Lot 1.
Also, please advise the zone of the property. Thank you.

7718 Tonnelle ave

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-11-17
Ready Date: 8-11-17

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 8-11-17

Aug. 10. 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) 309-6816

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 Quinonas Date August 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.

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: 17A Riverview Circle, North Bergen, NJ 07047
Block: 438 Blk Sfx: 02
Lot: 14 Lot Sfx: _____

2017 AUG 10 A 8:03

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-10-17
Ready Date: 8-21-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

Emailed 8-21-17

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 Cheryl MI A Last Name Nobile

E-mail Address CSNEAPPCON.COM

Mailing Address 293 Eisenhower Pkwy. Suite 130

City Livingston State N.J Zip 07936

Telephone 973-994-7400 x108 FAX 973-994-3493

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 Cheryl Nobile Date 8/11/17

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.

From Planning Board - Look for Applications or Planning Board Resolutions for Block: 453.08 Lot: 3.011 Address: 8250 West Side Ave

From Zoning Board: Looking for Applications - OR Resolutions for Block: 453.08 Lot 3.011 Address 8250 West Side Ave

2016

Last 5 years

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/11/17
Ready Date: 8/22/17

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
08-22-17

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

Date Received: 8-16-17

Date of Response: 8-23-17

Name: Yesenia Sanchez — Tax Dept gave a copy to her.

Address: 415 4th St.
Union City, N.J. 07087

Telephone [Day] (201) 993-3933
jessie.rojas.sanchez@gmail.com

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: _____

[ ] **Other** [specify] _____

[ ] **License Information** [Specify] _____

Information on a Specific Property Address 1411 - 11th St., North Bergen, NJ
Block 00018 Lot 00024

[X] **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: _____

Done 8/23/17

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 RAJA MI S. Last Name SAQIB

E-mail Address SHAHABCPA@YAHOO.COM

Mailing Address 7805 BROADWAY, APT E5

City NORTH BERGEN State NJ Zip 07047

Telephone (917) 806-6009 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 08/03/2017

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.

On 7/31/2017, I called and went to see Lt. Gaughran as directed by Prosecutor's office regarding police report dated 9/22/16. When I arrived at North Bergen Police Station Lt. Gaughran was not available. I requested officer Gonzalez to speak to the supervisor. The supervisor called the ambulance and asked me to get a psychiatric evaluation at the hospital and come back to the police station with discharge certificate and he would help me with the daily harassment face in the building and outside.

Kindly provide the documents for police calling the ambulance and EMS for taking me to the hospital.

RECEIVED AUG 04 2017

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____
Ready Date: ____
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: ____
Response Provided: emailed
Date Closed: 8/14/17
Custodian Signature: [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 Rick MI ____ Last Name ARROYO

E-mail Address RICK@ENDENVORGLOBALGROUP.COM

Mailing Address 1203 88th

City North Bergen State NJ Zip 07047

Telephone 201 280-7205 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 8/30/17

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.

6711-6723 Kennedy Blvd

TAX Block 224 Lot 21+23+28&55

North Bergen

BOA

Resolution

2017 AUG 30 P 1:26

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/30/17
Ready Date: 8/31/17

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 8.31.17

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 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 Dale MI ____ Last Name Caro

E-mail Address dalefcaro2@msn.com

Mailing Address 637 Wyckoff Ave #171

City Wyckoff State NJ Zip 07481

Telephone 973 223-4639 FAX 888 241-9976

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 8/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Property Address:
1200 Paterson PLANK Road, NBergen Block 00024/Lot 0001/0000
00024/Lot 03
24/Lot 66

Looking for any Buildings Approval Requests in the last 10 years

Also Commonly Known as - 1024 Paterson Plank Rd; 1312 12th St North Bergen

OFFICIAL USE ONLY

Tracking Rec'd Date: 8/31/17

Ready Date: 9/05/17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost
Total: ____

Deposit: ____

Balance Due: ____

Balance Paid: ____

emailed 9-5-17

fax - 201-090-7644

AGENCY NAME HERE

Place Logo Here

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Place Logo Here

Important Notice

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

Requestor Information – Please Print

First Name Carly MI ____ Last Name Kaminsky

E-mail Address Carly@brinksconsulting.com

Mailing Address 125e Liberty Ave

City Hillside State NJ Zip 07205

Telephone (844) 462-7465 FAX (908) 353-3107

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

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

Signature Carly Kaminsky Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a list of permit applications for the installation, Removal or the decommissioning of Underground Storage tanks at:

6320 Smith Ave, North Bergen

Block # 216 Lot # 11

AUG 23 4:58

AGENCY USE ONLY

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

Deposit Data ____

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 8-23-17
Ready Date 9-01-17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed on 9/1/17

Custodian Signature

09/01/17
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 Luis MI A. Last Name Martinez

E-mail Address LAM@personalinjuryfirm.net

Mailing Address 9252 Kennedy Blvd.

City North Bergen State NJ Zip 07047

Telephone 201-854-6444 FAX 201-854-6442

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 8/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like to request all documents relating to the bakery business located at 8125 Bergenline Ave., North Bergen, NJ
All records for the bakery business from Health Dept., Tax Assessor's office, Building Dept; from 2012 forward

2017 AUG 31 P 2:01

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-31-17

Ready Date: 9-05-17

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

Total Pages: _____

Response Provided: _____ Date Closed: _____

Final Cost
Total: _____

Deposit: _____

Balance Due: _____

Balance Paid: _____

emailed 9-05-17

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 9/01/2017

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 August 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 9-05-17

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

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 Gladys MI ____ Last Name Peraza

E-mail Address 1gp531@aol.com

Mailing Address 6601- Palisade Ave. #509

City West New York State NJ. Zip 07093

Telephone 832-526-3907 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 Gladys Peraza Date 8/28/17

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.

Good Afternoon:

Please Send via e-mail, a Police Report. I had a Minor Accident on 7/12/17. on Broadway Avenue.

Send to:
6601 Palisade Ave # 509
West New York, NJ. 07093. Thank you!

2017 AUG 29 A 9:05

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-29-17
Ready Date: 9-5-17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

emailed 9-5-17

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 Jenny MI ____ Last Name Rosario

E-mail Address LRosario26@hotmail.com

Mailing Address 240 MT. Vernon Place Apt. 7-P

City Newark State NJ Zip 07106

Telephone (917) 402-1945 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 Jenny Rosario Date 8/25/17

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.

CAD# 17074463
CAD# 17053315
CAD# 17070821

RECEIVED
2017 AUG 25 P 3:03

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-25-17
Ready Date: 9-06-17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

emailed on 9-06-17

Custodian Signature: ____ Date: ____

Deidry Gonzalez Spoke to Ms. Sheneetra this is another opra due on 9/07/17 emailed on 9/5/17

From: Scroggins, Sheneetra <Sheneetra.Scroggins@pzr.com>
Sent: Monday, August 28, 2017 12:51 PM
To: Deidry Gonzalez
Subject: RE: OPRA REQUEST: 4301 Tonnelle Ave, Block: 103.01, Lot:

Hello,
Can we please obtain copies of:

Card #1
Permit #'S
5662
7443
7426
6992
4710
12-01-89 letter zoning of compliance
03-13-90 Letter Re Review of file
Card# 2
Permit #
4853
Card#3
Permit #
04804
9393
02-28-13 Planning board approved expansion Veronica
2013-1358
2013-0079

Sheneetra Scroggins
Information Specialist
The Planning & Zoning Resource Company
1300 South Meridian Ave. Suite 400
Oklahoma City, Ok 73108
Sheneetra.scroggins@pzr.com
Phone: 1-800-344-2944 Ext. 4463
Fax: 405-698-3922

-----Original Message-----
From: Deidry Gonzalez [mailto:dgonzalez@northbergen.org]
Sent: Monday, August 28, 2017 10:20 AM
To: Scroggins, Sheneetra <Sheneetra.Scroggins@pzr.com>
Cc: Deidry Gonzalez <dgonzalez@northbergen.org>
Subject: OPRA REQUEST: 4301 Tonnelle Ave, Block: 103.01, Lot:

Aug. 29, [illegible]

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 Herbert MI ____ Last Name MACK

E-mail Address MACK.HERBERT@DOL.GOV

Mailing Address 299 Cherry Hill Road

City Parsippany State NJ Zip 07054

Telephone 973-263-1003 ext 2682 FAX 973-299-7161

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 08-29-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Pleas Provide Construction Permit information for:

Address: 1540 Paterson Plank Road
North Bergen, NJ

Note: New Construction Project.

I call and spoke to Mr. Herbert he gave us his email address.

RECEIVED
2017 AUG 29 A 9:48

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-29-17
Ready Date: 9-7-17
emailed 9-07-17

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: _____

Approved by [illegible] Date: [illegible]

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 Christopher MI W Last Name Michaels

E-mail Address CMichaels@chartwelllaw.com

Mailing Address 1 Logan Square 26th Flr 130 N. 18th St

City Phila. State PA Zip 19103

Telephone 215 972 5492 FAX 215 972 7008

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 8/30/17

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.

As per my recent discussion with Gloria in the Building Department, I am seeking any and all supporting documentation for the permits listed on the property card from 2100 88th Street, North Bergen, NJ 07047. Please contact me w/ any questions. I would like to obtain copies of all supporting documentation.

2017 AUG 30 AM 11

OFFICIAL USE ONLY

emailed on 9/7/17

Tracking
Rec'd Date: 8-30-17
Ready Date: 9-07-17

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 Josephine MI ____ Last Name Madowsky

E-mail Address Lively Constine@gmail.com

Mailing Address 928 21st Union City N.J

City Union City State N.J Zip 07087

Telephone 551-888-6388 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 X Josephine Madowsky Date Aug. 30 2017.

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 in a car accident and need to see why this person hit me so hard. I belive he was on the phone or took a red light. Please help. Thankyou.

(Aug 5th 3:30 pm)

Id like a copy

2017 AUG 30 A 11:20

OFFICIAL USE ONLY

Tracking
Rec'd Date: 08-30-17
Ready Date: 09-08-17

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 9/07/17

Sep. 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 Mitsuru MI ____ Last Name Noguchi

E-mail Address mitsururi@gmail.com

Mailing Address 7855 Boulevard E 29 F

City North Bergen State NJ Zip 07047

Telephone 201 663 3777 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 Mitsuru Noguchi Date 8/3/2017

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'm looking for all construction permits that were granted in the apartment building at 7855 Boulevard E North Bergen 07047

(The building name is Parker Imperial)

RECEIVED
2017 SEP -6 P 1:49

OFFICIAL USE ONLY

Tracking
Rec'd Date: 09-06-17
Ready Date: 09-08-17
emailed on 9-8-17

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: ____

Sep. 5. 201

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address
Agency Telephone Number & Fax Number
Agency e-mail address
201-330-7094 Name of Agency Custodian

Place Logo Here

Important Notice

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

Requestor Information – Please Print

First Name Carly MI ___ Last Name Kaminsky

E-mail Address Carly@brinksconsulting.com

Mailing Address 1250 Liberty Ave

City Hillside State NJ Zip 07205

Telephone (844) 462-7465 FAX (908) 353-3107

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

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

Signature Carly Kaminsky Date ___

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a list of permit applications for the installation, Removal or the decomissioning of Underground Storage tanks at: 319 78th St North Bergen.

Block # 285 Lot # 14

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 9.05.17
Ready Date 9.07.17
Total Pages ___

Final Cost

Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

emailed on 9-07-17

Custodian Signature

9/07/17
Date

TOWNSHIP OF NORTH BERGEN

Erin Ba

done 9/15/17

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 Allan MI ____ Last Name Blutstein

E-mail Address ablutstein@americarisingllc.com

Mailing Address 1500 Wilson Blvd., 5th Fl.

City Arlington State VA Zip 22209

Telephone (703) 672-3776 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 9.5.17

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.

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

RECEIVED
2017 SEP -6 A 9:00

Emailed Response on 9/12/2017

OFFICIAL USE ONLY

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

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

Erin Barillas

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 Connie MI _____ Last Name Marrero

E-mail Address marrero2606@gmail.com

Mailing Address 1304 72nd Street

City North Bergen State NJ Zip 07047

Telephone 201-861-3930 FAX _____

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

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 copy of current and prior approved township ordinance for the table of organization of the North Bergen Police Department. Ordinance Information should include date approved / modified and specific details mentioned regarding the department's minimum / maximum staffing requirements for the positons of Chief, Deputy Chief, Lieutenant, Captain, Sergeants and Officers.

RECEIVED 2017 SEP 11 A 9:00

Emailed ordinances on 9/13/2017 EB

Ord. 316-16 / Ord. 310-16

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: _____

Law Office of Joseph A. Rutigliano, L.L.C.
8512 Kennedy Boulevard, Suite 2• North Bergen, New Jersey 07047
Tel. (201) 850-1100 • Fax. (201) 850-1101
Website. www.JARlawyer.com • Email. Joseph@JARlawyer.com
Member, New Jersey & District of Columbia Bars

September 12, 2017

(VIA FACSIMILE 201-330-7694 ONLY)

Erin Barillas, RMC
Township Clerk
Township of North Bergen
4233 Kennedy Blvd
North Bergen, NJ 07047-2779

RECEIVED
2017 SEP 12 P 1:36

Re: OPRA Request – December 7, 2016

Dear Ms. Barillas:

Please consider this an OPRA request. This request is being served upon you in your capacity as the custodian of records for the Township of North Bergen and is being made under OPRA and common law. Kindly provide this office with the following:

1. **A copy of North Bergen Township Ordinance # 38-09 (Unlawful Residence).**

I would request you supply these records by either facsimile or email, as pursuant to legislative changes to copy fees effective November 9, 2010, no fee shall apply. Should you require anything further, please inform me immediately. Please be advised that we will not accept certified or registered mail charges unless these charges are specifically accepted by this office in advance.

Thank you for your attention to this matter. If you should have any questions, please do not hesitate to contact my office.

Very truly yours,

JOSEPH A. RUTIGLIANO

Emailed 38-09 on 9/15/2017

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 Joanne MI ____ Last Name Lauro

E-mail Address JoanneLeadsSo.com

Mailing Address 170 Kinnelon Rd

City Kinnelon State NJ Zip 07405

Telephone 973-492-0509 FAX 973-492-8378

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

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

Signature Joanne Lauro Date 9/7/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

Bid date 9/7 Bergenline Avenue Improvement

Please forward me a complete list of Contractors who bid & their bid amounts. Bid tabulations as opened.

Thank You

RECEIVED
SEP 7 4:47

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9-08-17
Ready Date: 9-11-17
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 9/11/17

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

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Requestor Information – Please Print

First Name RHIANNON MI K Last Name JENNERICH

E-mail Address rhiannonjennerich@gmail.com

Mailing Address 5008 PALISADE AVE, APT. D4.

City WEST NEW YORK State NJ Zip 07093

Telephone (832) 8170557. 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 08/29/2017.

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 IS FOR COPY OF CCTV SURVEILLANCE VIDEO OF CAR ACCIDENT ON 83RD + TONELLE AVE.
DATE OF ACCIDENT = MAY 14TH 2017 @ APPROX. 12:30 AM.
PLEASE SEE ATTACHED POLICE REPORT # 17044567.

A COPY OF THE CCTV FOOTAGE WAS MADE AT REQUEST OF INSURANCE ADJUSTOR:
INITIAL REQUESTOR = MICHELLE HOFMANN, ALLSTATE INSURANCE; ph. 732 751 5465.
TIMELINE: MAY 14TH = DATE OF ACCIDENT
MAY 18TH = INITIAL REQUEST MAILED TO POLICE DEPT.
MAY 22ND = REQUEST RESUBMITTED VIA FAX
MAY 23RD = INVOICE RECEIVED $10-50
MAY 26TH = COPY SENT BY POLICE DEPT VIA CERT. MAIL
JUNE 5TH = COPY RECEIVED BY ALLSTATE.

INSURANCE UNABLE TO FORWARD COPY TO ME DUE TO FILE SIZE, THEREFOR I AM REQUESTING ADDITIONAL COPY FOR MY OWN RECORDS. THANK YOU

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-31-17
Ready Date: 9-12-17

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 9-12-17

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

Important Notice

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Requestor Information – Please Print

First Name Abilio MI ____ Last Name Toledo

E-mail Address ____

Mailing Address 8317 Grand Ave.

City North Bergen State NJ Zip 07047

Telephone 201 388-1902 FAX 201-679-0370

Preferred Delivery: Pick Up ✓ US Mail ____ On-Site Inspect 9 Fax ~~7~~ E-mail ~~17~~

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

Signature abilio Toledo Date Sept 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.

To Request video of intersection on accident dated 8/27/17
8300 Bergenline Ave.
Case# 17076914.

RECEIVED
2017 SEP -6 A 10:52

OFFICIAL USE ONLY

Tracking
Rec'd Date: 09-06-17
Ready Date: 09-14-17

pickup 9-14-17

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: ____

Veronica Olaniel

due 9-7-17
emailed on 9-7-17

From: Robert Giancaterino <rgiancaterino@skoloffwolfe.com>
Sent: Thursday, August 24, 2017 11:25 AM
To: Veronica Olaniel
Subject: RE: OPRA Request
Attachments: 20170817104637127.pdf

Veronica Sorry I attached the wrong thing This is the right one

Robert F. Giancaterino

973.232.2964 *tel* n 973.232.2965 *fax*

rgiancaterino@skoloffwolfe.com

Skoloff Wolfe
SKOLOFF & WOLFE P.C.

Skoloff & Wolfe, P.C.
Attorneys at Law
293 Eisenhower Parkway
Livingston, New Jersey 07039
973.992.0900 *tel*
973.992.0301 *fax*

www.skoloffwolfe.com

From: Robert Giancaterino
Sent: Thursday, August 24, 2017 10:14 AM
To: 'Veronica Olaniel' <volaniel@northbergen.org>
Subject: RE: OPRA Request

b. Applicant to provide the Township Engineer with a str immediately, but in no event will the Planning Board memorialize t structural integrity report is provided and reviewed by the Townshi

Report Run For North Be...

8818 CHURCH... 8818 C CH... 440 40.01 88... 20...

Gonzalez

emailed 9/14/17

...m: ___ FOIA <foia@buildzoom.com>
Sent: Saturday, September 09, 2017 5:35 PM
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 Jul 18, 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.

We intend to ask for this data regularly: monthly for the prior month. What do you recommend as the best process to acquire this data?

Please feel free to email me or call Vidhan Agrawal, the Product Manager for our Data Platform at (415) 890-3706. vidhan@buildzoo...

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

2017 SEP 11 P 12:30

Gonzalez

fax or emailed 9-14-17

.om: Erin Barillas
Sent: Monday, September 11, 2017 8:44 AM
To: Deidry Gonzalez
Subject: FW: OPRA

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)

RECEIVED
2017 SEP 11 A 11:14
CLERK'S OFFICE

From: Mary Christopher [mailto:mchristopher@firstorderllc.net]
Sent: Saturday, September 9, 2017 7:08 AM
To: Erin Barillas <Erinbarillas@NorthBergen.org>
Subject: OPRA

Good Morning,

I was on you website and the request for record link did not work. We are doing a land title survey on the property located at 5401 Tonnelle Ave., North Bergen – Block 167 Lot 2 & 3.07. We are looking for any water, sewer, storm, and sanitary as-built and/or site plans you may have available. Any information you can provide would be greatly appreciated.

Thank you,
Mari Christopher
(Job #5652)

First Order, LLC
4383 Hecktown Road , Suite B
Bethlehem, PA 18020
Phone: 610-365-2907
Fax: 610-365-2958

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 Angela MI L Last Name Bellis

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

Mailing Address 4600 South Ulster Street, Suite 530

City Denver State CO Zip 80237

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

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax 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 Angela Bellis Digitally signed by Angela Bellis Date: 2017.09.11 15:03:14 -06'00' Date 09-11-2017

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.

PEMCO Limited represents Fannie Mae the owner of record of the property at 1508 45TH STREET NORTH BERGEN, NJ 07047 Block 122 / LOT 118.

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

Thank you,

Angela Bellis

Angela Bellis

2017 SEP 12 A 9:05

OFFICIAL USE ONLY

Tracking
Rec'd Date: 09-12-17

Ready Date: 09-14-17

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 9/14/17 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 Angela MI L Last Name Bellis

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

Mailing Address 4600 South Ulster Street, Suite 530

City Denver State CO Zip 80237

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

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax 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 Angela Bellis Digitally signed by Angela Bellis Date: 2017.09.11 15:09:34 -05'00' Date 09-11-2017

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.

PEMCO Limited represents Fannie Mae the owner of record of the property at 1210 43RD ST NORTH BERGEN, NJ 07047 Block 143 / LOT 20.02.

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

Thank you,

Angela Bellis

RECEIVED 2017 SEP 12 A 9:05

OFFICIAL USE ONLY

Tracking Rec'd Date: 09-12-17

Ready Date: 09-14-17

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 9/14/17 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 Moe MI ____ Last Name Abbasi

E-mail Address info@abbasi.co

Mailing Address 1619 72nd Street

City North Bergen State NJ Zip 07047

Telephone 201 310 0964 FAX ____

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

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

Signature ____ Date 9/8/2017

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.

8907 Grand Ave. property card / building permits history

2017 SEP -8 A 9:47

OFFICIAL USE ONLY

Tracking
Rec'd Date: 09-08-17
Ready Date: 09-14-17

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 9-14-17

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 ROSA MI M. Last Name RIVERA

E-mail Address RRIVERA2189@YAHOO.COM

Mailing Address 7109 LIBERTY AVE.

City NORTH BERGEN State N.J. Zip 07047

Telephone 917-232-1143 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 8/31/17

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.

ON 8/25TH (OVERNIGHT) BETWEEN HOURS
8PM - 11AM, MY VEHICLE WAS HIT ON THE
(8/24) (8/25TH)
FRONT LEFT (DRIVER SIDE) BUMPER. NO PASSENGERS
WAS IN THE VEHICLE, CAR WAS PARKED ON
THE CORNER OF 74TH STREET + TONNELLE.
CAR DESCRIPTION: HONDA CIVIC 2016, DARK GRAY

RECEIVED
2017 SEP 13 PM 1:46
TOWNSHIP OF NORTH BERGEN

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-31-17
Ready Date: 09-07-17

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

Total Pages: _____

Response Provided: _____ Date Closed: _____

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

9-12-17

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 Guacorda MI ____ Last Name DuRan

E-mail Address Jack203200@gmail.com

Mailing Address 1270 Webster Ave 6f

City Bronx State NY Zip 10456

Telephone 347-344-3863 FAX (917)442-8427

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

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

Signature [signature] Date 9/12/17

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.

CCTV 9/7/17 11:00 Am

80th st Tennelle Ave

RECEIVED
2017 SEP 12 P 2:42

OFFICIAL USE ONLY

Tracking
Rec'd Date: 09-12-17

Ready Date: 9-20-17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

Final Cost
Total: ____

Deposit: ____

Balance Due: ____

Balance Paid: ____

emailed faxed on 9-20-17

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 Lee MI S Last Name Moran

E-mail Address Lee@able-care.net

Mailing Address 83 Chamberlain Ave

City Elmwood Park State NJ Zip 07407

Telephone 973-777-5566 FAX 973-777-5514

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 Lee Moran Date 9/8/17

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 a copy of Permit Tech Section for Permit # 2017-0976. Work site 7800 River Road. Install of Wheelchair lift.

RECEIVED 2017 SEP 11 A 8:59

OFFICIAL USE ONLY

Tracking
Rec'd Date: 09-11-17
Ready Date: 09-14-17

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

Total Pages: _____

Response Provided: _____ Date Closed: _____

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

emailed fax on 9-14-17

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 Jehead MI M Last Name Awad

E-mail Address Jimmy Awad8@gmail.com

Mailing Address 250 Gorge Rd Apt #25A

City Cliffside Park State NJ Zip 07010

Telephone 646-354-1594 FAX

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

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

Signature [signature] Date 09/05/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 a record of all calls resulting in police coming to my address 7100 Madison Street; North Bergen, NJ 07047. I need dates, times, reason for the police coming, also outcome. – 2016 & 2017

RECEIVED
2017 SEP -5 A 8:51

OFFICIAL USE ONLY

Tracking
Rec'd Date: 09-05-17
Ready Date: 9-13-17

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

Total Pages: ___

Response Provided: ___ Date Closed: ___

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

emailed on 9-13-17

Custodian Signature: ___ Date: ___

AGENCY NAME HERE

Place Logo Here

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

201-330-7694

Place Logo Here

Important Notice

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

Requestor Information – Please Print

First Name Carly MI ____ Last Name Kaminsky

E-mail Address Carly@brinksconsulting.com

Mailing Address 1250 Liberty Ave

City Hillside State NJ Zip 07205

Telephone (844) 462-7465 FAX (908) 353-3107

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

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

Signature Carly Kaminsky Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a list of permit applications for the installation, Removal or the decommissioning of Underground Storage tanks at: 1515 41st St North Bergen

RECEIVED SEP 12 2017

BLOCK # 110 LOT # 349

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 9-12-17
Ready Date 9-14-17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed on 9-14-17

Custodian Signature 9/14/17 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 Kevin MI ----- Last Name Carpenter

E-mail Address kcarpenter@nynjclaims.com

Mailing Address PO Box 710

City Wayne State NJ Zip 07474-0710

Telephone 973 237 9555 FAX 973 237 9888

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 08/31/17

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.

NY/NJ Claims-Plymouth Rock Assurance is the insurance carrier for Charles Romano. Mr Romano was involved in a motor vehicle accident in North Bergen, NJ on August 20, 2017. We have attached a copy of the police report for your review. The accident occurred at approximately 9:30 pm at the intersection of River Road and Bulls Ferry Road in North Bergen, NJ. Mr. Romano's vehicle struck a pedestrian at the intersection. We recently visited the scene of the accident and observed a traffic camera mounted to the roof of a building occupied by a storage facility. The business operates from the address 8301 River Road, North Bergen, NJ under the name Extra Space Self Storage. We would like to obtain a copy of any video recorded by the camera which documents the accidetn. Please provide a copy of the video at your earliest conveneice. If video is not available please contact our office to advised of that fact.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 09-05-17

Ready Date: 09-13-17

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
M
9-13-17

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 Manuel MI A Last Name Parra

E-mail Address MParra230571@Yahoo.com

Mailing Address 8608 Durham Ave

City North Bergen State NJ Zip 07047

Telephone 551-482-1643 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 9-1-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge 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 CCTV
dtd: 8-27-17
Bergenline Ave.

RECEIVED
2017 SEP -1 A 11:18

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9-01-17
Ready Date: 9-12-17

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 9-12-17

Custodian Signature: _____ Date: _____

Sep.

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 201-681-4888 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 9/12/17

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.

301-79th St #A4. N. Bergen.

- any documentation regarding current tenant
- rent control status
- protected tenancy
- latest c/o issued.

2017 SEP 12 P 3:03

OFFICIAL USE ONLY

Tracking
Rec'd Date: 09-12-17

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 on 9-20-17

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 Dorothy MI J Last Name Dankert

E-mail Address dorothy.dankert@sci-us.com

Mailing Address 1400 70th Street Unit 7

City North Bergen State NJ Zip 07047

Telephone 201 280-5896 FAX 201 867-0629

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 ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other 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 let me have all of:

2016 -Police Call records to -1400 70th Street, North Bergen, NJ (If you can for Unit #9)

2017- Police Call records to - 1400 70th Street, North Bergen NJ (If you can for Unit #9)

If you cannot look up just Unit 9- Please give me all of the calls for 2016-2017.

Thank You in advance for your help.

Dorothy Dankert
Hillcrest View Condo Assoc/Garden State Crematory 201 867-0219

RECEIVED
2017 SEP -7 A 9:03

OFFICIAL USE ONLY

Tracking Rec'd Date: 9/7/17

Ready Date: 9/18/17

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 9/18/17

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.

Requestor Information – Please Print

First Name Natalie MI B Last Name Alave

E-mail Address nbalave@gmail.com

Mailing Address 1462 76th St. Apt. 2

City North Bergen State NJ Zip 07047

Telephone 201 600 4145 ~~FAX~~ (201) 334-6962

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.

Vechile was damaged at [9:00pm (9/7/17) - 8:25pm (9/8/17)]
On the corner of 76th St. and Newkirk Ave.
Requesting CCTV Footage between above time.

2017 SEP -1 A 10:56

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9-1-17
Ready Date: 9-19-17

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

Total Pages: _____

Response Provided: _____ Date Closed: _____

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

emailed 9-19-17

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 Nelson MI ____ Last Name Guzman

E-mail Address GuzmanNelson075@GMAIL.COM

Mailing Address 716 Columbia Ave BSMT Floor

City North Bergen State NJ. Zip 07047

Telephone 551 214-7707 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 Nelson Guzman Date 9-12-17

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.

I LIVE IN AN ILLEGAL APT. AT 716 COLUMBIA AVE BASEMENT N.B, NJ. 07047. I NEED A DOCUMENT OR PAPER SHOWING THAT I LIVE IN AN ILLEGAL APT! I REPORTED MY ILLEGAL APT. BACK IN OCT. - NOV 2016. I NEED IT A.S.A.P. BECAUSE I NEED IT TO SHOW THE JUDGE IN JERSEY CITY TENANT COURT.

THANK YOU.

OFFICIAL USE ONLY

Tracking
Rec'd Date: 09-12-17
Ready Date: 09-14-17

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 9/14/17

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

Deidre

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 MI ____ Last Name Acosta

E-mail Address jorge_carlos77@yahoo.com

Mailing Address 4136 75th St North Bergen NJ 07047

City North Bergen State NJ Zip 07047

Telephone 551 230 2292 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 9/13/17

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.

LIQUOR LICENCE INFORMATION

I'd like to receive information about any liquor licenses available in North Bergen from 2017 to purchase

RECEIVED 2017 SEP 13 P 12:38

OFFICIAL USE ONLY

Tracking
Rec'd Date: 09/13/17
Ready Date: 09-22-17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

emailed 9-22-17

Custodian Signature: ____ Date: ____

De

LYNCH LAW FIRM

LYNCH LYNCH HELD ROSENBERG, P.C.
Personal Injury Attorneys

emailed on 9-25-17

www.LynchLawyers.com

Avery Alston, Legal Assistant
E-Mail: aalston@lynchlawyers.com
Main Tel.: (201) 288-2022
Direct Fax: (201) 596-2881

September 19, 2017

Via Mail:
Township of North Bergen EMS Service
4233 Kennedy Boulevard
North Bergen, NJ 07047
ATTN: MEDICAL RECORDS DEPARTMENT

2017 SEP 22 P 2:44

Re: Mila Vera
Date of Birth: July 22, 1970
Our File No.: 900-218295

Dear Sir/Madam:

Please be advised that this office has been retained to represent Mila Vera. We hereby request that you provide us with the following items:

- **Ambulance/ EMS Report for November 28, 2015.**

Kindly, forward the requested records as soon as possible to fax #: (201) 596-2881. You will find enclosed an authorization which allows you to release the information requested to our law firm.

I remind you that pursuant to N.J.A.C. 8:43G–15.3(I), the fee for copying records shall not exceed $1.00 per page or $100.00 per record for the first 100 pages. For records which contain more than 100 pages, a copy fee of no more than $.25 per page may be charged for pages in excess of the first 100 pages, up to a maximum of $200.00 for the entire record. A search of no more than $10.00 per patient per request is permitted. Additionally, pursuant to N.J.A.C. 8:43G–15.3, a copy of the medical records is to be provided to our office within 30 days of this request.

If you have any questions, please do not hesitate to contact me. Thank you for your attention to this matter.

Very truly yours,
Avery Alston
Avery Alston, Legal Assistant
LYNCH LYNCH HELD ROSENBERG, P.C.

CARTER CORRISTON
DONALD A. CAMINITI ▪ ◊ †

▪ Certified by the Supreme Court of New Jersey as a Civil Trial Attorney

◊ Certified by the National Board of Trial Advocacy as a Civil Trial Advocate

* N.J. & N.Y. Bars
† N.J., N.Y. & D.C. Bars

Email:
KCorriston@breslinandbreslin.com

LAW OFFICES

BRESLIN AND BRESLIN, P.A.

41 MAIN STREET
HACKENSACK, N.J. 07601-7087
(201) 342-4014
FAX (201) 342-0068
www.BreslinandBreslin.com

485 UNDERHILL BLVD., SUITE 308
SYOSSET, N.Y. 11791
(914) 686-1533

TERRENCE J. CORRISTON *
KEVIN C. CORRISTON *
KAREN BOE GATLIN
E. CARTER CORRISTON, JR. *

JOHN J. BRESLIN, JR. (1935 - 1987)
JAMES A. BRESLIN (1969 - 1980)
ANGELO A. BELLO (1985 -2007)

Writer's Extension: 219
*Reply to **Hackensack***

September 19, 2017

FOURTH REQUEST
North Bergen EMS
4233 Kennedy Boulevard
North Bergen, NJ 07047

Re: Joseph Binetti
DOB: 09/08/1958

Dear Sir/Madam:

Please be advised that we represent Joseph Binetti with regard to injuries sustained in an incident which occurred on or about July 6, 2015.

It is necessary at this time that we receive a copy of your trip ticket in connection with this matter. Mr. Binetti fell in the vicinity of 7411 Broadway at approximately 6:30 p.m. on July 6, 2015. He was transported to Palisades Medical Center.

Kindly forward my office a copy of the trip ticket at your first opportunity. A HIPAA compliant authorization for release of medical information, which has been signed by my client, is enclosed. If there is a charge for this information, please advise and we will forward a check immediately.

Thank you for your courtesy and cooperation in this matter.

Yours truly,

BRESLIN AND BRESLIN, P.A.

Kevin C. Corriston

KCC:mlc
Enclosure

emailed on
and fax 9-25-17

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 Bardlas, 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.I. Middle Name: Rivera

E-mail Address: cmclaw1@gmail.com

Mailing Address: 528 26th Street, Suite 1A

City: Union City State: NJ Zip: 07087

Telephone: 201-325-0111 FAX: 201-325-0303

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

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

Signature: _____ Date: 9/15/17

Payment Information

MasterCard Authorization Card #

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page.
Legal size pages - $0.07 per page.
Other 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.

As to 602 73rd Street, North Bergen, I represent the Buyer. In connection w/ her purchase, I seek the information listed on the accompanying transmittal letter.

2017 SEP 18 A 9:12

OFFICIAL USE ONLY

Tracking:
Rec'd Date: 9-18-17
Ready Date: 9/20/17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: _____
Response Provided: _____ Date Closed: _____

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

emailed
faxed on
9/20/17

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 Bayliss, 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: Christina MI: M Last Name: Rivera

E-mail Address: Cmrlawnj@gmail.com

Mailing Address: 528 26th Street, Suite 1A

City: Union City State: NJ Zip: 07087

Telephone: 201-325-0111 FAX: 201-325-0303

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

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

Signature: [signature] Date: 9/15/17

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash Check Money Order

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

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.

Asto 1118 85th Street, North Bergen, I represent the Buyer. In connection I seek the information listed on the accompanying transmittal letter.

RECEIVED
2017 SEP 18 A 9:13
CITY CLERK

OFFICIAL USE ONLY

Tracking Rec'd Date: 9-18-17

Ready Date: 9-26-17

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 & faxed 9-26-17

Place Logo Here

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address

201-330-7694 Name of Agency Custodian

Place Logo Here

Important Notice

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

Requestor Information – Please Print

First Name Carly MI ____ Last Name Kaminsky

E-mail Address Carly@brinksconsulting.com

Mailing Address 125e Liberty Ave

City Hillside State NJ Zip 07205

Telephone (844) 462-7465 FAX (908) 353-3107

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

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

Signature Carly Kaminsky Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money 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.

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

Please provide a list of permit applications for the installation, Removal or the decomissioning of Underground Storage tanks at: 301 77th St North Bergen

Block # 286 Lot # 3

SEP 14 2017 RECEIVED

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open ____

Denied - Closed ____

Filed - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Receipt Date 9-14-17

Ready Date 9-26-17

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided emailed on

Custodian Signature 9/26/17 Date

Deidre

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 Alma MI ____ Last Name Peralta

E-mail Address artleejay@gmail.com

Mailing Address 114 77th St

City North Bergen State NJ Zip 07047

Telephone (201) 790-1155 FAX ____

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

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

Signature Alma Peralta Date 9-21-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

D.O.S 9/12/17 Between 1900-2000 hrs, picked up from home [redacted] seizure symptoms. written on paperwork. Was not able to communicate symptoms with EMS personnel. Only able to say whole body was numb. Address: 114 77th St North Bergen, NJ 07047
D.O.B 7/5/72

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9/21/17
Ready Date: 9-25-17

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

Total Pages: ____

Response Provided: ____ Date Closed: ____

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

Emailed 9-25-17

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

C. CERTIFICA
I hereby certify that
Approved by
Date:

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 Stuart MI D Last Name Minion, Esq.
E-mail Address sminion@minionsherman.com
Mailing Address 33 Clinton Rd. Suite 105
City West Caldwell State NJ Zip 07006
Telephone 973-882-2424 FAX 973-882-0856
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 Stuart D. Minion Esq. Date 9/20/17

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.

All permits open and/or closed since 2010 through present date for property located at:

1210 12th Street

BLOCK: 24 LOT: 78.01

2017 SEP 20 A 9:36

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9/20/17
Ready Date: 9/26/17

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

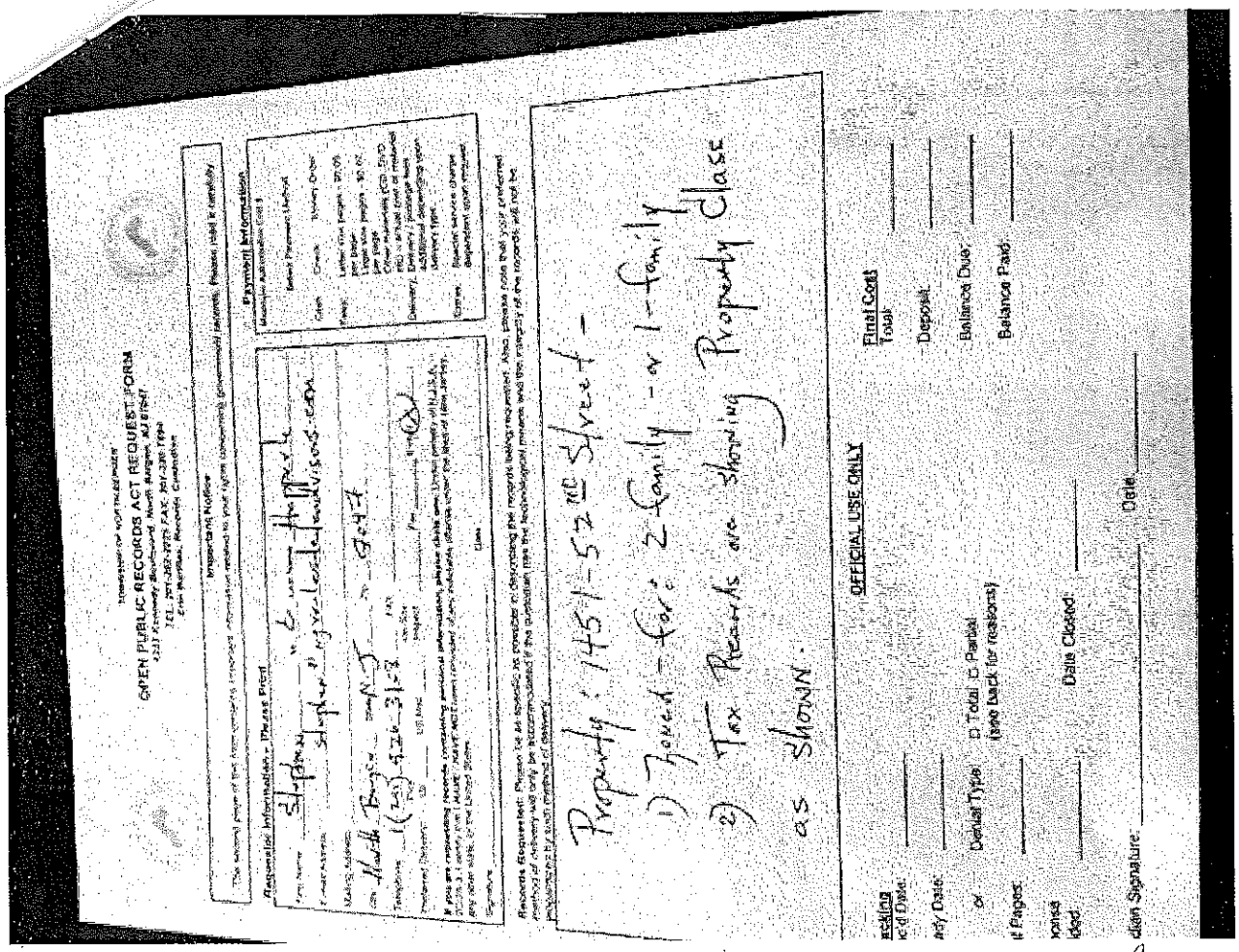
Total Pages: ____

Response Provided: ____ Date Closed: ____

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

emailed and fax 9/26/17

Custodian Signature: ____ Date: ____



emailed on 9/26/17

Sent from my iPhone

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 ROSA MI ____ Last Name RIVERA

E-mail Address RRIVERA2189@YAHOO.COM

Mailing Address 7109 LIBERTY AVE.

City N. BERGEN State N.J. Zip 07047

Telephone 917-232-1143 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 [signature] Date 9/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
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Other 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,
MY VEHICLE WAS HIT OVERNIGHT BETWEEN THE DATE + TIME OF WEDNESDAY 8/23rd 9PM (NIGHT) - THURSDAY 8/24th 11AM (MORNING). THERE WAS NO PASSENGERS IN THE VEHICLE WHILE IT WAS PARKED. I AM TRYING TO ATTAIN THE LICENSE PLATE# OF THE VEHICLE THAT HIT MY CAR FOR INSURANCE PURPOSE (LIABILITY). HOPEFULLY THE CAMERA POSTED ABOVE TRAFFIC LIGHT CAUGHT THE PLATE #'S. MY VEHICLE IS A HONDA CIVIC 2016, GRAY, PLATE # W95HBR.
VEHICLE WAS PARKED ON THE CORNER OF 74st FACING TONNELLE AVE.

[redacted]

TONNELLE AVE
CAMER
74th STREET

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9/15/17
Ready Date: 9/26/17

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 9-26-17

Custodian Signature: ____ Date: ____

Deidry Gonzalez

emailed on 9/21/17

From: Erin Barillas
Sent: Thursday, September 21, 2017 8:33 AM
To: Deidry Gonzalez
Subject: FW: OPRA - ZBA Case#06-17 - Church Hill Partners, LLC 8621 -8625 River Rd, North Bergen - transcript & resolution

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)

2017 SEP 21 A 9:05

From: Kathy Krickovic [mailto:krickovic@aol.com]
Sent: Thursday, September 21, 2017 8:29 AM
To: Erin Barillas <Erinbarillas@NorthBergen.org>
Cc: Lisa Acosta <lacosta@NorthBergen.org>; Clara Duran <cduran@NorthBergen.org>
Subject: Re: OPRA - ZBA Case#06-17 - Church Hill Partners, LLC 8621 -8625 River Rd, North Bergen - transcript & resolution

Good morning Erin, Lisa & Clara,

Please accept this e-mail as a formal OPRA request for the following regarding ZBA Case#06-17 - Church Hill Partners, LLC 8621 -8625 River Rd, North Bergen

1) transcripts of hearings;

2) resolution

Please confirm receipt of this OPRA. Thank you,

Kathy Krickovic
551-486-7904

Erin

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 J Last Name MATHER

E-mail Address RMATHER@NMGOVLAW.COM

Mailing Address 2350 KERNER BLVD #250

City SAN RAFAEL State CA Zip

Telephone 415 634 6827 FAX 415 388 6874

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 Richard Mather Date 22 Sept. 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.

ARE THERE ANY CITY ORDINANCES CONCERNING LOBBYISTS IN NORTH BERGEN, NJ? IF SO, WHAT ARE THEY?

2017 SEP 22 P 2:

* Response denying request was sent on 9/25/2017 *

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: ____ Date: 9/25/2017

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 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 09-20-17

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 records related to egress in the North Bergen Preschool trailers located in Braddock Park.

* Emailed response on 9/27/2017 * EB

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

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Requestor Information – Please Print

First Name Zak MI ____ Last Name Aljaludi

E-mail Address Legal@Aljaludilaw.com

Mailing Address 311 Fairview Avenue

City Fairview State NJ Zip 07022

Telephone 201-293-2733 FAX 201-293-0242

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 03/16/2016

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other 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.

Open violations, fines, open permits, liens, sewer balance, open sewer, unpaid taxes, resolutions.

Approved plans for the property located at 521 79th Street, North Bergen NJ 07047-3101. 271 Block: 161 Lot: 14.01

RECEIVED
2011 SEP 28 P 2:35

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
OFFICE OF THE CITY CLERK
OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 KENNEDY BLVD, NORTH BERGEN, NJ 07047
PHONE: 201-392-2025
FAX: 201-330-7694
EMAIL:
Name of Agency Custodian: ERIN BARILLAS

Important Notice

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

Requestor Information – Please Print

First Name TAMMY MI L Last Name WILCOX

E-mail Address CONTRACTS@ICPNJ.COM

Mailing Address 961 ROUTE 10 EAST

City RANDOLPH State NJ Zip 07869

Telephone 800-982-0421 EXT 200 FAX 973-584-3410

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

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

Signature Tammy Wilcox Date 9/22/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

2017 SEP 22 P 2:12

faxed
Emailed 9/28/17

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

RIMS 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 MARY MI L Last Name IRIZARRY

E-mail Address Retirmust@gmail.com

Mailing Address 3912 Liberty Avenue Apt 2-Right

City North Bergen State NJ Zip 07047

Telephone 201-927-4486 FAX N/A

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 Mary Irizarry Date 9/22/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 Copies of Certificate of Occupancy – All

Any Capital Improvements

Legality of property – Copy of Property Card.

Copy of Last State Inspection Repoets –

(3912 Liberty Ave)

2017 SEP 22 P 2:13

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9/22/17
Ready Date: 09/28/17

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 9/28/17

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 Erica MI D Last Name Burkert

E-mail Address inspections@activeviewhdi.com

Mailing Address 1601 West Diehl Road

City Naperville State IL Zip 60563

Telephone 630-305-2117 FAX 800-724-9178

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 09/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 searching for food safety inspections for the following location:

1. Applebee's: 2100 88th St - We are searching for any inspections conducted after 06/28/2016.
2. WingStop: 9100 Tonnelle Ave - We are searching for any inspections conducted after 01/01/2016.

2017 SEP 25 A 10:18

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 on 9-28-17 Payed

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 ANTHONY MI ____ Last Name MACERI

E-mail Address TMACERI16@GMAIL.COM.

Mailing Address 503 DEWEY AVENUE

City CLIFFSIDE PK. State N.J. Zip 07010.

Telephone 732-425-7373 FAX 201-945-9160

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 Anthony Macri Date SEPT 25-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 REQUES ALL PERMITS OF 2 FAMILY HOUSE (FOLDER) LOCATED AT 19-78th. STREET NORTH BERGEN, NJ. ORIGINAL CONTRACTORS AND NEW CONTRACTORS.

2017 SEP 25 A 11:22

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9/25/17
Ready Date: 9/28/17

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 9-29-17
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

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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 9/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please advise if there are any Open Permits or violations for 1301 43rd Street, Block 13 Lot 212.02.

2017 SEP 25 A 11:49

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9/25/17
Ready Date: 9/29/17

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 9-29-17 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 Lois MI J Last Name Marrone

E-mail Address lois@reuthermaterial.com

Mailing Address 5363 Tonnelle Ave

City North Bergen State N.J Zip 07047

Telephone 201-863-3550 FAX 201-863-0956

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 Lois Marrone Date 9/20/17

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.

Traffic Accident - 9/12/17 - case number - 17081735
Need a copy of the video from the accident - Reuther Trucking
DRIVER - Noe Julaj

2017 SEP 20 P 1:45

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9/20/17
Ready Date: 09/28/17

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 9/28/17 faxed

ep. 18.

Raven Haber
9060 Palisade Avenue # 917
North Bergen, NJ 07024
Fax or Email: moonlight69raven@hotmail.com

2017 SEP 18 A 11:41

Municipal Clerk
4233 Kennedy Blvd.
North Bergen, New Jersey 07047
FAX: 2013307694

RE: Open Public Records Act Request for 9060 Palisade Ave Unit 607, North Bergen, N.J.

Dear Clerk,

Please accept this letter as my official request for public records under **N.J.S.A 47:1A-1 et seq** the New Jersey Open Public Records Act (OPRA). I am aware OPRA requires you, as the custodian of the municipal records to: Respond to, and usually fulfill this OPRA request within seven business days as required by the law, and that I do **NOT** have to appear to personally inspect the records as per instructions provided in the Citizen's Guide To OPRA shown at http://NJ.Gov/grc/public/citizens

Time is of the essence because I am under contract to purchase: 9060 Palisade Ave Unit 607, North Bergen, New Jersey. Your co-operation in providing the records as quickly as possible is important.

I am requesting copies of records the municipality possesses especially those records maintained by the specific departments listed below relating to the subject property by example but not limited to the records maintained by the:

Construction Code Enforcement: (especially documents required to be kept by N.J.A.C. 5:23 Uniform Construction Code including all permits, inspections, approvals, and violations for the kitchen renovation).

Electric Sub Code Official: To provide documentation indicating if one feeder wire running up through the building supplying sub panels within the dwellings is providing power to a sub panel within the dwelling has six circuit breakers and no "main" to prevent them from over drawing the wire supplying the panel is allowed or not. In addition detail as to why NM type writing was allowed in the hi rise building rather than the expected BX type. And to determine if having many circuit breakers with more than one wire connected to them is allowed or not.

Thank you for your assistance, and co-operation.

Please advise the charges.

Sincerely yours,

Raven Haber

Emailed on
9/27/17

Sep. 20. 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 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 R Andres Date 9-20-17

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.

BUILDING PERMIT (GENERAL BUILDING OR FOOTINGS AND FOUNDATIONS) FOR 7711, 7801 + 7809 RIVER RD, BLOCK 314, LOTS 22.02, 23 + 24

2017 SEP 20 P 2:4[illegible]

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9/20/17
Ready Date: 9/27/17
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 9/27/17

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 800-962-0544
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 9/20/17

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. Also, please note that your preferred method of delivery will only 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 North Bergen Properties, LLC
1600-1606 53rd St
Block 183 Lots 20.02
that includes the name, address and telephone number of the owner, applicant, engineer, architect, and attorney.

2017 SEP 20 P 3:41

OFFICIAL USE ONLY

Tracking
Rec'd Date: 09/20/17
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: ____

emailed on 9-28-17 faxed

Custodian Signature: ____ Date: ____

EICHEN CRUTCHLOW ZASLOW & MCELROY, LLP

ATTORNEYS AT LAW

BARRY R. EICHEN ⚖ § ◊
WILLIAM O. CRUTCHLOW ⚖
DARYL L. ZASLOW ⚖
EDWARD MCELROY
EVAN ROSENBERG
MATTHEW R. EICHEN
THOMAS F. RINALDI ‡
ASHLEY A. SMITH ‡

TRinaldi@njadvocates.com

40 Ethel Road
Edison, New Jersey 08817

Tel: (732) 777-0100
Fax: (732) 248-8273

www.njadvocates.com

AFFILIATE OFFICES
TOMS RIVER
RED BANK

2017 SEP 18 A 9:19

September 12, 2017

VIA CERTIFIED & REGULAR MAIL
Clerk, Township of North Bergen
4233 John F. Kennedy Blvd.
North Bergen, NJ 07047

RE: Cristian E. Simi
DOA: 08/01/2017

Dear Sir/Madam:

Please be advised that I have been retained to represent Cristian E. Simi in connection with an automobile accident and permanent injuries he sustained with a North Bergen Police Vehicle which occurred at the intersection of Tonnelle Avenue and 48th Street in the Township of North Bergen, New Jersey (hereinafter the "location of the accident") between the late evening hours of August 1, 2017at approximately 9:35 p.m.. This correspondence shall serve as ***Formal Notice*** of Mr. Simi's request for the production of an any and all surveillance video of the interior and exterior of the premises between the late evening hours of August 1, 2017 (hereinafter the "surveillance video").

Additionally, insofar as Mr. Simi sustained significant injuries from this automobile accident, this shall formally advise you that litigation is anticipated arising out the automobile accident at issue. As such, it is imperative that the agents, servants and employees of the Township of North Bergen maintain any and all evidence that pertains to the accident, including but not limited to the surveillance video. As such, this shall serve as ***Formal Notice*** that any alteration, modification and/or destruction of any surveillance video and/or any other evidence would constitute spoliation of evidence and may subject Township of North Bergen and/or Legendary to civil liability.

Finally, I would ask that you please forward a copy of any and all surveillance video to the undersigned within the next 15 days. If you have any questions regarding the above or wish to speak me regarding same, please do not hesitate to contact the undersigned. Thank you.

Very truly yours,

THOMAS F. RINALDI

TFR/ieq
Encl.

⚖ Certified by the Supreme Court of New Jersey as a Civil Trial Attorney
Also Admitted To Practice Law In: ◊ Florida ‡ New York, § Pennsylvania

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

City North Bergen State NJ Zip 07

Telephone 201-868-0800 FAX 201-868-6055

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

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

Signature Stephanie Mena Date 9/25/17

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 send me registered rent for 8301 4th Ave, North Bergen

Thank You

RECEIVED
2017 SEP 25 P 2:33

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9/25/17
Ready Date: 9/27/17

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 9-27-17

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

All

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 Crystal MI E Last Name Dozier

E-mail Address CDozier@rosemarieamdd.com

Mailing Address 1386 Palisade Avenue

City Fort Lee State NJ Zip 07024

Telephone (201) 461-1111 FAX (201) 461-1666

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 Crystal Dozier 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.

Any and all 911 tapes/calls received between 10:01 P.M. and 12:00 A.M. on August 21, 2017 regarding automobile accidents which occurred on 76th Street in Northbergen, NJ.

OFFICIAL USE ONLY

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

call 4pm 10/11/17 CD 20 9@5 45 65¢

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 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 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 integrity of the records will not be jeopardized by such method of delivery.

Police Crash investigation Report.

FROM: 9/17/17 TO: 9/23/17

2017 SEP 25 A 10:33

OFFICIAL USE ONLY

Tracking Rec'd Date: 9/25/17

Ready Date: 9/28/17

called 9/28/17

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

Total Pages: 179 pp

Response Provided: _____ Date Closed: _____

Custodian Signature: _____ Date: _____

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 SEP 18 P 2:04

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY:
Cost: $8.95
Date of Response: 9-25-17
Number of pages: 179 pp

called 9-25-17

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 888 850 3304

Information Re

[ ] **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 9/11/17 through 9/17/17

[ ] **License Information** [Specify]

Allen
Cc

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 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 9/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Police Crash investigation Report

FROM: 9/10/17 TO: 9/16/17

2017 SEP 18 A 10:51

OFFICIAL USE ONLY

Tracking Rec'd Date: 9/18/17
Ready Date: 9/25/17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 179pp
Response Provided: _____ Date Closed: _____

called 9/25/17

Final Cost Total: $8.95
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: 201-330-7894
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 [illegible] information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of [illegible] 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.

Special service charge

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.

D.M.V. Accident Reports

From: 9/11/17

To 9/18/17

NJTR-1

2017 SEP 19 P 1:33

OFFICIAL USE ONLY

Tracking Rec'd Date: 9/19/17

Ready Date: 9/25/17

Called 9/25/17

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

Total Pages: #200

Response Provided: ____ Date Closed: ____

Final Cost Total: $0.00

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: 201-330-7654
Erin Barlites, 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 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

Car Accident Police Reports

From 8/28/17 – 9/3/17

RECEIVED
2017 SEP -5 A 11:30

OFFICIAL USE ONLY

Tracking Rec'd Date: 9-5-17

Ready Date: 9-12-17

called 9-12-17

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

Total Pages: 191

Final Cost Total: $ 9.55

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: 201-330-7894
Erin Barlikes, 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) 983-3535 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 9/11/17

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 [illegible] custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Car Accident Police Reports
From 9/4/17 – 9/10/17

RECEIVED
2017 SEP 11 A 10:50
CLERK'S OFFICE

OFFICIAL USE ONLY

Tracking Rec'd Date: 9-11-17

Ready Date: 9-14-17

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

Total Pages: 168 pgs

Response Provided: ____ Date Closed: ____

called 9-14-17

Final Cost Total: $84.0

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: 201-392-2035 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: 09/18/17

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.

REQUEST FOR MVA'S

FOR: UNION CITY SPINE & PAIN

DATES: 09/11/17 TO 09/17/17

THANK YOU.

HECTOR.

2017 SEP 20 P 12:18

OFFICIAL USE ONLY

Tracking Rec'd Date: 9/20/17

Ready Date: 9/25/17

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

Total Pages: 188 pgs

Response Provided: ____ Date Closed: ____

Final Cost Total: $9.40

Deposit: ____

Balance Due: ____

Balance Paid: ____

Custodian Signature: ____ Date: ____

09/18/2017 12:44 2018630234 UNION CIT SPINE PAGE 01/01

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-350-7694
Erin Garillas, 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: 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]

Payment Information

Maximum Authorization Cost $: ___

Select Payment Method: Cash Check Money Order

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

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

Extras: Special service charge [illegible] 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: 09/18/17 TO 09/24/17

THANK YOU.
HECTOR

2017 SEP 25 A 11:20

OFFICIAL USE ONLY

Tracking Rec'd Date: 9/25/17
Ready Date: 9/28/17
or... Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 14 pgs

called 9-28-17

Final Cost Total: $7.20
Deposit: ___
Balance Due: ___
Balance Paid: ___

Response Provided: ___ Date Closed: ___

Custodian Signature: ___ Date: ___

09/25/2017 11:39 2018630234 UNION CIT SPINE PAGE 01/01

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 Berilles, 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) 983-3535 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 9/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependant upon request.

...as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the ... not be jeopardized by such method of delivery.

Car Accident Police Reports
From 9/11/17 - 9/17/17

2017 SEP 18 P 12:59

OFFICIAL USE ONLY

Tracking Rec'd Date: 9-18-17
Ready Date: 9-25-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 188 pgs
Response Provided: ____ Date Closed: ____

Called 9-25-17

Final Cost Total: $9.40
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 Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 9/18/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

2017 SEP 18 A 9:11

Record Request Info

preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

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

Start Date 9/10/2017

End Date 9/16/2017

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 9-18-17

Ready Date 9-25-17

Total Pages 179 pp

Final Cost $8.95

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

called 9/25/17

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: 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: 08/28/17

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.

REQUEST FOR MVA'S
FOR: UNION CITY SPINE & PAIN
DATES: 08/21/17 TO 08/27/17

Thank You
HECTOR

2017 AUG 28 A 11:32

RECEIVED

OFFICIAL USE ONLY

Tracking Rec'd Date: 8-28-17

Ready Date: 9-05-17

Called 9-5-17

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

Total Pages: 134 pgs

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

Final Cost Total: $6.20

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: 09/11/17

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: 09/04/17 TO 09/10/17

THANK YOU.
HECTOR.

2017 SEP 11 A 11:07

OFFICIAL USE ONLY

Tracking Rec'd Date: 9-11-17

Ready Date: 9-14-17 called 9-14-17

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

Total Pages: 16 pgs

Response Provided: ___ Date Closed: ___

Custodian Signature: ___ Date: ___

Final Cost Total: $8.40

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

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

uestor Information – Please Print

Name Leonard MI J. Last Name Altamura

ail Address altacrosslaw@yahoo.com

ng Address 4000 Bergenline Ave.

UC. State NJ Zip 07087

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

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

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

nature [signature] Date 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Police Report from 8/28/17 to 9/4/17.

thank you!
LA

RECEIVED
2017 SEP -5 A 10:29

OFFICIAL USE ONLY

acking
ec'd Date: 9-05-17

eady Date: 9-12-17

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

otal Pages: 216

esponse rovided: ____ Date Closed: ____

Called 9-12-17.

Final Cost Total: $10.80

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 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 note that your preferred method of delivery will only 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: 9/4/17
To 9/11/17

NJTR-1

OFFICIAL USE ONLY

Tracking
Rec'd Date: 9-12-17
Ready Date: 9-14-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 189 pp

Called

Final Cost
Total: $9.45
Deposit: ____
Balance Due: ____
Balance Paid: ____

Response Provided: ____ Date Closed: ____

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 SEP 11 A 8:43

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Date Received: 9-11-17

Date of Response: 09-14-17

Name: Ana C. Moreira, Esq.

Address: 2310 John F. Kennedy Boulevard

Jersey City, NJ 07304

143 pgs $7.15 called 9/14/17

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 Sep 05 - Sep 10, 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

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

uestor Information – Please Print

lame Leonard MI J Last Name Altamura

l Address altacross(aw)@yahoo.com.

g Address 4000 Bergenline Ave.

UC State NJ. Zip 07087.

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

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

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

ature ____ Date 9/11/17

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.

ords Requested: Please be as specific as possible in describing the records being requested. Also, please state whether your preferred hod of delivery will [illegible] if the custodian has the technological means and the integrity of the records will not be ardized by such method of delivery.

Police Report from 9/4/17 to 9/10/17

2017 SEP 11 A 10:51

CLERK'S OFFICE

OFFICIAL USE ONLY

acking ec'd Date: 9-11-17

eady Date: 09-14-17

called 9-14-17

Final Cost Total: $8.40

Deposit: ____

Balance Due: ____

Balance Paid: ____

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

otal Pages: 108 pgs

esponse rovided: ____ Date Closed: ____

ustodian Signature: ____ Date:

09/11/2017 10:55 ALTACROSSFAX2

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 9/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Please be as specific as possible in describing the records being requested. Inspection, copying or other method of delivery will only 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: 8/27/17 to: 9/2/17

RECEIVED
2017 SEP -5 A 11:53

OFFICIAL USE ONLY

Tracking Rec'd Date: 9-05-17

Ready Date: 9-12-17

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

Total Pages: 182pp

Response Provided: _____ Date Closed: _____

Final Cost Total: $9.10

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 Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 9/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/3/2017

End Date 9/9/2017

2017 SEP 11 A 8:57

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 9-11-17

Ready Date 9/14/17

Total Pages 16 pgs

Final Cost

Total $8.30

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Called 9-14-17

Custodian Signature

9/14/17

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 Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 9/4/2017

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 [illegible] preferred method of delivery will only 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.

RECEIVED
2017 SEP -5 A 9:14

Start Date 8/27/2017

End Date 9/2/2017

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 9-5-17

Ready Date 9-12-17

Total Pages 184 pgs

Final Cost

Total $9.20

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

called 9/12/17

Custodian Signature

9/12/17

Date

TOWNSHIP OF NOR

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

RECEIVED
2017 SEP -5 A 11:04

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY:
Cost: $7.15
Date of Response: 9-12-17
Number of pages: 143 pgs

called 9/12/17

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 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 8/29/17 through @ 9/3/17

[ ] **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 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 8/28/17

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.

Police Report from 8/20/17 to 8/28/17.

thank you!
LA

2017 AUG 28 A 11:59

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8-28-17
Ready Date: 9-05-17

called 9-05-17

Final Cost
Total: $8.80
Deposit: ____
Balance Due: ____
Balance Paid: ____

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

Total Pages: 176pgs

Response Provided: ____ Date Closed: ____

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 AUG 28 P 3:48 CALLED

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY:
Cost: # 6.70
Date of Response: 9-05-17
Number of pages: 134/00

called 9-5-17

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 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 8/21/17 through 8/27/17

[ ] **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 Barilles, Records Custodian

Important Notice

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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 201-392-9524 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. Any preferred method of delivery will only 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: 8/28/17

To 9/04/17

NJTR-1

RECEIVED
2017 SEP -5 P 2:46

OFFICIAL USE ONLY

Tracking Rec'd Date: 9-5-17

Ready Date: 9-12-17 Called 9-12-17

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

Total Pages: 216 pgs

Response Provided: ____ Date Closed: ____

Final Cost Total: $10.80

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

RECEIVED
2017 SEP -5 A 9:38

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Date Received: 9-5-17

Date of Response: 9-12-17

Name: Ana C. Moreira, Esq.

Address: 2310 John F. Kennedy Boulevard

Jersey City, NJ 07304

2/6 pgs $10.80
Called 9-12-17

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

Information Requested:

[ ] **Copy of Minutes** [specify date of meeting 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 AUG 28 - Sep 04, 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:

offices

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 Barfiles, Records Custodian

FAX

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 8/28/17

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 through method of delivery.

Car Accident Police Reports
From 8/21/17 To 8/24/17

2017 AUG 28 A 10:56

OFFICIAL USE ONLY

Tracking Rec'd Date: 8/28/17

Ready Date: 9/05/17

called 9.05.17

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

Total Pages: 124 pgs

Response Provided: ____ Date Closed: ____

Final Cost Total: $6.20

Deposit: ____

Balance Due: ____

Balance Paid: ____

Custodian Signature: ____ Date: ____

NSHIP OF

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 Barilla, Records Custodian

Important Notice

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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 8/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special [illegible] dependent upon request.

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

Car Accident Police Reports

From 8/14/17 To 8/20/17

RECEIVED
2017 AUG 21 10:22

OFFICIAL USE ONLY

Tracking
Rec'd Date: 8/21/17
Ready Date: 8/25/17

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

Pages: 154pp

Revised: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

called 8-25-17

Final Cost Total: $ 7.80

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 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 [signature] Date 8/28/17

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.

Police Crash investigation Report.

From: 8/19/17 to: 8/25/17

2017 AUG 28 A 8:59

CLERK

OFFICIAL USE ONLY

Tracking Rec'd Date: 8-28-17

Ready Date: 9-25-17

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

Total Pages: 125pgs

Response Provided: ___

Date Closed: ___

called 9-5-17

Final Cost Total: $6.25

Deposit: ___

Balance Due: ___

Balance Paid: ___

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

Date Received: 8-28-17

Date of Response: 9-05-17

Name: Ana C. Moreira, Esq. $0.70

Address: 2310 John F. Kennedy Boulevard 1 3/4 pgs

Jersey City, NJ 07304 Called 9/05/17

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 August 21 - August 27 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:

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

Date Received: 8-21-17

Date of Response: 8-25-17

Name: Ana C. Moreira, Esq. @ pg 157 Called 8-25-17

Address: 2310 John F. Kennedy Boulevard $7.85

Jersey City, NJ 07304

Telephone [Day] (201) 332-1800 Fax: (201) 332-2450

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 August 14 - August 20, 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: _____

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 Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

If you are requesting records contalning 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.

Date 8/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Record Request Information: Please be as specific as possible in describing the records being requested. [illegible] preferred method of delivery will only 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.

2017 AUG 28 A 8:59

Start Date 8/20/2017

End Date 8/26/2017

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 8.28.17
Ready Date 9.05.17
Total Pages 156

Final Cost

Total $7.75
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

called 9-5-17 Ck# 7765

Custodian-Signature

9/5/17
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

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

uestor Information – Please Print

Name Leonard MI J. Last Name Altamura

ll Address altacrosslaw@yahoo.com.

ng Address 40000 Bergenline Ave.

Ue. State NJ. Zip 07087

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

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

u are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 8-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, other state or the United States.

nature [signature] Date 9/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request

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

Police Report from 9/17/17 to 9/24/17

2017 SEP 25 A 11:20

OFFICIAL USE ONLY

racking
ec'd Date: 9/25/17

eady Date: 9/28/17 called 9/28/17

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

otal Pages: 179 pgs

esponse
ovided: ____ Date Closed: ____

Final Cost Total: $8.95

Deposit: ____

Balance Due: ____

Balance Paid: ____

PLEASE FAX REQUEST FORM TO (201) [illegible]

TOWNSHIP OF NORTH BERGEN

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

2017 SEP 18 A 10:33

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Date Received: 9-18-17

Date of Response: 9-25-17

188 pgs called 9-25-17 $9.40

Name: Ana C. Moreira, Esq.

Address: 2310 John F. Kennedy Boulevard

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** [illegible] [specify number or other identifying information]

[ ] **Police Accident Report** Fee:

Identify Accident:

[X] **Other** [specify] Weekly police automobile accident reports for pick up from Sep 11 - Sep 17, 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 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 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 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.

Records Requested: Please [illegible] describing the records being requested. Also, please note that your preferred method of delivery may 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: 9/18/17

To 9/25/17

NITR-1

RECEIVED
2017 SEP 27 A 10:35

OFFICIAL USE ONLY

Tracking Rec'd Date: 9/27/17

Ready Date: 9/29/17

called 9/29/17

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

Total Pages: ~~17~~ 54

Response Provided: ____ Date Closed: ____

Final Cost Total: $2.70

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

RECEIVED
2017 SEP 26 A 9:20

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Date Received: 9/26/17

Date of Response: 9/28/17

Name: Ana C. Moreira, Esq.

Address: 2310 John F. Kennedy Boulevard 179 pgs $8.95

Jersey City, NJ 07304

Telephone [Day] (201) 332-1800 Fax: (201) 332-2456 called 9/28/17

Information Requested:

[ ] **Copy of Minutes** [specify date, number, 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 Sep 18 - Sep 24 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: _____

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

RECEIVED
2017 SEP 25 P 3:26

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY:
Cost: $7.20 called 9-29-17

Date of Response: 9-29-17

Number of pages: 144 pgs

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 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 9/18/17 through 9/24/17

[ ] **License Information** [Specify]

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 17 P 3:35

Called 10/24/17

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Date Received: 10/17/17

Date of Response: 8.69

Name: Ana C. Moreira, Esq.

Address: 2310 John F. Kennedy Boulevard

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 Ordinan** ...mber, or other identifying information]

Oct 2017 police

[ ] **Police Accident R** ...:

Identify Accident:

[X] **Other** [specify] Weekly police automobile accident reports for pick up from Oct 9 - Oct 15 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:

NORTH BERGEN, NEW JERSEY 07047
TEL: 201-392-2025 FAX: 201-330-7694

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

RECEIVED
2017 OCT 16 P 3:30

FOR OFFICE USE ONLY:

Cost: _____

Date of Response: _____

Number of pages: _____

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 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 10/10 through 10/15.

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 Leonard MI J. Last Name Altamura

E-mail Address altacrosspaw@yahoo.com

Mailing Address 4000 Bergenline Ave

City UC State N.J. 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 10/2/17

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

Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 ~~9/24/17~~ 10/1/17 to ~~10/1/17~~ 10/9/17

RECEIVED
2017 OCT 10 A 10:42

OFFICIAL USE ONLY

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

called 10/16/17

Final Cost Total: $12.05

Deposit: _____

Balance Due: _____

Balance Paid: _____

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

Total Pages: 24/000

Response Provided: _____

Date Closed: 10/16/17

Please

Custodian Signature: _____ Date:

10/10/2017 10:42 ALTACROSSFAX2

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 10/9/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian [illegible] the integrity of the records will not be jeopardized [illegible] 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 10/1/2017

End Date 10/7/2017

2017 OCT 10 A 9:05 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 10/16/17
Total Pages 196 pgs

Final Cost

Total $19.80
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

called 10/16/17

Custodian Signature

10/16/17
Date

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

[illegible] Kennedy Boulevard, North Bergen, NJ [illegible]
TEL: [illegible] FAX: [illegible]
[illegible], 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: D. Last Name: Haddad
E-mail Address: magdi@sphlaw.com
Mailing Address: 510 Thornall St. Suite # 270
City: Edison State: NJ Zip: 08837
Telephone: (732) 993-3535 FAX: (732) 993-3536
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: 10/10/17

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.

[illegible] as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated [illegible] the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Car Accident Police Reports
From 10/2/17 to 10/8/17

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10-10-17
Ready Date: 10-16-17
or Denial Type: ☐ Total ☐ Partial (see back for reasons)
Total Pages: 192 pp
Response Provided:
Date Closed:
Custodian Signature: ____

called on 10-16-17

Final Cost
Total: $9.60
Deposit:
Balance Due:
Balance Paid:

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7694
Erin Barilles, 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 201-392-9524 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. 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 charges dependant 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 impaired by such method of delivery.

D.M.V. Accident Reports

From: 10/8/17

To 10/15/17

NJTR-1

2017 OCT 16 P 1:28

OFFICIAL USE ONLY

Tracking
Rec'd Date: ____

Ready Date: ____

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

Total Pages: 188

Response Provided: ____ Date Closed: ____

Called 10/24/17

Final Cost Total: 9.40

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 10/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

2017 OCT 23 A 8:59

Start Date 10/15/2017

End Date 10/21/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 10-23-17

Ready Date 10-31-17

Total Pages 14 pgs

Final Cost

Total $2.50

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

called 10.31.17

Custodian Signature

Date

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

[illegible] Kennedy Boulevard, North Bergen, NJ [illegible]
TEL: [illegible] FAX: [illegible]
[illegible], 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: 515 Thornall St. Suite # 270
City: Edison State: NJ Zip: 08837
Telephone: (732) 993-3535 FAX: (732) 993-3536
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: 10/16/17

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.

Car Accident Police Reports From 10/9/17 - 10/15/17

2017 OCT 16 A 10:47

OFFICIAL USE ONLY

Tracking
Rec'd Date:

Ready Date:

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

Total Pages: 168 pgs

Response Provided:

Date Closed:

Custodian Signature:

Final Cost Total: $3.40

Deposit:

Balance Due:

Balance Paid:

Called 10/24/17

137
31
168

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 10/23/17

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.

10/16/17 - 10/22/17

6.65
8.40
$15.05

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10-23-17

Ready Date: 10-30-17

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

Total Pages: 133 pgs

Response Provided: ____ Date Closed: ____

Custodian Signature: ____ Date: ____

Final Cost Total: $6.65

Deposit: ____

Balance Due: ____

Balance Paid: ____

ACU & CHIROP OF NJ

No. 2891 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 Barillas, Records Custodian

All-

Important Notice

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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 10/10/17

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 interest of the records will not be jeopardized by such method of delivery.

Police Crash investigation Report.

FROM: 10/1/17 TO: 10/7/17

RECEIVED
2017 OCT 10 A 11:50

OFFICIAL USE ONLY

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

Response
Pages: 196 pgs

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

Date Closed: _____

Final Cost Total: $9.80

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 Leonard MI J. Last Name Altamura

E-mail Address altacrosspaw@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 10/16/17

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.

Police Report from 9/~~24~~/17 to 10/~~15~~/17

10/9/17
10/15/17

OCT 16 P 12:41

OFFICIAL USE ONLY

Tracking
Rec'd Date: _____

Ready Date: _____

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

Total Pages: 172

Response Provided: _____ Date Closed: _____

Called 10/24/17

Final Cost Total: 8.60

Deposit: _____

Balance Due: _____

Balance Paid: _____

Custodian Signature: _____ Date:

10/16/2017 12:20 ALTACROSSFAX2 (FAX)2018663566 P.002/002

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 10/16/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/8/2017

End Date 10/14/2017

2017 OCT 16 A 8:50

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages 16

Final Cost
Total 8.00
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

201-854-7585

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 Bianny MI ____ Last Name Ortega

E-mail Address reports@theingenia.com

Mailing Address 7521 Bergenline Ave

City North Bergen State N.J. Zip 07047

Telephone 201-598-3309 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 ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other 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 10/19/17 - 10/24/17.

Thank you.

OFFICIAL USE ONLY

Tracking Rec'd Date: 10-24-17

Ready Date: 10-30-17

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

Total Pages: 15 pp

Response

Final Cost Total: $7.80

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 Leonard MI J. Last Name Altamora

E-mail Address altacrosslaw@yahoo.com.

Mailing Address 4000 Bergenline Ave.

City UE. 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 10/23/17

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.

Police Report from 10/15/17 to 10/22/17

2017 OCT 23 A 11:39

OFFICIAL USE ONLY

Tracking
Rec'd Date: 10/23/17

Ready Date: 10/30/17 call 10/30/17

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

Total Pages: 155 pgs

Response Provided: _____ Date Closed: _____

Custodian Signature: _____ Date:

Final Cost Total: $7.75

Deposit: _____

Balance Due: _____

Balance Paid: _____

P.002/002 (FAX)2018663566

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

RECEIVED
2017 OCT 24 A 9:09

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY

Cost: $6.65 Called 10-30-17

Date of Response: 10-30-17

Number of pages: 133 pgs

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 Challenger Ct
Paramus, NJ 07652

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 10/16/17 through 10/22/17.

[ ] **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

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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 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 compromised by delivery.

Police Report from 9/24/17 to 10/1/17

2017 OCT -2 P 12:53

RECEIVED

OFFICIAL USE ONLY

Tracking Rec'd Date: 10/02/17

Ready Date: 10/08/17

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

Total Pages: 15/pgs

Response Provided: _____ Date Closed: _____

Called 10-10-17

Final Cost Total: $ 7.55

Deposit: _____

Balance Due: _____

Balance Paid: _____

Custodian Signature: _____ Date:

10/02/2017 12:47 ALTACROSSFAX2

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 -2 P 3:40

CLERK'S OFFICE

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Date Received: 10/02/17

Date of Response: 10/08/17

Name: Ana C. Moreira, Esq.

Address: 2310 John F. Kennedy Boulevard

Jersey City, NJ 07304

169 pgs called 10/10/17 $8.45

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

Information Requested:

[ ] Copy of [illegible] 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 Sep 25 - Oct 2 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:

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 Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 10/2/2017

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 [illegible] if the custodian has [illegible] 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.

2017 OCT -2 A 9:11

Start Date 9/24/2017

End Date 9/30/2017

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 ____

Filed - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date 10-2-17

Ready Date 10-10-17

Total Pages 13

Final Cost

Total $6.625

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

pd check# 2411

called 10-10-17

Custodian Signature

10/10/17

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

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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 10/3/17

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.

Police Crash investigation Report.

From: 9/24/17 to: 9/30/17

2017 OCT -3 A 11:53

OFFICIAL USE ONLY

Tracking Rec'd Date: 10/03/17

Ready Date: 10/10/17

called 10-10-17

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: _____

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

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Requestor Information – Please Print

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 9/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/17/2017

End Date 9/23/2017

2017 SEP 25 A 8:57

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 9-25-17

Ready Date 9-29-17

Total Pages 17 pgs

Records Provided

Final Cost

Total 18.55

Deposit ____

Balance Due ____

Balance Paid ____

called 9-28-17

Custodian Signature

9/29/17

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 OCT -2 P 1:08

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY:
Cost: $7.15 called 10-10-17

Date of Response: 10-10-17

Number of pages: 143pgs

$7.15

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] 201 787 8969

Fax Number 888 850 3304

Information Requested:

[ ] **Copy of Minutes** [specify date, meeting, 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 9/25/17 through 10/1/17

[ ] **License Information** [Specify]

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2022 FAX: 201-392-7024
Erin Devlin, Records Custodian

Important Notice

This 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: 10/2/17

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 [illegible] by such method of delivery.

AR Accident Police Reports

From 9/25/17 – 10/1/17

2017 OCT -2 A 10:

TOWNSHIP OF NORTH BERGEN

/11/17 10:45 OPRA

Steven Haddad, SPHLaw
JA REPORT 9/18-9/24,9/25-10/1

atch Id: 101106C
ef Num: 1710 Seq: 1 to 1

Cash Amount:	14.35
Check Amount:	0.00
Credit Amount:	0.00
Total:	14.35

OFFICIAL USE ONLY

Callie JM 10/10/17

Partial for reasons)

Final Cost Total: $ 7.15

Deposit:

Balance Due:

Balance Paid:

Be Closed:

Date:

TOWNSHIP OF NORTH BERGEN

OPEN PUBLIC RECORDS ACT REQUEST FORM

4233 Kennedy Boulevard, North Bergen, NJ 07047
TEL: 201-392-2025 FAX: 201-330-7094
Erin Barilles, 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 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.

Requestor Requirements: [illegible] the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means [illegible] will not be jeopardized by such method of delivery.

Car Accident Police Reports

From 9/18/17 - 9/24/17

2017 SEP 25 A 10:15

OFFICIAL USE ONLY

Tracking Rec'd Date: 9/25/17

Ready Date: 9/28/17

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

Total Pages: 14 pgs

Response Provided: ____ Date Closed: ____

Called 9-28-17

Final Cost Total: $7.20

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

RECEIVED
2017 OCT 10 A 11:40

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

FOR OFFICE USE ONLY:
Cost: $11.40 called em 10-16-17

Date of Response: 10-16-17

Number of pages: 228 pgs

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 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 10/2/17 through 10/9/17

[ ] **License Information** [Specify]

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

2011 OCT 10 A 9:05

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Date Received: 10/10/17

Date of Response: 10/16/17

Name: Ana C. Moreira, Esq. 194/20

Address: 2310 John F. Kennedy Boulevard #9.70

Jersey City, NJ 07304 called me 10-16-17

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 2 - Oct 8 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: _____

201 662 4847

TOWNSHIP OF NORTH BERGEN

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Erin Barilles, Records Custodian

Important Notice

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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: 201-392-9524 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 must be sufficiently specific to enable the custodian to locate and identify the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the ... jeopardized by such method of delivery.

D.M.V. Accident Reports

From: 10/1/17

To 10/8/17

NJIR-1

RECEIVED
2017 OCT 10 A 9:04

OFFICIAL USE ONLY

Tracking Rec'd Date: 10-10-17

Ready Date: 10-16-17

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

Total Pages: 2 12 pgs

Response Provided: ____

Date Closed: ____

Custodian Signature: ____ Date: ____

Called 10/10/17

Final Cost Total: $10.60

Deposit: ____

Balance Due: ____

Balance Paid: ____

TOWNSHIP OF NORTH BERGEN

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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 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.

Records Requested: Please be as specific as possible in describing the records being requested. Also, please note that your preferred [illegible] the integrity of the records will not be jeopardized by such method of delivery.

D.M.V. Accident Reports

From: 9/25/17

To: 10/2/17

NJTR-1

2017 OCT -2 P 1:59

OFFICIAL USE ONLY

Tracking Rec'd Date: 10/02/17

Ready Date: 10/08/17

called 10/10/17

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

Total Pages: 169pp

Response Provided: ____ Date Closed: ____

Final Cost Total: $8.45

Deposit: ____

Balance Due: ____

Balance Paid: ____

Custodian Signature: ____ Date: ____

TOTAL P.001

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Requestor Information – Please Print

First Name HARRIS MI I Last Name Moore

E-mail Address drharris111@yahoo.com

Mailing Address 2811 Kennedy Blvd

City North Bergen State NJ Zip 07047

Telephone (201)290.3904 FAX (201)442.0446

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 Harris Moore DC 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.

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- MVA Reports from 10/1/17 - 10/18/17

-

2017 OCT 19 P 2:04

OFFICIAL USE ONLY

Tracking
Rec'd Date: _____

Ready Date: _____

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

Total Pages: 432

Response Provided: _____ Date Closed: _____

Called 10/24/17 11/21/17

Final Cost
Total: 21.60 XV

Deposit: _____

Balance Due: _____

Balance Paid: _____

Custodian Signature: _____ Date: _____