Dwayne M. Harris

From: ASK NJ Media Co. <opra+request-500-8f366cc4@requests.opramachine.com>
Sent: Tuesday, November 21, 2017 2:21 AM
To: Clerk
Subject: Open Public Records Act request - OPRA Requests

Dear Atlantic Highlands Borough,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message.
Records requested:

I'm requesting copies of all OPRA requests from August 1, 2017 to November 20, 2017.

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-500-8f366cc4@requests.opramachine.com

Is clerk@ahnj.com the wrong address for Open Public Records Act requests to Atlantic Highlands Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=atlantic_highlands_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

If you find this service useful as an OPRA officer, please ask your web manager to link to us from your organisation's OPRA page.

Reference # OPR-2017-00017

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information

Name: **Jane Frotton**
Address: **10 Ocean Blvd 2E**
City: **Atlantic Highlands** State: **NJ** Zip: **07716**
Phone # **73273568** Email: **janefrotton@verizon.et**

The request:
Accident report from August 1, 2016 at corer of First Ave and Center Ave

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

emailed to Janefrotton@verizon.net
7-14-2017

completed 8-3-2017
email response

Print Management Solutions
P O Box 350
Trexlertown, PA 18087

08-03-17P12:11 RCVD

Open Record Officer
ATLANTIC HIGHLANDS BORO
100 First Avenue
Atlantic Highlands, NJ 07716

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,

Amy Dorward
P O Box 350
Trexlertown, PA 18087

Given to Beth 8-1-2017

Borough of Atlantic Highlands

GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613

FAX - 732-291-9725

Dwayne M. Harris, Custodian

dharris@ahnj.com

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 Deirdre MI ____ Last Name Castellano

E-mail Address dcastellano2006@aol.com

Mailing Address 6 Hunt St Unit 278

City Rumson State NJ Zip 07760

Telephone 732 233 2200 cell FAX 732 291-1006

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

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

Signature Deirdre Castellano Date 8/1/17

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: Special service charge dependent upon request.

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

any permits:
- bldg
- plumbing
- Fire
- Elec

Survey

12 Eyrie / Lot 5.01 Block 17

08-01-17P02:34 RCVD

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Beth -

Completed
8-1-2017

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.

AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY

8-1-17 Sent Attached Pages via email.

Beth

Completed 8-4-2017

Borough of Atlantic Highlands

GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613 FAX - 732-291-9725

Dwayne M. Harris, Custodian dharris@ahnj.com

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 Beth MI L Last Name Sharack

E-mail Address beth.sharack@noaa.gov

Mailing Address 31 Leonard Avenue

City Atlantic Highlands State NJ Zip 07716

Telephone 732-778-3625 FAX

Preferred Delivery: Pick Up ☑ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☐

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

Signature Beth L Sharack Date 8-4-17

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: Special service charge dependent upon request.

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

For 31 Leonard Avenue Atlantic Highlands, NJ.
The following information:
Architectural Plans
Permits
Any Outstanding Permits?

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 # 8/4/17
Rec'd Date 8/4/17
Ready Date
Total Pages 3
11 x 17

Final Cost 30¢

Total
Deposit
Balance Due
Balance Paid 30¢

Records Provided

3 copies architect Plans regarding footings. EMM

Elizabeth Merkel 8/4/17
Custodian Signature Date

done

Given to Noelle 8-3-2017

Borough of Atlantic Highlands Complete 8-4-2017

GOVERNMENT RECORDS REQUEST FORM Mailed attached

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613

FAX - 732-291-9725

Dwayne M. Harris, Custodian

dharris@ahnj.com

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 HARRIET MI M Last Name RICCIARDONE

E-mail Address

Mailing Address 165 OCEAN Blvd.

City ATLANTIC HIGHLANDS State NJ Zip 07716

Telephone FAX

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☐

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

Signature Harriet Ricciardone Date

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: 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.

* AS ATTACH

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open

Denied - Closed

Filled - Closed

Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #

Rec'd Date

Ready Date

Total Pages

Final Cost

Total

Deposit

Balance Due

Balance Paid

Records Provided

08-03-17P01:42 RCVD

Custodian Signature Date

Complete 8-8-2017 rm Beth - Could you check on this? Thanks!

Dwayne M. Harris

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Wednesday, August 02, 2017 6:34 PM
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00026

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: Linda Buffington
Address: 10 Penn Ave
City: CHERRY HILL **State:** NJ **ZIP:** 08002
Phone # 8568589509 **Email:** linda@currenenvironmental.com

The request:
Property Address:
277 East Highland Ave, Atlantic Highlands NJ 07716
Block 5 Lot 14

any permits pertaining to installation or removal of oil tanks
Any permit for conversion to natural gas

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

No permits found

Borough of Atlantic Highlands

GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613

FAX - 732-291-9725

Dwayne M. Harris, Custodian

dharris@ahnj.com

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 Deirdre MI Last Name Castellano

E-mail Address dcastellano2006@aol.com

Mailing Address 6 Hunt St Unit 278

City Rumson State NJ Zip 07760

Telephone 732 233 2200 cell FAX 732 291-1006

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

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

Signature Deirdre Castellano Date 8/1/17

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 upor delivery type.

Extras: Special service charge dependent upon request.

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

any permits: 12 Eyrie / Lot 5.01 Block 17

- bldg
- plumbing
- Fire
- Elec

Survey

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 6

Final Cost

Total
Deposit
Balance Due
Balance Paid 3.75

Records Provided

1 - 8½ - 1¢ - 10¢
4 - 8½ x 11 - 20¢
1 - 8½ x 14 - 7¢

Beth Merkel 8-11-17

Custodian Signature Date

emailed 8-3-2017 papers here for viewing

Borough of Atlantic Highlands

GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613 FAX - 732-291-9725

Dwayne M. Harris, Custodian dharris@ahnj.com

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 Jessica MI ____ Last Name Katz

E-mail Address JessicaQuellerKatz@gmail.com

Mailing Address 54 South Avenue

City ____ State ____ Zip ____

Telephone ____ FAX ____

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☐

If you are requesting records containing personal information, please select one: Under penalty of N.J.S.A. 2C:28-3, I certify that 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: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21 - @$0.25

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.

Planning Board subdivision file

Construction permits for removal of asphalt.

Correspondence related to removal of asphalt.

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 31

Final Cost 1.55

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Michelle Clark 8-15-17
Custodian Signature Date

Jessica came in on 8-14-2017 to review file. Asked for copies of 31 pages which were provided for pick up 8-15-17

Given to Beth 8-15-2017

Dwayne M. Harris No record found

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Friday, August 11, 2017 4:43 PM
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00028

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: kevin hosmer
Address: 22 Second Ave
City: Atlantic Highlands **State:** NJ **ZIP:** 07716
Phone # 9173644005 **Email:** kevinhosmer@yahoo.com

The request:
Need to find the survey for 22 Second Avenue, Atlantic Highlands NJ (block 96, lot 7).
Thank you....

The requestor has opted to receive the information by **Pick Up**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

Completed 8-15-2017 Given to Debbie 8-15-17

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 Amy MI ____ Last Name Han

E-mail Address amyhan324@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone 856-383-0803 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 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Can you please provide me with a list of the latest quarter's tax delinquent homes with owner's information (i.e. name, mailing addresss, etc) and the total delinquent amount from current to previous year(s) in excel format via email.

If for any reason, you are unable to provide that list, please state the reason in detail. Thanks in advance.

Instructions on how to generate the report in excel in the Edmund System:

In Edmund Billing/Collection Tax Collections Accounts Tax Custom Reports. On Page 3 Select year and date range you want. Check boxes Utility balance as of date (will be date you put in end of range) and Year/Prd Range balance for Taxes. Page 1 on bottom left corner is check box for excel. On page 2 select all the boxes requested by the requester. (name, property address, mailing address, class, etc.)

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Clark & DiStefano
A Professional Corporation.

Robert P. Clark, Esq.
Partner
1500 Meeting House Road
PO Box 235
Sea Girt, NJ 08750
P. 732.528.9111
F. 732.528.9279
E. rpc@clarkesq.com
clarkesq.com
Admitted in NJ.

July 18, 2017

Atlantic Highlands Fire Department
10 E. Mt. Avenue
Atlantic Highlands, NJ 07716
Attn: Records Department

Re: JBH Paving v. MD Holdings and Development, et al
Docket No.: L-316-16
Our File No.: 2597.0001

Dear Sir/Madam:

We are involved in litigation concerning flood damage to certain properties as a result of a rain storm that occurred on or about August 6, 2012 in the vicinity of 257 East Highland Avenue, Atlantic Highlands. The damage included partial destruction of a retaining wall at that property.

We have been advised that your department responded to that location as a result of the above. Would you please advise as to whether you have records concerning your response to that incident. We would be interested in receiving any formal reports that may have been created as a result of the above.

If no formal reports were made of that incident, we would like to receive any informal report such as a log entry report that may have been issued as result of the incident.

If there is a charge for the above records please advise my office and we will forward payment to your office.

Thank you for your attention to this matter.

Very truly yours,

Robert P. Clark, Esq.

No FD Response

RPC:jl

Called Mr Clark 8-15-2017
Note put in file
M

State of New Jersey

Borough of Atlantic Highlands Police

OPRA 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 Karen MI ____ Last Name Byrne

Company ____

Mailing Address 79 8th St

City Belford State NJ Zip 07718 Email ____

Business Hours Telephone: Area Code 732 Number 495-7384 Extension ____

Preferred Delivery: Pick Up 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 [signature] Date 8/23/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ____ Check ____ Money Order ____

Fees: Per page @$0.05

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.

PLEASE CHECK ONE:

☑ **ACCIDENT REPORT #** 17-4830

☐ **INCIDENT REPORT #** ____

REASON FOR REQUEST:

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.

☐ Denied

If this box is checked, see reverse side for explanation.

In Progress	=	Open	8/23/17
Denied	=	Closed	
Filled	=	Closed	8/23/17
Partial	=	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date 8/23/17

Ready Date 8/23/17

Total Pages 2

Final Cost

Total N/A

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Nancy McLean
Custodian Signature

8/23/17
Date

Dwayne M. Harris Sent to Nbelle 8-16-17

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Tuesday, August 15, 2017 6:26 PM received Aug 16th
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00029

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: Steve Dimain
Address: 1500 Allaire Avenue
City: Ocean Twp **State:** NJ **ZIP:** 07712
Phone # 7325089200 **Email:** Michelle@dmlawhelp.com

The request:
Hi, Please accept this Form as our request to be supplied with police accident reports on a Bi-Weekly Basis for this current weeks ending 8-1-2017 to 8-15-2017

Thank YOU!

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

Complete - Sent 8-23-2017

Dwayne M. Harris

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Wednesday, August 23, 2017 3:15 PM
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: Filled: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00029

Please be advised that a new OPRA request has been submitted via the online portal.

Please confirm that all required attachments have been provided by the departments. Once confirmed, you can issue to the requestor by their preferred delivery method of Email.

Department: Select...
Date Received:
Deadline Date:
Extension Date Requested (If Applicable):

Status: Filled
Comments:
Records Provided:

Denial per N.J.S.A 47:1A-1.1, Executive Order No. 21, or Executive Order No. 26	Other Denial Reason

Requestor Information
Name: Steve Dimain
Address: 1500 Allaire Avenue
City: Ocean Twp **State:** NJ **ZIP:** 07712
Phone # 7325089200 **Email:** Michelle@dmlawhelp.com

The request:
Hi, Please accept this Form as our request to be supplied with police accident reports on a Bi-Weekly Basis for this current weeks ending 8-1-2017 to 8-15-2017

Thank YOU!

Please log into GovPilot to view the request.

Dwayne M. Harris

From: Clerk on behalf of Bourough Clerk
Sent: Friday, September 01, 2017 3:50 PM
To: 'chris.a.krupinsky@aexp.com'
Subject: FW: OPRA Request

Dear Mr. Krupinsky,
In response to your OPRA request OPR-2017-00031, Our Police Records Clerk has checked our records and there are no motor vehicle crashes in town on this date (and the ones within that week do not match the vehicle description).
Michelle

From: Borough of Atlantic Highlands [mailto:noreply@propertypilot.com]
Sent: Wednesday, August 30, 2017 2:36 PM
To: admin@govpilot.com; Hubeny,Adam <ahubeny@ahnj.com>; Clerk <clerk@ahnj.com>
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00031

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: chris krupinsky
Address: 11370 Barley Field Way
City: Marriottsville **State:** MD **ZIP:** 21104
Phone # 4103826189 **Email:** chris.a.krupinsky@aexp.com

The request:
Please send me a copy of the accident report involving 2016 Black Ford Explorer VIN: 1FM5K8HT7GGC64763 on July 23, 2017

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

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 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.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Borough of Atlantic Highlands

GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613 FAX - 732-291-9725

Dwayne M. Harris, Custodian dharris@ahnj.com

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 Stephen MI Last Name Buxbaum

E-mail Address Stephen.Buxbaum@Verizon.net

Mailing Address

City State Zip

Telephone 917-539-5049 FAX

Preferred Delivery: Pick Up ☑ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☐

If you are requesting records containing personal information, please select one: Under penalty of N.J.S.A. 2C:28-3, I certify that 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: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21 - @$0.25

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.

Entire rank control board file
for 10 Ocean

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 402

Final Cost

Total
Deposit
Balance Due 20.10
Balance Paid

Records Provided

Michelle Clark 9-5-2017
Custodian Signature Date

Completed 8-25-2017
Called 8-25 spoke w/Lynn
peter will come to view

Dwayne M. Harris

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Thursday, August 24, 2017 12:28 PM
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00030

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: Lynn Schambach
Address: 1705 Bay Avenue, Suite 6
City: Point Pleasant **State:** NJ **ZIP:** 08742
Phone # 7322822222 **Email:** lschambach@emg-environmental.com

The request:
44-48 First Avenue, Block 97, Lot 17, Borough of Atlantic Highlands

✓Tax Assessor: Pasta/present property record cards including square footage/acreage/utility services; Deed documents.

✓Building/Construction/Code Enforcement: Construction/Demolition Permits, plans and surveys. Tank permits: underground/aboveground storage tank installation/removal.

✓Zoning: Documentation and/or Resolution regarding changes in Block & Lot

The requestor has opted to receive the information by **On-Site Inspect**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

Debbie - Could you take care of this
Thanks

Dwayne ~~M. Harris~~

Completed 9-6-17

From: Christian Mendoza <campropertyventures@gmail.com>
Sent: Saturday, September 02, 2017 3:43 PM
To: Clerk
Subject: Borough of Atlantic Highlands Tax Delinquent List

Dear Michelle Clark:

We are seeking to request the property tax delinquent list, that is, the records of all the property owners who owe back due taxes, but whose properties have not yet had their tax liens go to the public auction.

We submitted a request to Monmouth County and were informed to contact each municipality.

Kindly reply back if we need to submit a formal request for this list.

Sincerely,

Christian Mendoza
CAM Property Ventures

Borough of Atlantic Highlands

GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613

FAX - 732-291-9725

Dwayne M. Harris, Custodian

dharris@ahnj.com

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 leckstein MI _____ Last Name _____

E-mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☐

If you are requesting records containing personal information, please select one: Under penalty of N.J.S.A. 2C:28-3, I certify that 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: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21 - @$0.25

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.

Aug 29th Whitestone Report

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages 30

Final Cost 1.50

Total 1.50

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

No pd. cash

Custodian Signature

9/14/17

Date

Completed 9-12-2017 Beth

Dwayne M. Harris

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Wednesday, September 06, 2017 12:44 PM
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00032

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: Susan Davis
Address: 963 Holmdel Road
City: Holmdel **State:** NJ **ZIP:** 07733
Phone # 7325862337 **Email:** sdavis@glorianilson.com

The request:
I am looking for any paperwork that indicates whether or not there was ever an underground oil tank at 81 E. Lincoln Avenue, Atlantic Highlands. I am representing the buyer of the property and buyer is trying to determine whether or not they need to do a tank sweep. Please feel free to contact me on my cell at 732 586-2337 or via email at sdavis@glorianilson.com.

Thank you for your prompt attention to this inquiry. I look forward to hearing from you.

Susan Davis

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

Borough of Atlantic Highlands

GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613

FAX - 732-291-9725

Dwayne M. Harris, Custodian

dharris@ahnj.com

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 Judy MI ____ Last Name Cancalosi

E-mail Address Judecell@aol.com

Mailing Address 19 Wesley St

City Mon Beach State NJ Zip 07750

Telephone ____ FAX ____

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

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

Signature Judy Cancalosi Date 9/13/17

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: Special service charge dependent upon request.

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

copy of survey for 12 Eyre

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 1

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid 7¢

Records Provided

Elizabeth Markel 9-13-17

Custodian Signature Date

Borough of Atlantic Highlands

GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613

FAX - 732-291-9725

Dwayne M. Harris, Custodian

dharris@ahnj.com

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 Arthur MI Last Name Sorensen

E-mail Address arthur@arthursorenson.com

Mailing Address 98 First Ave

City Atl. Highlands State NJ Zip 07716-0330

Telephone 732.291.0800 FAX 732.291.5065

Preferred Delivery: Pick Up ☑ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☐

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

Signature Arthur A Sorensen Date

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: Special service charge dependent upon request.

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

Re: 161 East ~~Main~~ Mount Ave.
Tax Bl. 27 Lot 16
Copies of any Certificate of Occupancy

09-13-17 PU'd to RCVD

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

No records found

Michelle Clark 9-19-2017
Custodian Signature Date

Noelle 9-8-2017

Dwayne M. Harris

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Wednesday, September 06, 2017 5:44 PM
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00033

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: Kristin Callaway-Kelly
Address: 156 Dukes Parkway E
City: Hillsborough **State:** NJ **ZIP:** 08844
Phone # 9084322689 **Email:** kristinc156@gmail.com

The request:
I am requesting the evidentiary and the incident report for the discover of the passing of my second cousin, Richard Longano. He has no immediate family and he passed away intestate (without a will.) He died of natural causes on 12/13/2016 at his address on 202 1st. Ave., Atlantic Highlands a.k.a. Portland Pointe Presbyterian (a senior community complex.)

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

Scanned 9-18-2017

State of New Jersey
Borough of Atlantic Highlands Police
OPRA 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 JERRY MI ____ Last Name ANTONATOS

Company HERCULIAN ASSOCIATES

Mailing Address 81 FIRST AVE

City ATLANTIC HIGHLDS State NJ Zip 07716 Email aljerry4@comcast.NET

Business Hours Telephone: Area Code 732 Number 861-6707 Extension ____

Preferred Delivery: Pick Up 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 J Antonatos Date 9-17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Per page @$0.05

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.

PLEASE CHECK ONE:

☐ **ACCIDENT REPORT #** ____

☒ **INCIDENT REPORT #** 17-7575

REASON FOR REQUEST:

rental unit #81D caused disturbance at 2:00 AM 9-4th & police called

property damage

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.

☐ Denied

If this box is checked, see reverse side for explanation.

In Progress - Open 9/18/17

Denied - Closed

Filled - Closed 9/18/17

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 9/18/17 Date

Beth
Could you check on this
Thanks

Dwayne M. Harris

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Monday, September 18, 2017 2:07 PM
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00035

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: Colleen Camillo
Address: 1020 Hwy 35
City: Middletown **State:** NJ **ZIP:** 07748
Phone # 7327685620 **Email:** ccamillo2@gmail.com

The request:
I am a Realtor selling the property at 80 Wesley Ave, block64, lot 3.01. I am looking for any records you may have of an underground oil tank being filled. I thank you in advance for your assistance. Thank you, Colleen

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

9-20-17
No Permits found. Beth

Sent to Noelle

Dwayne M. Harris Completed 9-20-2017

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Monday, September 18, 2017 6:04 PM
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00036

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: STEVEN DIMIAN
Address: 1500 Allaire Avenue
City: Ocean Twp **State:** NJ **ZIP:** 07712
Phone # 7325089200 **Email:** Michelle@dmlawhelp.com

The request:
REQUESTING ACCIDENT REPORTS FROM SEPTEMBER 1, 2017 TO SEPTEMBER 15, 2017.

THANK YOU

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

Borough of Atlantic Highlands

GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613 FAX - 732-291-9725

Dwayne M. Harris, Custodian dharris@ahnj.com

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 ERIC MI Last Name VON ARX

E-mail Address E@XXSCULPTURES.COM

Mailing Address 43 CENTER ST

City Rumson State NJ Zip 07760

Telephone 732 842 9355 FAX

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

If you are requesting records containing personal information, please select one: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 9/20/2017

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: Special service charge dependent upon request.

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

Building Renovation Permits

Oil Tank Removal

120 GRAND AVE

BLK 48 Lot 8

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open 9/20/17

Denied - Closed

Filled - Closed 9/25/17

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

No Records found

Elizabeth Merkel 9/25/17

Custodian Signature Date

Borough of Atlantic Highlands

GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613

FAX - 732-291-9725

Dwayne M. Harris, Custodian

dharris@ahnj.com

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 JoANN MI Last Name Reuter

E-mail Address joreuter@comcast.net

Mailing Address 113 Tindall Rd

City Middletown State NJ Zip 07748

Telephone 908-902-5816 FAX

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

If you are requesting records containing personal information, please select one: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8-25-17

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: 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.

Looking for Survey Document for:
20 Lawrie Rd. Atlantic Highlands
Block 13 - Lot - 7

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 2

Final Cost

Total
Deposit
Balance Due
Balance Paid .14¢

Records Provided

1 - 8½ x 14
1 - 11 x 17

Beth Merkel 9-28-17
Custodian Signature Date

Borough of Atlantic Highlands

GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613

FAX - 732-291-9725

Dwayne M. Harris, Custodian

dharris@ahnj.com

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 Renee MI Last Name Greenley

E-mail Address 11BOOBOO808@GMAIL.COM

Mailing Address 96 EAST AVE APT 4

City ATLANTIC HIGHLANDS State N.J Zip 07716

Telephone (732) 320-1834 FAX

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☑

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

Signature Renee Greenley Date

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: 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.

- oil Tank or Even oil Heat ?
- Tax owed on property ?
- Open permits ?

120 GRAND AVE
ATLANTIC HIGHLANDS
NJ 07716

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 4

Final Cost

Total

Deposit

Balance Due

Balance Paid 20¢

Records Provided

Beth Merkel 4-28-17

Custodian Signature Date

BOROUGH OF ATLANTIC HIGHLAND

OPEN PUBLIC RECORDS ACT REQUEST FORM

100 First Avenue, Atlantic Highlands, NJ 07716
732-291-1444 ext. 3103 Fax: 732-291-9725
dharris@ahnj.com
Dwayne M. Harris, RMC - Custodian

Important Notice

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

Requestor Information – Please Print

First Name Jenn MI ____ Last Name Fuson

E-mail Address jcarroll@accelevator.com

Mailing Address 127 S Main St

City Barnegat State NJ Zip 08005

Telephone 609-660-8000 FAX 609-660-8336

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 Jenn Fuson Date 10/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Hello,

I am requesting a list, or copies of, demolition permits and house raising permits issued from July 1, 2017 through October 1, 2017.

This can be emailed or faxed.

Thank you very much!
- Jenn

10-02-17P03:10 RCVD

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 2

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

Records Provided

Beth Merkel Custodian Signature 10-2-17 Date

Called - 10-3
Spoke with
Mr Meyers

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

st Name Charles MI P Last Name Myers

mail Address charlespmyers@gmail.com

iling Address 24 Church St,

y Sea Bright State NJ Zip 07760

ephone (267) 402-7084 FAX

ferred Delivery: Pick Up [X] US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

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

nature ____ Date ____

Payment Information

Maximum Authorization Cost
100 $

Select Payment Method

Cash Check X Money Order

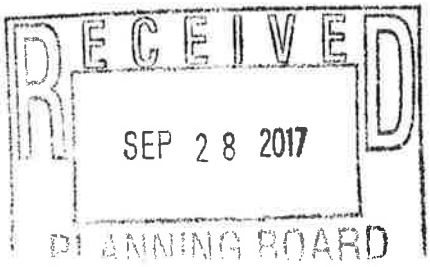
Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

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

Extras: Special service charge dependent upon request.

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

I am requesting documents submitted by FSD Enterprises LLC to the municipality in response to Requests for Proposal or similar requests from January 1st, 2007 through September 25, 2017



No records found 10-3-17

AGENCY USE ONLY **AGENCY USE ONLY** **AGENCY USE ONLY**

Borough of Atlantic Highlands
GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613 FAX - 732-291-9725

Dwayne M. Harris, Custodian dharris@ahnj.com

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 Ellen MI Y Last Name O'Dwyer

E-mail Address eyodwyer@outlook.com

Mailing Address 136 Mohawk Dr

City Cranford State NJ Zip 07016

Telephone 732-439-0123 FAX

Preferred Delivery: Pick Up ~~(email)~~ ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☒

If you are requesting records containing personal information, please select one: Under penalty of N.J.S.A. 2C:28-3, I certify that 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: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21 - @$0.25

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.

81 E. Lincoln Avenue
Permits for the above address (any improvements, repairs, etc.)
Building
Fire
Electrical
Plumbing

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 10

Final Cost
Total
Deposit
Balance Due
Balance Paid 3.00

Records Provided

7 Pgs attached were emailed

Beth Merkel 9-28-17
Custodian Signature Date

Sent to Noelle
9-28-2017

Dwayne M. Harris

Complete 10/5

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Thursday, September 28, 2017 2:47 PM
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00037

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: Anita Knibbe
Address: 1724 Park Lane
City: Orefield **State:** PA **ZIP:** 18069
Phone # 9089021033 **Email:** anitaknibbe@gmail.com

The request:
I would like to obtain a copy of a the police report for Case No. 11-007429 -- August 21, 2011. It is a domestic report. My name at the time was Anita K. Andrade -- I have reverted to my maiden name -- Anita E. Knibbe.

I now reside in Orefield, PA, 100 miles from Atlantic Highlands. For this reason, I am making this request online.

Thank you.

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

Dwayne M. Harris

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Friday, October 06, 2017 11:37 AM
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00039

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: Kelly Pepsny
Address: 46 bayside drive
City: atlantic highlands **State:** NJ **ZIP:** 07716
Phone # 7329979990 **Email:** kblazak@msn.com

The request:
April 30, 2012 incident between Kelly L. Shepherd and Richard J. Pepsny

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

Spoke with John 10-13-17 Complete

Borough of Atlantic Highlands

GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613

FAX - 732-291-9725

Dwayne M. Harris, Custodian

dharris@ahnj.com

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 John MI Last Name Dolan

E-mail Address SIRealty@AOL.com

Mailing Address 138 Ocean Blvd

City State Zip 07716

Telephone 732-546-4082 FAX

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☐

If you are requesting records containing personal information, please select one: Under penalty of N.J.S.A. 2C:28-3, I certify that 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: Pages 1-10 @$0.75
Pages 11-20 @$0.50
Pages 21 - @$0.25

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

Extras: Special service charge dependent upon request.

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

Copy of Survey.
Blk 17/18

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

Borough of Atlantic Highlands
100 First Ave.
Atlantic Highlands, NJ 07716
(732) 291-1444 ext. 3103

Open Public Records Request

Reference # OPR-2017-00045

Requestor Information:

Name: Spencer Spurlock
Business Name: Dynamic Earth, LLC

Address: 1904 Main Street Lake Como NJ 07719

Phone # (732) 280-0830 **Fax #** (732) 974-3521 **Email:** sspurlock@dynamic-earth.com

Record Request Information:

Request: Site: 188 First Ave, Block 102 Lot 8 Current Owner Ayers, Thomas D & Leslie E. 190 First Ave Block 102 Lot 7 Current Owner Anthony, Joseph P

I would like to obtain/review Building, Fire and Health Department records pertaining to environmental investigations, contaminant releases/spills, corrective actions, underground storage tanks (USTs), septic systems, wells or violations. I would also like to obtain Property Record Cards for the Site from the Tax Assessor's Office.

Does this record fall under the common law?

Yes

Please set forth your interest in the subject matter contained in the requested material:

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: [signature] Date: 10/02/2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

17-03-17P03:54 RCVD

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613

FAX - 732-291-9725

Dwayne M. Harris, Custodian

dharris@ahnj.com

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 ALAN MI Last Name GUMENY

E-mail Address AG6612@MSN.COM

Mailing Address 18 PATRICIA PLACE

City CLIFTON State N.J. Zip 07012

Telephone 973-303-3811 FAX

Preferred Delivery: Pick Up ☐ US Mail ☑ On-Site Inspect ☐ Fax ☐ Email ☑

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

Signature Alan Gumeny Date 10/16/17

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: 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.

REAL PROPERTY RECORDS / DEEDS FOR 145 BAYSIDE DRIVE, ATLANTIC HIGHLANDS N.J. LIMIT SEARCH TO THE PURCHASE - SALE - OWNERSHIP OF THE PROPERTY BY FRANKLYN G. GOODE AND/OR HIS WIFE LAURA F. GOODE, WHO RESIDED THERE IN THE 1960's, POSSIBLY THE 1950's ALSO.

2/12

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date

Borough of Atlantic Highlands

GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613 FAX - 732-291-9725

Dwayne M. Harris, Custodian dharris@ahnj.com

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 Cathy MI M Last Name Baker-May

E-mail Address cathybakermay@gmail.com

Mailing Address 147 Monmouth Avenue

City Atlantic Highlands State NJ Zip 07716

Telephone (732) 309-5954 FAX (732) 747-2094

Preferred Delivery: Pick Up ☑ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☐

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

Signature C M Baker-May Date 10/19/17

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: 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.

0 Hook Harbor Rd.
Atl. Hlds, NJ 07716
Name of Architect / Builder
blk 18/16

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Beth Merkel 10-19-17
Custodian Signature Date

10-19-17 P03:36 RCVD

MONMOUTH COUNTY

OPEN PUBLIC RECORDS ACT REQUEST FORM

~~Hall of Records, One East Main Street, Freehold, NJ 07728~~

~~Records Custodian: Marion Masnick, Clerk of the Board to the Monmouth County Board of Chosen Freeholders~~

Borough of Atlantic Highlands

Telephone 732-431-7387
Fax 732-431-6519

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 Joshua MI ____ Last Name Leinsdorf

E-mail Address jleinsdorf@monmouth.com

Mailing Address 60 Bayside Drive

City Atlantic Highlands State New Jersey Zip 07716-1735

Telephone (732) 291-0126 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 Joshua Leinsdorf Date October 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
CD & DVD - $1.00 per disc
Other materials - actual cost of material

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

Extras: Special service charge dependent upon request.

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

All emails and telephone logs relating to the closing of Hillside Road at Bayside Drive to vehicles seeking to turn around.

1. NO E-MAILS
2. PHONE LOG ATTACHED FOR THE DAY OF CALL 10/12/17.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed 10-23-2017

Michelle Clark 10-23-2017
Custodian Signature Date

Borough of Atlantic Highlands
100 First Ave.
Atlantic Highlands, NJ 07716
(732) 291-1444 ext. 3103

Open Public Records Request

Reference # OPR-2017-00042

Requestor Information:

Name: Yadira Galan
Business Name: brinks tank servies

Address: 1256 Liberty Ave hillside NJ 07205

Phone # (844) 462-7465 **Fax #** (908) 353-3107 **Email:** carly@brinksconsulting.com

Record Request Information:

Request: please provide a list of permit applications for the installation, removal or the decommissioning of any underground storage tank at
14 wesley ave
block 82 lot 3

please provide permits as old as you have
Does this record fall under the common law?
No
Please set forth your interest in the subject matter contained in the requested material:

Borough of Atlantic Highlands
100 First Ave.
Atlantic Highlands, NJ 07716
(732) 291-1444 ext. 3103

Open Public Records Request

Reference # OPR-2017-00044

Requestor Information:
Name: Michael S Paterno
Business Name: Dynamic Engineering, PC

Address: 1904 Main Street Lake Como NJ 07719

Phone # (732) 974-0198 **Fax #** (732) 974-3521 **Email:** MPaterno@dynamicec.com

Record Request Information:
Request: Our office requests to view any Site Plans, Resolution of Approval, Stormwater Drainage Report, Environmental Impact Statement, Traffic Report, SCD Correspondence, SCD Certification, County Correspondence, County Approval, NJDEP Approval, NJDEP Correspondence, and NJDOT Correspondence for the property:

Block: 102, Lots: 7 & 8
First Avenue & Memorial Parkway (NJSH Route 36)
Borough of Atlantic Highlands
Monmouth County, NJ 07716

If you have any questions please do not hesitate to contact our office.

Does this record fall under the common law?
No
Please set forth your interest in the subject matter contained in the requested material:
Everything was requested in order to assist us with the design of a potential future development.

No Records Found

Response sent
thru Gov Pilot

Complete 9-12-17

Dwayne M. Harris

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Tuesday, September 12, 2017 1:28 PM
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00034

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: Andrew DeChiaro
Address: 9 Grand Ave
City: Atlantic Highalnds **State:** NJ **ZIP:** 07716
Phone # 7325755596 **Email:** atlpsu@verizon.net

The request:
plumbing, electric, fire and building permits for additional bathroom

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

Reference # OPR-2017-00040

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: Bruce Cohn
Address: 152 Tanglewood Drive
City: Staten Island **State:** NY **ZIP:** 10312
Phone # 9176766817 **Email:** Bc4sail@aol.com

The request:
I am purchasing the property at 9 Grand Ave Atlantic Highlands and request any and all information/records regarding oil tank location and removal at such property.
We are scheduled to close on the property, next Tuesday, Oct 17 and would appreciate if this request could be expedited and available by the closing date.
Thank you very much
Bruce Cohn

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

State of New Jersey
Borough of Atlantic Highlands Police
OPRA RECORDS REQUEST FORM

2 2

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 Barbara MI E Last Name Kiernan

Company

Mailing Address 29 Bay Ave apt #1

City Atl. Hlds State NJ Zip 07716 Email

Business Hours Telephone: Area Code (732) Number 430-5940 Extension

Preferred Delivery: Pick Up _____ 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 Barbara E. Kiernan Date 11/30/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Per page @$0.05

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.

PLEASE CHECK ONE:

☐ **ACCIDENT REPORT #** _____

☐ **INCIDENT REPORT #** 17-9346

REASON FOR REQUEST: 17-9088

* Cop were here twice Recently and spoke with me at my apt.

Prove I Live at this address

Tenent upstairs calls police

Complaining about noise on the other hand says I don't Live there. My Lock was tampered with

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.

☐ Denied

If this box is checked, see reverse side for explanation.

RECEIVED OCT 30 2017

In Progress	-	Open	
Denied	-	Closed	
Filed	-	Closed	10/30/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages 2

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Nancy McLeer
Custodian Signature

10/30/17
Date

Dwayne M. Harris

From: Hubeny,Adam
Sent: Thursday, October 26, 2017 5:04 PM
To: Clerk
Subject: RE: Salary Information

Sure

From: Clerk
Sent: Thursday, October 26, 2017 5:03 PM
To: Hubeny,Adam <ahubeny@ahnj.com>
Subject: FW: Salary Information

Is it ok for me to provide this information?

From: Keri Pagnoni [mailto:keripags@gmail.com]
Sent: Thursday, October 26, 2017 2:53 PM
To: Clerk <clerk@ahnj.com>
Subject: Salary Information

Good Afternoon,

I would like to inquire about the salaries for the following positions: CFO, Recreation Director, Township Manager and Tax Assessor.

20,000 p/T
26921 Eldo

63,971
20hs/wk 10yrs

121,175
13yrs

Furthermore, I would like to know the salary information for their predecessor's.

I do not want to use the dreaded "O" word as I work in the Clerk's office myself. I am in graduate school and writing a research paper on pay disparity between men and women in the public sector, specifically municipal government. I have narrowed my search to municipalities in Monmouth County that have the following criteria:

- A man as the municipal clerk
- A female as the administrator
- A female as the CFO
- I have included recreation director and tax assessor as they are somewhat gender neutral positions.

I hope to take the current salary information, compare it to their predecessor, calculate the cost of living and see if there is a disparity.

Borough of Atlantic Highlands

GOVERNMENT RECORDS REQUEST FORM

100 First Avenue

Atlantic Highlands, NJ 07716

732-291-1444 ext. 613

FAX - 732-291-9725

Dwayne M. Harris, Custodian

dharris@ahnj.com

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 _____ MI _____ Last Name _____

E-mail Address [redacted] timetochangejerseystyle@outlook.com

Mailing Address _____

City _____ State _____ Zip _____

Telephone 732-988-0125 FAX _____

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☑

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

Signature _____ Date 11-1-17

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: 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.

individual employee and departments payroll for the month of September 2017 one pay period

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NOV - 1 2017
BY: mc

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Michelle Clark 11-1-2017

Custodian Signature Date

Borough of Atlantic Highlands
100 First Ave.
Atlantic Highlands, NJ 07716
(732) 291-1444 ext. 3103

Open Public Records Request

Reference # OPR-2017-00046

Requestor Information:
Name: Jennifer Berardo
Business Name: Price Meese Shulman & D`Arminio

Address: 50 Tice Blvd, Ste 380 Woodcliff Lake NJ 07677

Phone # (201) 391-3737 **Fax #** (201) 391-4170 **Email:** jberardo@pricemeese.com

Record Request Information:
Request: Kindly provide a copy of the 10 page article marked into evidence by the objector regarding steep slopes with regards to the zoning application for J & L Bayside Drive LLC (Block 8, Lot 23.01, - 25 Bayside Drive). Kindly provide a copy of all exhibits presented by objector throughout the application. Thank you.

Does this record fall under the common law?
Yes
Please set forth your interest in the subject matter contained in the requested material:
interested party

Exhibit O-1 (25 Bayside Dr) attached

e M. Harris

Larry Higgins <opra@njpropertyrecords.com>
Friday, October 20, 2017 9:01 PM
Dwayne M. Harris
bject: OPRA Request (1305.MONMOUTH_ATLANTIC HIGHLANDS BORO)
ttachments: 1305.MONMOUTH_ATLANTIC HIGHLANDS BORO.pdf

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

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

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

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

Requested Information:

1.a) A complete set of your municipalities **MOST CURRENT** tax maps. **Note:** If your tax maps are on your website, please provide the direct link and CONFIRM they are the most current maps available.
website - About Atl Hglds and under Tax Assessor
1.b) The date the tax maps were last modified/updated. march 2016

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

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

2.b) The date the zoning map(s) was last modified/updated. 2007

2.c) The approximate date to check back for newer/updated zoning map(s). **Note:** If there's currently no plans on updating the map(s) anytime soon, please mention that to us. April/May 2018

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

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

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 11/03/2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash **Check** Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

RECEIVED
NOV 03 2017
ATLANTIC HIGHLANDS
MUNICIPAL CLERK

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

State of New Jersey

Borough of Atlantic Highlands Police

OPRA 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 David MI M Last Name Freeman

Company

Mailing Address 9 Heath Ct

City Howell State NJ Zip 07731 Email DJrfreemanjr@gmail.com

Business Hours Telephone: Area Code _____ Number _____ Extension _____

Preferred Delivery: Pick Up 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 [signature] Date 11/6/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Per page @$0.05

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.

PLEASE CHECK ONE:

☒ **ACCIDENT REPORT #** 17-010619

☐ **INCIDENT REPORT #** _____

REASON FOR REQUEST:

Car accident on 11/25/17

Driver Jill P Freeman

44 Bloomfield Ave

Edison NJ 08837

2009 Acura TSX

RT 36 & Laurel Rd

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.

☐ **Denied**

If this box is checked, see reverse side for explanation.

RECEIVED NOV 09 2017

In Progress	-	Open	
Denied	-	Closed	
Filled	-	Closed	11/9/17
Partial	-	Closed	

AGENCY USE ONLY

Tracking Information

Tracking #

Rec'd Date 11/9/17

Ready Date 11/9/17

Total Pages 2

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature [signature] Date 11/9/17

Dwayne M. Harris

Sent to Noelle 11-7-2017

Complete 11-14 MC

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Friday, November 03, 2017 10:31 AM
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00047

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: Jeffrey Sulzmann
Address: 9480 Collier Loop
City: Daphne **State:** AL **ZIP:** 36526
Phone # 2515839730 **Email:** jsulzmann@daphnepolice.org

The request:
I would like a copy of case # 17-001645. I filed this report back in Feb 2017

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

Dwayne M. Harris Completed 11-16-17

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Monday, November 13, 2017 3:13 PM
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00049

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: David Scalese
Address:
City: State: ZIP:
Phone # 9083308667 **Email:** david@scaleserealtygroup.com

The request:
Hello, Do you have a survey on file for 68 Bay Ave?

The block is: 129

The Lot is: 3

Thank you so much.

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.

Borough of Atlantic Highlands
100 First Ave.
Atlantic Highlands, NJ 07716
(732) 291-1444 ext. 3103

Open Public Records Request

Reference # OPR-2017-00044

Requestor Information:
Name: Michael S Paterno
Business Name: Dynamic Engineering, PC

Address: 1904 Main Street Lake Como NJ 07719

Phone # (732) 974-0198 **Fax #** (732) 974-3521 **Email:** MPaterno@dynamicec.com

Record Request Information:
Request: Our office requests to view any Site Plans, Resolution of Approval, Stormwater Drainage Report, Environmental Impact Statement, Traffic Report, SCD Correspondence, SCD Certification, County Correspondence, County Approval, NJDEP Approval, NJDEP Correspondence, and NJDOT Correspondence for the property:

Block: 102, Lots: 7 & 8
First Avenue & Memorial Parkway (NJSH Route 36)
Borough of Atlantic Highlands
Monmouth County, NJ 07716

If you have any questions please do not hesitate to contact our office.

Does this record fall under the common law?
No
Please set forth your interest in the subject matter contained in the requested material:
Everything was requested in order to assist us with the design of a potential future development.

10/27/17 No records found BM

Dwayne M. Harris emailed 11-17-2017

From: Noelle Mcilvaine
Sent: Thursday, November 16, 2017 4:33 PM
To: Clerk
Subject: FW: OPRA Request
Attachments: OPRA 11-9-17 ALFARO.pdf

Hi Michelle

Here is the last outstanding OPRA request with the PD as of right now. We are redacting names under "reasonable expectation of privacy" as is our usual protocol.

Let me know if you need anything else.

Noelle McIlvaine
AHPD Records
Chief's Secretary
100 First Avenue
Atlantic Highlands, NJ 07716
732-291-1212
Fax 732-291-2996

Follow us on facebook: https://www.facebook.com/ahnjpd/

From: Clerk
Sent: Thursday, November 09, 2017 4:39 PM
To: Noelle Mcilvaine
Subject: FW: OPRA Request

From: Borough of Atlantic Highlands [mailto:noreply@propertypilot.com]
Sent: Thursday, November 09, 2017 10:54 AM
To: admin@govpilot.com; Hubeny,Adam <ahubeny@ahnj.com>; Clerk <clerk@ahnj.com>
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00048

Please be advised that a new OPRA request has been submitted via the online portal.

Dwayne M. Harris emailed 11-22-2017

From: Borough of Atlantic Highlands <noreply@propertypilot.com>
Sent: Tuesday, November 21, 2017 8:07 AM
To: admin@govpilot.com; Hubeny,Adam; Clerk
Subject: New: OPRA Request

Borough of Atlantic Highlands
OPRA

Reference # OPR-2017-00050

Please be advised that a new OPRA request has been submitted via the online portal.

Please review at your earliest convenience and assign requests to appropriate departments. Note that when you begin reviewing request you will have 7 business days to approve or respond their request.

Requestor Information
Name: David Gamble
Address: 57 South Main Street # 172
City: Neptune **State:** NJ **ZIP:** 07753
Phone # 7324925436 **Email:** dlginvestigators@gmail.com

The request:
Please provide any and all CAD and /or incident reports related to Thomas J. Harris, dob: 09/21/1955, SSN: 146-48-7319, lka: 129 Seeley Ave, Keansburg, NJ for the time frame December 1, 2013 to June 30, 2014.

The requestor has opted to receive the information by **Email**

Please log into GovPilot to process the application.

Feel free to reference the tutorial video for how to process the application.