Mary Cole

From: Charles Alexander <charles.alexander9456@gmail.com>
Sent: Monday, August 07, 2017 8:08 AM
To: Mary Cole
Subject: Re: opra request

Ms. Cole,

Could you please send me the most recent June and July zoning and planning board minutes

Thank you
Charles

On Fri, Jul 21, 2017 at 3:10 PM, Mary Cole <mcole@linwoodcity.org> wrote:

> Attached please find records responsive to your OPRA request received in our office on July 21, 2017.
>
> If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the City of Linwood to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ 08625, by email at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County
>
> Mary F. Cole,CMR
> Deputy Municipal Clerk
> Deputy Registrar of Vital Statistics
> City of Linwood
> 400 Poplar Avenue
> Linwood, NJ 08221
> phone (609) 927-4108
> fax (609) 653-2730
>
> This message may contain confidential and /or proprietary information and is intended for the person/entity to whom it was originally addressed. Any use by others is strictly prohibited.

CITY OF LINWOOD

REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue, Linwood NJ 08221

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 Jim MI ____ Last Name Brennenstuhl

E-mail Address Investec1361@msn.com

Mailing Address PO Box 1361

City Absecon State NJ Zip 08201

Telephone 6092265596 FAX 6097483772

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

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

Signature _____ Date 9 August 2017

Payment Information

Maximum Authorization Cost $ 100

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 the investigator of record for attorney Lars S Hyberg with respect to an injury suffered by his client, Pearl Cocozza, on June 2, 2017 at 1201 New Road, The Cornerstone Center, Linwood NJ and the subject of a response by the Linwood Police Department under their Event ID E 2017 06030. Please consider this request both under New Jersey's Open Public Records Act and Right to Know for additional details including but not limited to all narrative reports, images, digital files including digital audio and digital video, and other documents and evidence gathered during any response to the scene by employees or agents of local government; and for any similar events at that location.

Attached you will find a copy of the Linwood Police Department General Complaint print for reference and an executed HIPAA Authorization for our client Cocozza. Please contact me should you have any questions or require additional clarification.

Thank you for your time and attention.

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 _____

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Cynthia N. Grob, Esquire Bar Id. 036432005

Mailing Address Cooper Levenson, 1415 Marlton Pike, Rt 70 E, Suite 205

City Cherry Hill State NJ Zip 08034 Email cgrob@cooperlevenson.com

Phone (856) 857-5586

Preferred Delivery: Pick Up _____ US Mail X 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 of Requestor [signature] Date 9/18/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Police reports, investigation reports and/or complaints and/or any prosecutors' criminal files from September 1, 2016 through September 18, 2017 which identify Kristen E. Radcliff - date of birth February 11, 1978 and/or ~~Nina Singh Radcliff, date of birth November 18, 1977 as a complaining witness,~~ victim, perpetrator or defendant or otherwise referencing either individual in any capacity.

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 9-19-17 Date of Response: 9/21/17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: _____ Available On: _____

Access is denied to the following records for the reason stated below:
No records responsive exist.

[signature] 9-19-17
Signature of Custodian *Date*

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name BRENDAN A. SPARTH

Mailing Address 2 MINUTEMAN DR.

City TYNGSBORO State MA Zip 01879 Email brendansparth@comcast.net

Phone (978) 671-8970

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 of Requestor Brendan G Sparth Date Sept 12, 2017

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

I NEED TO SEE THE LOCATION OF LOT 39, BLOCK 19-A ON THE OLD PRE-1968 TAX MAP OF LINWOOD, EITHER A COPY OF THE BLOCK SHOWING THE LOTS OR A DESCRIPTION OF WHICH LOTS UNDER TODAY'S NUMBERING OLD LOT 39 WOULD COVER. I AM SEARCHING TITLE BACK TO THE 1940's.

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Maximum Authorization Cost $ 20.00

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 9/12/17 Date of Response: 9/13/17
Estimated Cost: emailed Deposit Amount: _____
Estimated Number of Pages: _____ Available On: 9/13/17

Access is denied to the following records for the reason stated below:

_____ _____
Signature of Custodian *Date*

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

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

Name: Ben Lyhovsky

Mailing Address: 50 US Highway 9, Suite 202

City: Marmonville State: NJ Zip: 07751 Email: benlyhovsky@gmail.com

Phone: (732) 490-5800, fax 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or Fax

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor _____ Date 8/21/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle Accident Reports
From 8/14/17 Through 8/20/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 8-21-17 Date of Response: 8-29-2017
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 3 Available On: _____

Access is denied to the following records for the reason stated below:

_____
Signature of Custodian

8-29-17
Date

8/29/17

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 ____

Place Logo Here

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Place Logo Here

Important Notice

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

Requestor Information – Please Print

First Name Jim MI _____ Last Name O'Donnell

E-mail Address James.O'Donnell@nbcuni.com

Mailing Address 10 Monument Road

City Bala Cynwyd State PA Zip 19004

Telephone 215-913-0273 FAX 610-668-5649

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 James O'Donnell Date 08/09/2017

Payment Information

Maximum Authorization Cost $ 1

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please see attached 3 pages

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date 8-9-17
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

DEPOSITS

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of $5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. **Response is due to requestor as soon as possible, but no later than seven business days.**)

N.J.S.A. 47:1A-1.1

- ☒ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☒ Legislative records
- ☒ Law enforcement records:
  - ☒ Medical examiner photos
  - ☒ Criminal investigatory records (however, N.J.S.A. 47:1A-3.b. lists specific criminal investigatory information which must be disclosed)
  - ☒ Victims' records
- ☒ Trade secrets and proprietary commercial or financial information
- ☒ Any record within the attorney-client privilege
- ☒ Administrative or technical information regarding computer hardware, software and networks which, if disclosed would jeopardize computer security
- ☒ Emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or persons therein
- ☒ Security measures and surveillance techniques which, if disclosed, would create a risk to the safety or persons, property, electronic data or software
- ☒ Information which, if disclosed, would give an advantage to competitors or bidders
- ☒ Information generated by or on behalf of public employers or public employees in connection with:
  - ☒ Any sexual harassment complaint filed with a public employer
  - ☒ Any grievance filed by or against an employee
  - ☒ Collective negotiations documents and statements of strategy or negotiating
- ☒ Information that is a communication between a public agency and its insurance carrier, administrative service organization or risk management office
- ☒ Information that is to be kept confidential pursuant to court order
- ☒ Certificate of honorable discharge issued by the United States government (Form DD-214) filed with a public agency
- ☒ Social security numbers
- ☒ Credit card numbers
- ☒ Unlisted telephone numbers
- ☒ Drivers' license numbers
- ☒ Certain records of higher education institutions:
  - ☒ Research records
  - ☒ Questions or scores for exam for employment or academics
  - ☒ Charitable contribution information
  - ☒ Rare book collections gifted for limited access
  - ☒ Admission applications
  - ☒ Student records, grievances or disciplinary proceedings revealing a students' identification
- ☒ Biotechnology trade secrets **N.J.S.A. 47:1A-1.2**
- ☒ Convicts requesting their victims' records **N.J.S.A. 47:1A-2.2**
- ☒ Ongoing investigations of non-law enforcement agencies (must prove disclosure is inimical to the public interest) **N.J.S.A. 47:1A-3.a.**
- ☒ Public defender records **N.J.S.A. 47:1A-5.k.**
- ☒ Upholds exemptions contained in other State or federal statutes and regulations, Executive Orders, Rules of Court, and privileges created by State Constitution, statute, court rule or judicial case law **N.J.S.A. 47:1A-9**
- ☒ Personnel and pension records (however, the following information must be disclosed:
  - An individual's name, title, position, salary, payroll record, length of service, date of separation and the reason for such separation, and the amount and type of any pension received
  - When required to be disclosed by another law, when disclosure is essential to the performance of official duties of a person duly authorized by this State or the US, or when authorized by an individual in interest
  - Data contained in information which disclose conformity with specific experiential, educational or medical qualifications required for government employment or for receipt of a public pension, but not including any detailed medical or psychological information **N.J.S.A. 47:1A-10**

N.J.S.A. 47:1A-1

- ☐ "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

Burnett v. County of Bergen, 198 N.J. 408 (2009). Without ambiguity, the court held that the privacy provision "is neither a preface nor a preamble." Rather, "the very language expressed in the privacy clause reveals its substantive nature; it does not offer reasons why OPRA was adopted, as preambles typically do; instead, it focuses on the law's implementation." "Specifically, it imposes an obligation on public agencies to protect against disclosure of personal information which would run contrary to reasonable privacy interests."

Executive Order No. 21 (McGreevey 2002)

- ☐ Records where inspection, examination or copying would substantially interfere with the State's ability to protect and defend the State and its citizens against acts of sabotage or terrorism, or which, if disclosed, would materially increase the risk or consequences of potential acts of sabotage or terrorism.
- ☐ Records exempted from disclosure by State agencies' proposed rules.

Executive Order No. 26 (McGreevey 2002)

- ☐ Certain records maintained by the Office of the Governor
- ☐ Resumes, applications for employment or other information concerning job applicants while a recruitment search is ongoing
- ☐ Records of complaints and investigations undertaken pursuant to the Model Procedures for Internal Complaints Alleging Discrimination, Harassment or Hostile Environments
- ☐ Information relating to medical, psychiatric or psychological history, diagnosis, treatment or evaluation
- ☐ Information in a personal income or other tax return
- ☐ Information describing a natural person's finances, income, assets, liabilities, net worth, bank balances, financial history or activities, or creditworthiness, except as otherwise required by law to be disclosed
- ☐ Test questions, scoring keys and other examination data pertaining to the administration of an examination for public employment or licensing
- ☐ Records in the possession of another department (including NJ Office of Information Technology or State Archives) when those records are made confidential by regulation or EO 9.

Other Exemption(s) contained in a State statute, resolution of either or both House of the Legislature, regulation, Executive Order, Rules of Court, any federal law, federal regulation or federal order pursuant to N.J.S.A. 47:1A-9.a.

(Please provide detailed information regarding the exemption from disclosure for which you are relying to deny access to government records. If multiple records are requested, be specific as to which exemption(s) apply to each record.)

REQUEST FOR RECORDS UNDER THE COMMON LAW

If, in addition to requesting records under OPRA, you are also requesting the government records under the common law, please check the box below.

A public record under the common law is one required by law to be kept, or necessary to be kept in the discharge of a duty imposed by law, or directed by law to serve as a memorial and evidence of something written, said, or done, or a written memorial made by a public officer authorized to perform that function, or a writing filed in a public office. The elements essential to constitute a public record are that it be a written memorial, that it be made by a public officer, and that the officer be authorized by law to make it.

☐ Yes, I am also requesting the documents under common law.

If the information requested is a "public record" under common law and the requestor has a legally recognized interest in the subject matter contained in the material, then the material must be disclosed if the individual's right of access outweighs the State's interest in preventing disclosure.

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

_____

_____

_____

Note that any challenge to a denial of a request for records under the common law cannot be made to the Government Records Council, as the Government Records Council only has jurisdiction to adjudicate challenges to denials of OPRA requests. A challenge to the denial of access under the common law can be made by filing an action in Superior Court.

1. All government records are subject to public access under the Open Public Records Act ("OPRA"), unless specifically exempt.
2. A request for access to a government record under OPRA must be in writing, hand-delivered, mailed, transmitted electronically, or otherwise conveyed to the appropriate custodian. N.J.S.A. 47:1A-5.g. The seven (7) business day response time does not commence until the records custodian receives the request form. If you submit the request form to any other officer or employee of the ***Name of Agency***, that officer or employee must either forward the request to the appropriate custodian, or direct you to the appropriate custodian. N.J.S.A. 47:1A-5.h.
3. Requestors may submit requests anonymously. If you elect not to provide a name, address, or telephone number, or other means of contact, the custodian is not required to respond until you reappear before the custodian seeking a response to the original request.
4. The fees for duplication of a government record in printed form are listed on the front of this form. We will notify you of any special service charges or other additional charges authorized by State law or regulation before processing your request. Payment shall be made by cash, check or money order payable to the ***Name of Agency.***
5. ***You may be charged a 50% or other deposit when a request for copies exceeds $25.*** The ***Name of Agency*** custodian will contact you and advise you of any deposit requirements. You agree to pay the balance due upon delivery of the records. Anonymous requests in excess of $5.00 require a deposit of 100% of estimated fees.
6. Under OPRA, a custodian must deny access to a person who has been convicted of an indictable offense in New Jersey, any other state, or the United States, **and** who is seeking government records containing personal information pertaining to the person's victim or the victim's family. This includes anonymous requests for said information.
7. By law, the ***Name of Agency*** must notify you that it grants or denies a request for access to government records within seven (7) business days after the agency custodian of records receives the request. If the record requested is not currently available or is in storage, the custodian will advise you within seven (7) business days after receipt of the request when the record can be made available and the estimated cost for reproduction.
8. You may be denied access to a government record if your request would substantially disrupt agency operations and the custodian is unable to reach a reasonable solution with you.
9. If the ***Name of Agency*** is unable to comply with your request for access to a government record, the custodian will indicate the reasons for denial on the request form or other written correspondence and send you a signed and dated copy.
10. Except as otherwise provided by law or by agreement with the requester, if the agency custodian of records fails to respond to you within seven (7) business days of receiving a request, the failure to respond is a deemed denial of your request.
11. If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the ***Name of Agency*** to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council ("GRC") by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at PO Box 819, Trenton, NJ, 08625, by e-mail at *grc@dca.state.nj.us*, or at their web site at *www.state.nj.us/grc*. The Council can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.
12. Information provided on this form may be subject to disclosure under the Open Public Records Act.

THE TRACE

TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

August 7, 2017

Dear Records Officer,

This is a joint request from Trace Media Inc. and NBC10 to your Police Department for certain information pertaining to stolen and seized firearms, information that we understand to be public under public records laws.

We request the following:

Part 1) The below listed information for each firearm reported stolen to your agency from January 1, 2012, to August 1, 2017:

- Serial Number
- Year
- Date
- Incident No
- Report Type
- Property Type – Description
- Property Gun Description
- Property Description
- Property Model
- Property Gun Caliber
- Property Count
- Any other columns available

Part 2) The below listed information for each firearm seized by your agency from January 1, 2012, to August 1, 2017:

- Serial Number
- Occur From Date
- Property Description
- Property Brand
- Property Model
- Property Gun Description
- Property Gun Caliber
- Incode Description
- Incode
- Any other columns available
- Crime Category Code

Part 3) Any and all available data dictionaries and/or code sheets so that we can ascertain the meaning of column headings, codes, abbreviations, and other information contained in the CDW BI.

THE TRACE

TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

As members of the news media, Trace Media and NBC10 will be making information obtained from this request available to the general public and are not requesting the records for commercial purposes.

The serial number is the most important piece of descriptive information for a firearm.

Serial numbers are assigned to specific firearms, not specific individuals, so any argument that releasing a serial number could identify, let alone endanger, a witness is without merit. Furthermore, because serial numbers serve as the identification markings for firearms, not people, any argument that gun owners have a right to privacy regarding the serial numbers of their weapons is equally flawed.

Firearm serial numbers by themselves cannot be used to identify an individual or a witness. The U.S. federal government does not have a comprehensive firearm registry, and in even in states where registries do exist, the information contained therein is not open to the general public. Moreover, while serial numbers are designed to aid in the identification of specific firearms, their distinctiveness is not absolute. Under federal regulations, serial numbers may be duplicated by different manufacturers. For example, if Manufacturer A produces a handgun with serial number 12345, Manufacturer B can also produce a handgun with serial number 12345 and still be in compliance with the law.

The release of serial numbers would also not hinder a law enforcement investigation. To argue such would be akin to saying that serial numbers somehow open a window into a police investigative file, which they do not. Besides, serial numbers often appear in publicly accessible court documents, albeit without the centralization key for newsgathering and analysis.

This request is part of a national project exploring the use of stolen guns in crime, an issue of paramount import to the citizens of your community and the brave police officers who protect and serve them.

So far, more than 200 public law enforcement agencies around the country have released serial number information to us in response to public records requests for this project.

We hope that your agency takes our arguments into consideration when reviewing our records request.

We ask that the requested records be provided in a .xlsx, .xls, .csv, .txt, or another spreadsheet-compatible format. We also ask that you email the records to Jim.ODonnell@NBCUNI.com

THE TRACE

TRACE MEDIA, INC.
P.O. Box 4184,
New York, NY 10163

info@thetrace.org
thetrace.org

When releasing the records, please be mindful that .xlsx and .xls file extensions may delete leading zeros from serial numbers – turning, for example, a serial number that is actually 012345 into 12345. This could skew our analysis. To ensure that this does not happen, please take care to download and import the serial number column in a "Text" number format.

If there are fees associated with this request, we would appreciate if you informed us of the estimated charges in advance.

If you have any questions or concerns, please do not hesitate to contact

Jim O'Donnell
Senior Investigative Producer
NBC10
215-913-0273

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

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

Name Ben Lyhowsky

Mailing Address 50 US Highway 9, Suite 202

City Melonville State NJ Zip 07751 Email benlyhowsky@gmail.com

Phone (732) 490-5800, fax 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or Fax

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor _____ Date 7/24/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle Accident Reports
From 7/16/17 Through 7/23/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 7-24-17 Date of Response: 8-2-2017
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 9 Available On: _____

Access is denied to the following records for the reason stated below:

_____
Signature of Custodian

7-24-17
Date

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

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

Name: Ben Lyhovsky

Mailing Address: 50 US Highway 9, Suite 202

City: Morganville State: NJ Zip: 07751 Email: benlyhovsky@gmail.com

Phone: (732) 490-5800, fax 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or Fax

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor _____ Date 7/31/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle Accident Reports
From 7/24/17 Through 7/30/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 7-31-17 Date of Response: 8-7-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 16 Available On: _____

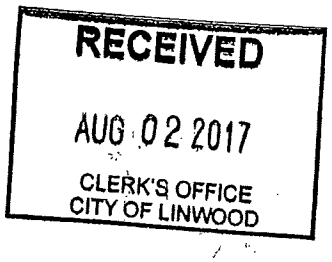
Access is denied to the following records for the reason stated below:

_____

_____

Signature of Custodian 8-7-17 Date

anagement Solutions
ox 350
ertown, PA 18087



Open Record Officer
LINWOOD CITY
400 Poplar Avenue
Linwood, NJ 08221

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

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4100
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Ben Lyhovskey

Mailing Address 50 US Highway 9, Suite 202

City Manahawkin State NJ Zip 08050 Email benlyhovskey@gmail.com

Phone (732) 490-5800, fax 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or Fax

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor _____ Date 8/7/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle Accident Reports
From 7/31/17 Through 8/6/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 8-7-17 Date of Response: 8/14/17
Estimated Cost: 0 - email Deposit Amount: _____
Estimated Number of Pages: 6 Available On: 8/14/17

Access is denied to the following records for the reason stated below:

_____ _____
Signature of Custodian *Date*

Linwood City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: (609) 927-4108 Fax: 6096532730

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 7/31/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 7/16/2017

End Date 7/29/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 7-31-17

Ready Date 8-9-17

Total Pages 28

Final Cost

Total emailed

Deposit No Cost

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name ROBERT KING

Mailing Address 17 HOMESTEAD ROAD

City MARMORA State NJ Zip 08223 Email ROBERT.KING@FOXROACH.COM

Phone (609) 350-8030

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 of Requestor [signature] Date 8/7/2017

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

ANY & ALL PERMITS PULLED, FINAL INSPECTIONS & CERTIFICATES OF APPROVAL FOR YEARS 2015, 2016 & 2017

ADDRESS: 2406 SHORE ROAD, LINWOOD, NJ

BLOCK # 14, LOT # 2

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 8-7-17 Date of Response: _____
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: _____ Available On: _____

Access is denied to the following records for the reason stated below:

[signature]
Signature of Custodian *Date*

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Frank J. Lontz Esq.

Mailing Address 450 Tilton Rd Suite 230

City Northfield State NJ Zip 08225 Email frank@flontzlaw.com

Phone (609) 813-2301

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 of Requestor Frank J. Lontz Date 7-27-17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

All video (MVR & Body Cam) of incident involving Heather Dockery, 3-27-17, Police Case No 17-2017-00092

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 7/31/17 Date of Response: 8-4-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: _____ Available On: _____

Access is denied to the following records for the reason stated below:

Denied pursuant to Prosecutor's Directive

Signature of Custodian 8-4-17 *Date*

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name David R. Castellani, Esquire

Mailing Address 450 Tilton Road, Suite 245

City Northfield State NJ Zip 08225 Email davida castellanilaw.com

Phone (609) 641-2288

Preferred Delivery: Pick Up ____ US Mail x or 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 of Requestor [signature] Date 10/5/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Copies of any and all records relating to the purchase and/or replacement of light posts on bike path in the last 5 years

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ ____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 10-5-17 Date of Response: 10/6/17
Estimated Cost: ____ Deposit Amount: ____
Estimated Number of Pages: ____ Available On: ____

Access is denied to the following records for the reason stated below:
No records exist responsive to your request.

[signature] 10/6/17
Signature of Custodian *Date*

Leigh Ann Napoli

From: Leigh Ann Napoli <lnapoli@linwoodcity.org>
Sent: Tuesday, October 10, 2017 10:02 AM
To: 'cblanding@smartprocure.us'
Subject: RE: SmartProcure OPRA Request City of Linwood For PO/Vendor Information
Attachments: Vendor Listing 10-10-17.pdf; Purchase Order Listing 10-10-17.pdf

Attached are the records responsive to your request.

Leigh Ann Napoli, RMC, CMR, MPA
Municipal Clerk
Registrar of Vital Statistics
City of Linwood
400 Poplar Avenue
Linwood, NJ 08221
Phone (609) 926-7970
Fax (609) 653-2730

From: cblanding@smartprocure.us [mailto:cblanding@smartprocure.us]
Sent: Tuesday, October 10, 2017 7:16 AM
To: lnapoli@linwoodcity.org
Subject: SmartProcure OPRA Request City of Linwood For PO/Vendor Information

Dear Leigh or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the City of Linwood for purchasing records from 2017-07-05 to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

1. Purchase order number. If purchase orders are not used a comparable substitute is acceptable, i.e., invoice, encumbrance, or check number
2. Purchase date
3. Line item details (Detailed description of the purchase)
4. Line item quantity
5. Line item price
6. Vendor ID number, name, address, contact person and their email address

The attached document may be helpful as a reference to fulfill this request if the City of Linwood stores the records using any of the pre-programmed software reports, but the records request is not limited to the reports listed.

Please email the information or use the following web link. There is no file size limitation:
http://upload.smartprocure.us/?st=NJ&org=CityOfLinwood

If this request was misrouted, please forward to the correct contact person and reply to this communication with the appropriate contact information.

If you have any questions, please feel free to respond to this email or I can be reached at 954-637-0742.

Regards,

Curtis Blanding
Data Acquisition Specialist
SmartProcure
Direct: 954-637-0742 | Support: 888-988-6348
Email: cblanding@smartprocure.us | www.smartprocure.us
700 W. Hillsboro Blvd. Suite 4-100, Deerfield Beach, FL 33441

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4100
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name BEN Lyhovskey

Mailing Address 50 US Highway 9, Suite 202

City Manalapan State NJ Zip 07751 Email benlyhovskey@gmail.com

Phone (732) 490-5800, fax 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or FAX

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor _____ Date 8/14/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle Accident Reports
from 8/7/17 Through 8/13/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 8/14/17 Date of Response: 8-22-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 13 Available On: _____

Access is denied to the following records for the reason stated below:

_____ 8-22-17
Signature of Custodian *Date*

CITY OF LINWOOD

REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Jacqueline Andrews

Mailing Address 601 New Rd

City Linwood State NJ Zip 08221 Email jacqueline@casaballarealtors.com

Phone (609) 601-1009 x103

Preferred Delivery: Pick Up _____ US Mail email 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 of Requestor _____ Date 8/15/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Please advise if you have any record of any underground tanks on the property or any that have been removed

15 Harvard Ave. B: 146 L: 7

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 8/15/17 Date of Response: 8-18-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 3 Available On: _____

Access is denied to the following records for the reason stated below:

_____

_____ 8-18-17
Signature of Custodian *Date*

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Denise Stites

Mailing Address 304 Kietro Dr.

City Linwood State NJ Zip 08221 Email coolstites@comcast.net

Phone (609) 576-6556

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 of Requestor [signature] Date 8/18/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

any information on existing or previous oil tank at 307 Haines Ave.

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 8-18-17 Date of Response: 8-18-17
Estimated Cost: .05 Deposit Amount: _____
Estimated Number of Pages: 1 Available On: _____

Access is denied to the following records for the reason stated below:

[signature] 8-18-17
Signature of Custodian *Date*

8/9/17

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Kathleen Spaeth

Mailing Address 2 Minuteman Dr.

City Tyngsboro State MA Zip 01879 Email KathleenSpaeth Comcastnet

Phone (781) 548-9853 - Please call & we can decide whether to have E-mailed or have our Buyers Agent pick up

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 of Requestor Kathleen Spaeth Date 8/9/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Looking at: 108 Country Club, Linwood, Lot 15, Block 182.02

Do you have a Survey? Do you have a Plot Plan?

Have any permits (for work or an oil tank removal) been pulled? What paperwork do you have on this property?

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 8/9/17 Date of Response: _____
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: _____ Available On: _____

Access is denied to the following records for the reason stated below:

_____

_____

_____ _____
Signature of Custodian *Date*

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Heather Helsabeck, Tricare Medical Transportation

Mailing Address 825 Noaks Road

City Pleasantville State NJ Zip 08232 Email Heather@tricarenj.

Phone (609) 646-1002

Preferred Delivery: Pick Up _____ US Mail _____ ~~On Site Inspect~~ Email: Heather@tricarenj.co

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor Heather Helmbeck Date 08/14/2017

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Please return vehicle insurance information for the following:
MVC - In area of Sunset Ave + Shore Rd, Linwood
Date - 08/01/2017
Vehicle A: Name: Thomas Thornton
DOB: 09/18/1996

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 8-15-17 Date of Response: 8-22-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 4 Available On: _____

Access is denied to the following records for the reason stated below:

Signature of Custodian 8-22-17 Date

Linwood City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: (609) 927-4108 Fax: 6096532730

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 8/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 7/30/2017

End Date 8/12/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 8-15-17

Ready Date 8-22-17

Total Pages 19

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature 8-22-17 Date

Linwood City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: (609) 927-4108 Fax: 6096532730

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 9/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/27/2017

End Date 9/9/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date 9-13-17

Total Pages 18

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature 9-13-17 Date

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA/Open Public Records Act

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

Name BEN Lyhovsky

Mailing Address 50 US Highway 9, Suite 202

City Marlboro State NJ Zip 07751 Email benlyhovsky@gmail.com

Phone (732) 490-5800, fax 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or Fax

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor _____ Date 9/11/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle Accident Reports
From 9/4/17 Through 9/10/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 9-11-17 Date of Response: 9-13-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 25 Available On: _____

Access is denied to the following records for the reason stated below:

_____

_____

_____ 9-13-17
Signature of Custodian *Date*

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA/Open Public Records Act

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

Name Heather Helsabeck, Tricare medical Transportation

Mailing Address 825 Noahs Road

City Pleasantville State NJ Zip 08232 Email Heather@tricarenj.

Phone (609) 646-1002

Preferred Delivery: Pick Up _____ US Mail _____ ~~On Site Inspect~~ Email: Heather@tricarenj.co

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor Heather Helsabeck Date 9/15/2017

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Please return vehicle insurance information for the following:
MVC - In area of New Road + Central Ave, Linwood
Date: 09/06/2017
Vehicle A- Name: Virginia Sutor
DOB: 06/02/1966

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 9-15-17 Date of Response: 9-18-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 2 Available On: _____

Access is denied to the following records for the reason stated below:

Signature of Custodian 9-18-17 *Date*

State of New Jersey Standard

Open Public Records Act Request Form

RECEIVED
SEP 13 2017
CLERK'S OFFICE
CITY OF LINWOOD

Requestor Information – Please Print

First Name Jenita MI _____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

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

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

Signature Jenita Burgess Date September 13, 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 provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in August 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions 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.

9-13-17
emailed
9-14-17

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4106
Fax: (609) 653-2730

OPRA/Open Public Records Act

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

Name: BEN Lyhovsky

Mailing Address: 80 N Highway 9, Suite 202

City: Malgnville State: NJ Zip: 07751 Email: BENlyhovsky@gmail.com

Phone: (732) 490-5800, fax 732-536-5150

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or Fax

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor: _____ Date: 9/5/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle accident Reports
from 8/28/17 Through 9/4/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Maximum Authorization Cost $ _____

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 9-5-17
Estimated Cost: _____
Estimated Number of Pages: 0

Date of Response: 9-11-17
Deposit Amount: _____
Available On: _____

Access is denied to the following records for the reason stated below:
No Records exist for this time period

Signature of Custodian

9-11-17
Date

Linwood City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: (609) 927-4108 Fax: 6096532730

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 9/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/27/2017

End Date 9/9/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 9-11-17

Ready Date 9-11-17

Total Pages 9

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature 9-11-17 Date

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Heather Helsabeck, Tricare Medical Transportation

Mailing Address 825 Noahs Road

City Pleasantville State NJ Zip 08232 Email Heather@tricarenj.

Phone (609) 646-1002

Preferred Delivery: Pick Up _____ US Mail _____ ~~On Site Inspect~~ Email: Heather@tricarenj.co

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor Heather Helsabeck Date 8/29/2017

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Please return vehicle insurance information for the following MVC - In area of Shore Road + Poplar Ave, Linwood

Date - 08/28/2017

Vehicle A - Name: Thomas Duran

DOB: 01/20/1944

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Maximum Authorization Cost $ _____

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 8-31-17 Date of Response: 9-11-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 3 Available On: _____

Access is denied to the following records for the reason stated below:

Signature of Custodian 8-31-17 Date

Linwood City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: (609) 927-4108 Fax: 6096532730

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 8/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/13/2017

End Date 8/26/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 8-28-17

Ready Date 9-5-17

Total Pages 12

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature 9-5-17 Date

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

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

Name: Ben Lyhovsky

Mailing Address: 50 N Highway 9, Suite 202

City: Margaretville State: NJ Zip: 07751 Email: benlyhovsky@gmail.com

Phone: (732) 490-5800, FAX 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or Fax

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor: [signature] Date: 8/28/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle accident reports
From 8/21/17 Through 8/27/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Maximum Authorization Cost $ _____

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 8-28-17 Date of Response: 9-5-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 12 Available On: _____

Access is denied to the following records for the reason stated below:

[signature]
Signature of Custodian

9-5-17
Date

Mary Cole

From: Charles Alexander <charles.alexander9456@gmail.com>
Sent: Wednesday, September 20, 2017 3:48 PM
To: Mary Cole
Subject: Re: opra response

Could I please have the most recent planning board minutes? they met September 18, yes?

thanks
Charles

On Wed, Sep 6, 2017 at 11:49 AM, Mary Cole <mcole@linwoodcity.org> wrote:

Hi Charles,

Attached are the planning board minutes you requested.

The zoning board has not met yet. Please follow up with Lynn Roesch (609-926-7992) in a month or so to see if the board has met. If they have, you can make a new request for the June minutes at that time.

Thanks and have a great rest of your week,

Mary

From: Charles Alexander [mailto:charles.alexander9456@gmail.com]
Sent: Wednesday, August 16, 2017 4:08 PM
To: Mary Cole <mcole@linwoodcity.org>
Subject: Re: opra response

Thank you. Could you please send the June minutes when they are approved.

Charles

On Tue, Aug 15, 2017 at 9:43 AM, Mary Cole <mcole@linwoodcity.org> wrote:

In response to your OPRA request received in our office on August 7, 2017 there were no July meetings for either board and the June minutes have not been approved yet .

If your request for access to a government record has been denied or

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Heather Helsabeck, Tricare Medical Transportation

Mailing Address 825 Noahs Road

City Pleasantville State NJ Zip 08232 Email Heather@tricarenj.

Phone (609) 646-1002

Preferred Delivery: Pick Up _____ US Mail _____ ~~On Site Inspect~~ Email: Heather@tricarenj.co

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor Heather Helsabeck Date 9/20/2017

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Please return vehicle insurance information for the following:
MVC - In area of New Road & Seaview Road, Linwood
Date - 09/18/2017
Vehicle A - Name: Chloe Cottrell
DOB: 08/25/2000

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $_____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 9-20-17 Date of Response: 9-27-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 1 Available On: _____

Access is denied to the following records for the reason stated below:

Signature of Custodian 9-27-17 Date

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4100
Fax: (609) 653-2730

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

Name Ben Lyhovsky

Mailing Address 50 N Highway 9, Suite 202

City Margaretville State NJ Zip 07751 Email benlyhovsky@gmail.com

Phone (732) 490-5800, fax 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or FAX

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor _____ Date 9/18/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle Accident Reports
from 9/1/17 Through 9/17/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Maximum Authorization Cost $ _____

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 9-18-17 Date of Response: 9-27-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 16 Available On: _____

Access is denied to the following records for the reason stated below:

_____

_____ 9-27-17
Signature of Custodian *Date*

michelle@datarole.com [mailto:michelle@datarole.com]
: Monday, September 25, 2017 8:05 AM
: lnapoli@linwoodcity.org
Subject: Linwood Building Permits - Public Records Request

Dear Leigh Ann Napoli,

NJ.8221.10710

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

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

Thank you very much for your time,

Michelle Farris
Data Specialist - Datarole
513-276-2088
Michelle@datarole.com

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

Linwood City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: (609) 927-4108 Fax: 6096532730

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 9/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/10/2017

End Date 9/23/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 9-25-17

Ready Date 10-3-17

Total Pages 29

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature 10-3-17 Date

10/4

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

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

Name: Ben Lykhovstov

Mailing Address: 50 US Highway 9, Suite 202

City: Morganville State: NJ Zip: 07751 Email: benlykhovstov@gmail.com

Phone: (732) 490-5800, fax 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or Fax

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor: [signature] Date: 9/25/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle Accident Reports
From 9/18/17 Through 9/24/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 9-25-17 Date of Response: 10-3-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 13 Available On: _____

Access is denied to the following records for the reason stated below:

[signature] 10-3-17
Signature of Custodian Date

10/4

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Heather Helsabeck, Tricare Medical Transportation

Mailing Address 825 Noahs Road

City Pleasantville State NJ Zip 08232 Email Heather@tricarenj.

Phone (609) 646-1002

Preferred Delivery: Pick Up _____ US Mail _____ ~~On Site Inspect~~ Email: Heather@tricarenj.com

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor Heather Helsabeck Date 9/27/2017

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Please return vehicle insurance information for the following:
MVC - In area of Poplar Ave and Shore Road, Linwood
Date - 09/19/2017
Vehicle - Name: Sha Sung
Pedestrian A - DOB: 07/14/1941

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Maximum Authorization Cost $ _____

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 9-27-17 Date of Response: 10-3-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 4 Available On: _____

Access is denied to the following records for the reason stated below:

_____

_____ 10-3-17
Signature of Custodian Date

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4106
Fax: (609) 653-2730

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

Name: BEN Lyhovsky

Mailing Address: 50 US Highway 9, Suite 202

City: Manalapan State: NJ Zip: 07726 Email: benlyhovsky@gmail.com

Phone: (732) 490-5800, fax 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or Fax

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor _____ Date 10/2/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle Accident Reports
From 9/25/17 Through 10/1/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Maximum Authorization Cost $ _____

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 10-2-17 Date of Response: 10-10-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 9 Available On: _____

Access is denied to the following records for the reason stated below:

_____

Signature of Custodian 10-10-17 Date

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4100
Fax: (609) 653-2730

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

Name Ben Lyhowsky

Mailing Address 50 N Highway 9, Suite 202

City Matawan State NJ Zip 07747 Email benlyhowsky@gmail.com

Phone (732) 490-5800, fax 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or FAX

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor _____ Date 8/7/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle Accident Reports
From 7/31/17 Through 8/6/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras; Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 8-7-17 Date of Response: 8-15-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 6 Available On: _____

Access is denied to the following records for the reason stated below:

_____

Signature of Custodian 8-15-17 Date

Monday, August 07, 2017 8:08 AM
Mary Cole
Re: opra request

Ms. Cole,

Could you please send me the most recent June and July zoning and planning board minutes

Thank you
Charles

On Fri, Jul 21, 2017 at 3:10 PM, Mary Cole <mcole@linwoodcity.org> wrote:
Attached please find records responsive to your OPRA request received in our office on July 21, 2017.

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the City of Linwood to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ 08625, by email at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County

Mary F. Cole,CMR
Deputy Municipal Clerk
Deputy Registrar of Vital Statistics
City of Linwood
400 Poplar Avenue
Linwood, NJ 08221
phone (609) 927-4108
fax (609) 653-2730

June minutes not yet approved

July meeting canceled.

Joseph Bruder Jr.
Secretary Planning Board

Same for Zoning.

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI ____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

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

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

Signature Jenita Burgess Date August 9, 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 provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in July 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions 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.

Mary O Connor
Recd. 8-9-17
Respond. 8-15-17
5 pgs

Linwood City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: (609) 927-4108 Fax: 6096532730

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 7/31/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 7/16/2017

End Date 7/29/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 8-1-17

Ready Date 8-10-17

Total Pages 28

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature 8-10-17 Date

From: Frank LAST_NAME [mailto:mcrealtor@comcast.net]
Sent: Thursday, October 26, 2017 11:32 AM
To: lnapoli@linwoodcity.org
Subject: OPRA Request

Ms. Napoli,

Please accept this as my request for Government Records. Please note the Open Public Records Act (OPRA) is not only the basis of my request. I claim entitlement to the records sought under OPRA and the Common Law Right of Access. Please acknowledge receipt of this email as my request. Thank you.

Do Not Use regular mail either for replying to this request or sending me the requested records. Please use email instead.

Email: mcrealtor@comcast.net

Under penalty of NJSA 2C:28-3, I certify that I have not been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

REQUESTED RECORDS:

All invoices submitted for payment from Polistina & Associates from January 2014 to present.

A copy of their contract for the same years.

Any Questions I can be reached at 609-226-5505

Thank You

Frank McGinley

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Michael Burns

Mailing Address 1202 Tilton Rd. Suite 1

City Northfield State NJ Zip 08225 Email mburns102@gmail.com

Phone (609) 272-1234

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 of Requestor [signature] MICHAEL S. BURNS AN ATTORNEY AT LAW OF NEW JERSEY Date 10/6/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Any and all records related to motor vehicles owned and/or operated by Carol Leszczynski including, but not limited to, police reports, parking tickets, traffic violations and/or anything else that identifies the make, model and VIN # of Ms. Leszczynski's motor vehicle(s). Also, copies of any payments made by Ms. Leszczynski to the municipality (including, but not limited to, payment of fines, taxes, etc.) including, but not limited to, copies of checks that identify the name and location of the bank from which such payment was made. Finally, and any all documents related to Ms. Leszczynki's current address.

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 10-6-17 Date of Response: 10-10-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 3 Available On: _____

Access is denied to the following records for the reason stated below:

[signature] 10-10-17
Signature of Custodian *Date*

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4106
Fax: (609) 653-2730

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

Name Ben Lyhovsky

Mailing Address 500 N Highway 9, Suite 202

City Margate State NJ Zip 08402 Email benlyhovsky@gmail.com

Phone (732) 490-5800, fax 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or Fax

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor _____ Date 10/9/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle Accident Reports
from 10/2/17 Through 10/8/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 10-10-17 Date of Response: 10-13-17
Estimated Cost: 0 - email Deposit Amount: _____
Estimated Number of Pages: 12 Available On: _____

Access is denied to the following records for the reason stated below:

_____

_____ 10-13-17
Signature of Custodian *Date*

Linwood City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: (609) 927-4108 Fax: 6096532730

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/9/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/24/2017

End Date 10/7/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 10-10-17

Ready Date 10-13-17

Total Pages 18

Final Cost

Total 0 - email

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature Date

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Heather Helsabeck, Tricare medical Transportation

Mailing Address 825 Noahs Road

City Pleasantville State NJ Zip 08232 Email Heather@tricarenj.com

Phone (609) 646-1002

Preferred Delivery: Pick Up _____ US Mail _____ ~~On Site Inspect~~ Email: Heather@tricarenj.com

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor Heather C Helsabeck Date 10/12/2017

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Please return vehicle insurance information for the following:
MVC - In area of New Road & Garfield Ave, Linwood
Date - 10/11/2017
Vehicle A - Name: Esther ~~Bay~~ Byron
DOB: 03/31/1960

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information
Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Maximum Authorization Cost $ _____

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 10/12/17 Date of Response: 10-13-17
Estimated Cost: 0 - Email Deposit Amount: _____
Estimated Number of Pages: 1 Available On: 10-13-17

Access is denied to the following records for the reason stated below:

_____ _____
Signature of Custodian *Date*

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Heather Helsabeck, Tricare medical Transportation

Mailing Address 825 Noahs Road

City Pleasantville State NJ Zip 08232 Email Heather@tricarenj.co

Phone (609) 646-1002

Preferred Delivery: Pick Up _____ US Mail _____ ~~On Site Inspect~~ Email: Heather@tricarenj.com

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor Heather Helsabeck Date 10/12/2017

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Please return vehicle insurance information for the following:
MVC - In area of Monroe Ave & Shore Road, Linwood
Date - 10/11/2017
Vehicle A - Name: Keith Dooner
DOB: 12/27/1964

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 10/12/17 Date of Response: 10-13-17
Estimated Cost: 0-email Deposit Amount: _____
Estimated Number of Pages: 1 Available On: 10-18-17

Access is denied to the following records for the reason stated below:

_____ _____
Signature of Custodian *Date*

17-21080

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI _____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

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

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

Signature Jenita Burgess Date October 11, 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 provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in September 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions 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
OCT 11 2017
CLERK'S OFFICE
CITY OF LINWOOD

Leigh Ann Napoli

From: Leigh Ann Napoli <lnapoli@linwoodcity.org>
Sent: Tuesday, October 24, 2017 10:49 AM
To: 'Shauna Wallace'
Subject: RE: Planning/Zoning Board agendas weeks 3 and 4
Attachments: 2017 Agenda for Oct 3.pdf; P B Agenda - 10.16.pdf

See attached.

Leigh Ann Napoli, RMC, CMR, MPA
Municipal Clerk
Registrar of Vital Statistics
City of Linwood
400 Poplar Avenue
Linwood, NJ 08221
Phone (609) 926-7970
Fax (609) 653-2730

From: Shauna Wallace [mailto:shaunaw@cisleads.com]
Sent: Tuesday, October 24, 2017 9:20 AM
To: 'Marie Nagel' <mnagel@boroughofpalmyra.com>; 'Kathy Phillips' <kphillips@delrantownship.org>; susandemboro@aol.com; minisinkplanningbd@hotmail.com; cpuglisi@norwoodboro.org; adeblasio@nutleynj.org; bneinstedt@bloomingdalenj.net; 'Michael P. Zichelli' <mpzichelli@glenridgenj.org>; 'Christopher Statile, P.E.' <cpstatile@aol.com>; 'Nelson, Janis' <Janice.Nelson@eastorange-nj.gov>; 'Tax Collector' <taxcollector@carlstadtnj.us>; jriggi@cliffsideparknj.gov; mgaines@townofharrison.com; dgutches@haledonboronj.com; 'Planning Board Secretary' <planningboard@southhackensacknj.org>; 'Mary Bialoglow' <mary@cityofrahway.com>; Vallejo-cvallejo@ucnj.com; Matthew.Goff@salemcountynj.gov; countyclerk@camdencounty.com; ocplanning@co.ocean.nj.us; pesposit@co.gloucester.nj.us; drogers@wildwoodcrest.org; edward.toussaint@waterfordtwp.org; 'Berenato, Patti' <pberenato@townofhammonton.org>; copelandR@cityofbridgeton.com; 'Leah V. Kacanda' <lvkacanda@wilmingtonde.gov>; kudelkak@southamboynj.gov; lesaia@thecityofbeverly.com; markjmc@comcast.net; ssanyal@moonachie.us; gcastro@villageoflawrence.org; breeze231@aol.com; prucci@cinnaminsonnj.org; corbincity@gmail.com; pdemarest@closternj.us; msafonte@lloydharbor.org; dwineland@brigantinebeachnj.com; lvaralli@mantuatownship.com; cformisano@secaucus.net; dawn@laurelsprings-nj.com; ubplanningbrd@optonline.net; 'Jackie Maddaloni' <jmadd@cedargrovenj.org>; lnapoli@linwoodcity.org; construction@pitman.org; vvagnarelli@upperdeerfield.com; gsiboni@milltownboro.com; 'Laura Benvenuto' <laurab@boroughofnorthvale.com>; deputyclerk@estellmanor.org
Cc: mariaf@cisleads.com; 'Regina DiMatteo' <regina@cisleads.com>; 'Luisa Rancapan' <luisar@cisleads.com>
Subject: Planning/Zoning Board agendas weeks 3 and 4

Good morning.

Please forward a copy of your Planning/Zoning Board agenda for October 2017.

Thanks and enjoy your day,

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Larry Higgins

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

City Oldwick State NJ Zip 08858 Email Support@NJPropertyRecords.com

Phone (908) 255-9919

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 of Requestor _____ Date _____

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

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

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

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

Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 10/17/17 Date of Response: 10/17/17

Estimated Cost: 0 - Submitted Online Deposit Amount: _____

Estimated Number of Pages: _____ Available On: 10/17/17

Access is denied to the following records for the reason stated below:

_____

_____

_____ _____

Signature of Custodian *Date*

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4106
Fax: (609) 653-2730

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

Name: Ben Lyhovsky

Mailing Address: 50 US Highway 9, Suite 202

City: Melgnville State: NJ Zip: 07751 Email: benlyhovsky@gmail.com

Phone: (732) 490-5800, fax 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or Fax

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor: [signature] Date: 10/23/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle Accident Reports

From 10/16/17 Through 10/22/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL AGENCY ONLY

Date Received: 10-23-17 Date of Response: _____

Estimated Cost: email - no cost Deposit Amount: _____

Estimated Number of Pages: 6 Available On: _____

Access is denied to the following records for the reason stated below:

_____

_____

_____

Signature of Custodian *Date*

11/1

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4100
Fax: (609) 653-2730

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

Name: Ben Lykovstep

Mailing Address: 80 US Highway 9, Suite 202

City: Matawan State: NJ Zip: 07747 Email: benlykovstep@gmail.com

Phone: (732) 490-5800, Fax 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or Fax

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor: [signature] Date: 10/30/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle Accident Reports
From 10/23/17 Through 10/29/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information
Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Maximum Authorization Cost $ _____

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 10-30-17
Estimated Cost: 0-Emailed
Estimated Number of Pages: 9

Date of Response: _____
Deposit Amount: _____
Available On: _____

Access is denied to the following records for the reason stated below:

_____

_____

_____ _____
Signature of Custodian *Date*

Linwood City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: (609) 927-4108 Fax: 6096532730

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/8/2017

End Date 10/21/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages 24

Final Cost

Total e-emailed

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Cheryl Kent

Mailing Address 3157 Fire Rd.

City E.H.T. State NJ Zip 08234 Email C.Kent@AvalonFlooring.com

Phone (609) 641-2770

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 of Requestor Cheryl Kent Date _____

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

List of Permits given for October. 10-1-17 to 10/31/17
~~&~~ New Construction
Can you email C.Kent@AvalonFlooring.com
or Fax 609-383-1431 Thank you.

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 11/3/17 Date of Response: _____
Estimated Cost: 0-Email Deposit Amount: _____
Estimated Number of Pages: 5 Available On: _____

Access is denied to the following records for the reason stated below:

_____ _____
Signature of Custodian *Date*

Leigh Ann Napoli

From: Leigh Ann Napoli <lnapoli@linwoodcity.org>
Sent: Friday, November 03, 2017 9:01 AM
To: 'Charles Alexander'
Subject: RE: FW: opra response
Attachments: PBM 8.21.pdf

Please see attached records responsive to your request.

Leigh Ann Napoli, RMC, CMR, MPA
Municipal Clerk
Registrar of Vital Statistics
City of Linwood
400 Poplar Avenue
Linwood, NJ 08221
Phone (609) 926-7970
Fax (609) 653-2730

From: Charles Alexander [mailto:charles.alexander9456@gmail.com]
Sent: Wednesday, November 01, 2017 9:59 AM
To: Mary Cole <mcole@linwoodcity.org>; Leigh Ann Napoli <lnapoli@linwoodcity.org>; breidensti@aol.com
Subject: Fwd: FW: opra response

---------- Forwarded message ----------
From: **Charles Alexander** <charles.alexander9456@gmail.com>
Date: Sun, Oct 22, 2017 at 4:50 PM
Subject: Re: FW: opra response
To: Mary Cole <mcole@linwoodcity.org>

Hi Ms Cole

Could I please get the August planning board minutes?

thanks
Charles

On Fri, Sep 22, 2017 at 3:53 PM, Mary Cole <mcole@linwoodcity.org> wrote:

> Charles,
>
> Please find a response to your OPRA request received in our office on September 20, 2017.

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the City of Linwood to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ 08625, by email at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law.

All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County

From: breidensti@aol.com [mailto:breidensti@aol.com]
Sent: Thursday, September 21, 2017 9:48 AM
To: mcole@linwoodcity.org
Subject: Re: opra response

The Planning Board had no application nor any other business requiring them to meet, therefore did not meet in September. Next scheduled meeting is October 16. August minutes should be approved at that meeting.

Joe

-----Original Message-----
From: Mary Cole <mcole@linwoodcity.org>
To: Joe Breidenstine <breidensti@aol.com>
Sent: Wed, Sep 20, 2017 3:54 pm
Subject: FW: opra response

Hi Joe,

Below please find the OPRA request pertaining to your department. The deadline to respond is Sept. 29, 2017. Thank you.

From: Charles Alexander [mailto:charles.alexander9456@gmail.com]
Sent: Wednesday, September 20, 2017 3:48 PM

To: Mary Cole <mcole@linwoodcity.org>
Subject: Re: opra response

Could I please have the most recent planning board minutes? they met September 18, yes?

thanks

Charles

On Wed, Sep 6, 2017 at 11:49 AM, Mary Cole <mcole@linwoodcity.org> wrote:

> Hi Charles,
>
> Attached are the planning board minutes you requested.
>
> The zoning board has not met yet. Please follow up with Lynn Roesch (609-926-7992) in a month or so to see if the board has met. If they have, you can make a new request for the June minutes at that time.
>
> Thanks and have a great rest of your week,
>
> Mary
>
> **From:** Charles Alexander [mailto:charles.alexander9456@gmail.com]
> **Sent:** Wednesday, August 16, 2017 4:08 PM
> **To:** Mary Cole <mcole@linwoodcity.org>
> **Subject:** Re: opra response
>
> Thank you. Could you please send the June minutes when they are approved.
>
> Charles
>
> On Tue, Aug 15, 2017 at 9:43 AM, Mary Cole <mcole@linwoodcity.org> wrote:
>
> > In response to your OPRA request received in our office on August 7, 2017 there were no July meetings for either board and the June minutes have not been approved yet .

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the City of Linwood to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ 08625, by email at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County

Mary F. Cole,CMR
Deputy Municipal Clerk
Deputy Registrar of Vital Statistics
City of Linwood
400 Poplar Avenue
Linwood, NJ 08221
phone (609) 927-4108
fax (609) 653-2730

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Heather Helsabeck, Tricare Medical Transportation

Mailing Address 825 Noahs Road

City Pleasantville State NJ Zip 08232 Email Heather@tricarenj.

Phone (609) 646-1002

Preferred Delivery: Pick Up _____ US Mail _____ ~~On Site Inspect~~ Email: Heather@tricarenj.co

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor Heather Helsabeck Date 11/02/2017

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Please return vehicle insurance information for the following:
MVC: New Road and Central Ave, Linwood
Date: 10/31/2017
Vehicle A: Nicole Bergstrom
DOB: 03/10/1972

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Maximum Authorization Cost $ _____

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 11/3/17 Date of Response: 11-9-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 1 Available On: _____

Access is denied to the following records for the reason stated below:

Signature of Custodian 11-9-17 Date

State of New Jersey Standard

Open Public Records Act Request Form

Requestor Information – Please Print

First Name Jenita MI ____ Last Name Burgess

E-mail Address jenita_burgess@gunton.com

Mailing Address 165 Barclay Center – Rte 70 East

City Cherry Hill State NJ Zip 08034

Telephone 856-354-3240 FAX 856-354-6011

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

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

Signature Jenita Burgess Date November 8, 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 provide a monthly summary list of residential building permits for all new construction houses, renovations or additions issued in October 2017

If the municipality does not keep a monthly summary list I would like a copy of all residential new construction, renovations or additions 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.

Rec'd 11-9-17
Mail
Sent 11-9-17

PROVIDING SERVICES FOR
nj.com Star-Ledger

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

11/07/2017

Dear Custodian,

Please consider this a formal OPRA request for the unredacted Use of Force reports for incidents occurring for the calendar years 2012, 2013, 2014, 2015 and 2016. We have received some from your prosecutor's office but the records appear incomplete. Redactions should be made for juvenile names and HIPAA.

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

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

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

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

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

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

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

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

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

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

Thank you for your assistance.
CRAIG MCCARTHY

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Dana Smith (Century 21 Atlantic Professional)

Mailing Address 32 Sunset Blvd.

City Longport State NJ Zip 08403 Email dana.smith@century21.com

Phone (609) 214-4862

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 of Requestor Dana Smith Date 11-14-17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Land use / Zoning for 2321 Shore Road.
- Is this property zoned for a duplex?

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: _____ Date of Response: _____
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: _____ Available On: _____

Access is denied to the following records for the reason stated below:

_____ _____
Signature of Custodian *Date*

Response given verbally by Ed on 11/14/17 via phone that yes it is zoned for a duplex ~~or~~

Linwood City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: (609) 927-4108 Fax: 6096532730

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 11/6/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/22/2017

End Date 11/4/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date 11-6-17

Ready Date 11-16-17

Total Pages 16

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature 11-16-17 Date

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4106
Fax: (609) 653-2730

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

Name: Ben Lyhovsky

Mailing Address: 30 N Highway 9, Suite 202

City: Melgrville State: NJ Zip: 07751 Email: benlyhovsky@gmail.com

Phone: (732) 490-5800, Fax 732-536-5250

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect Email, or Fax

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature of Requestor: [signature] Date: 11/6/17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Motor Vehicle Accident Reports
From 10/29/17 Through 11/5/17

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Maximum Authorization Cost $ _____

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 11-6-17 Date of Response: 11-16-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: 17 Available On: _____

Access is denied to the following records for the reason stated below:

[signature] 11-16-17
Signature of Custodian Date

CITY OF LINWOOD

REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name alexandra seibert

Mailing Address 9 steeplechase dr

City blackwood State nj Zip 0012 Email _____

Phone ( ) _____

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. 11/13/17

Signature of Requestor Alexandra Seibert Digitally signed by Alexandra Seibert Date: 2017.11.13 10:37:25 -05'00' Date _____

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Requesting ALL permits both open and closed for construction, Plumping, and electrical for a tra

for 318 Kietro Dr.

B23 L4

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 11-13-17 Date of Response: 11/16/17
Estimated Cost: emailed no cost Deposit Amount: _____
Estimated Number of Pages: 12 Available On: 11/16/17

Access is denied to the following records for the reason stated below:

_____ _____
Signature of Custodian *Date*

B: 9 L: 9
pg 5

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

150 x 165.58
SHORE + OCEAN HGHTS.

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

Name Dana Smith (century 21 Atlantic Professional)

Mailing Address 32 Sunset Blvd.

City Longport State NJ Zip 08403 Email dana.smith@century21.com

Phone (609) 214-4862

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 of Requestor Dana Smith Date 11-14-17

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

Land use / Zoning for 2321 Shore Road.
- Is this property zoned for a duplex?

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information Maximum Authorization Cost $ _____

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 11-16-17 Date of Response: 11-20-17
Estimated Cost: _____ Deposit Amount: _____
Estimated Number of Pages: _____ Available On: _____

Access is denied to the following records for the reason stated below:

_____ _____
Signature of Custodian *Date*

CITY OF LINWOOD
REQUEST FOR GOVERNMENT RECORDS FORM

400 Poplar Avenue
Linwood, New Jersey 08221
Phone: (609) 927-4108
Fax: (609) 653-2730

OPRA | Open Public Records Act

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

Name Richard J. Albuquerque, Esquire

Mailing Address 3120 Fire Rd., Suite 100

City Egg Harbor Twp State NJ Zip 08234 Email richarda@djdlawyers.com

Phone (609) 641-6200

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 of Requestor [signature] Date 11-7-2017

DOCUMENTS REQUESTED (Be as specific as possible, include dates where applicable.)

A copy of the mobile video recorder for the police vehicle, a copy of the 911 call tape and a copy of the CAD report in reference to the automobile accident on 9-12-17 at 14:29 pm with case number I-2017-19147. Driver of vehicle 1 is Robert Wilkinson

SUBMIT THIS FORM TO: The City of Linwood Municipal Clerk, 400 Poplar Avenue, Linwood, NJ 08221

Payment Information

Fees: $0.05 per letter size page or smaller
$0.07 per legal size page or larger

Maximum Authorization Cost $ _____

Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

FOR MUNICIPAL USE ONLY

Date Received: 11-13-17
Estimated Cost: 75¢
Estimated Number of Pages: 10, 1cd
Date of Response: 11-16-17
Deposit Amount: _____
Available On: _____

Access is denied to the following records for the reason stated below:

[signature] 11-16-17
Signature of Custodian *Date*