Darlene Richmond

From: NJ Open Government <njgovwatchdog@gmail.com>
Sent: Monday, August 28, 2017 2:20 PM
To: Darlene Richmond
Subject: OPRA REQUEST DATED 8-28-17

To the Custodian of Records: Please accept this as my request for government rercords under the Open Public Records Act (OPRA). OPRA is not the only basis of my request. I claim entitlement to the records saught under both OPRA and the common law right of access. Please acknowledge reciept of this email.

Requestor's Name: John P. Schmidt
E-Mail: njgovwatchdog@gmail.com
Phone: 856-889-0633

Recquested Records:

1. All inovices submitted by the City Solicitor between 5/1/2017 to present.
2. A computer run from the City's financial software showing how much the City Solicitor was paid from 5/1/17 to present.

CHRISTOPHER BAXTER, REPORTER
Woodbridge Corporate Plaza
485 Route 1 South, Building E, Suite 300
Iselin, NJ 08830-3009

6/26/2017

Records Custodian
Bridgeton Police Department
Fax #: 856-451-5321
richmondd@CityofBridgeton.com

Dear Custodian:

Pursuant to the state's Open Public Records Act, NJSA 47:1A, et seq. and the common law right of access to public records, I am seeking records containing the following information:

1. Investigation and incident reports for calls to South Jersey Extended Care nursing home, 99 Manheim Avenue, from 2003 to present, or as long as records are maintained, but no earlier than 2003.

If this information is kept on computer, I request an electronic copy of it. If it can fit in an email, please send it to cbaxter@njadvancemedia.com. We will pay for reasonable actual copying costs incurred by the agency. If programming is required, please contact me with an estimate of costs before beginning work.

If my request is denied in whole or part, our attorneys ask that you justify all deletions by reference to specific exemptions of the Act. We will also expect you to release all segregable portions of otherwise exempt material. Please provide your basis for denial in a letter within seven (7) business days via email to cbaxter@njadvancemedia.com. My direct telephone line is 732-902-4650. My address is Woodbridge Corporate Plaza, 485 Route 1 South, Building E, Suite 300, Iselin, NJ, 08830.

Our attorneys reserve the right to appeal a decision to withhold information. I look forward to your reply.

Thank you for your assistance.

Very truly yours,
Christopher Baxter

CITY OF BRIDGETON
OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ 08302
856 455-3230 #227 PHONE 856451-5321 FAX
Keenk@cityofbridgeton.com
KATHLEEN L. KEEN ,RMC,MUNICIPAL CLERK

Important Notice

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

Requestor Information – Please Print

First Name Torian MI M Last Name Robinson

E-mail Address Sweetsbaby80@icloud.com

Mailing Address 130 pamphylia ave apt. 122

City Bridgeton State NJ Zip 08302

Telephone 856-369-5252 FAX

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

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

Signature Torian Robinson Date 8-21-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

Fire Report
130 pamphylia ave apt. 122
Bridgeton, NJ 08302

AGENCY USE ONLY

AGENCY USE ONLY

Tracking Information Final Cost

CITY OF BRIDGETON

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Milica MI _____ Last Name Ivanis

E-mail Address milicaivanis@college.harvard.edu

Mailing Address 182 Dunster Mail Center

City Cambridge State MA Zip 02138

Telephone 6179553476 (please email) FAX NA

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

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

Signature _____ Date August 15, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Orde

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

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

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ame is Milica Ivanis and I am an intern at the Education Innovation Laboratory at Harvard University. We are currently working on resear ch that requires us to gather monthly crime statistics on cities across the United States from January 2015 to the present day. I am emailing b ecause I attempted to gather this data on Bridgeton from your police department's website, but was unable to find monthly data. Is there a wa y for me to gather each month's UCR Part I offenses data for Bridgeton from 2015-present day, preferably in Excel format?

Thank you,

Milica Ivanis

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
ated 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 BRIDGETON

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name Curtis MI _____ Last Name Blanding

E-mail Address cblanding@smartprocure.us

Mailing Address 700 W. Hillsboro Blvd. Suite 4-100

City Deerfield Beach State FL Zip 33441

Telephone 954-637-0742 FAX _____

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

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

Signature _____ Date 08/22/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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tProcure is submitting an OPRA request to the City of Bridgeton for any and all purchasing records from 03/28/2017 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

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
ated 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 _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

The City of Bridgeton NJ
181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Joseph MI ____ Last Name Hernandez

E-mail Address jhernandez@whyy.org

Mailing Address 150 N 6th St.

City Philadelphia State PA Zip 19106

Telephone 215-351-5885 FAX ____

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

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

Signature [signature] Date 8-11-17

Payment Information

Maximum Authorization Cost $ A

Select Payment Method

Cash (Check) Money O

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

Delivery: Delivery / postage f additional dependin delivery type.

Extras: Special service cha dependent upon re

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that yo preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records be jeopardized by such method of delivery.

A list of settlements made so far this year and in 20 in lawsuits filed against the city of Bridgeton or any city department or employee. Specifically I'd like the settlement amounts, the lawsuit captions, and the case numbers.

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 ____

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Final C

Records Provided

Custodian Signature ____

CITY OF BRIDGETON
OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ 08302
856 455-3230 #227 PHONE 856451-5321 FAX
Keenk@cityofbridgeton.com
KATHLEEN L. KEEN ,RMC,MUNICIPAL CLERK

Important Notice

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Requestor Information – Please Print

First Name Torian MI M Last Name Robinson

E-mail Address sweetsbaby80@icloud.com

Mailing Address 130 pamphylia ave apt. 122

City Bridgeton State NJ Zip 08302

Telephone 856-369-5252 FAX

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

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

Signature [signature] Date 8-21-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

Fire Report
130 pamphylia ave apt. 122
Bridgeton, NJ 08302

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
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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 BRIDGETON

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E Commerce Street, Bridgeton, NJ 08302
Telephone 856 455-3230 Fax 856 451-5321
Richmondd@CityofBridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name Christopher MI S Last Name Riley

E-mail Address Riley76860@gmail.com

Mailing Address 211 S woodruff Rd

City Bridgeton State NJ Zip 08302

Telephone 856 558 1236 FAX

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

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

Signature Christopher Riley Date 08/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I'm interested in Property located at 586 n Pearl ST. City owned Property. I understand that some site work was completed and the site needs some Remiation for the contaminated soil. I would like the Records and any Information from the company that did the tank Removal. that way I know how much I have to invest into Property to make suitable to Relocate my Buisness. Any permit on work done that the Construction department Approved

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided ____

CITY OF BRIDGETON

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name John MI H Last Name Shindle

E-mail Address jshindle@wardlawnj.com

Mailing Address 196 Grove Avenue, Suite A

City West Deptford State NJ Zip 08086

Telephone 8568537771 FAX 8568530146

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

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

Signature [signature] Date 8/7/17

Payment Information

Maximum Authorization Cost $ 20.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any and all records, plans, violations, or reports, relating to the property located at 864 N. Pearl Street, Bridgeton, also known as Lot 2, Block 1, on the tax map of Bridgeton.

Spoke to Mr. Shindle he is requesting plans - violations and Construction Permits for the property above

I do not have any Planning or Zoning Board Applications on this Property

Roberta Copeland

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
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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 ____

REQUEST FORM

Fax: 8564515321

PUBLIC RECORDS

Important Notice

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 7/23/2017

End Date 7/29/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

it Date _____

AGENCY USE ONLY

Disposition Notes

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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 BRIDGETON
OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ 08302
856 455-3230 #227 PHONE 856451-5321 FAX
Keenk@cityofbridgeton.com
KATHLEEN L. KEEN ,RMC,MUNICIPAL CLERK

Important Notice

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

Requestor Information – Please Print

First Name Joshua MI M Last Name Toddlish

E-mail Address jtoddlish@gmail.

Mailing Address 5315 Gertrude St

City Pittsburgh State PA Zip 15207

Telephone 8564987561 Leisa Toddlish FAX

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

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

Signature _____ Date 8-17-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

1. Owner Of Record Property Address 558 South Ave Bridgeton NJ
2. Tenants, Names, ages, Block 192 Lot 22
3. ~~Number~~ Dimentions, Room Counts, eg. Bedroom, Bathrooms
4. LanLord Registration on File, Copy
5.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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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 _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-455-3230 Fax: 8564515321

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 7/24/2017

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 7/22/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

sit Date _____

AGENCY USE ONLY

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In Progress - Open _____

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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**

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-455-3230 Fax: 8564515321

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 8/7/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 7/30/2017

End Date 8/5/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

posit Date _____

AGENCY USE ONLY

Disposition Notes

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In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

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Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

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Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-455-3230 Fax: 8564515321

ddn

PUBLIC RECORDS

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E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 8/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

(

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

Start Date 8/6/2017

End Date 8/12/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

sit 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

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

7/25/2017

Dear Custodian,

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

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

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

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

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

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

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

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

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

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

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

Thank you for your assistance.
CRAIG MCCARTHY

CITY OF BRIDGETON

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name James MI _____ Last Name Sandridge

E-mail Address cls@slkgroup.com

Mailing Address #2727 LBJ FREEWAY SUITE 420

City Dallas State TX Zip 75234

Telephone 855-512-4803 FAX 888-908-3471

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. 47:28-3, I certify that 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 Sandridge Date 07/31/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please check and advise for the below address if there are any open code violation and any open or expired building permits.

Block # : 597892

Name : CONNER, JR. TERENCE & PAUL OLENDZKI

Parcel : Block 97 Lot 54

Address : 152 EAST AVE, Bridgeton NJ 08302

AGENCY USE ONLY

Document Cost _____

Delivery Cost _____

Extras Cost _____

Est. Cost _____

Amount _____

Paid Balance _____

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

RECEIVED
AUG - 9 2017
By

CITY OF BRIDGETON

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Kerri MI ____ Last Name Denning

E-mail Address Kerrid@cisleads.com

Mailing Address 170 Kinnelon Rd.

City Kinnelon State Nj Zip 07405

Telephone 973-492-0509 - X:325 FAX 973-492-8378

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

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

Signature Kerri Denning Date 8/9/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

8/1/17 - Emergency Repair Svcs for city Water + Sewer Systems
8/1/17 - Maintenance/Repair City Water + Sewer Dept SCADA System

Can you please forward me a complete List of Contractors who bid on this Project and their bid amounts as opened

Thank You

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 BRIDGETON

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Received 9/3/17

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 Jignesh MI N Last Name Patel

E-mail Address jpatel@bluemarshassociates.com

Mailing Address PO Box 563

City Warrington State PA Zip 18976

Telephone 215-278-4057(Direct) FAX 215-343-0218

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

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

Signature _____ Date 8/3/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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 n be jeopardized by such method of delivery.

are performing Land Survey of Property Located in on E Broad St between Bank St extension and North Pine st (Lot 8, Block 121)

ROW, Construction and/or As Built plans for:
E Broad St between Bank St extension and North Pine st
Bank St Extension Between E Broad St and McCormick Place.
N Pine St along Lot 8

Boundary, Subdivision and/or any other plans for property located at E Broad St between Bank St extension and North Pine st (Lot 8, Block 1

I have attached Key map Which shoul hep !

Please call if any questions
Thank you for your help !

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CITY OF BRIDGETON
OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. COMMERCE STREET, BRDIGETON, NJ 08302
Telephone 856 455-3230 # 227 & Fax 856 451-5321
Richmond@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Clair MI ____ Last Name miller

E-mail Address ____

Mailing Address 2 Holly Lane

City Bridgeton State NJ Zip 08302

Telephone 856 297 9624 FAX ____

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

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

Signature [signature] Date 2/24/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

1) most recent city Budget with as much Detail as possible 2017

2) List of city employee's and salary 2017

AGENCY USE ONLY

t. Document Cost ____
: Delivery Cost ____
. Extras Cost ____
al Est. Cost ____
osit Amount ____
nated Balance ____
osit 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 2/24/17
Ready Date ____
Total Pages 44

Final Cost

Total $2.20
Deposit ____
Balance Due 2.20
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

CITY OF BRIDGETON

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Dennis MI _____ Last Name Karakos

E-mail Address dennis.karakos@atdnj.com

Mailing Address 21 Kilroy Road

City Newton State NJ Zip 07860

Telephone 973-726-3518 FAX 973-726-3515

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 Dennis Karakos Date 7/13/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Building, Construction, and Fire Departments:

Records of open building code violations (i.e. fire code, structural, plumbing, electrical, elevator, or other safety issues) at:

:1 East Broad Street, Bidgeton, NJ; Block: 120, Lot: 1

AGENCY USE ONLY

Document Cost _____
Delivery Cost _____
Extras Cost _____
Est. Cost _____
t Amount _____
ed Balance _____

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 _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Theodore MI H. Last Name Ritter

E-mail Address info@ritterlawoffice.com

Mailing Address P.O. Box 320

City Bridgeton State NJ Zip 08302

Telephone 856-451-3030 FAX 856-453-0911

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

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

Signature _____ Date July 24, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copy of Planning Board resolution granting major site plan approval and bulk variances to Everett Marino a/k/a Everett S. Marino, Jr. and Earl Marino a/k/a Earl P. Marino for the creation of the Dills Seafood Market and Restaurant on the northwest corner of Washington and Cohansey Streets. The street number of the property is 90 Cohansey Street but is also known as 13 Washington Street.

We believe this approval was granted in 1997.

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

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E Commerce Street, Bridgeton, NJ 08302
Telephone 856 455-3230 Fax 856 451-5321
Richmondd@CityofBridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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

Requestor Information -- Please Print

First Name Thomas MI F Last Name Martin

E-mail Address tmartin@martindyeing.com

Mailing Address 171 N Pearl St.

City Bridgeton State NJ Zip 08302

Telephone 856-451-0900 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 7/28/17

Payment Information

Maximum Authorization Cost $ 5.00

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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.

2016 City of Bridgeton Audit

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 BRIDGETON

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Michelle MI _____ Last Name Mirigliano

E-mail Address mmirigliano@fennellyea.com

Mailing Address 116 Village Blvd, Suite 200

City Princeton State NJ Zip 08540

Telephone 215-380-9524 FAX 609-498-7905

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 Michelle Mirigliano Date 7/26/2017

Payment Information

Maximum Authorization Cost $ 25

Select Payment Method

Cash Check Money Order

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

uments related to the presence of underground storage tanks, releases, fires, or other contamination, and/or investigation and remediation of areas of concern at the subject property.

285 North Pearl Street
Bridgeton, NJ
Block 3, Lot 7

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

CITY OF BRIDGETON

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E Commerce Street, Bridgeton, NJ 08302
Telephone 856 455-3230 Fax 856 451-5321
Richmondd@CityofBridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Doreen MI _____ Last Name Frega

E-mail Address dfrega@yahoo.com

Mailing Address 123 Danna Way

City Saddle Brook State NJ Zip 07663

Telephone 201-294-0118 FAX 201-791-1070

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 Doreen Frega Date 7/31/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am requesting the following records.

1. Copies of all current names and addresses of all dog and cat pet license holders/applications in Bridgeton, NJ. If possible and not to much trouble, to have this request in Excel or Label Format.

Thank You,
Doreen Frega
201-294-0118

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 _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

CITY OF BRIDGETON

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Theodore MI H. Last Name Ritter

E-mail Address info@ritterlawoffice.com

Mailing Address P.O. Box 320

City Bridgeton State NJ Zip 08302

Telephone 856-451-3030 FAX 856-453-0911

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

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

Signature _____ Date July 24, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copy of any Fire Department inspection report(s) of the former Dills Seafood Market building during the period from 1980 to 2000. The street number of the property is 90 Cohansey Street but is also known as 13 Washington Street.

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 BRIDGETON

OPEN PUBLIC RECORDS ACT REQUEST FORM

181 E. Commerce Street, Bridgeton, NJ
Telephone 856-455-3230 Fax 856-451-5321
RichmondD@cityofbridgeton.com
Darlene J. Richmond, RMC, Municipal Clerk

Important Notice

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

Requestor Information – Please Print

First Name Dennis MI _____ Last Name Karakos

E-mail Address dennis.karakos@atdnj.com

Mailing Address 21 Kilroy Road

City Newton State NJ Zip 07860

Telephone 973-726-3518 FAX 973-726-3515

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 Dennis Karakos Date 7/13/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Building, Construction, and Fire Departments:

Records of open building code violations (i.e. fire code, structural, plumbing, electrical, elevator, or other safety issues) at:

31 East Broad Street, Bidgeton, NJ; Block: 120, Lot: 1

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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 _____

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 08/10/2017

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 materia

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

Extras: Special service charge dependent upon request.

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

Please see attached 3 pages

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Updated 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