-----Original Message-----
From: ASK NJ Media Co. [mailto:opra+request-275-2bd01fb0@requests.opramachine.com]
Sent: Monday, November 20, 2017 5:14 PM
To: Mary Canesi
Subject: Open Public Records Act request - OPRA Requests

Dear Northfield City,

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

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

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-275-2bd01fb0@requests.opramachine.com

Is mcanesi@cityofnorthfield.org the wrong address for Open Public Records Act requests to Northfield City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=northfield_city

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

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

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 _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

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:

I.R.

- 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:

Evidence Barcode List

- Serial NumberX
- Occur From Date YEAR ONLY
- Property Description
- Property Brand
- Property Model
- Property Gun Description
- Property Gun Caliber

} should be

- Incode Description
- Incode
- Any other columns available
- Crime Category Code

} NO idea what these are

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

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

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.

EMAILED 8/9/17 JD

State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 641-6274
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name Aimee MI K Last Name Pacheco

Company Fannie Mae

Mailing Address c/o PEMCO Ltd, 4600 S Ulster St, Ste 530

City Denver State Co Zip 80237 Email aimee.pacheco@pemco-limited.com

Business Hours Telephone: Area Code 720 Number 509-3245 Extension ____

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 Aimee K Pacheco Date 08/25/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

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

I need to know if there are any open / outstanding code violations on the following property. Please e-mail me a copy of these files once found in stead of sending via US Mail. If you are unable to e-mail or fax (303-284-8026) then I will await the mailed information. (We want to be in compliance with the municipality. If there are open violations we would like to know so we can abate them as quickly as possible. This property is in REO status and is up for sale. We do not want to incur penalties and interest or any other penalties for a violation because we were unaware of it.)

712 1st St, Northfield, NJ 08225
Block 135 / Lot 1

Also, can you please verify that you only use ProChamps / Community Champions for Vacant Property Registrations?

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 ____
Filed - 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 ____

emailed Mike D 8/28/17

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 James MI ____ Last Name Roberts

E-mail Address tristateoffice19034@gmail.com

Mailing Address 134 E Chestnut Ave

City North Wildwood State NJ Zip 08260

Telephone ____ FAX ____

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

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

Signature [signature] Date 9/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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.

Mailroom records relating to office equipment, specifically mail machine lease information and relevant documents regarding supplies, service and rental of mailing equipment (postage meters, folder/inserter letter openers, etc) ... Package tracking software if applicable. Records for the 2017 tax year!

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

State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 641-6274
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name Barbara MI ____ Last Name Haynes

Company Pemco Limited Business Filings Incorporated

Mailing Address 820 Bear Tavern Road.

City West Trenton State NJ Zip 08628 Email Barbara.haynes@pemco-limited.com

Business Hours Telephone: Area Code 720 Number 5093249 Extension ____

Preferred Delivery: Pick Up ____ US Mail x or 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. have not

Signature [signature] Date 9/5/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

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

Looking for any notice of open permits/code violations currently pending on the referenced property address to date:
address: 503 FAIRBANKS AVE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

emailed JD & MD 9/5/17

State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 641-5274
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name Craig MI C Last Name Tavola

Company

Mailing Address 10 Magnolia Court

City Northfield State NJ Zip 08225 Email CCT@aol.com

Business Hours Telephone: Area Code ____ Number ____ Extension ____

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 [signature] Date 9/24/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

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

Applications to Run For School Board Copies for this YEAR. 2017 Election Held Nov 7th 2017 For All CANDIDATES Running for Northfield School Board and MAINLAND School Boards.

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 ____

Shannon Campbell

From: Kathi Smith
Sent: Tuesday, November 21, 2017 11:08 AM
To: Shannon Campbell
Subject: FW: SmartProcure OPRA Request City of Northfield For PO/Vendor Information
Attachments: Preprogrammed Software Reports by Manufacturer.pdf

As requested.

Kathi Smith
Finance & Facilities Supervisor
City of Northfield
1600 Shore Road
Northfield, NJ 08225
Phone (609) 641-2832 ext. 122
Fax (609) 641-5901
ksmith@cityofnorthfield.org

From: cblanding@smartprocure.us [mailto:cblanding@smartprocure.us]
Sent: Tuesday, September 26, 2017 7:49 AM
To: Kathi Smith
Subject: SmartProcure OPRA Request City of Northfield For PO/Vendor Information

Dear Kathi or Custodian of Public Records,

SmartProcure is submitting an OPRA request to the City of Northfield for any and all purchasing records from 2017-03-28 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 Northfield 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=CityofNorthfield

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

Fax 44
Recvd 9/29/17
forwarded report 9/29/17

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 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.

45

State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 646-7176
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name William MI R. Last Name Scull

Company Ulbrich-Scull Investigations, LLC

Mailing Address Post Office Box #428

City Northfield State NJ Zip 08225 Email Bill@Ulbrich-Scull.com

Business Hours Telephone: Area Code 609 Number 385-6178 Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ Email XX

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

Signature _____ Date 10/10/2017

Payment Information

Maximum Authorization Cost $ 25

Select Payment Method

Cash __ Check __ Money Order __

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

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

See Attached

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 ____

Gave to PD 10/11/17

Request for Government Records Pursuant to the State of New Jersey's Open Public Records Act (NJSA 47:1A-1 et seq.)

Attachment to Northfield Records Request Form submitted by William R. Scull, dated October 10, 2017

a) Any **Computer Aided Dispatch report**, whatever it happens to be titled, which documents details, commonly in a timeline form, the police interaction with Despina Pollock on June 6, 2017, at approximately 12:09pm, which resulted in the issuance of MV summons 0118-N-78214; and
b) Any **DIVR / MVR / Police Dash Camera / Body Worn Camera recordings** (video & audio) related to the police interaction with Despina Pollock on June 6, 2017, at approximately 12:09pm, which resulted in the issuance of MV summons 0118-N-78214.

I hereby certify that I have not been convicted of any indictable offense under the laws of this state, any other state of the United States.

William R. Scull
Ulbrich-Scull Investigations, LLC
Post Office Box #428
Northfield, New Jersey 08225
Bill@Ulbrich-Scull.com

46

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@gmtoh.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.

emailed 10/11/17

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State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 641-6274
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name Richard MI L Last Name Press, Esquire

Company LAW OFFICES OF RICHARD L. PRESS LLC

Mailing Address 23 E. Black Horse Pike

City Pleasantville State NJ Zip 08232 Email employmentlaw@richardpresslaw.com

Business Hours Telephone: Area Code 609 Number ~~641-2900~~ Extension

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect X

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

Signature RJ Press Date 10/13/2017

Payment Information

Maximum Authorization Cost $ 100.00

Select Payment Method

Cash _ Check X Money Order _

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

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

CITY OF NORTHFIELD CONSTRUCTION OFFICE:
for any records you have in regards to inspections of the Loading Dock area of 2605 Shore Road, LLC from January 01, 2011 thru January 01, 2016.

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 _____

emailed to Vicky & Jim
10/13/17.
Ste

1998—2017 SENT 10/17/17 EXCEL 46

Jim Dickinson

From: Mary Canesi
Sent: Monday, September 25, 2017 9:28 AM
To: Jim Dickinson
Subject: FW: Northfield Building Permits - Public Records Request

Hi Jim,

See below; unless you can run a report or keep a log, I will deny this as being overly broad. Give me a call when you have a moment.

Thanks!

Mary Canesi, RMC
Municipal Clerk
City of Northfield
1600 Shore Road
Northfield, NJ 08225
609-641-2832 ext 123
Fax 609-641-6274

From: michelle@datarole.com [mailto:michelle@datarole.com]
Sent: Monday, September 25, 2017 8:31 AM
To: Mary Canesi
Subject: Northfield Building Permits - Public Records Request

Dear Mary Canesi,

NJ.8225.10712

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,

State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 641-6274
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name Cassandra MI L. Last Name Boynton-Bell

Company

Mailing Address 21 Schooner Court

City Atlantic City State NJ Zip 08401 Email clbell033@aol.com

Business Hours Telephone: Area Code 609 Number 705-4827 Extension

Preferred Delivery: Pick Up ____ US Mail ✓ On Site Inspect ____ (email Preferably)

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

Signature Cassandra L. Boynton-Bell Date 9/24/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

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

I would like to request the salary for the past two years of the Registrar of Vital Statistics. Please send via email, if not mail.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 646-7178
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name Michael MI S. Last Name Burns

Company Ø

Mailing Address 1202 Tilton Rd. Suite 1

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

Business Hours Telephone: Area Code (609) Number 272-1234 Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

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

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

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

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

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.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

2017/8123

State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 646-7175
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name William MI R. Last Name Scull

Company Ulbrich-Scull Investigations, LLC

Mailing Address Post Office Box #428

City Northfield State NJ Zip 08225 Email Bill@Ulbrich-Scull.com

Business Hours Telephone: Area Code 609 Number 385-6178 Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ Email XX

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

Signature [signature] Date 10/10/2017

Payment Information

Maximum Authorization Cost $ 25

Select Payment Method

Cash __ Check __ Money Order __

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

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

See Attached

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 2.35
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

7 pgs, 2 videos
called, will P/U
10/20/17

Custodian Signature ____ Date ____

Request for Government Records Pursuant to the State of New Jersey's Open Public Records Act (NJSA 47:1A-1 et seq.)

Attachment to Northfield Records Request Form submitted by William R. Scull, dated October 10, 2017

a) Any **Computer Aided Dispatch report**, whatever it happens to be titled, which documents details, commonly in a timeline form, the police interaction with Despina Pollock on June 6, 2017, at approximately 12:09pm, which resulted in the issuance of MV summons 0118-N-78214; and
b) Any **DIVR / MVR / Police Dash Camera / Body Worn Camera recordings** (video & audio) related to the police interaction with Despina Pollock on June 6, 2017, at approximately 12:09pm, which resulted in the issuance of MV summons 0118-N-78214.

I hereby certify that I have not been convicted of any indictable offense under the laws of this state, any other state of the United States.

William R. Scull
Ulbrich-Scull Investigations, LLC
Post Office Box #428
Northfield, New Jersey 08225
Bill@Ulbrich-Scull.com

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State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 646-7175
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name Larry MI _____ Last Name Higgins

Company _____

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

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

Business Hours Telephone: Area Code 908 Number 255-9919 Extension _____

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

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

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

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

Mandated 10/20/17 Via Mail C.

Mary Canesi

From: Larry Higgins <opra@njpropertyrecords.com>
Sent: Friday, October 20, 2017 11:46 AM
To: Mary Canesi
Subject: OPRA Request (0118.ATLANTIC_NORTHFIELD CITY)
Attachments: 0118.ATLANTIC_NORTHFIELD CITY.pdf

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

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

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

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

Requested Information:

1.a) A complete set of your municipalities **MOST CURRENT** tax maps. **Note:** If your tax maps are on your website, please provide the direct link and CONFIRM they are the most current maps available.

1.b) The date the tax maps were last modified/updated.

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

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

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

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

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

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

If you have any questions, please email ORPA@NJPropertyRecords.com –

PHONE CALLS WILL NOT BE ACCEPTED

Thanks,

Larry Higgins

OPRA@NJPropertyRecords.com

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State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 641-6274
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name Cheryl MI ____ Last Name Kent

Company 3157 Fire Rd - AVALON Flooring

Mailing Address E.H.T 3157 Fire Rd

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

Business Hours Telephone: Area Code 609 Number 641-2770 Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

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

Signature Cheryl Kent Date 11/2/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash __ Check __ Money Order __

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependant upon request

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

Could you please forward the permit list-issued New construction Building Permits (Current) For the date range 10-1-17 TO 10-31-17

FAX- 609-383-1431

or

email C.Kent@Avalonflooring.com

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 ____

State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 646-7175
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name William MI R. Last Name Scull

Company Ulbrich-Scull Investigations, LLC

Mailing Address Post Office Box #428

City Northfield State NJ Zip 08225 Email Bill@Ulbrich-Scull.com

Business Hours Telephone: Area Code 609 Number 385-6178 Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ Email XX

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

Signature _____ Date 10/20/2017

Payment Information

Maximum Authorization Cost $ 25

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

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

See Attached

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

Request for Government Records Pursuant to the State of New Jersey's Open Public Records Act (NJSA 47:1A-1 et seq.)

Attachment to Northfield Records Request Form submitted by William R. Scull, dated October 20, 2017

a) Arrest reports associated to arrest of Ezzard E. Ellenwood Jr. which occurred as a result of a motor vehicle stop which took place on 06/06/2017 at approximately 12:09pm (2017-00008122); and
b) Copy of any motor vehicle summonses issued to Despina Pollock which occurred as a result of a motor vehicle stop on 06/06/2017 at approximately 12:09pm.

I hereby certify that I have not been convicted of any indictable offense under the laws of this state, any other state of the United States.

William R. Scull
Ulbrich-Scull Investigations, LLC
Post Office Box #428
Northfield, New Jersey 08225
Bill@Ulbrich-Scull.com

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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 D 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.

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

DWL 11/14

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

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State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 641-6274
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name Heather MI ____ Last Name Dixon

Company Travelers

Mailing Address PO Box 1900

City Morristown State NJ Zip 07962 Email hdixon@travelers.com

Business Hours Telephone: Area Code 973 Number 631-3117 Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect other: email

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

Signature Heather Dixon Date 11/15/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

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

Claim # FAW7605

Insured - AMERICAN WATER WORKS COMPANY INC
Claimant: JOAN VERNON-RUDISILL

excavation permits, construction permits, paving permits

1414 Shore Road, Road Opening Permits Jan. 2017 to present
from NJ American Water.

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 ____

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State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 641-6274
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name Darin MI T Last Name Orsini

Company The Law Offices of Darin T. Orsini, LLC

Mailing Address 6024 Ridge Avenue, #116-316

City Philadelphia State PA Zip 19128 Email darinorsini@gmail.com

Business Hours Telephone: Area Code 267 Number 702-6833 Extension _____

Preferred Delivery: Pick Up _____ US Mail or 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 _____ Date 11.2.2017

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check X Money Order __

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

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

Any certificate of liability or other insurance coverage on record for Enzo Bevilacqua, Bevilacqua Plumbing, 128 E Revere Avenue Northfield, NJ 08225

NO CERTIFICATE ON FILE,
BUILDING DEPT.
J Dickinson TAC

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 NORTHFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

1600 Shore Road, Northfield, New Jersey 08225

(609)641-7042

Construction/Building Department

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 Bonnie MI H. Last Name Hanlon, Esq.

E-mail Address Ktalluto@goldbergsegalla.com

Mailing Address 902 Carnegie Blvd West, Suite 100

City Princeton State NJ Zip 08540

Telephone 609-986-1300 FAX 609-986-1301

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

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

Signature _____ Date 11.8.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 initial inspection reports and approvals performed by Matt Doran, as well as any and all other building inspectors employed with the Township for the following addresses within the development known as Sutton Woods:

2021 Sutton Avenue, 2109 Sutton Avenue, 2111 Sutton Avenue, 2113 Sutton Avenue, 1 Cara Court, 3 Cara Court, 5, Cara Court, 6 Cara Court, 7 Cara Court, 8 Cara Court, 9 Cara Court, 10 Cara Court, 11 Cara Court, 100 Cara Court, 101 Cara Court, 102 Cara Court, 103 Cara Court, 104 Cara Court, 105 Cara Court, 106 Cara Court, 107 Cara Court, 108 Cara Court, 109 Cara Court, 111 Cara Court, 2 Haviv Court, 3 Haviv Court, 4 Haviv Court, 5 Haviv Court, 6 Haviv Court, 7 Haviv Court, 9 Haviv Court, 11, Haviv Court, 13 Haviv Court, 15 Haviv Court, 16 Haviv Court, 17 Haviv Court, 18 Haviv Court, 101 Haviv Drive, 100 Haviv Drive, 102 Haviv Drive, 103 Haviv Drive, 104 Haviv Drive, 105 Haviv Drive, 106 Haviv Drive, 107 Haviv Drive, 108 Haviv Drive, 109 Haviv Drive, 2125 Sutton Avenue, 3 Julie Drive, 4 Julie Drive, 5 Julie Drive, 6 Julie Drive, 7 Julie Drive, 8 Julie Drive, 9 Julie Drive, 11 Julie Drive, 13 Julie Drive, 15 Julie Drive, 17 Julie Drive, 104 Julie Drive, 3 Dani Drive, 4 Dani Drive, 6 Dani Drive, 8 Dani Drive, 9 Dani Drive, 10 Dani Drive, 12 Dani Drive, 13 Dani Drive, 14 Dani Drive, 15 Dani Drive, 16 Dani Drive, 18 Dani Drive, 19 Dani Drive, 21 Dani Drive, 22 Dani Drive, 1 Samara Circle, 2 Samara Circle, 3 Samara Circle, 4 Samara Circle, 5 Samara Circle, 6 Samara Circle, 2 Raina Drive, 3 Raina Drive, 4 Raina Drive, 5 Raina Drive, 6 Raina Drive.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

CITY OF NORTHFIELD

OPEN PUBLIC RECORDS ACT REQUEST FORM

1600 Shore Road, Northfield NJ 08225

Mary Canesi, Registered 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 Jim MI ____ Last Name Brennenstuhl

E-mail Address Investec1361@msn.com

Mailing Address PO Box 1361

City Absecon State NJ Zip 08201

Telephone 6092265598 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 August 29, 2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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 a licensed Private Detective and the investigator of record for the D'Amato Law firm with respect to their representation of Sophia Kent Howerton for injuries suffered from a motor vehicle accident on August 8, 2017 investigated by the Northfield Police Department under their case number 2017 011906. Please consider this as an Open Public Records Act, NJ Right to Know and common law request on behalf of the law firm and Kent Howerton for a complete copy of: the records maintained by the Northfield Police Department including but not limited to all narrative reports, written records, digital audio, still and video files, case notes, dispatch or incident logs, 911 records, digital video/audio records with respect to that event; and for the same records from all other responding officers to the scene of that event.

Please contact me should you have any questions or require additional clarification of the request.

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 _____

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

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 10/15/2017

End Date 10/21/2017

16464 - 10/23

16567 - 10/26

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 _____

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

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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 11/20/2017

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 11/12/2017

End Date 11/18/2017

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 ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature Date

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

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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 11/13/2017

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.

17547
17597 > 11/9

Start Date 11/5/2017

17556
17669 > 11/15

End Date 11/11/2017

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 ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature Date

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

Important Notice

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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 10/29/2017 16975 - 11/1

End Date 11/4/2017 17141 - 11/6 17400-11/15

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature Date

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Christina MI ____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/30/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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.

16675 - 11/1

Start Date 10/22/2017

End Date 10/28/2017 16790

16975 - 11/1 17141 - 11/6

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

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Christina MI ____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/16/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/8/2017

End Date 10/14/2017

15907
15991
16114
16464
} 10/23

15908 - 10/26

15888 - 10/27

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

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

Important Notice

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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 10/1/2017

End Date 10/7/2017

15428
15639 } 10/23
15689

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

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 10/2/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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.

14910-9/28

Start Date 9/24/2017

End Date 9/30/2017

15265
15185 } 10/23
15171

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

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 9/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/17/2017

End Date 9/23/2017

14598 > 9/27
14666

14709 > 9/29
14861

14668 - 10/2

14854 - 10/23

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

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

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Requestor Information – Please Print

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 9/18/2017

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 9/16/2017

14057-9/13
14140-9/22
14265
14284 } 9/27
14356
14489-9/29

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 ____

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

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Requestor Information – Please Print

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 9/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/3/2017

End Date 9/9/2017

13685 - 9/6
13984 - 9/11
13981 - 9/14
13835 - 9/18
14057 9/13
14040 - 9/22

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 ____

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 9/4/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 9/2/2017

13157 > 9/1
13334

13118
13205 > 9/5
13480

13496 - 9/7

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

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

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Requestor Information – Please Print

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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 8/28/2017

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 8/20/2017

End Date 8/26/2017

12808
12882 3 9/1
12886

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

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

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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 8/21/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

12413
12337 > 8/17 12408 - 8/25

Start Date 8/13/2017 12320 - 8/21

End Date 8/19/2017 12590 - 8/28 12224 - 8/23

12313 - 9/5

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

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

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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 8/14/2017

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.

11792 - 8/8

Start Date 8/6/2017

End Date 8/12/2017

11906
11951 3 8/16
12161

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

Northfield City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

PUBLIC RECORDS

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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.

11419/8/2

11531-8/7

11637, 11640, 11644 } 8/8

11421, 11415, 11411, 11372 } 8/7

Start Date 7/30/2017

End Date 8/5/2017

11647-8/9

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

Northfield . . .

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 609-641-2832 e Fax: 6096467175

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 609-981-9524 FAX 609-981-6661

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

10826 - 8/26 11038 - 8/9

10985 - 8/3 11162 - 8/7

10985 - 8/1

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 ____

State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 641-6274
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name Juan MI C Last Name Monsalve

Company

Mailing Address 800 Meadowland Drive, Unit O

City Naples State FL Zip 34108 Email jcamilomonsalve4@gmail.com

Business Hours Telephone: Area Code 239 Number 692-5003 Extension

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____

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

Signature Juan C. Monsalve Date 10/23/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

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

Please send police report to the email address listed:
jcamilomonsalve4@gmail.com

Complaint # 118SC20022735

Attn: Barbara

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 reques. 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 9

Final Cost

Total Ø
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

11/6/17 - emailed to Juan Monsalve

B. Ulleson 11/6/17
Custodian Signature Date

State of New Jersey
City of Northfield
GOVERNMENT RECORDS REQUEST FORM

1600 Shore Road
Northfield, NJ 08225
Phone: (609)-641-2832
Fax: (609) 646-7175
Website: www.cityofnorthfield.org

Important Notice

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

Requestor Information – Please Print

First Name James MI T Last Name Barkalow

Company Landlord / Owner

Mailing Address 14 E. Vernon Avenue

City Northfield State NJ Zip 08225 Email

Business Hours Telephone: Area Code 609 Number 742-9676 Extension

Preferred Delivery: Pick Up X US Mail _____ On Site Inspect _____

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

Signature _____ Date 10/10/17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: $ .05 per letter size page
$ .07 per legal size page

Actual costs will be charged if records require duplication by a 3rd party

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Extraordinary service fees dependent upon request

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

August 2016 through September 2017
Any Police Reports / Incidents Reports

AGENCY USE ONLY

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