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AUG 01 2017

BOROUGH OF LAVALLETTE

OPEN PUBLIC RECORDS ACT REQUEST FORM

1306 Grand Central Ave Lavallette, NJ 08735

Telephone 732-793-7477 Fax 732-830-8248

www.lavallette.org

Donnelly Amico, Municipal Clerk



MUNICIPAL CLERK'S
OFFICE

Important Notice

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

Requestor Information - Please Print

First Name Steve MI B Last Name Dimian

E-mail Address michelle@dmlawhelp.com

Mailing Address 250 Washington Street, Suite D

City Toms River State NJ Zip 08753

Telephone 732-508-9200 FAX 732-508-9201

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 7-31-2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Good Evening, I am sending you a request for DMV Accident Reports from JULY 15, 2017 TO JULY 31, 2017.

THANK YOU. PLEASE CALL WHEN READY OR YOU CAN EMAIL TO ABOVE EMAIL ADDRESS.
HAVE A GREAT DAY!



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 # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

Custodian Signature

Date



Borough of Lavallette
Christopher F. Parlow – Municipal Clerk
1306 Grand Central Avenue, Lavallette, NJ 08735
GOVERNMENT RECORDS REQUEST FORM



Important Notice

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

Requestor Information – Please Print

First Name Ken MI E Last Name Langdon
Company Ortley Beach Liaison Committee
Mailing Address 69 Harding Ave
City Ortley Beach State NJ Zip 08751 Email kl@kl designs.com
Business Hours Telephone: Area Code 732 Number 718-1663 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 _____

Payment Information

Maximum Authorization Cost \$ _____
Select Payment Method
Cash _____ Check _____ Money Order _____
Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21 - @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

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

**I would like to request a copy of the various beach badge revenue
up to July 31, 2017**

**Thank You
Ken Langdon**

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	

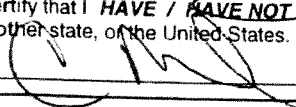
RECEIVED

AUG 01 2017

OPEN PUBLIC RECORDS ACT REQUEST FORM**MUNICIPAL CLERK'S
OFFICE****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	Craig	MI		Last Name	Robel
E-mail Address	support@sellyourhouseproblems.com				
Mailing Address	55 Mansel Dr				
City	Landing	State	NJ	Zip	07850
Telephone	908-312-1873		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 <u>HAVE / HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature				Date	7/26/2017

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.

1. Provide the address of any known vacant, abandoned, or condemned residential house
 - a. Generally the code enforcement, zoning, inspectors, property maintenance, tax assessor or tax collector have this information
 - b. If you have a list, please provide the list
2. Provide the property address of houses filed in probate in 2017. Provide the name, address and contact information of the current owner, fiduciaries, heirs, beneficiaries and/or executor/administrator

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY



BOROUGH OF LAVALLETTE
RECEIVED OPEN PUBLIC RECORDS ACT REQUEST FORM
1306 Grand Central Ave Lavallette, NJ 08735
Telephone 732-793-7477 Fax 732-830-8248
www.lavallette.org
Donnelly Amico, Municipal Clerk



MUNICIPAL CLERK'S
OFFICE

Important Notice

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

Requestor Information - Please Print

First Name John MI Last Name Corney
E-mail Address JRCORNEY@OPTIMUM.NET
Mailing Address 1 Newark Ave - B
City Lavallette State NJ Zip 08735
Telephone 609-2108-3858 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 John Corney Date 1 Aug 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.

- Copy of last Tax Title lien notice published in newspaper
 - Detail list of 2016 Uncollected Taxes as of 1 Aug 2017
 - Detail list of 2017 Delinquent Taxes as of 1 Aug 2017
 - Copy of Delinquent Taxes mailed to taxpayers
- Thanks Knudle

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 #	Total
Rec'd Date <u> </u>	Deposit <u> </u>
Ready Date <u> </u>	Balance Due <u> </u>
Total Pages <u> </u>	Balance Paid <u> </u>

Records Provided

Print Management Solutions
P O Box 350
Trexlerstown, PA 18087

Open Record Officer
LAVALLETTE BORO
1306 Grand Central Avenue
Lavallette, NJ 08735

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

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

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

Or

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

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

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

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

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

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

Respectfully,

Amy Dorward
P O Box 350
Trexlerstown, PA 18087

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AUG 02 2017
MUNICIPAL CLERK'S
OFFICE



OPEN PUBLIC RECORDS ACT REQUEST FORM

RECEIVED

1701 North Ocean Avenue, Seaside Park, NJ 08752

Phone: 732-793-3700 Fax: 732-793-3737

clerk@seasideparknj.org

Karen Barna, Borough Clerk

AUG 03 2017



Important Notice

MUNICIPAL CLERK'S OFFICE
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 Harold MI F Last Name Rall
 E-mail Address brall@childerssir.com
 Mailing Address 401 SW Central Ave.
 City Seaside Park State NJ Zip 08752
 Telephone 908 600-4776 FAX 732 830-0330
 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 Harold Rall Date 8/3/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual
 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.

Could you please tell me if there are any open permits on the property known as 204 12th Ave, Seaside Park, N.J. 08752
 Lot 12 Block 3
 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
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 In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-793-4800

Fax:

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AUG 03 2017

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 [Signature] Date 7/31/2017

Payment Information

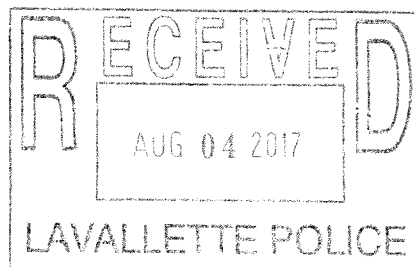
Maximum Authorization Cost \$

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 7/23/2017End Date 7/29/2017

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes

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In Progress - Open

Denied - Closed

Filled - Closed

Partial - Closed

AGENCY USE ONLY

Tracking Information

Final Cost

Tracking # Total

Rec'd Date Deposit

Ready Date Balance Due

Total Pages Balance Paid

Records Provided

Custodian Signature Date



BOROUGH OF LAVALLETTE

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PUBLIC RECORDS ACT REQUEST FORM

1306 Grand Central Ave Lavallette, NJ 08735

Telephone 732-793-7477 Fax 732-830-8248

www.lavallette.org

Donnelly Amico, Municipal Clerk

MUNICIPAL CLERK'S
OFFICE

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Requestor Information – Please Print

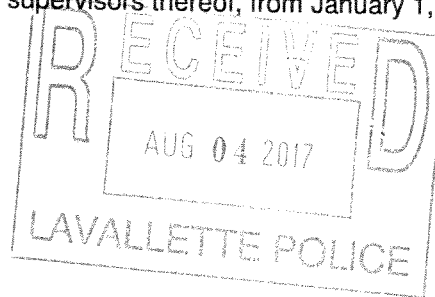
First Name Alex MI N. Last Name Gecan
E-mail Address agecan@gannettnj.com
Mailing Address 3600 NJ 66
City Neptune State NJ Zip 07753
Telephone 732-643-4043 FAX 732-643-4013
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature [Signature] Date 8/3/2017

Payment Information

Maximum Authorization Cost \$ 5
Select Payment Method
Cash ☐ Check ☒ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) – actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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

- 1) Use-of-force policy for Lavallette Police Department.
- 2) Materials LPD officers read, review or study pertaining to use of force.
- 3) Records of LPD use-of-force training from January 1, 2007 through August 1, 2017.
- 4) Settlement agreements and general releases approved by the township and/or its agents for resolving claim(s) against the municipality regarding the police department, its employees and supervisors thereof, from January 1, 2010 until present.



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 #	Total
Rec'd Date	Deposit
Ready Date	Balance Due
Total Pages	Balance Paid

Records Provided

Custodian Signature

Date

Lavallette Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

RECEIVED

Ph: 732-793-4800

Fax:

AUG 07 2017

PUBLIC RECORDS

MUNICIPAL CLERK'S
OFFICE

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 [Signature] Date 8/7/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

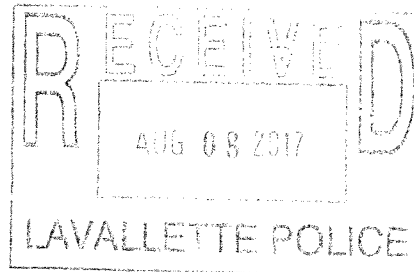
Cash Check Money Order

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

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

Start Date 7/30/2017

End Date 8/5/2017



AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

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		Final Cost	
Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>
Records Provided <u> </u>			
Custodian Signature <u> </u>		Date <u> </u>	

Standard Standard
RECEIVED
 Open Public Records Act Request Form

AUG 07 2017

MUNICIPAL CLERKS
OFFICE

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

Requestor Information – Please Print

First Name _____ Doris _____ MI _____ Last Name _____ Kobza _____
E-mail Address _____ Permit@NJPetia.com
Mailing Address _____ 4 Dedrick Place
City _____ West Caldwell _____ State _____ NJ _____ Zip _____ 07006
Telephone _____ 973-852-6538 _____ FAX _____ 866-396-9931
Preferred Delivery Pick Up _____ On-Site Inspect _____ Fax _____ E-mail _____ X _____
If you are requesting records containing personal information, please circle one Under penalty of N.J.S.A.
2C 28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New
Jersey, any other state, or the United States
Signature _____ Date _____ 8/01/2017

Payment Information

Maximum Authorization Cost	\$ 10.00
----------------------------	----------

Select Payment Method

Cash ☒ Check Money Order

Fees	Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD etc) – actual cost of material
Delivery	Delivery / postage fees additional depending upon delivery type

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

Please provide a Permit Fee Log Detail Report or Permit Activity July 2017

If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.
Copies can be faxed or emailed using the information above.

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 assistance.

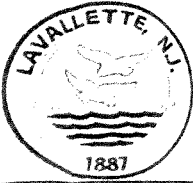
I respect your time and appreciate your help.

Please let me know if you have any suggestions that will help the municipality process this request more efficiently

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BOROUGH OF LAVALLETTE

OPEN PUBLIC RECORDS ACT REQUEST FORM

1306 Grand Central Ave Lavallette, NJ 08735 Telephone 732-793-7477 Fax 732-830-8248 www.lavallette.org

Donnelly Amico, Municipal Clerk



Important Notice

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Requestor Information – Please Print

First Name ROBERT MI Last Name WADE
E-mail Address bobwade@comcast.net
Mailing Address 14 Hickory Street
Cranford State NJ Zip 07016
Telephone 908-591-3958 FAX
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax _____ E-mail XX _____

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 ROBERT WADE

August 9, 2017

RECEIVED

AUG 10 2017

MUNICIPAL CLERK'S OFFICE

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.

All records pertain to the property at 102 Ortle Avenue, Lavallette, NJ

- The elevation certificate or survey prior to the demolition that shows first floor height
- A copy of the demo permit
- A copy of the building permit
- A current elevation certificate, and
- The CO or letter of compliance

AGENCY USE

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

Deposit Date



BOROUGH OF LAVALLETTE **OPEN PUBLIC RECORDS ACT REQUEST FORM**

1306 Grand Central Ave Lavallette, NJ 08735

Telephone 732-793-7477 Fax 732-830-8248

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Donnelly Amico, Municipal Clerk



Important Notice

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Requestor Information - Please Print

First Name Lori MI A Last Name BaudendistelE-mail Address lboudendistel@qbwc.comMailing Address 1234 Mann Dr.City Matthews State NC Zip 28105Telephone 800-334-9143 ext 158 FAX 717-737-4288Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒

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

Signature _____ Date _____

Payment Information

Maximum Authorization Cost: \$ _____

Selected Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request

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

Please provide a permit report or list (or addresses) that are new residential issued to Chap Corporation from 6/1/2017 to 8/1/2017.

I only need the address and footing inspection date.

Please advise if there will be a charge.

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided _____			
Custodian Signature _____		Date _____	

Lavallette Borough

RECEIVED

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-793-4800

Fax:

AUG 15 2017

PUBLIC RECORDS

CLERK'S
OFFICE

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 DevlinE-mail Address data@legalplex.comMailing Address 2022 WASHINGTON BLVDCity ROBBINSVILLE State NJ Zip 08691Telephone 609-961-9524 FAX 609-961-6661Preferred 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 [Signature] Date 8/14/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/6/2017End Date 8/12/2017

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Final Cost

Tracking #	<u> </u>	Total	<u> </u>
Rec'd Date	<u> </u>	Deposit	<u> </u>
Ready Date	<u> </u>	Balance Due	<u> </u>
Total Pages	<u> </u>	Balance Paid	<u> </u>

Records Provided

Custodian Signature Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name Amy MI _____ Last Name Han
 E-mail Address amyhan324@gmail.com
 Mailing Address 272 La Cascata
 City Clementon State NJ Zip 08021
 Telephone 856-383-0803 FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 8/15/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

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

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

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

Tax Custom Report:

Page 1: Leave all fields open - Select Print to Excel

Page 2: Select Owner Name, Owner Street 1/2, Owner City, St, Owner Zip, Property Class, Property Location

Page 3: Report Type: Delinquent Notice

-Delinquent Notice Suggestions: as of Date Include Current Interest

-Select Interest Date: put a date in, it will allow you to select include Current Interest above

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		Final Cost
Tracking # _____	Total _____	
Rec'd Date _____	Deposit _____	
Ready Date _____	Balance Due _____	
Total Pages _____	Balance Paid _____	
Records Provided		

Custodian Signature _____

Date _____



BOROUGH OF LAVALLETTE

RECEIVED

AUG 17 2017

OPEN PUBLIC RECORDS ACT REQUEST FORM

1306 Grand Central Ave Lavallette, NJ 08735

Telephone 732-793-7477 Fax 732-830-8248

www.lavallette.org

Donnelly Amico, Municipal Clerk



MUNICIPAL CLERK'S
OFFICE

Important Notice

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

Requestor Information - Please Print

First Name Amanda MI N Last Name Hoover

E-mail Address ahover@njadvancmedia.com

Mailing Address 161 Bridgeton Pike Bldg E

City Mullica Hill State NJ Zip 08062

Telephone 609-819-2381 FAX _____

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

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

Signature [Signature] Date 08/16/2017

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 would like record of the total revenue made from beach tag sales during the 2016 summer season. I would prefer to receive this via email in dollar amount.

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		Final Cost
Tracking #	_____	Total _____
Rec'd Date	_____	Deposit _____
Ready Date	_____	Balance Due _____
Total Pages	_____	Balance Paid _____

Records Provided

Custodian Signature _____

Date _____



BOROUGH OF LAVALLETTE
OPEN PUBLIC RECORDS ACT REQUEST FORM
 1306 Grand Central Ave Lavallette, NJ 08733
 Telephone 732-793-7477 Fax 732-830-8248
 www.lavallette.org
 Donnelly Amico, Municipal Clerk

**Important Notice**

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

Requestor Information - Please Print

First Name daniel MI 8 Last Name greenhouse

E-mail Address dgreenhouse2003@yahoo.com

Mailing Address 102 sycamore lane

City skillman State nj Zip 08558

Telephone 6094051047

FAX _____

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

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

Signature [Signature] Date 8/21/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method 100.00

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.

This is a request for all government records related to the accident which occurred in front of the Wawa in Lavallette on the night of August 6, 2017.

This request seeks all documents from the Lavallette Police Department, First Aid Squad, Fire Department, including Police Report, photos, videos, associated summonses (if any), and any related correspondence.

TOMS RIVER TWP

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 # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____

Records Provided

Custodian Signature _____

Date _____

RECEIVED**OPEN PUBLIC RECORDS ACT REQUEST FORM**

Ph: 732-793-4800

Fax:

AUG 21 2017

PUBLIC RECORDS

**MUNICIPAL CLERK'S
OFFICE****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 [Signature] Date 8/21/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Start Date 8/13/2017End Date 8/19/2017**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****Final Cost**

Tracking # <u> </u>	Total <u> </u>
Rec'd Date <u> </u>	Deposit <u> </u>
Ready Date <u> </u>	Balance Due <u> </u>
Total Pages <u> </u>	Balance Paid <u> </u>

Records Provided

Custodian Signature Date

**RECEIVED**

AUG 25 2017

MUNICIPAL CLERK'S
OFFICE

BOROUGH OF LAVALLETTE

OPEN PUBLIC RECORDS ACT REQUEST FORM

1306 Grand Central Ave Lavallette, NJ 08735

Telephone 732-793-7477 Fax 732-830-8248

www.lavallette.org

Donnelly Amico, Municipal Clerk

**Important Notice**

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

Requestor Information - Please Print

First Name CARLEEN MI M Last Name ALBANO
E-mail Address BRUCEY430@COMCAST.NET
Mailing Address 1 PLYMOUTH CT
City PLUMS RIVER State NJ Zip 08737
Telephone 973-200-7700 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 Carleen AlbanoDate 8-25-2017**Payment Information**

Maximum Authorization Cost \$ _____

Select Payment MethodCash ☐ 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.

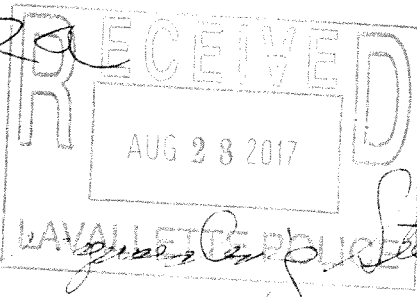
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

STEVEN SEWALL - August 9th 2017

Rahang - Oven Pizza

all written reports

Sewall on August 9th 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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			

RECEIVED

AUG 28 2017

Lavallette Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-793-4800

Fax:

**MUNICIPAL CLERK'S
OFFICE****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	E-mail
				X	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

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	



BOROUGH OF LAVALLETTE
OPEN PUBLIC RECORDS ACT REQUEST FORM
1306 Grand Central Ave Lavallette, NJ 08735
Telephone 732-793-7477 Fax 732-830-8248
www.lavallette.org
Donnelly Amico, Municipal Clerk



Important Notice

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

Requestor Information - Please Print

First Name BILLIE MI W Last Name MAINE
E-mail Address mainebw@gmail.com
Mailing Address 1083 N Collier Blvd #183
City MARCO ISLAND State FL Zip 34145
Telephone 239-682-3230

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 Billie Maine

Date 8/29/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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.

3 Guyer Ave
Request dates of permits for renovations prior to 2002
for William Weinrich

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			

RECEIVED

AUG 28 2017

BOROUGH OF SEASIDE PARK
GOVERNMENT RECORDS REQUEST FORM

MUNICIPAL CLERK'S
OFFICE

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 Carlo Last Name Rebosio
Company _____
Mailing Address 201 Wayne Avenue
City River Edge State NJ Zip 07761 Email Carlo@RebosioConstruction.com
Business Hours Telephone Area Code 201 Number 300-7563 Extension _____
Preferred Delivery Pick Up _____ Email US Mail XXX On Site Inspect _____

Circle One Under penalty of N.J.S.A. 2C:23-3, I certify that I HAVE / HAVE NOT been convicted of any criminal offense under the laws of New Jersey, any other State, or the United States.

Signature Carlo A. Rebosio
Date 8/26/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Pages 1-10 @\$0.75
Pages 11-20 @\$0.50
Pages 21+ @\$0.25
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: 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.

Copies of any and all open and closed PERMITS ever taken on the property at:
127 11th Avenue, Seaside Park, NJ 08752
Block 6; Lot 10 Seaside Park Boro

RECEIVED
AUG 29 2017
By _____

AGENCY USE ONLY

AGENCY USE ONLY

Disposition Notes

Disposition: If any part of request cannot be delivered, please explain business reason for the reasons here.

Disposition: _____
Disposition: _____
Disposition: _____
Disposition: _____

AGENCY USE ONLY

Tracking Information

Tracking # _____ Total _____
Rec'd Date 8/28/17 Deposit _____
Rec'd Date _____ Balance Due _____
Total Pages _____ Balance Paid _____
Records Provided _____

Forward to 610-444-4444 for processing

Signature _____ Date 8/28/17



RECEIVED **BOROUGH OF SEASIDE PARK** **PUBLIC RECORDS ACT REQUEST FORM**

AUG 28 2017

1701 North Ocean Avenue, Seaside Park, NJ 08752

Phone: 732-793-3700 Fax: 732-793-3737

clerk@seasideparknj.org

Karen Barna, Borough Clerk



MUNICIPAL CLERK'S OFFICE

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 Deborah MI A Last Name Arlotta
 E-mail Address debbie 9400 @optonline.net
 Mailing Address 2 West Union Avenue, P.O. Box 350
Bound Brook State NJ Zip 08805
 Telephone 732-356-9400 FAX 732-805-0070
 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 Deborah A. Arnotta Date 8/28/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc.) - actual

Delivery Delivery / postage fees additional depending upon delivery type

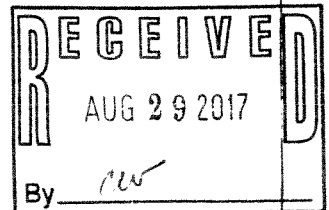
Extras Special service charge dependent upon request

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.

Copies of all construction permits and final approvals
 all communications relating to construction violations of
 municipal ordinances and zoning/planning board resolutions
 from 1990-present

Location: 30 K Street

Seaside Park, NJ Block 61 Lot 6



AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Request 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 ☐
 Rejected ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

Tracking # _____
 Rec'd Date 8/28/17
 Ready Date _____
 Total Pages _____

Final Cost

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Records Provided _____

Custodian Signature _____ Date 8/28/17



BOROUGH OF LAVALLETTE

RECEIVED PUBLIC RECORDS ACT REQUEST FORM

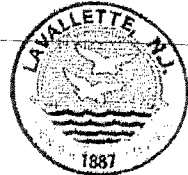
AUG 31 2017

1306 Grand Central Ave Lavallette, NJ 08735

Telephone 732-793-7477 Fax 732-830-8248

www.lavallette.org

Donnelly Amico, Municipal Clerk



MUNICIPAL CLERK'S
OFFICE

Important Notice

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

Requestor Information - Please Print

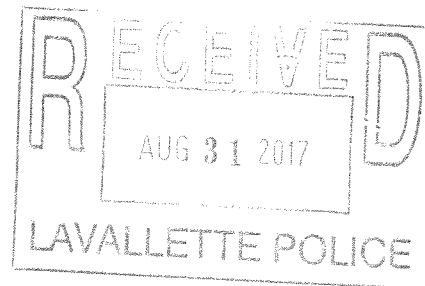
First Name Nicole MI M Last Name Lohse
E-mail Address Nicole.Lohse@theclaimscenter.com
Mailing Address PO Box 47604
City Plymouth State MN Zip 55447
Telephone 866-233-0353 ext. 1576 FAX 866-233-9627
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒
If you are requesting records 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 Nicole Lohse Date 08/31/2017

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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

We are looking for a police and/or fire report associated with police department call #: L16-2330. On 07/25/2016 a Verizon utility pole and some aerial wires were damaged due to a possible motor vehicle accident near the location of 219 Newark Ave. We are seeking this information in order to determine who or what is responsible for the damage.



AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided _____