RECEIVED
AUG 0 1 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 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 _____ 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 rquest 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!

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AUG 01 2017
LAVALLETTE POLICE

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature Date

Borough of 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@kldesigns.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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

RECEIVED
AUG 0 1 2017
MUNICIPAL CLERK'S OFFICE

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 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 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 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

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

RECEIVED
AUG 0 1 2017
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 Lavallelfe State NJ Zip 08735

Telephone 609-2108-3858 FAX ____

Preferred Delivery: Pick Up ✓ US Mail (07) 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 Titlelien notice published in newspaper
- Detail list of 2016 ~~Delinquent~~ Uncollected Taxes as of 1 Aug 2017
- Detail list of 2017 Delinquent Taxes as of 1 Aug 2017

Thanks Kindly

- Copy of Delinquent Taxes mailed to taxpayers

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

Print Management Solutions
P O Box 350
Trexlertown, 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
Trexlertown, PA 18087

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

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

Respectfully,

Amy Dorward
P O Box 350
Trexlertown, PA 18087

BOROUGH OF SEASIDE PARK

OPEN PUBLIC RECORDS ACT REQUEST FORM

1701 North Ocean Avenue, Seaside Park, NJ 08752
Phone: 732-793-3700 Fax: 732-793-3737
clerk@seasideparknj.org.
Karen Barna, Borough Clerk

RECEIVED
AUG 0 3 2017
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 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 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 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
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 _____

Lavallette Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-793-4800 Fax:

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AUG 0 3 2017
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 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.

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AUG 04 2017
LAVALLETTE POLICE

Start Date 7/23/2017

End Date 7/29/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

BOROUGH OF 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

RECEIVED
AUG 04 2017
MUNICIPAL CLERK'S OFFICE

Important Notice

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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 _____ 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.

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AUG 04 2017
LAVALLETTE POLICE

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

Lavallette Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

RECEIVED Ph: 732-793-4800 Fax:

AUG 0 7 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 _____ 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.

RECEIVED
AUG 0 8 2017
LAVALLETTE POLICE

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

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

Open Public Records Act Request Form

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

Requestor Information – Please Print

First Name: Doris MI: Last Name: Kobza

E-mail Address: Permit@NJPella.com

Mailing Address: 4 Dedrick Place

City: West Caldwell State: NJ Zip: 07006

Telephone: 973-852-6538 FAX: 866-396-9931

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

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

Signature: Date: 8/01/2017

Payment Information

Maximum Authorization Cost: $ 10.00

Select Payment Method

Cash / Check / Money Order

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

Delivery: Delivery / postage fees additional depending upon delivery type

Extras: Special service charge dependent upon request

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

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

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 ROBERT MI Last Name WADE

E-mail Address bobwade@comcast.net

RECEIVED
AUG 10 2017
MUNICIPAL CLERK'S OFFICE

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 Robert Wade August 9, 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.

All records pertain to the property at 102 Ortley 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

RECEIVED
AUG 14 2017
BOROUGH OF LAVALLETTE

RECEIVED
AUG 14
LAVALLETTE ADMIN.

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 Lori MI A Last Name Baudendistel

E-mail Address lbaudendistel@qbwc.com

Mailing Address 1234 Mann Dr.

City Matthews State NC Zip 28105

Telephone 800-334-9143 ext 158 FAX 717-737-4288

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 / I 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: 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 8/11/2017.
"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
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

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

Records Provided

Custodian Signature ____ Date ____

Lavallette Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-793-4800 Fax:

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 8/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/6/2017

End Date 8/12/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

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 amyhan321@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone 856-383-0803 FAX _____

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

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

Signature _____ 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

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

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

RECEIVED
AUG 17 2017
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 ahoover@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 _____ 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

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

Final Cost

Total _____
Deposit _____
Balance Due _____
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 daniel MI a 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 _____ Date 8/21/17

Payment Information

Maximum Authorization Cost $ 100.00

Select Payment Method

Cash (Check) Money Order

Fees: Letter size pages - $0.05 per page
Legal size peges - $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 Lavallete on the night of August 6, 2017.

This request seeks all documents from the Lavallete 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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

Lavallette Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-793-4800 Fax:

RECEIVED
AUG 21 2017
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 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.

RECEIVED
AUG 22 2017
LAVALLETTE POLICE

Start Date 8/13/2017

End 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

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

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 ALBANESE

E-mail Address BREEZY430@COMCAST.NET

Mailing Address 1 PLYMOUTH CT

City TOMS RIVER State NJ Zip 08757

Telephone 973-202-7700 FAX

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

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

Signature Carleen Albanese Date 8-25-2017

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.

STEVEN SEWALL – August 9th 2017

Railway – OVEN PIZZA

RECEIVED
AUG 28 2017
LAVALLETTE PUBLIC

All written reports Signed Copies

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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED

AUG 2 8 2017

MUNICIPAL CLERK'S OFFICE

Lavallette Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-793-4800 Fax:

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 8/28/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/20/2017

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

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

5/10

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 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 Billie A 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

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

Final Cost

Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

RECEIVED
AUG 2 8 2017
MUNICIPAL CLERK'S OFFICE

BOROUGH OF SEASIDE PARK
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: Carlo MI: ___ 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 or US Mail: XXX 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: 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

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

AGENCY USE ONLY

Disposition Notes

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

In Progress ___ Open ___
Denied ___ Closed ___
Filled ___ Closed ___
Partial ___ Closed ___

AGENCY USE ONLY

Tracking Information

Tracking # ___
Rec'd Date: 8-28-17
Ready Date ___
Total Pages ___

Final Cost

Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

Custodian Signature ___ Date: 8-29-17

BOROUGH OF SEASIDE PARK

PUBLIC RECORDS ACT REQUEST FORM

1701 North Ocean Avenue, Seaside Park, NJ 08752
Phone: 732-793-3700 Fax: 732-793-3737
clerk@seasideparknj.org.
Karen Barna, Borough Clerk

RECEIVED
AUG 28 2017
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 debbie940@optonline.net

Mailing Address 2 West Union Avenue, P.O. Box 350

City 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 Arlotta 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

RECEIVED
AUG 29 2017
By MW

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 8/28/17
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
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

RECEIVED
AUG 3 1 2017
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.

RECEIVED
AUG 3 1 2017
LAVALLETTE POLICE

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