

Lavallette Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-793-4800

Fax:

RECEIVED

SEP 11 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 9/4/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

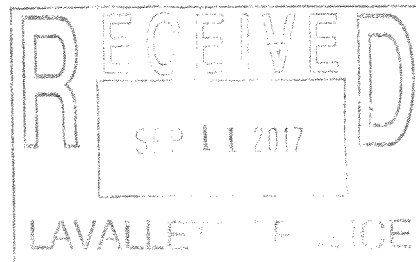
Cash ☐ Check ☐ Money Order ☐

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

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

Start Date 8/27/2017

End Date 9/2/2017



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

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Signature [Signature] Date 9/11/2017

Payment Information

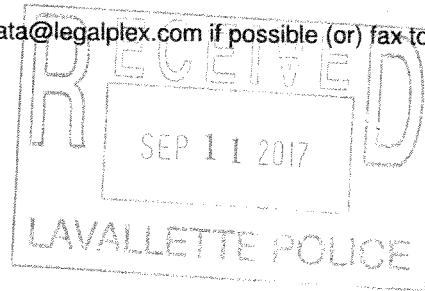
Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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Start Date 9/3/2017End Date 9/9/2017

AGENCY USE ONLY

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

AGENCY USE ONLY

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 Filled - Closed
 Partial - Closed

AGENCY USE ONLY

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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

SEP 14 2017

9/28.03

 MUNICIPAL CLERK'S OFFICE New Jersey Judiciary Records Request Form		Request Date 9-12-17	Preferred Delivery ☐ Pick Up ☐ US Mail ☐ On Site Inspection ☐ Fax ☒ Email
Request Needed By ASAP?			
Part A: Requestor Identification			
Last Name	Middle Initial	First Name	
Regan	m	Dana	
Address		Daytime Telephone (include area code)	
14 Colonial Terrace		973-557-8116 ext.	
City	State	Zip Code	Fax/Email (optional)
Pompton Plains	NJ	07444	danareg@aol.com
Part B: Records Request Processing Location			
Please select one of the locations below to process your records request.			
County	☐ Appellate Division Clerk's Office	☐ Office of the Administrative Director	
Division	☐ Supreme Court Clerk's Office	☒ Municipal Court	
☐ Superior Court Clerk's Office	☐ Tax Court Clerk's Office	☒ Other Construction Dept.	
Part C: Case Identification			
Case Name		Docket/Complaint/Ticket Number*	
*In Criminal and Municipal Cases, if you do not know the docket number, please provide Defendant's information:			
Defendant Name and alias(es), if any		Defendant Birth Date	Last 4 digits of Defendant's Social Security Number
Indictment/Arrest Date	Indictment/Accusation/Complaint/Municipal Number	Appeal Number	Sentencing Date
			Name of Sentencing Judge
Part D: Records Requested by Division			
Please describe records requested as completely as possible. Include any case numbers, dates and names of individuals involved. Attach additional pages if necessary.			
Hello. My husband and I are looking to purchase the property : 35 Farragut ave, 5sp. Unit 3. We wanted to know if there are any open permits, were any permits obtained in the past 5 years or so, and was the property purchased as a multi-family home or a condominium. Any information would be greatly appreciated.			
Part E: Copy Fees			
Copy Fees:	Special Copy Requests - Additional fees will be charged		Are you a named party or attorney in this case?
5¢ per page letter size	☐ Seal only	☐ Certified without Seal	☐ Yes ☒ NO
7¢ per page legal size	☐ Certified with Seal	☐ Exemplified (includes Seal)	
For Judiciary Use Only			
Disposition	Disposition Date		
☐ Delivered ☐ Denied ☐ Unavailable			
If request is denied or records are unavailable, explain here. Attach additional pages if necessary.			
NO PERMITS issued.			



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 9-15-17

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.

**I would like to request a copy of the year end totals of the
various beach badge revenues for 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

BOROUGH OF LAVALLETTE

SEP 05 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 PrintFirst Name Kathie MI R Last Name VeloricE-mail Address kveloric@stieberveloric.comMailing Address 160 South Livingston Avenue, Suite 208City Livingston State NJ Zip 07039Telephone 973-422-9500 FAX 973-422-0700Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.Signature [Signature] Date 9-5-17**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.

Property: 10 Washington Avenue, Lavallette, NJ 08735

Block: 14 Lot: 13

Requesting Permits:

- Any building permits issued; and
- Any open building permits.

No open permits**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 _____



PROVIDING SERVICES FOR



Star-Ledger

CRAIG MCCARTHY, REPORTER

732-372-2078

cmccarthy@njadvancemedia.com

Woodbridge Corporate Plaza

485 Route 1 South, Building E, Suite 300

Iselin, NJ 08830-3009

RECEIVED

SEP 15 2017

MUNICIPAL CLERK'S
OFFICE

7/25/2017

Dear Custodian,

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

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

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

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

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

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

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

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

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

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

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

Thank you for your assistance.
CRAIG MCCARTHY

Lavallette Borough

RECEIVED**OPEN PUBLIC RECORDS ACT REQUEST FORM**

Ph: 732-793-4800

Fax:

SEP 18 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 9/18/2017

Payment Information

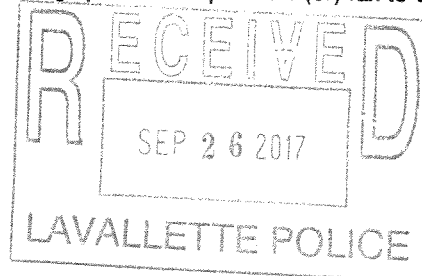
Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

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

Start Date 9/10/2017End Date 9/16/2017**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**

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

Custodian Signature Date



BOROUGH OF SEASIDE PARK

Dunnele

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

SEP 21 2017

21 2017



Important Notice

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

MUNICIPAL CLERK'S
OFFICE

Requestor Information - Please Print

First Name Claire MI M Last Name Zisa
 E-mail Address Clairemzee@aol.com
 Mailing Address 10 Fox Hill Rd
 City Fairfield State NJ Zip 07004
 Telephone 973-809-3362
 Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail ☒

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Signature Claire M Zisa Date 9/20/17

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.

Question!

on survey Dated 8/9/2017
 Fence on our property line (62 Decker Ave)
 Condominium 1701 - 1711 Boulevard Seaside
 Park. The fence permit is needed. To see
 who owns the fence!

Claire Zisa

AGENCY USE ONLY

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

AGENCY USE ONLY

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 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

9/26/17
 Do not have a fence permit for
 1707-1711 Boulevard -

CW

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

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Requestor Information – Please Print

First Name Gisele MI _____ Last Name Neres

E-mail Address gisele@micheleklug.com

Mailing Address 222 Mt Airy Rd

City Basking Ridge State NJ Zip 07920

Telephone 908-766-0085 FAX 908-766-2254

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

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Signature _____ Date 09/26/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

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Hello, please email me all open and closed permits for the property located at: 140 Jersey City Ave, Block: 60, Lot: 23. Thank you! Gisele

RECEIVED
SEP 26 2017
MUNICIPAL CLERK'S OFFICE

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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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

Ph: 732-793-4800

Fax:

RECEIVED

SEP 26 2017

PUBLIC RECORDS

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Signature [Signature] Date 9/25/2017

Payment Information

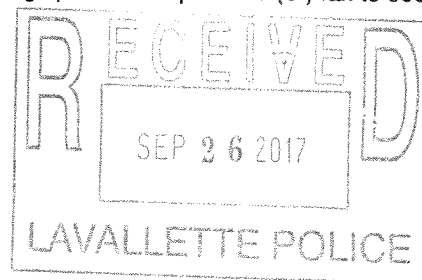
Maximum Authorization Cost \$

Select Payment Method

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AGENCY USE ONLY

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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