Lavallette Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-793-4800 Fax:

RECEIVED
SEP 11 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 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

RECEIVED
SEP 11 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

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PUBLIC RECORDS

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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

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Signature _____ Date 9/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

RECEIVED
SEP 11 2017
LAVALLETTE POLICE

Start Date 9/3/2017

End Date 9/9/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

RECEIVED

SEP 14 2017

9/28.03

MUNICIPAL CLERK'S OFFICE New Jersey Judiciary

Records Request Form

Request Date	Preferred Delivery
9-12-17	☐ Pick Up
Request Needed By	☐ US Mail
ASAP?	☐ On Site Inspection
	☐ Fax
	☒ Email

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)
Pomptor 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 _____ Division _____

☐ Superior Court Clerk's Office

☐ Appellate Division Clerk's Office
☐ Supreme Court Clerk's Office
☐ Tax Court Clerk's Office

☐ Office of the Administrative Director
☒ Municipal Court
☒ 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, ssp. 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.

2012-2017

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 7¢ per page legal size	☐ Seal only ☐ Certified without Seal ☐ Certified with Seal ☐ Exemplified (includes Seal)	☐ Yes ☒ No

RECEIVED
SEP 15 2017
By

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@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 [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 [signature]

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
SEP 05 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 Kathie MI R Last Name Veloric

E-mail Address kveloric@stieberveloric.com

Mailing Address 160 South Livingston Avenue, Suite 208

City Livingston State NJ Zip 07039

Telephone 973-422-9500 FAX 973-422-0700

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 9-5-17

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.

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

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

7/25/2017

Dear Custodian,

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

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

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

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

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

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

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

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

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

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

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

Thank you for your assistance.
CRAIG MCCARTHY

Lavallette Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-793-4800 Fax:

RECEIVED
SEP 18 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 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.

RECEIVED
SEP 26 2017
LAVALLETTE POLICE

Start Date 9/10/2017

End 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 # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

Donnelk

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
SEP 2 1 2017
MUNICIPAL CLERK'S OFFICE
2 1 2017

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 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 ✓

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 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 Decatur Ave Seaside Park)
Condominium 1707 - 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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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

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 ✔

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 09/26/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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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.

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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 _____

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Balance Due _____
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

MUNICIPAL CLERK'S OFFICE

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E-mail Address data@legalplex.com

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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

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Signature _____ Date 9/25/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

RECEIVED
SEP 26 2017
LAVALLETTE POLICE

Start Date 9/17/2017

End Date 9/23/2017

AGENCY USE ONLY

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Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

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Partial - Closed ____

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Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____