Lavallette Borough

RECEIVED **OPEN PUBLIC RECORDS ACT REQUEST FORM**

OCT 0 2 2017 Ph: 732-793-4800 Fax:

MUNICIPAL CLERK'S OFFICE

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature _____ Date 10/2/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/24/2017

End Date 9/30/2017

RECEIVED OCT 02 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

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
OCT 0 3 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 Michael MI ____ Last Name Nunes

E-mail Address mnunes@theoceanstar.com

Mailing Address 421 River Avenue

City Point Pleasant Beach State NJ Zip 08831

Telephone 732-899-7606 ext. 14 FAX 732-899-9778

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 Michael Nunes Date 10/3/2017

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.

A police blotter for the month of September including arrests and other police activity. This should include date of arrest, name of those charged, age, place of residency of those charged, area of arrest, name of arresting officer (with rank) and the nature of the charge.

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
OCT 0 3 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

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Requestor Information – Please Print

First Name Edward MI R Last Name Stark

E-mail Address estark1082@gmail.com

Mailing Address 4672 Bradley Court

City Doylestown State PA Zip 18929

Telephone (215) 416-2230 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 10/3/17

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 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.

Architectural plans
new single family dwelling
2015
for 8 Sterling Avenue
Block 944.06 Lot 21

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

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

Important Notice

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

Requestor Information – Please Print

First Name *Christina* MI _____ Last Name *Gelpi*

E-mail Address *chrissykeys@kw.com*

Mailing Address *1400 Hooper Ave 2nd Fl*

City *Toms River* State *NJ* Zip *08753*

Telephone *732-485-9393* FAX *732-797-9002*

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 Christina Gelpi dotloop verified 10/04/17 10:38PM EDT NB9C-II3C-DJNR-J9LI Date *10/04/2017*

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

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 include any/all documents related open/closed permits re: plumbing, electric, roof, crawl space, mold remediation, and Letter of No-Substantial Damage for subject property:

110 G Street, Seaside Park, NJ 08752

Block #:43
Lot #:10

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 _____

Final Cost

Total _____
Deposit _____
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
OCT 10 2017
MUNICIPAL CLERK'S OFFICE

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/9/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

RECEIVED
OCT 10 2017
LAVALLETTE POLICE

Start Date 10/1/2017

End Date 10/7/2017

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

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

OCT 1 5 2011

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 JUDI MI ____ Last Name HULL

E-mail Address judi@judihulldesign.com

Mailing Address 403 SEWALL AVE

City ASBURY PARK State N.J Zip 07712

Telephone 203-788-1441 FAX ____

Preferred Delivery: Pick Up X 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 ____

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.

REQUESTING INFORMATION REGARDING 113 NEW JERSEY AVE. #1

- X CAN A TWO FAMILY BEBUILT?
- X CAN EXISTING STRUCTURE BE "REHABED" TO INCLUDE AN "INLAW OR RENTAL" APT?
- PREVIOUS BUILDING PERMITS PULLED
- COPY OF SURVEY ON FILE
- X CURRENT TAXES ON UNIT 1
- X LOT SIZE AND STRUCTURE Sq Footage
- X ZONING RESTRICTIONS

113 New Jersey AV.
UNIT 1
LAVALETTE, NJ
BLOCK 45.02
LOT 20.
QUALITYER C01

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

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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Requestor Information – Please Print

First Name Susanne MI M Last Name Cervenka

E-mail Address scervenka@app.com

Mailing Address 3600 Highway 66

City Neptune State NJ Zip 07754

Telephone 732-643-4229 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 NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/7/10

Payment Information

Maximum Authorization Cost $ 10

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 to request immediate access to the most recent contract with Declan O'Scanlon/FSD Enterprises and the vendor payment report for payments to Declan O'Scanlon/FSD Enterprises from 2007 to present.

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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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
OCT 18 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

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Requestor Information – Please Print

First Name Kristina MI J Last Name Wehrenberg

E-mail Address kriswo713@gmail.com

Mailing Address 932 Goose Creek RD.

City Toms River State NJ Zip 08753

Telephone 732 2884249 FAX —

Preferred Delivery: Pick Up X 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 Kwehrenberg Date 10/18/17

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.

Requesting police report for an ~~old~~ individual who is currently incarcerated in Ocean County Jail, Brian Schremmer. DOB 4/5/88.

Incident occurred Monday night, 10/16/17, around 10pm. Thank you so much!

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

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
OCT 20 2017
By

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 Patricia C Last Name Karnatski

E-mail Address PatriciaK@villanorealtors.com

Mailing Address 1505 Nw Central Ave

City Seaside Park State NJ Zip 08752

Telephone 7326445531 FAX 7327930040

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 Patricia Karnatski Date 10/19/17

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.

Pls. provide All permits, plans, architectural drawings, Code violations any thing at all that pertains to Structure & rebuilding of house at 30 32 9th Ave Seaside Park NJ

Lot 10 Block 21 50x100.

RECEIVED
OCT 19 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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In Progress - Open ___
Denied - Closed ___
Filled - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information

Tracking # ___
Rec'd Date 10/19/17
Ready Date 10/24/17
Total Pages 21

Final Cost

Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

Custodian Signature ___ Date ___

RECEIVED
OCT 20 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
Donnally Amico, Municipal Clerk

Important Notice

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Requestor Information – Please Print

First Name Karen MI ___ Last Name Savona
E-mail Address Karen.Savona@gmail.com
Mailing Address P.O. Box 1092
City Jackson State NJ Zip 08527
Telephone 908-910-6911 FAX 732-358-0316
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 Karen Savona Date 10-20-17

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 cost of material

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Block 21 - Lot 10
3032 9th Ave.
- Is there a substancially damaged letter on file
- ~~Does property need to be raised~~
- Are there any open permits (NO) Open Permits

(NO) Substantial Damage Letter

10/23/17

AGENCY USE ONLY

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

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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

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Requestor Information – Please Print

First Name Larry MI ____ Last Name Higgins

E-mail Address OPRA@NJPropertyRecords.com

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

City Oldwick State NJ Zip 08858

Telephone (908) 255-9919 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 ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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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.

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

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Donnelly Amico

From: Larry Higgins [opra@njpropertyrecords.com]
Sent: Saturday, October 21, 2017 11:17 AM
To: Damico@lavallette.org
Subject: OPRA Request (1516.OCEAN_LAVALLETTE BORO)
Attachments: 1516.OCEAN_LAVALLETTE BORO.pdf

Note for clerk: Please discuss this request with your engineering department as they will be the BEST source for the requested documents and information.
The clerk or engineer can fulfil this OPRA easily by visiting our website
www.StateInfoServices.com/opra
We've built this website to avoid sending large files by email, CD, USB, etc. It's a drag/drop file operation and there's no restriction on the file size. You do not need to register or login. You'll receive an email after successfully uploading **all** the requested files and information so you can close the OPRA request.
You can also submit all the requested information & documents by email if you'd like.

Requested Information:

1.a) A complete set of your municipalities **MOST CURRENT** tax maps. **Note:** If your tax maps are on your website, please provide the direct link and CONFIRM they are the most current maps available.
1.b) The date the tax maps were last modified/updated.
1.c) The approximate date to check back for newer/updated tax maps. **Note:** If there's currently no plans on updating the maps anytime soon, please mention that to us.

2.a) The **MOST CURRENT** municipality zoning map(s). **Note:** If your zoning map(s) are on your website, please provide the direct link and CONFIRM they are the most current map(s) available.
2.b) The date the zoning map(s) was last modified/updated.
2.c) The approximate date to check back for newer/updated zoning map(s). **Note:** If there's currently no plans on updating the map(s) anytime soon, please mention that to us.

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

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

If you have any questions, please email ORPA@NJPropertyRecords.com –
PHONE CALLS WILL NOT BE ACCEPTED
Thanks,
Larry Higgins
OPRA@NJPropertyRecords.com

Lavallette Borough

RECEIVED
OCT 23 2017
MUNICIPAL CLERK'S OFFICE

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 Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

RECEIVED
OCT 23 2017
LAVALLETTE POLICE

Start Date 10/15/2017

End Date 10/21/2017

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 _____

Lavallette Borough

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-793-4800 Fax:

RECEIVED
OCT 30 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 Christina MI _____ Last Name Mota

E-mail Address data@legalplex.com

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

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

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

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

Signature Christina Mota Date 10/30/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/22/2017

End Date 10/28/2017

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 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
OCT 30 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 Patricia MI A Last Name Karnatski

E-mail Address patriciaK@VillanoRealtors.com

Mailing Address 1505 NW Central Ave

City Seaside Park State NJ Zip 08752

Telephone 732 6445531 FAX

Preferred Delivery: Pick Up (2) ✓ US Mail ____ On-Site Inspect ____ Fax ____ E-mail ✓ (1)

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

Signature ____ Date ____

Payment Information

Maximum Authorization Cost $

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.

Pls provide All Permits, Plans, Architectural drawings, Code Violations & anything at all that pertains to structure & rebuilding of house at 26 9th Ave. Seaside Park NJ 08752 lot 1 Block 71

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 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
OCT 31 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 Kenneth MI ____ Last Name Martin

E-mail Address ken@builderstechllc.com

Mailing Address P.O. Box 608

City Island Heights State NJ Zip 08734

Telephone 732-674-2330 FAX 848-210-9301

Preferred Delivery: Pick Up 3 US Mail ____ On-Site Inspect ____ Fax 2 E-mail 1

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 10/29/2017

Payment Information

Maximum Authorization Cost $ 25.00

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

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.

Zoning permits for 250 N St, Seaside Park
Construction permits for 250 N St, Seaside Park
Certificates of Occupancy for 250 N St., Seaside Park
Rental Certificates of Occupancy for 250 N St, Seaside Park

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

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 SCOTT MI ____ Last Name SATTAN

E-mail Address SATTAN @ COMCAST.NET

Mailing Address 117 MARLIN DR

City MANAHAWKIN State NJ Zip 08050

Telephone 609-226-5044 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 10/31/17

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.

ADDRESS 417 DEL RAY DR, LAVALLETTE, NJ 08735

BLOCK: 1946.01 LOT: 46

* RECORDS OF ANY COMPLAINTS, REQUESTS, INQUIRIES REGARDING POT HOLES OR ROAD REPAIR MAINTAINCE SPECIFICALLY IN THE AREA OF 417 DEL RAY DRIVE FROM JAN 1, 2015 TO JAN. 31, 2016.

EMailed requestor 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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided