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
NOV 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 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 10/31/2017

**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.

Dates of birth and hire, rank(s), position(s), most recent salary information, employee photograph, awards, commendations and meritorious citations for police officer Arthur Reece, including but not limited to his position with the borough police department.

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NOV 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 _____

*State of New Jersey Standard*

# 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: Doris MI: Last Name: Kobza

E-mail Address: Permit@NJPeita.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: 11/03/2017

## Payment Information

Maximum Amount Authorized: 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 dependant 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 October 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

Lavallette Borough

# OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-793-4800 Fax:

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NOV 06 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 11/6/2017

## 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 10/29/2017

End Date 11/4/2017

## 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

NOV 13 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 11/10/2017

**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 10/01/2017

End Date 10/07/2017

**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
NOV 13 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 11/10/2017

## 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

Lavallette Borough

# OPEN PUBLIC RECORDS ACT REQUEST FORM

RECEIVED Phone: 732-793-4800 Fax:

NOV 13 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 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 11/13/2017

## 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 11/5/2017

End Date 11/11/2017

## 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

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NOV 13 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 THERESE MI _____ Last Name FERGUS

E-mail Address TFERGUS512@GMAIL.COM

Mailing Address 76 APPLETREE ROW

City BERKELEY HEIGHTS State NJ Zip 07922

Telephone 908-377-4746 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 T. Fergus Date 11/13/2017

## 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.

Please forward all record of permits from 2000-present for the property 56 Island Ave, Seaside Park, NJ 08752 (block 37 lot 4) also please indicate if there any open permits.

OK

NOV 15 RECD

**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

RECE... 1701 North Ocean Avenue, Seaside Park, NJ 08752

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

NOV 13 2017 clerk@seasideparknj.org.

Karen Barna, Borough Clerk

MUNICIPAL CLERK'S OFFICE

**Important Notice**

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

## Requestor Information – Please Print

First Name Sharon MI R Last Name Joseph

E-mail Address sjoseph6988@gmail.com

Mailing Address PO Box 7

City Seaside Park State NJ Zip 08752-0007

Telephone Cell 336-317-8920 Tom Joseph 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 Sharon R Joseph Date 11-9-2017

## Payment Information

Maximum Authorization Cost $25-

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.

Seaside Park Construction/Zoning Office:
Request to review property files for
① 24 4th Avenue, Seaside Park
② 704 S. Bayview Avenue, 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 _____

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

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NOV 14 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 Stephanie MI ____ Last Name Ciskowitz

E-mail Address Schibell63@gmail.com

Mailing Address 2157 Village Rd.

City Seaside State NJ Zip 08750

Telephone (908) 720-1877 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
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.

- Any Constr. permits
- ~~CO's~~
- Inspection Reports

B24 L22

for 17 Trenton Ave

**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 ____

**AGENCY USE ONLY**

**Tracking Information**

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

**Final Cost**

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

**Records Provided**

To: Karen Barna Borough Clerk
clerk@seasidepark NJ.com

New Jersey Cou

# OPRA Records Request

Request Date 11/9/17

Re

Preferred Deliv
- ☐ Pick Up
- ☐ US Mail
- ☐ On Site Inspect
- ☐ Fax
- ☐ Email

**Part A: Requestc**

Last Name Ortega | Middle | Fi Paula

Ac 150 Mineral Springs Dr | Daytime 973 442-7900

Cit Rockaway | St NJ | Zi 07866 | Fax/Emai 9734427990

**Part B: Records Reque**

Please select one of the locations

County Ocean

Division

☐ Superior Court Cle

☐ Office e
☐ Munici o
☐ Other

**Part C: Case Ide**

Case Name | Do ıp

*In Crim Def | It's informa Defendant D

Indict | | | Se |

**Part**

Please d Attach ac ers, dates

Pursuant to OPRA s yc
Please Forward via email all permits and approvals for any & all construction, renovation or improvements to 71 N ST Seaside Park, Block 67 lot 8.01, Owner Bruno.

Paula Ortega

6/18

**Part E: Copy Fee**

Copy Fees:
5¢ per page letter size
7¢ per page legal size

Are you attorney
☐ Ye

**For Judiciary Use Only**

Disposition
☐ Delivered ☐ De

If request is denied or rec

Re

pa

11/14/17