

Kathy Schmelz

From: Jack Roberts <opra+request-739-6d890cf4@requests.opramachine.com>
Sent: Monday, December 04, 2017 8:35 AM
To: Kathy Schmelz
Subject: Open Public Records Act request - OPRA Requests

Dear Long Branch City,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message.

Records requested:

I'm requesting copies of all OPRA requests from January 1, 2017 to December 1, 2017.

Yours faithfully,

Jack Roberts

Please use this email address for all replies to this request:
opra+request-739-6d890cf4@requests.opramachine.com

Is kschmelz@longbranch.org the wrong address for Open Public Records Act requests to Long Branch City? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=long_branch_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:

<https://opramachine.com/help/officers>

If you find this service useful as an OPRA officer, please ask your web manager to link to us from your organisation's OPRA page.

To: CityClerk

Due: 12/13/17

**344 Broadway**

Phone 732-571-5686 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City 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 Brian MI MI Last Name Babcock

E-mail Address babcock@brilliantenvironmental.com

Mailing Address 1A Executive Drive

City Toms River State NJ Zip 08755

Telephone 732-818-9380 Ext. 124 FAX 732-818-3361

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 Brian Babcock Date 06/12/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash	Check	Money Order
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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.

1075 Norwood Avenue
Block 6, Lot 7

Performing a Phase I Environmental Site Assessment of the above-referenced property. Please provide copies of reports/files associated with known or suspected discharges of hazardous substances or petroleum products. Copies of inspection reports and/or violations. Copies of permits associated with the installation or removal of above ground or underground storage tanks. Information pertaining to septic tanks or potable wells. Copies of tax cards.

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

Health -
Parcel Code -
Bldg -
Tax Assessor - Due 6/21/17

Custodian Signature

Date _____

Mary Moss

From: Kathy Schmelz
Sent: Monday, June 12, 2017 11:47 AM
To: Mary Moss
Subject: FW: OPRA - 1075 Norwood Avenue
Attachments: Long Branch OPRA - 1075 Norwood.pdf

Kathy L. Schmelz, RMC
City Clerk
344 Broadway
Long Branch, NJ 07740
(732)571-5644

WARNING: Email received by or sent to City Officials are subject to the Open Public Records Act [OPRA]. If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

From: Brian Babcock [mailto:Babcock@brilliantenvironmental.com]
Sent: Monday, June 12, 2017 11:33 AM
To: Kathy Schmelz
Subject: OPRA - 1075 Norwood Avenue

Kathy,

Attached is a OPRA request for 1075 Norwood Avenue. Please let me know if you have any questions.

Brian M. Babcock, LSRP | Senior Project Manager
BRILLIANT ENVIRONMENTAL SERVICES, LLC (*Brilliant*) | NJ Certified SBE
1A Executive Drive | Toms River, New Jersey 08755
V: 732-818-3380 ext. 124 | F: 732-818-3381
babcock@brilliantenvironmental.com | www.brilliantenvironmental.com



This email may contain privileged and confidential information intended only for the use of the addressee named above. If you are not the intended recipient of this email, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any review, use, disclosure, dissemination or copying of this email is strictly prohibited. If you have received this email in error, please immediately notify the sender by telephone, and destroy the original and all copies of this email.



Please consider the environment before printing this message



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5886 / Fax 732-222-8835
 kschmeiz@longbranch.org
 Kathy L. Schmeiz, RMC, City 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 Brian MI Last Name Kempner
 E-mail Address bkempner@aeiconsultants.com
 Mailing Address 30 Montgomery Street STE 220
 City Jersey City State NJ Zip 07302
 Telephone 201-357-0749 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 [Signature] Date 5/18/2017

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.

RE: 199 & 205 West End Ave Elberon, NJ

AEI is a consulting firm acting pursuant to the request of the owners of the subject facility to conduct an investigation of current and historical conditions which could potentially impact the condition of this property. AEI respectfully requests available information related to the subject facility in conjunction with the following topics or areas of concern:

- ☐ Copies of all outstanding Building Code violations/permits
- ☐ Copies of all outstanding Fire Code violations
- ☐ Copies of any outstanding administrative actions (municipality enforced liens)
- ☐ Copies of certificates of occupancy, and property cards (if available)

Thank you and Best regards

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		Final Cost	
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			
51dgs - Fuel Code - Tax Collector - Tax Assessor -		Due 6/30/17	
Custodian Signature <u> </u>		Date <u> </u>	

Mary Moss

From: Kathy Schmelz
Sent: Friday, May 19, 2017 7:45 AM
To: Mary Moss
Subject: FW: Open records Request for 199 & 205 West End Ave Elberon, NJ
Attachments: FOIA.pdf

Kathy L. Schmelz, RMC
City Clerk
344 Broadway
Long Branch, NJ 07740
(732)571-5644

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From: Brian Kempner [mailto:bkempner@aeiconsultants.com]
Sent: Thursday, May 18, 2017 7:51 PM
To: Kathy Schmelz
Subject: RE: Open records Request for 199 & 205 West End Ave Elberon, NJ

Good morning, AEI is conducting an engineering assessment on the subject property listed above, Kindly see attached open records request. If you have any questions, please feel free to email or call the direct number below.

Best regards,

Brian Kempner
Project Manager

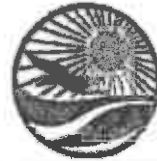
AEI Consultants
30 Montgomery Street, Suite 220
Jersey City, NJ 07302

P: 201.332.1844
Direct: 201.357.0749
F: 201.332.1880

www.aeiconsultants.com



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5686 / Fax 732-222-8836
 kschmalz@longbranch.org
 Kathy L. Schmalz, RMC, City Clerk



Important Notice

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Requestor Information - Please Print

First Name Brittany MI A Last Name Smith
 E-mail Address Brittanys@ciskeads.com
 Mailing Address 170 Kinnelon Road
 City Kinnelon State NJ Zip 07405
 Telephone 973-492-0500 FAX 800-962-0544
 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 Brittany Smith Date 6/15/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

Copy of Building permit containing contact
 information for all general contractors for
 Bluffs Seastar-Classic living By the Sea @ former Jakes Gym
 276, 286, 290 Ocean Ave, Block 216, lots 11, 12, 14.

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 _____
 Signature Adg
Due 6/26/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City Clerk



Important Notice

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Requestor Information - Please Print

First Name Brittany MI A Last Name Smith
 E-mail Address brittany.s@cisleads.com
 Mailing Address 170 Kinnelon Road
 City Kinnelon State NJ Zip 07405
 Telephone 973-407-0509 FAX 800-962-0500
 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 Brittany Smith Date 8/2/17

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.
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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 copy of only those pages of the Zoning Board of adjustment application for Angelo, Block 4, Lots 1, 2, 7 and 8 (ZB 16-12) that includes the name, address, and telephone number for the owner, applicant, engineer, architect and attorney. Please also include the page that describes proposed use and square footage of new construction.

AGENCY USE ONLY

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

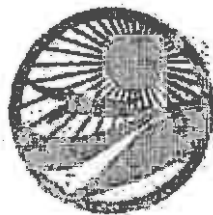
AGENCY USE ONLY

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>Alan Izyne</u>		<u>Due 8/11/17</u>	
Custodian Signature		Date	

Mammola*7/19-LM
Bert
7/21 LM
7/31 LM
732-571-5417*

CITY OF LONG BRANCH, MUNICIPAL BUILDING, 344 BROADWAY, LONG BRANCH, N.J. 07740 (732) 222-7000

**ZONING BOARD OF ADJUSTMENT
MEETING AGENDA
7:00 P.M.
JULY 10, 2017**

1. ROLL CALL

2. RESOLUTIONS TO BE READ

- 1) ZB 16-12 ANGELO
- 2) ZB 13-10 ATLANTIC PAVING

BLK: 4 LOTS: 1,2,7&8
BLK: 237 LOT: 19.01

3. CORRESPONDENCE

4. ADMINISTRATIVE

5. APPLICATIONS TO BE CONSIDERED

- 1) ZB 16-11 CRITELLI
- 2) ZB 17-02 TROIANO

BLK: 165 LOT: 2
BLK: 280 LOT: 8

6. OTHER BUSINESS

7. MINUTES

- 1) JUNE 26, 2017

8. ADJOURNMENT

By Order of: Terry Janeczek, Chairman





CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5688 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 Brittany MI A Last Name Smith
 E-mail Address Brittanys@cisleads.com
 Mailing Address 170 Kinnelon Road
 City Kinnelon State NJ Zip 07105
 Telephone 973-497-0509 FAX 810-912-0509
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ 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 Brittany Smith Date 9/29/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

a copy of Building permit filed for
 602-624 Ocean Avenue & West end Court
 Block 124, Lots 3,4,5,5.01,5.02,6,7,8
 that includes the name, address,
 and telephone number for the
 general contractor.

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 Hds Date Dec 10 / 17



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 BROADWAY
PH 732-571-5886 FAX 732-222-8835
kschmelz@cl.long-branch.nj.us
Kathy L. Schmelz, RMC, City Clerk



Important Notice

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Requestor Information - Please Print

First Name Brooke MI MI Last Name Lewis
E-mail Address - Brooke@reddoorhzh.com
Mailing Address 615 Sairs Av
City Long Branch State NJ Zip 07740
Telephone 858 344 7085 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 Brooke Lewis Date 9/27/17

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.

I would like a copy of all building, planning & zoning permits from 2015 for 615 Sairs Av thru 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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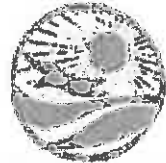
In Progress ☐ Open ☐
Denied ☐ Closed ☐
Filed ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____
Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____
Records Provided
To: Bldg. Planning & Zone
Due: 8-7-17
Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-8888 / Fax 732-222-8835
 kschmeltz@longbranch.org
 Kathy L. Schmeltz, RMC, City Clerk



Important Notice

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Requestor Information – Please Print

First Name Alexandria MI _____ Last Name Brown
 E-mail Address Alexandria.brown@pamco-limited.com
 Mailing Address 820 Bear Tavern
 City West Trenton State NJ Zip 08628
 Telephone [REDACTED] FAX _____
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☐ E-mail ☐ Apply
 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 Alexandria Brown Digitally signed by Alexandria Brown
Date: 2017.12.01 11:48:28 -0700 Date 12/1/2017

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.

In search of any open code violations for property address 78 PEARL STREET, Long Branch, NJ 07440. If there are any open code violations please provide a copy of the original violation.

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 # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____

Records Provided

TO Code

Due: 12/1/17

Custodian Signature _____ Date _____



344 Broadway

Phone 732-571-5686 / Fax 732-222-8835

kachmetz@longbranch.org

Kathy L. Schmelz, RMC, City Clerk



Important Notice

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Requestor Information – Please Print

First Name Alexis MI _____ Last Name Campbell
E-mail Address acampbell@rsc-companies.com
Mailing Address 551 5th Ave 23rd floor
City New York State NY Zip 10076
Telephone [REDACTED] FAX _____
Preferred Delivery: Pick Up _____ 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 offenses 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
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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 am requesting a Site Plan or Plott map of
10 Paulson Ave, Long Branch, NJ 07740 or any
information you have of the Property lines & the
building

AGENCY USE ONLY

Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extra 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	

Final Cont

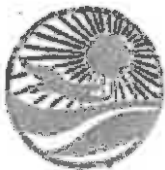
Records Provided

Plan 1300

Due 10/25/17

Cardinal Signature

Dartmouth



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-571-0825 / Fax 732-222-8835

ktschmida@longbranch.org

Kathy L. Schmidt, RMC, City Clerk

**Important Notice**

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Requester Information - Please PrintFirst Name Allen MI Last Name BlutsteinE-mail Address ablutstein@americarisingllc.comMailing Address 1500 Wilson Blvd., 5th Fl.City Arlington State VA Zip 22209Telephone (703) 872-3776 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 [Signature] Date 8-6-17**Payment Information**Maximum Authorization Cost **\$25.00****Select Payment Method**Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.06 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

All email sent by the Mayor since August 17, 2017 that mentions or refers to Senator Robert "Bob" Menendez.

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 or not be delivered in seven business days, detail reasons here.

In Progress ☐ Open ☐

Denied ☐ Closed ☐

Filed ☐ Closed ☐

Partial ☐ Closed ☐

AGENCY USE ONLY**Tracking Information**

Tracking # Total

Rec'd Date Deposit

Ready Date Balance Due

Total Pages Balance Paid

Records Provided

Mayor

IT

Due 9/15/17

Custodian Signature Date



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 Amanda MI N Last Name Hoover

E-mail Address ahoover@njadvancemedia.com

Mailing Address 181 Bridgeton Pike Bldg E

City Mullica Hill State NJ Zip 08062

Telephone 609-819-2361 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 [Signature] Date 08/16/2017

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 record of the total revenue made in beach tag sales in 2016. I would prefer to receive this information via email with the total amount in dollars.

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

Finance _____

Due 8/26/17

Custodian Signature

Date

Print Management Solutions
P O Box 350
Trexlerstown, PA 18087

Open Record Officer
LONG BRANCH CITY
344 Broadway
Long branch, NJ 07740

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

Under the provisions of the NJ Open Records Law. We are requesting access to the following information: We are asking for information about your mail machine, or postage equipment from Manufacturers Neopost, Hasler, MailFinance, Francotyp Postalia (FP Mailing), or Pitney Bowes

A copy of the MOST RECENT, CURRENT lease agreements or Most Recent Purchase Order for your current mailing equipment which shows lease commencement date and term of contract for mail machine from vendors Neopost, Hasler, Pitney Bowes, FP Mailing

Or

If the equipment was purchased, we are requesting a copy of your MOST RECENT meter rental bill, equipment rental bill, and maintenance / service contract bill or bill from last service call.

We will entertain suggestions you feel will make my request more responsive and thereby ensure that you can meet our request. If possible we would like to have the data sent to us at the address below.

Please email your request to me at adorward@printandmailing.net or mail to my attention at:

Print Management Solutions
Attn: Amy Dorward
P O Box 350
Trexlerstown, PA 18087

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

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

Respectfully,

Amy Dorward
P O Box 350
Trexlerstown, PA 18087

D. Spaulding
Dec 8/11/17

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information - Please Print

First Name Amy MI _____ Last Name Han
 E-mail Address amyhan321@gmail.com
 Mailing Address 272 La Cascata
 City Clementon State NJ Zip 08021
 Telephone 609-383-0803 FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 8/15/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc.) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

Can you please provide me with a list of the latest quarter's tax delinquent homes with owner's information (i.e. name, mailing address, etc) and the total delinquent amount from current to previous year(s) in excel format via email.

If for any reason you are unable to provide that list, please state the reason in detail. Thanks in advance.

Instructions on how to generate the report in excel in the Edmund System:

In Edmund Billing/Collection Tax Collections Accounts Tax Custom Reports. On Page 3 Select year and date range you want. Check boxes Utility balance as of date (will be date you put in end of range) and Year/Prd Range balance for Taxes. Page 1 on bottom left corner is check box for excel. On page 2 select all the boxes requested by the requester. (name, property address, mailing address, class, etc.)

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided:

Tax collector

Jan 8/24/17

Custodian Signature

Date

Mary Moss

From: Kathy Schmelz
Sent: Tuesday, August 15, 2017 9:20 AM
To: Mary Moss
Subject: FW: Monmouth County OPRA Request - Long Branch
Attachments: Tax Delinquent OPRA Request Form.pdf

Kathy L. Schmelz, RMC
City Clerk
344 Broadway
Long Branch, NJ 07740
(732)571-5644

WARNING: Email received by or sent to City Officials are subject to the Open Public Records Act [OPRA]. If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

From: Amy Han [mailto:amyhan324@gmail.com]
Sent: Tuesday, August 15, 2017 9:03 AM
To: Kathy Schmelz
Subject: Monmouth County OPRA Request - Long Branch

Hello,

Please see the attached OPRA request and confirm this request has been received.

I have also included the instruction below on how to generate this report in excel in the Edmund System:

In Edmund Billing/Collection Tax Collections Accounts Tax Custom Reports. On Page 3 Select year and date range you want. Check boxes Utility balance as of date (will be the date you put in the end of the range) and Year/Prd Range balance for Taxes. Page 1 on the bottom left corner is a check box for excel. On page 2 select all the boxes requested by the requester. (name, property address, mailing address, class, etc.)

Thanks in advance,

Amy Han
(856) 383-0808

Today is the BEST day ever !!!





CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kschmalz@longbranch.org
Kathy L. Schmalz, RMC, City 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 Andrew MI MI Last Name Blumethi
E-mail Address Andrew.Blumethi@gmail.com
Mailing Address 267 Vanderveer Place
City Long Branch State NJ Zip 07740
Telephone 732-241-0399 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 10/17/17

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.

- CONSTRUCTION & ALL ZONING DRAWINGS FOR HOUSE ADDITION @ 267 VANDERVEER PL LONG BRANCH, NJ
- ANY ARCHITECTURAL & ENGINEERING (FINAL/AS-BUILT) DRAWINGS FOR ABOVE ADDRESS, FOR HOUSE ADDITION, INTERIOR RENOVATION, ZONING VARIANCE APPLICATION.
- ANY /ALL CONSTRUCTION & ZONING DRAWINGS FOR CONSTRUCTION OF REAR DECK & CONCRETE PAVER PATIO.

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Plen/3me		_____	
b/ds		_____	
Due 10/26/17		_____	
Custodian Signature		Date	

Mary Moss

From: Kathy Schmelz
Sent: Tuesday, May 09, 2017 7:46 AM
To: Dominick Cinelli; Tara Okros; James Aaron; Jamie Plosia (jplosia@pciawnj.com); jcohen@pciawnj.com
Cc: Kevin Hayes, Director-Bldg & Dev.
Subject: FW: Settlement OPRA

Please review the below OPRA request and forward any information you may have no later than May 18, 2017.

If there is a problem, please let me know.

Thank you,

Kathy L. Schmelz, RMC
City Clerk
344 Broadway
Long Branch, NJ 07740
(732)571-5644

WARNING: Email received by or sent to City Officials are subject to the Open Public Records Act [OPRA]. If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

—Original Message—

From: Ford, Andrew [mailto:aford3@gannettnj.com]
Sent: Monday, May 08, 2017 1:21 PM
Subject: Settlement OPRA

The following request for records is made pursuant to N.J.S.A. 47:1A-1 et. seq. "OPRA" and the common law on behalf of the Asbury Park Press, a daily newspaper of general circulation. Please confirm receipt of this request. Please include "Settlement OPRA" and the name of your agency in the subject line of all correspondence.

1. SETTLEMENT AGREEMENTS AND GENERAL RELEASES approved by the township and/or its agents for resolving any claim(s) against the municipality regarding the police department, its employees and supervisors thereof, from 2010 to present.

Asbury Park Press v. County of Monmouth (link provided below) is an appellate decision – and subsequent affirmation by the New Jersey Supreme Court – that settlements between a government body and another party cannot be confidential.

<http://law.justia.com/cases/new-jersey/supreme-court/2010/a-8-09-opn.html>

Please provide documents in email attachments sent to aford3@gannettnj.com, including "Settlement OPRA" and the name of your agency in the subject line.

Due 5/18/17

Please note that this request, which seeks settlements resolving claims, is distinct from the request for separation and termination agreements filed by the Asbury Park Press in July 2016. If you feel a document is responsive to both requests, please send the document and make a note in your response.

Please note that OPRA doesn't mandate the use of an agency form and OPRA custodians are required to respond to a written request invoking OPRA. (Renna v. County of Union, 2009 WL 1405572 (N.J. Super. A.D.))

We ask that you release records as each becomes available for public disclosure. Please do not temporarily withhold one record that has been approved for public disclosure because you require additional time to review others.

We respectfully request that any fees be waived since the records will be used for newsgathering purposes and ultimately released to the public in some form to shed light on the operations of government. If the agency expects to require payment for copies, record location or other elements of the request, please provide a fee estimate before proceeding so that I may weigh the cost and consider my options.

If the agency claims any portion of the above public records are exempt from disclosure under the law, in writing please (1) identify which portion or portions it claims are exempt and the legal provisions it contends apply; (2) set forth the reasons for its conclusion that such portion or portions are exempt; and (3) release the remainder of such records, redacting only the portion or portions it claims are exempt.

Thanks for your time and consideration. If you have any questions, please reach out.

Sincerely,

Andrew Ford
Reporter
@AndrewFordNews
Desk: 52-643-4281
aford3@gannettnj.com
APP.com

Mary Moss

From: Kathy Schmelz
Sent: Tuesday, August 29, 2017 2:39 PM
To: Mary Moss
Subject: Fwd: OPRA request – Long Branch

Sent from my iPhone

Begin forwarded message:

From: "Ford, Andrew" <aford3@gannetttni.com>
Date: August 29, 2017 at 1:18:34 PM EDT
To: "kschmelz@longbranch.org" <kschmelz@longbranch.org>
Subject: OPRA request – Long Branch

The following request for records is made pursuant to N.J.S.A. 47:1A-1 et. seq. "OPRA" and the common law on behalf of the USA Today Network and the Asbury Park Press, a daily newspaper of general circulation. Please confirm receipt of this request. Please include "OPRA" and the name of your agency in the subject line of all email correspondence.

1. 911 and non-emergency call recordings placed by Philip Seidle from 2010 to present.
2. 911 and non-emergency call recordings placed by Tamara Seidle from 2010 to present
3. 911 and non-emergency call recordings placed by Gloria Chavarriaga from 2010 to present.
4. Police incident reports naming Philip Seidle from 2010 to present.
5. Police incident reports naming Tamara Seidle from 2010 to present.
6. Police incident reports naming Gloria Chavarriaga from 2010 to present.
7. Police supplemental reports naming Philip Seidle from 2010 to present.
8. Police supplemental reports naming Tamara Seidle from 2010 to present.
9. Police supplemental reports naming Gloria Chavarriaga from 2010 to present.
10. Police computer assisted dispatch reports naming Philip Seidle from 2010 to present.
11. Police computer assisted dispatch reports naming Tamara Seidle from 2010 to present.
12. Police computer assisted dispatch reports naming Gloria Chavarriaga from 2010 to present.

We ask that you release records as each becomes available for public disclosure. Please do not temporarily withhold one record that has been approved for public disclosure because you require additional time to review others.

We ask that these records be provided electronically and sent by e-mail (aford3@gannett.com) or through a cloud-based file storage system such as DropBox. An upload link can be provided.

We respectfully request that any fees be waived since the records will be used for newsgathering purposes and ultimately released to the public in some form to shed light on the operations of government. If the agency expects to require payment for copies, record location or other elements of the request, please provide a fee estimate before proceeding so that I may weigh the cost and consider my options.

*Records—
Due 9/8/17*

If the agency claims any portion of the above public records are exempt from disclosure under the law, in writing please (1) identify which portion or portions it claims are exempt and the legal provisions it contends apply; (2) set forth the reasons for its conclusion that such portion or portions are exempt; and (3) release the remainder of such records, redacting only the portion or portions it claims are exempt.

Thanks for your time and consideration. If you have any questions, please feel free email or call.

Sincerely,

Andrew Ford

732-643-4281

Reporter

@AndrewFordNews

aford3@gannett.com



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5596 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 Andrew MI F Last Name Garruto for Dr. Wilson
 E-mail Address Andru@garrutolaw.com
 Mailing Address 1609 Franklin Ave
 City Asbury State NY Zip 07102
 Telephone 914-641-4455 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 [Signature] Date 6/22/17

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.

all still or motion pictures from any and all cameras, fixed or portable that capture any portion of the boardwalk (the pedestrian walkway/promenade and bicycle path) between the Amphitheater and Ocean Place Conference Center and Hotel on Saturday, June 17, 2017 from 1pm to 4pm

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
17 - S. Dzombca - J. Corbuck - K. Shirk - C. K. Hayes			
Custodian Signature <u>[Signature]</u>		Date <u>7/13/17</u>	



State of New Jersey
Agency Name Here
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 Adam MI Last Name Garcia
Company Giordano, Halleran + Ciesla, PC
Mailing Address 125 Half Mile Road
City Red Bank State NJ Zip 07701 Email agarcia@ghclaw.com
Business Hours Telephone: Area Code 732 Number 295-5428 Extension
Preferred Delivery: Pick Up 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 A. Garcia Date 11/16/17

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.

All building permits issued by the City of Long Branch to Moses Construction LLC in connection with the property located at 273 Lockwood Avenue, Long Branch, New Jersey, 07740.

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		Final Cost	
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			
Bldg -			
Due 12/1/17			
Custodian Signature		Date	

Requesting Access to Government Records Under the New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 et seq.)

1. This form should only be used to submit records requests to the *Name of Agency*.
2. In order to request access to government records under OPRA, you must complete all the required portions of and date this request form and deliver it in person during regular business hours or by mail, fax or electronically to the appropriate custodian of the record requested. Your request is not considered filed until the appropriate custodian of the record requested has received a completed request form. If you submit the request form to any other officer or employee of the *Name of Agency*, that officer or employee may not have the authority to accept your request form on behalf of the *Name of Agency* and your request will be directed to the appropriate division custodian. The seven business day response time will not commence until the proper custodian reviews the request to determine if it is complete.
3. If you submit a request for access to government records to someone other than the appropriate custodian, do not complete the *Name of Agency* request form, or attempt to make a request for access by telephone or fax; the Open Public Records Act and its deadlines, restrictions and remedies will not apply to your request.
4. The fees for duplication of a government record in printed form are listed on the front of this form. We will notify you of any special charges, special service charges or other additional charges authorized by State law or regulation before processing your request. Payment shall be made by check or money order payable to the *Name of Officer, Name of Agency*.
5. If it is necessary for the records custodian to contact you concerning your request, providing identifying information, such as your name, address and telephone number or an e-mail address is required. Where contact is not necessary, anonymous requests are permitted; except that anonymous requests for personal information are not honored.
6. *You may be charged a 50% or other deposit when a request for copies exceeds \$25.* The *Agency* custodian will contact you and advise you of any deposit requirements. Anonymous requests, when permitted, require a deposit of 100% of estimated fees. You agree to pay the balance due upon delivery of the records.
7. Under OPRA, a custodian must deny access to a person who has been convicted of an indictable offense in New Jersey, any other state, or the United States, and who is seeking government records containing personal information pertaining to the person's victim or the victim's family.
8. By law, the *Name of Agency* must notify you that it grants or denies a request for access to government records within seven business days after the custodian of the record requested receives the request, provided that the record is currently available and not in storage. If the record requested is not currently available or is in storage, the custodian will advise you within seven business days when the record can be made available and the estimated cost. You may agree with the custodian to extend the time for making records available, or granting or denying your request.
9. You may be denied access to a government record if your request would substantially disrupt agency operations and the custodian is unable to reach a reasonable solution with you.
10. If the *Name of Agency* is unable to comply with your request for access to a government record, the custodian will indicate the reasons for denial on the request form and send you a signed and dated copy.
11. Except as otherwise provided by law or by agreement with the requester, if the custodian of the record requested fails to respond to you within seven business days of receiving a request form, the failure to respond will be considered a denial of your request.
12. If your request for access to a government record has been denied or unfilled within the time permitted by law, you have a right to challenge the decision by the *Name of Agency* to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint in writing with the Government Records Council (GRC). You may contact the GRC by toll-free telephone at 866-850-0511, by mail at PO Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The Council can also answer other questions about the law.
13. Information provided on this form may be subject to disclosure under the Open Public Records Act.

GIORDANO, HALLERAN & CIESLA, P.C.

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
WWW.GHCLAW.COM

ADAM GARCIA, ESQ.
ADMITTED TO PRACTICE IN NJ & NY
AGARCIA@GHCLAW.COM
DIRECT DIAL: (732) 219-5498

Please Reply To:
125 HALF MILE ROAD
SUITE 300
RED BANK, NJ 07701
(732) 741-3900
FAX: (732) 224-6590

November 16, 2017

Client/Matter No. 19713/0008

VIA CERTIFIED MAIL (RRR)

City Clerk
City of Long Branch
344 Broadway, Second Floor
Long Branch, NJ 07740

Re: **OPEN PUBLIC RECORDS REQUEST**
CITY OF LONG BRANCH

Dear Sir/ Madam:

Please accept this request to provide the undersigned with

- All building permits issued by the City of Long Branch to Moses Construction, LLC in connection with the property located at 273 Lockwood Avenue, Long Branch, New Jersey, 07740.

This request is submitted in accordance with the New Jersey Open Public Records Act, N.J.S.A. § 47:1A-1, et. seq. ("OPRA"). You must respond to this request within seven (7) business days. N.J.S.A. § 47:1A-5(i). If you do not respond within that time period, or if you deny this request, the Applicants may seek relief, as necessary, in either the New Jersey Superior Court, or before the New Jersey Government Records Council. N.J.S.A. § 47:1A-6.

We are happy to receive the documents by fax (732-741-3900) or by email (agarcia@ghclaw.com).

Thank you for your attention to this matter. If you have any questions, or if any costs are associated with this request, please contact me at your earliest convenience.

GIORDANO, HALLERAN & CIESLA
A Professional Corporation
ATTORNEYS-AT-LAW

City Clerk
November 16, 2017
Page 2

Very truly yours,



ADAM GARCIA

AG/nrh

Enc.

cc: Steve P. Gouin, Esq. (*via email*)
Docs #2980258-v1



State of New Jersey
Agency Name Here
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 Adam MI Last Name Garcia
Company Gicordano Halleran + Ciosla PC
Mailing Address 125 Half Mile Road
City Red Bank State NJ Zip 07701 Email agarcia@ghclaw.com
Business Hours Telephone: Area Code 202 Number Extension
Preferred Delivery: Pick Up US Mail X 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 A. S. Date 11/21/17

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.

All building permits issued by the City of Long Branch between January 1, 2016 and December 31, 2016 for the property located at 273 Lockwood Avenue, Long Branch, New Jersey, 07740.

AGENCY USE ONLY

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

11/16/17 09:55 Request
completed 11/21/17
via email 11:48 AM

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

5/1/17

Due 12/6/17

Custodian Signature

Date

GIORDANO, HALLERAN & CIESLA, P.C.

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
WWW.GHCLAW.COM

ADAM GARCIA, ESQ.
ADMITTED TO PRACTICE IN NJ & NY
AGARCIA@GHCLAW.COM
DIRECT DIAL: (732) 219-5498

Please Reply To:
125 HALF MILE ROAD
SUITE 300
RED BANK, NJ 07701
(732) 741-3900
FAX: (732) 224-6599

November 21, 2017

Client/Matter No. 19713/0008

VIA CERTIFIED MAIL (RRR)
& EMAIL (mmoss@longbranch.org)

City Clerk
City of Long Branch
344 Broadway, Second Floor
Long Branch, NJ 07740

Re: **OPEN PUBLIC RECORDS REQUEST**
CITY OF LONG BRANCH

Dear Sir/ Madam:

Please accept this subsequent request to provide the undersigned with:

- All building permits issued by the City of Long Branch between January 1, 2016 and December 31, 2016 for the property located at 273 Lockwood Avenue, Long Branch, New Jersey, 07740.

Applicant previously submitted a similar request, which was responded to on November 21, 2017. By way of this subsequent request, applicant seeks all building permits issued in connection with the aforementioned property during the applicable period. The previous request was limited to building permits issued to Moses Construction, LLC.

This request is submitted in accordance with the New Jersey Open Public Records Act, N.J.S.A. § 47:1A-1, et. seq. ("OPRA"). You must respond to this request within seven (7) business days. N.J.S.A. § 47:1A-5(i). If you do not respond within that time period, or if you deny this request, the Applicants may seek relief, as necessary, in either the New Jersey Superior Court, or before the New Jersey Government Records Council. N.J.S.A. § 47:1A-6.

We are happy to receive the documents by fax (732-741-3900) or by email (agarcia@ghclaw.com).

Thank you for your attention to this matter. If you have any questions, or if any costs are associated with this request, please contact me at your earliest convenience.

RED BANK • TRENTON • NEW YORK CITY

GIORDANO, HALLERAN & CIESLA
A Professional Corporation
ATTORNEYS-AT-LAW

City Clerk
November 21, 2017
Page 2

Very truly yours,



ADAM GARCIA

AG/nrh

Enc.

cc: Steve P. Gouin, Esq. (*via email*)

Docs #2984627-v1



**CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 BROADWAY**

PH 732-571-5686 FAX 732-222-8835
kschmelz@ci.long-branch.nj.us
Kathy L. Schmelz, RMC, City Clerk



Important Notice

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

Requester Information - Please Print

First Name Ahmad R MI m Last Name Alkum
 E-mail Address ALKum88@gmail.com
 Mailing Address 330 Palisade Ave
city jersey clia State NJ Zip 07307
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: ☐ 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 11/28/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual 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.

MVA 11/15/17 → 11/26/17

motor vehicle accident Report

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 # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____

Records Provided

Records

Due 12/7/17

Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY

PH 732-571-5686 FAX 732-222-8835
 kschmalz@ci.long-branch.nj.us
 Kathy L. Schmalz, RMC, City 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 Ahmad R MI m Last Name Alkum
 E-mail Address ALKum88@gmail.com
 Mailing Address 330 Pallsade Ave
city jersey city State NJ Zip 07307
 Telephone [REDACTED] FAX [REDACTED]
 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 [Signature] Date 1/23/17

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.

MVA 1/16/17 → 1/23/17

motor vehicle accident Report

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

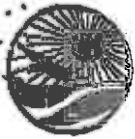
Tracking # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____

Records Provided

Police Dept

Due 2/1/17

Custodian Signature _____ Date _____



CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY

PH 732-571-5686 FAX 732-222-8835

kschmelz@ci.long-branch.nj.us

Kathy L. Schmelz, RMC, City 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 Ahmad R MI m Last Name Alkum
 E-mail Address ALKum88@gmail.com
 Mailing Address 330 Palisade Ave.
 City Jersey City State NJ Zip 07307
 Telephone [REDACTED] FAX [REDACTED]
 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 [Signature] Date 12/15/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

MVA 11/27/17 → 12/4/17

motor vehicle accident Report

AGENCY USE ONLY

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

AGENCY USE ONLY

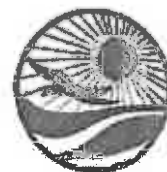
Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information
 Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
 Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided
Records
due 12/14/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kschmeiz@longbranch.org
Kathy L. Schmeiz, RMC, City 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 Angela MI L Last Name Bellis

E-mail Address Angela.Bellis@PEMCO-Limited.com

Mailing Address 4600 South Ulster Street, Suite 530 Denver, CO 80237

City Denver State CO Zip 80237

Telephone 720-463-0046 FAX 303-224-8028

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 Angela Bellis

Digitally signed by Angela Bellis
Date: 2017.08.28 08:14:05 -0500

Date 08-23-17

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.

PEMCO Limited represents Fannie Mae the owner of record of the property located at:
57 FIFTH AVE LONG BRANCH, NJ 07740 Block 270 / LOT 12

We would like to confirm if there are any open code violations.

Thank you,

Angela Bellis

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 #	Total	Final Cost
Rec'd Date	_____	_____	_____
Ready Date	_____	Deposit	_____
Total Pages	_____	Balance Due	_____
		Balance Paid	_____

Records Provided

Ask -
Due 9/1/17

Custodian Signature

Date

Mary Moss

From: Kathy Schmelz
Sent: Wednesday, August 23, 2017 11:01 AM
To: Mary Moss
Subject: FW: 57 FIFTH AVE OPRA.pdf Code Violations and Vacant Property Requirement Veify
Attachments: 57 FIFTH AVE OPRA.pdf

Disregard the first OPRA she submitted and replace with the attached.

Kathy L. Schmelz, RMC
City Clerk
344 Broadway
Long Branch, NJ 07740
(732)571-5644

WARNING: Email received by or sent to City Officials are subject to the Open Public Records Act [OPRA]. If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

From: Angela Bellis [mailto:angela.bellis@pemco-limited.com]
Sent: Wednesday, August 23, 2017 10:46 AM
To: Kathy Schmelz
Subject: 57 FIFTH AVE OPRA.pdf Code Violations and Vacant Property Requirement Veify

Hello Kathy,

My name is Angela and I work for Pemco Limited on behalf of Fannie Mae to make sure our properties are in compliance with local municipalities regarding registration and code violations.

Fannie Mae the owner of record of the property at 57 FIFTH AVE LONG BRANCH, NJ 07740 Block 270 / LOT 12.

We would like to confirm if there are any open code violations.

Do you have a vacant property registration requirement in Long Branch? If the property has not yet been registered as vacant I will send in the vacant property registration form and fee as necessary.

If it has already been registered, can you let me know the last payment date and which registration the payment was for? Also, if you can please tell me who it was paid by that would be great.

*OPRA attached.

Thank you,

Angela Bellis

Property Specialist



Direct: 720-483-9069

Angela.Bellis@PEMCO-Limited.com

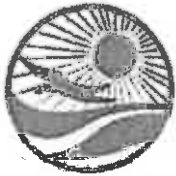
PEMCO-Limited.com

4600 South Ulster Street, Suite 530

Denver, CO 80237



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CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-571-5686 / Fax 732-222-8835

kschmelz@longbranch.org

Kathy L. Schmelz, RMC, City 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 Angela MI M Last Name Casinillo

E-mail Address research@governmentjobs.com

Mailing Address 222 N. Sepulveda Blvd., Suite 2000

City El Segundo State CA Zip 90245

Telephone 310-428-6304 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 Angela Casinillo Date 08/30/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) -- actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

We're doing a cost analysis for talent management systems at GovernmentJobs.com and are requesting contracts for the following software systems: Applicant Tracking (ATS), Performance/ Talent Management (TMS), New Hire Onboarding, Learning Management System (LMS), Human Resources Information System (HRIS), Enterprise Resource Planning (ERP).

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

IT
Due 9/11/17

Custodian Signature _____

Date _____



CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY

PH 732-571-5886 FAX 732-222-8835

kschmelz@cl.long-branch.nj.us

Kathy L. Schmelz, RMC, City 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 Anibal MI Last Name Birriel
 E-mail Address ABirriel@Northeastcarpenters.org
 Mailing Address 3300 white Horse Pike
 City milliea Twp State N.J. Zip 08037
 Telephone 609-619-1501 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 [Signature] Date 5-17-17

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.

345 Ocean BLVD - Block 216 - Lot 14.01

Copy All Construction permit

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
Bldg -
Due 5/26/17
 Custodian Signature Date



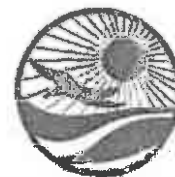
CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-571-5686 / Fax 732-222-8835

kschmelz@longbranch.org

Kathy L. Schmelz, RMC, City 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 Anita MI R Last Name Erickson

E-mail Address notify@deckerclaims.com

Mailing Address Decker Associates, 899 Mountain Ave. Ste 3B

City Springfield State NJ Zip 07081

Telephone [REDACTED] FAX [REDACTED]

Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☒ Fax ☒ or ☒ 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 Anita R. Erickson Date 11/7/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Copy of Police Report
October 24, 2017
Laundry Masters LLC t/a Suds by the Shore
425 Liberty St. Long Branch
Our File No. De-1759481

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

Final Cost

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

Records Provided

Records
Due 11/20/17

Custodian Signature

Date



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschmetz@longbranch.org
 Kathy L. Schmetz, RMC, City 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 Anita MI R Last Name Erickson
 E-mail Address notify@deckerclaims.com
 Mailing Address Decker Associates, 899 Mountain Ave. Ste 3B
 City Springfield State NJ Zip 07081
 Telephone 973-316-1476 FAX 973-258-1530
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ 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 Anita R. Erickson Date 9/29/27

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Copy of Police Report
 July, 2017 - Exact date not give with insurance claim assignment
 333 Ocean Boulevard, Apt 17, Long Branch
 Death of Tenant
 Our File Report No. DE-1759049

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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 _____

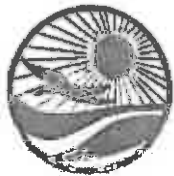
Tracking Information

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

Records Provided

Records
W11/17

Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-571-5686 / Fax 732-222-8835

kschmelz@longbranch.org

Kathy L. Schmelz, RMC, City 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 Anna MI _____ Last Name Bennifield

E-mail Address abennifield@zoning-info.com

Mailing Address 3335 NW 58th St. STE 400

City OKC State OK Zip 73112

Telephone 405-525-2998 x142 FAX 405-528-4878

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 A. Bennifield Date 9/1/17

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.

RE: Pleasure Bay 245 Atlantic Avenue Block: 369 Lot: 1

Provide copies of any open building, zoning, or fire code violations

Provide copies of any variances, ordinances, special permits, conditional/special use permits, zoning cases and resolutions associated with property

Provide copy of certificate of occupancy for property

Provide copies of any road project plans (construction, widening, etc...) that would require additional right of way from the property

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

Final Cost

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

Records Provided

Bldg -
Plat/zoning -
fire code -

Due 9/13/17

Custodian Signature

Date

Mary Moss

From: Kathy Schmelz
Sent: Friday, September 01, 2017 9:59 AM
To: Mary Moss
Subject: Fwd: Public Records Request (Ref# 52596)
Attachments: CO BV ZV FV CN SD.pdf; ATT00001.htm

Sent from my iPhone

Begin forwarded message:

From: "Anna Bennifield" <abennifield@zoning-info.com>
Date: September 1, 2017 at 9:56:39 AM EDT
To: <kschmelz@longbranch.org>
Subject: Public Records Request (Ref# 52596)

RE:
Pleasure Bay
245 Atlantic Avenue
Block: 369 Lot: 1

Please find this as a formal records request for the above mentioned property:

1. Provide copies of any open building code violations
2. Provide copies of any open zoning code violations
3. Provide copies of any open fire code violations
4. Provide copies of any variances, ordinances, special permits, conditional/special use permits, zoning cases and resolutions associated with property
5. Provide copy of certificate of occupancy for property
6. Provide copies of any road project plans (construction, widening, etc...) that would require additional right of way from the property

Hard copies are not needed if you could please fax or email information.

Respectfully;

Anna Bennifield

Research Analyst

Extension: 142

abennifield@zoning-info.com

Our clients deadline for this information is 09/11/2017.

52596

Mary Moss

From: Kathy Schmelz
Sent: Monday, April 24, 2017 11:28 AM
To: Mary Moss
Subject: FW: OPRA Request - Building Permit Records

Kathy L. Schmelz, RMC
City Clerk
344 Broadway
Long Branch, NJ 07740
(732)571-5644

WARNING: Email received by or sent to City Officials are subject to the Open Public Records Act [OPRA]. If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

From: Ariane Nelson [mailto:anelson@ordrmail.com]
Sent: Monday, April 24, 2017 11:14 AM
To: Kathy Schmelz
Subject: OPRA Request - Building Permit Records

Good Morning,

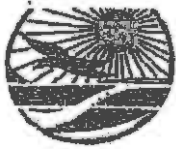
My name is Ariane Nelson with ORDR (Open Records Data Retrieval). I am writing today to submit a request for public records. More specifically, I'm looking for a copy of electronic records (nothing scanned or printed) containing all residential and commercial building, and sub/trade (mechanical, electrical, plumbing, HVAC, etc.) permits issued from January 1, 2000 to present.

Many jurisdictions in New Jersey utilize Mitchell Humphrey, Roadrunner or SDL software to track their permits. If you use Mitchell Humphrey's I would like to request the "Permit activity report", Roadrunner's "Permit Query Report"/ "Permit Fee Log" or SDL I would like the "UCC-L700 Permit Fee Log Report". If not either of those, I can accept any other report in electronic format that contains this information.

If there are any fees associated with this request for electronic information, please provide a detailed invoice before providing any records. Please let me know if have any questions, or if there is someone else I can contact for this information. I thank you in advance for your help and I look forward to hearing back.

Ariane Nelson
Data Specialist
Open Records Data Retrieval
anelson@ordrmail.com

Bldg -
Due 5/3/17



OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-574-5600 / Fax 732-222-0035

k.schmelz@jongoranch.org

Kathy L. Schmelz, RMC, City 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 Arthur MI Last Name Schwartz
 E-mail Address Arthur@aschwartz58.com
 Mailing Address 405 Lakewood Commons
 City Haworth State NJ Zip 07731
 Telephone 908-1000 FAX 908-1207
 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 Arthur Schwartz Date 7/10/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Ord ☐
 Fees: Letter size pages - \$0.00 per page
 Legal size pages - \$0.00 per page
 Other materials (CD, DVD, etc) - actual cost of materials
 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 am requesting all motor vehicle accident reports for the month of 6/28/17 - 7/9/17
 Please fax payment info. when ready.

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

Records

Due 7/20/17

Custodian Signature

Date



OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-571-5686 / Fax 732-222-8835

kschmelz@longbranch.org

Kathy L. Schmelz, RMC, City 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 Arthur MI Last Name Schwartz
 Email Address Arthur@Schwartz.com
 Mailing Address 405 Candlewood Commons
 City Howell State NJ Zip 07731
 Telephone 732-905-1000 FAX 732-905-1200
 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 Kathy Schmelz Date 7/20/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.00 per page
 Legal size pages - \$0.00 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending up 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 am requesting all motor vehicle accident reports for 7/10 - 7/16/17.
 Please fax payment info. when ready.

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 ☐

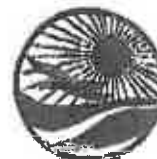
AGENCY USE ONLY

Tracking Information
 Tracking # Total
 Rec'd Date Deposit
 Ready Date Balance Due
 Total Pages Balance Paid
 Records Provided
 Records -
 Due 8/1/17
 Custodian Signature Date



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5888 / Fax 732-222-8836
 kschnitz@longbranch.org
 Kathy L. Schnitz, RMC, City 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 Betsy MI _____ Last Name Hummel
 E-mail Address bhummel@metroreporting.com
 Mailing Address P.O. Box 926, William Penn Annex
 City Philadelphia State PA Zip 19105-0926
 Telephone 800-245-6686 x145 FAX 215-701-0802
 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 Betsy Hummel Date 2-28-17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual 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.

For insurance purposes - requesting copy of an animal control report for a dog bite.

2-26-17
 236 6th Ave, Long Branch
 James Dooley

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extra 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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>Health</u>		_____	
<u>Due 3/9/17</u>		_____	
Custodian Signature		Date	



Account No. 31205B

NJM-NJ

VM

Questions? Contact Metro's NJ DEPARTMENT.

Please Reply To:

Metropolitan Reporting Bureau

Box 926, William Penn Annex

Philadelphia, PA 19105-0926

Phone: (800) 245-6686

Fax No: (800) 343-9047

www.metroreporting.com

Email: report@metroreporting.com

WE ARE REQUESTING REPORT AS AGENT FOR:
NJ Manufacturers Insurance Co

Request for a(n) OTHER Report. Please return this form with report.

INSURED : DEBORAH DOOLEY

Report Number:

DATE OF LOSS : 02/26/17 Time: 03:00PM

LOCATION : 236 5TH AVE
LPONG BRANCH , NJ

REPORT NUMBER :

DRIVER : James Dooley

OTHER DRIVER :

CLAIM NUMBER : 2017-691529 01

VIN# :

POLICE DEPT. : LONG BRANCH

BARRACKS/PCT.# :

DESCRIPTION : LONG BRANCH RESPONDED TO A REPORT OF A DOG BITE. T

☐ Unable to Locate Report With Information Given

☐ Loss Location Not In Our Jurisdiction. Try: _____

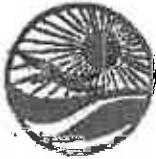
☐ Log Entry Only, No Report Written. Notes: _____

[] If there is a charge for this service, please enclose your bill with the report and our check will be issued promptly. 59

IMP

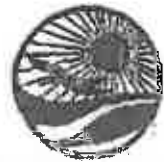


5037502279



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschmeiz@longbranch.org
 Kathy L. Schmeiz, RMC, City 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 Barbara MI R Last Name Hill
 E-mail Address fanc1977@aol.com
 Mailing Address P.O. Box 303
 City West Long Branch State NJ Zip 07764
 Telephone (732) 984-1283 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 Barbara R. Hill Date 9/21/17

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.

I am requesting any and all records of the use for the building I own at 295 Joline Ave., Long Branch. It is currently zoned as a deli only serving cold food. I would like the records from any department - Health Dept, building dept, etc. that shows its historical zoning when it was a deli that served hot food and when it then went on to be G+C Fried Chicken where there were fryers and a hot grill. I need records before 1987 when it was zoned for a hair salon. So, before 1987, Joseph Catalano and his family owned the building, and ~~it~~ it was zoned to serve both hot and cold food as a deli in the early 1900s. Then, in the 70s and 80s, it was G+C Fried Chicken.

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided: _____			
<u>Health</u> <u>Appl. Sec. Name</u> <u>Due 10/2/17</u>		_____ Date	
Custodian Signature		Date	



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5000 / Fax 732-222-8835
 kashmala@longbranch.org
 Kathy L. Schmeiz, RMC, City Clerk

**Important Notice**

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

Requester Information - Please Print

First Name Ben MI Last Name Lyhovskiy
 E-mail Address BENLYHOVSKIY@GMAIL.COM
 Mailing Address 50 US Highway 9, Suite 202
 City MOLTAWILE State NJ Zip 07757
 Telephone 82-490-5800 FAX 732-536-5250
 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 [Signature] Date 10/30/17

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.

Motor Vehicle Accident Reports
from 10/23/17 to 10/29/17

Requester Information		Tracking Information		Final Cost	
Est. Document Cost	_____	Tracking #	_____	Total	_____
Est. Delivery Cost	_____	Rec'd Date	_____	Deposit	_____
Est. Extra Cost	_____	Ready Date	_____	Balance Due	_____
Total Est. Cost	_____	Total Pages	_____	Balance Paid	_____
Deposit Amount	_____	Records Provided			
Estimated Balance	_____	Records Due 11/9/17			
Deposit Date	_____				
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 ☐					
		Custodian Signature _____		Date _____	



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway

Phone 732-671-5826 / Fax 732-222-8835
 kschmeltz@longbranch.org
 Kathy L. Schmeltz, RMC, City 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 BEN MI Last Name Lykovsky
 E-mail Address BENLYKOVSKY@GMAIL.COM
 Mailing Address 50 US Highway 9, Suite 202
 City Molokai State NY Zip 07751
 Telephone 732-490-5800 FAX 732-536-5800
 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 [Signature] Date 10/9/17

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.
 Extra: 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.

Motor Vehicle Accident Reports
from 10/2/17 to 10/8/17

AGENCY INFORMATION		AGENCY INFORMATION		AGENCY INFORMATION	
Est. Document Cost	_____	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 _____	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____		Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____
Est. Delivery Cost	_____		Records Provided <u>Records -</u>		
Est. Extra Cost	_____		<u>Due 10/18/17</u>		
Total Est. Cost	_____		Custodian Signature _____		Date _____
Deposit Amount	_____				
Estimated Balance	_____				
Deposit Date	_____				



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway

Phone 732-571-5886 / Fax 732-222-8835
 kschmeltz@longbranch.org
 Kathy L. Schmeltz, RMC, City Clerk



Important Notice

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

Requestor Information - Please Print

First Name Ben MI Last Name Lykovsky
 E-mail Address benlykovsky@gmail.com
 Mailing Address 50 US Highway 9, Suite 202
 City Molokuni State NY Zip 07751
 Telephone 732-490-1800 FAX 732-536-5250
 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 [Signature] Date 10/16/17

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.

Motor Vehicle Accident Reports
from 10/9/17 to 10/15/17

AGENCY USE ONLY		CUSTODIAN USE ONLY		REQUESTOR USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____		Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____
Est. Delivery Cost	_____		Records Provided <u>Records</u> <u>Due 10/25/17</u>		
Est. Entry Cost	_____				
Total Est. Cost	_____				
Deposit Amount	_____				
Extended Balance	_____				
Deposit Date	_____	In Progress ☐ Open ☐ Denied ☐ Closed ☐ Filed ☐ Closed ☐ Partial ☐ Closed ☐	Custodian Signature _____ Date _____		



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-671-5855 / Fax 732-222-8835
 kschmeiz@longbranch.org
 Kathy L. Schmeiz, RMC, City 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 Ben MI NY Last Name Lychovsky
 E-mail Address BENLYCHOVSKY@gmail.com
 Mailing Address 50 US Highway 9, Suite 202
 City Morristown State NY Zip 07757
 Telephone 732-490-5800 FAX 732-536-5200
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ 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 10/2/17

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.

Motor Vehicle Accident Reports
from 9/25/17 to 10/1/17

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

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 ☐

Tracking Information

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

Records Provided

Records

Due 10/12/17

Custodian Signature

Date



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5555 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City Clerk



Important Notice

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

Requester Information - Please Print

First Name Ben MI Last Name Lyhovskiy
 E-mail Address BEP.LYHOVSKIY@GMAIL.COM
 Mailing Address 50 US Highway 9, Suite 202
 City Morristown State NJ Zip 07757
 Telephone 732-490-5800 FAX 732-536-5500
 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 [Signature] Date 10/23/17

Payment Information

Mandatory 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.

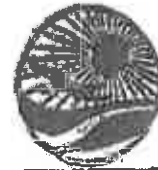
Motor Vehicle Accident Reports
from 10/16/17 to 10/22/17

AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress <u> </u> Open <u> </u> Denied <u> </u> Closed <u> </u> Filed <u> </u> Closed <u> </u> Partial <u> </u> Closed <u> </u>	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____
Est. Delivery Cost	_____		Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____
Est. Extras Cost	_____		Records Provided <u>Records</u> <u>Due 11/1/17</u>
Total Est. Cost	_____		Custodian Signature _____ Date _____
Deposit Amount	_____		
Estimated Balance	_____		
Deposit Date	_____		



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 346 Broadway

Phone 732-571-5886 / Fax 732-272-8835
 kschmeltz@longbranch.org
 Kathy L. Schmeltz, RMG, City 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 ben MI Last Name Lyhovskiy
 E-mail Address benlyhovskiy@gmail.com
 Mailing Address 50 US Highway 9, Suite 402
 City Molokanville State NJ Zip 07757
 Telephone 201-490-5800 FAX 732-536-5800
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspection ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17:28-3, 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 11/13/17

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.

Motor Vehicle Accident Reports
from 11/6/17 to 11/12/17

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian if any part of request cannot be delivered in seven business days, detail reasons here: 	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____		Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____
Est. Delivery Cost	_____		Records Provided <u>Records</u> <u>Due 11/22/17</u>		
Est. Extras Cost	_____				
Total Est. Cost	_____				
Deposit Amount	_____				
Estimated Balance	_____	In Progress ☐ Open ☐ Denied ☐ Closed ☐ Filed ☐ Closed ☐ Partial ☐ Closed ☐	Custodian Signature _____ Date _____		



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-671-5886 / Fax 732-222-8835
kschmeltz@longbranch.org
Kathy L. Schmeltz, RMG, City 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 ben M Last Name Lyhovskiy
E-mail Address benlyhovskiy@gmail.com
Mailing Address 50 US Highway 9, Suite 202
City Molokai State NY Zip 07751
Telephone 862-490-5890 FAX 732-536-5890
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspection ☐ 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 11/6/17

Payment Information

Maximum Authorization Cell \$
Select Payment Method
Cash Check Money Order
Fee: Letter size pages - \$0.06 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.

Motor Vehicle Accident Reports
from 10/29/17 to 11/5/17

Agency Use Only		Disposition Notes		Tracking Information		Final Cost	
Est. Document Cost	_____	Customer: If any part of request cannot be delivered in seven business days, attach reasons here.	In Progress ☐ Open ☐	Tracking #	_____	Total	_____
Est. Delivery Cost	_____			Rec'd Date	_____	Deposit	_____
Est. Extras Cost	_____			Ready Date	_____	Balance Due	_____
Total Est. Cost	_____			Total Pages	_____	Balance Paid	_____
Deposit Amount	_____			Records Provided			
Estimated Balance	_____			<u>Records</u> <u>Due 11/17/17</u>			
Deposit Date	_____	Denied ☐	Closed ☐	Custodian Signature		Date	
		Filed ☐	Closed ☐				
		Partial ☐	Closed ☐				



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-671-5656 / Fax 732-223-9633
kschmeltz@longbranch.org
Kathy L. Schmeltz, RMC, City Clerk



Important Notice

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

Requester Information - Please Print

First Name ben MI Last Name Lykhovsky
E-mail Address BEPLYKHOVSKY@GMAIL.COM
Billing Address 50 US Highway 9, Suite 202
City Molokai State NY Zip 07751
Telephone 202-490-5390 FAX 732-536-7200
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☒ Fax ☒ E-mail ☒
If you are requesting records containing personal information, please state one: Under penalty of N.J.S.A. C:26-3, 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 11/20/17

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
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.

Motor Vehicle Accident Reports
from 11/13/17 to 11/19/17

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____		Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____
Est. Delivery Cost	_____		Records Provided <u>Records</u> <u>Due 12/1/17</u>		
Net. Extra Cost	_____				
Total Est. Cost	_____				
Deposit Amount	_____				
Estimated Balance	_____	In Progress ☐ Open ☐ Denied ☐ Closed ☐ Filed ☐ Closed ☐ Partial ☐ Closed ☐	Custodian Signature _____ Date _____		
Deposit Date	_____				



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5886 / Fax 732-222-8035
 kachmelz@longbranch.org
 Kathy L. Schmeltz, RMC, City 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 BEN MI Last Name Lyhovskiy
 E-mail Address BENLyhovskiy@gmail.com
 Mailing Address 50 US Highway 9, Suite 202
 City MOLokunville State NJ Zip 07751
 Telephone 732-490-5800 FAX 732-536-5017
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☒ E-mail ☒
 I you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 10:2B-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 11/27/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.06 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.
 Extra: 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.

Motor Vehicle Accident Reports
 from 11/26/17 to 11/26/17

Agency Use Only		Requester Use Only	
Est. Document Cost	_____	Disposition Notes Custodian: (if any part of request cannot be delivered in seven business days, state reasons here.) In Progress ☐ Open ☐ Denied ☐ Closed ☐ Filled ☐ Closed ☐ Partial ☐ Closed ☐	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____
Est. Delivery Cost	_____		Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____
Est. Extra Cost	_____		Records Provided <u>Records</u> <u>Due 12/6/17</u>
Total Est. Cost	_____		Custodian Signature _____ Date _____
Deposit Amount	_____		
Estimated Balance	_____		
Deposit Date	_____		



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-671-5800 FAX 732-222-8336
Keechmel, Long Branch, NJ 08051
Kathy L. Salmons, RMC, City 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 Ben MI NY Last Name Lyhovsky
 Email Address ben.lyhovsky@gmail.com
 Mailing Address 50 U.S. Highway 9, Suite 202
Albanyville State NY Zip 12215
 Phone 518-490-5800 Fax 518-490-5250
 Method of Delivery: Pick Up ☐ US Mail ☐ On-Site Inspection ☐ Per Email ☒

I am requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17:27, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, or any other state, in the United States.
☒ HAVE NOT ☐ HAVE

Date _____

Payment Information

Maximum Authorization: \$_____

Select Payment Method:

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 materials
 Delivery: Delivery / postage fees additional depending upon delivery type.

Extra: Special service charge (dependent upon request)

Additional 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
from 1/9/17 to 1/15/17

AGENCY USE ONLY

ent Cost _____
 Cost _____
 Bill _____
 SI _____
 JMI _____
 RMC _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Total _____
 Copied _____
 Outlines Due _____
 Balance Paid _____

Final Cost

Records Provided

Police Dept -
 Rec 1/26/17
 Custodian Signature _____



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-8000 FAX 732-222-8056
k.schmidt@long-branch.nj.us
Kathy L. Schmitt, RMC, City Clerk



Important Notice

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

Questions? Information? Please Print

Name Ben Last Name Lyhovsky
 Address ben.lyhovsky@gmail.com
 Address 50 U.S. Highway 9 Suite 202
Margaretville State NY Zip 12775
 Phone 732-490-5800 FAX 732-536-5250
 How Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ Inspect ☐ Fax ☒ or E-mail ☒

I am requesting records containing personal information, please advise me. Under penalty of N.J.S.A. 17:27, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, or the United States.

Signature [Signature] Date _____

Payment Information

Maximum Authentication 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.
 Extra: Special service charges dependent upon request

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

Motor Vehicle Accident Reports
from 1/16/17 to 1/22/17

AGENCY USE ONLY

At Cost _____
 Cost _____
 Bill _____
 Date _____
 By _____
 Notes _____

AGENCY USE ONLY

Disposition Note:
 Outdays if any part of request cannot be delivered in seven business days, with reasons here.

In Progress _____ Open _____
 Denied _____ Closed _____
 Filed _____ Closed _____
 Pending _____ Closed _____

AGENCY USE ONLY

Tracking Information

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

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Final Bill

Records Provided

Police Dept. _____

Due 2/1/17

City Clerk Signature



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway

Phone 732-471-5886 / Fax 732-223-5836
 kschmeltz@longbranch.org
 Kathy L. Schmeltz, RMC, City 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 ben MI Last Name Lykhovsky
 E-mail Address benlykhovsky@gmail.com
 Mailing Address 50 US Highway 9, Suite 202
 City Morristown State NJ Zip 07757
 Telephone 908-490-5800 FAX 732-536-5836
 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. 17:28-3, 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 12/4/17

Payment Information

Maximum Authorized 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.

Motor Vehicle Accident Reports
from 11/27/17 to 12/3/17

Agency Use Only Est. Document Cost _____ Est. Delivery Cost _____ Est. Extra Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimate Balance _____ Deposit Date _____	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 ☐	Tracking Information <table border="0"> <tr> <td>Tracking # _____</td> <td>Total _____</td> </tr> <tr> <td>Rec'd Date _____</td> <td>Deposit _____</td> </tr> <tr> <td>Ready Date _____</td> <td>Balance Due _____</td> </tr> <tr> <td>Total Pages _____</td> <td>Balance Paid _____</td> </tr> </table> Records Provided <i>Records</i> <i>Due 12/13/17</i> Custodian Signature _____ Date _____	Tracking # _____	Total _____	Rec'd Date _____	Deposit _____	Ready Date _____	Balance Due _____	Total Pages _____	Balance Paid _____
Tracking # _____	Total _____									
Rec'd Date _____	Deposit _____									
Ready Date _____	Balance Due _____									
Total Pages _____	Balance Paid _____									



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-471-6000 FAX 732-222-8036
kashmierz@long-branch.nj.us
Kathy L. Schmale, RMC, City Clerk



Important Notice

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

Requester Information: Please Print

Name: Ben MI: NY Last Name: Lukowsky
 Mail Address: ben.lukowsky@gmail.com
 Mailing Address: 50 U.S. Highway 9 Suite 202
Morganville State: NJ Zip: 07757
 Phone: 732-471-5800 FAX: 732-536-5250
 How Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspection ☒ Fax ☒ E-mail ☒
 I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey or any other state in the United States.
 IUD: AB Date: _____

Payment Information

Maximum Authentication Cost: _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages: \$0.02 per page
 Legal size pages: \$0.07 per page
 Other materials (CD, DVD, etc.) - actual cost of materials
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Express: Special service charges dependent upon request

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

Motor vehicle accident reports
from 1/23/17 to 1/29/17

AGENCY USE ONLY

At Call _____
 Call _____
 Mail _____
 Fax _____
 In Person _____

AGENCY USE ONLY

Disposition Note:
 Outside agency if any part of request cannot be delivered in seven business days, attach reasons here.

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

AGENCY USE ONLY

Tracking Information

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

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Records Provided

Police Dept -

Due 2/8/17

Collection Signature



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

341 BROADWAY
PH 732-871-5600 FAX 732-222-8036
keshmeltz@clongbranch.nj.us
Kathy L. Schmeltz, RMC, City 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

1st Name Ben MI NY Last Name Yhovsky
 1st Address Ben Yhovsky@gmail.com
 2nd Address 50 U.S. Highway 9, Suite 202
Meriden, CT 06450 State CT Zip 06450
 Phone 203-482-3800
 Drive Delivery: ☐ Pick Up ☐ US Mail ☐ On-site Inspection ☐ Fax ☒ or E-mail ☒
 I am requesting records containing personal information; please circle one: Under penalty of N.J.S.A. 17:27, 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.
 I have ☒ Not been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 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 materials
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charges dependent upon request

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
 from 12/26/16 to 1/1/17

AGENCY USE ONLY

Cost _____
 Conf _____
 Conf _____
 Conf _____
 Conf _____
 Conf _____
 Conf _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Records Provided

Price Next -

Due 1/11/17

Custodian Signature



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

844 BROADWAY
PM 732-271-6000 FAX 732-223-8650
longbranchnj.us
Kathy E. Delinger, RMC, City Clerk



Important Notice

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

Questions or Information? Please Print

Name: Ben Last Name: Yavorsky
 E-mail Address: ben.yavorsky@gmail.com
 Mailing Address: 50 U.S. Highway 9, Suite 202
Morristown, NJ 07957
 Phone: 973-271-6000 Fax: 973-223-8650
 Request Delivery: ☒ US Mail ☐ On-site Inspection ☐ For X or Email ☒
 I am requesting records containing personal information, please circle one: Under penalty of perjury, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, or any other state, in the United States.
 I/we: Ben Date: _____

Payment Information

Information Authentication Fee: _____

Select Payment Method

Check ☐ Credit ☐ Money Order ☐
 Fees: Letter size pages - \$0.02 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc.) - \$0.02 per page
 Delivery: Delivery/postage fees additional depending upon delivery type.
 Extra: Special service charges dependent upon request.

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

*Motor vehicle accident reports
from 1/1/17 to 1/8/17*

AGENCY USE ONLY

All Call _____
 Call _____
 OK _____

AGENCY USE ONLY

Disposition Notes
 Quoted days if any part of request cannot be
 fulfilled in seven business days,
 please record here:

In Progress _____
 Denied _____
 Filed _____
 Partial _____
 Open _____
 Closed _____
 Closed _____
 Closed _____

AGENCY USE ONLY

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

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Find Get!

Receipt Provided

Police Dept
Due 1/19/17
 Customer Signature _____



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

444 BROADWAY
PH 732-571-0000 FAX 732-222-8036
kathryn@long-branch.nj.us
Kathy L. Schmitt, RMC, City Clerk



Important Notice

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

Requester Information - Please Print

Name Ben MI NY Last Name LYKOVSKY
 Address ben.lykovsky@gmail.com
 Address 50 U.S. Highway 9 Suite 202
Monmouth State NJ Zip 07757
 Phone 732-490-3800 Fax 732-536-5250
 Delivery: Pick Up ☐ 1/3 Mail ☐ On-site ☐ In-person ☐ Fax ☒ or E-mail ☒
 I am requesting records containing personal information; please advise me. Under penalty of N.J.S.A. 17:27, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey or the United States.
 NO 42 Date _____

Payment Information

Maximum Authorization Code _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐
 Fees: Letter also pages - \$0.01
 per page
 Legal also pages - \$0.02
 per page
 Other materials (CD, DVD, etc.) - actual cost of materials
 Delivery: Delivery / postage fees
 additional depending upon
 delivery type.
 Extras: Special service charge
 dependent upon request.

Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your 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
from 2/6/17 to 2/12/17

CITY USE ONLY

Cost _____
 Fee _____
 Total _____

AGENCY USE ONLY

Disposition Notice
 Quoted: If any part of request cannot be
 delivered in seven business days,
 advise requestor here.

In Progress _____
 Denied _____
 Faxed _____
 Partial _____
 Open _____
 Closed _____
 Closed _____
 Closed _____

AGENCY USE ONLY

Tracking Information

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

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Final Cost

Records Provided

Police Dept -

Due 2/23/17

Custodian Signature



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-471-8880 FAX 732-232-8836
kathryn@cityoflongbranch.nj.us
Kathy L. Bellmeh, RMC, City Clerk



Important Notice

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

Quoter Information: Please Print

Name Ben MI NY Last Name Yhovsky
 In Address ben.yhovsky@gmail.com
 In Address 50 U.S. Highway 9 Suite 202
Morganville State NJ Zip 07757
 Phone 908-489-5800 Fax 908-489-5800
 Delivery: ☐ Up ☐ US Mail ☐ On-Site ☒ Inspec ☒ Fax ☒ or ☒ E-mail ☒
 I am requesting records containing personal information, please circle one: Under penalty of N.J.S.A.
 5:1-1.1 I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New
 Jersey or the United States.
 I have ☒ ☐
 Date _____

Payment Information

Maximum Administration Cost: _____

Selected Payment Method:

Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.02
 per page
 Legal size pages - \$0.07
 per page
 Other materials (CD, DVD,
 etc) - actual cost of materials
 Delivery: Delivery / postage fees
 additional depending upon
 delivery type.
 Extra: Special service charge
 dependent upon request

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

Motor Vehicle Accident Reports
 from 2/19/17 to 2/26/17

AGENCY USE ONLY

AGENCY USE ONLY

Disposition Note:
 Outstandings if any part of request cannot be
 fulfilled in seven business days,
 dated request path.

In Progress _____
 Denied _____
 Piled _____
 Partial _____
 Open _____
 Closed _____
 Closed _____
 Closed _____

AGENCY USE ONLY

Tracking Information

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

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Final Cost

Records Provided

Records _____

Due 3/8/17

Custodian Signature



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-371-5555 FAX 732-372-5836
kechmi@long-branch.nj.us
Kathy L. Schimpel, RMC, City 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

Name Ben MI NY Last Name LYHORSKY
 E-mail Address ben.lyhorsky@gmail.com
 Mailing Address 50 U.S. Highway 9 Suite 802
Newarkville NJ Zip 07725
 Phone 973-490-5800 FAX 973-536-5250
 Method of Delivery ☐ Regular Mail ☐ US Mail ☐ On-Site Inspection ☒ Fax ☒ or E-mail ☒
 I am requesting records containing personal information, please circle one: Under penalty of N.J.S.A.
 1. I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New
 Jersey or any other state of the United States.
 I am ☒ Requesting Information Please be as specific as possible in describing the records being requested. Also, please note that your
 requested 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.

Payment Information

Maximum Authorized Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - 10.00
 per page
 Legal size pages - 25.00
 per page
 Other materials (CD, DVD,
 etc) - actual cost of materials
 Delivery: Delivery postage fees
 additional depending upon
 delivery type.
 Extra: Special services charge
 dependent upon request

Motor Vehicle Accident Reports
 from 1/30/17 to 2/5/17

AGENCY USE ONLY

At Call _____
 Cost _____
 All _____
 I _____
 No _____
 Info _____

AGENCY USE ONLY

Disposition Notes
 Custodian if any part of request cannot be
 delivered in seven business days,
 attach report here.

In Progress _____
 Copies _____
 Filled _____
 Partial _____
 Open _____
 Closed _____
 Closed _____
 Closed _____

AGENCY USE ONLY

Tracking Information
 Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided
 Police Dept
 Due 2/15/17
 Custodian Signature _____



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-471-5000 FAX 732-471-5050
kathryn@longbranchnj.us
Kathy L. Schmitz, RMC, City Clerk



Important Notice

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

Requester Information: Please Print

Name: Ben Last Name: Luhovsky
 IN ADDRESS: ben.luhovsky@gmail.com
 TO ADDRESS: 50 U.S. Highway 9, Suite 202
Alcoguesville State: NJ Zip: 07757
 Phone: 732-471-5000 FAX: 732-471-5050
 Delivery: ☒ Us ☐ US Mail ☐ On-Site ☐ In-person ☐ Fax ☒ E-mail ☒

I am requesting records containing personal information, please advise me, under penalty of N.J.S.A. 17:27, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey or any other state in the United States.
 NO 4/2

Date: _____

Payment Information

Maximum Available Fee: _____

Select Payment Method:

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages: 10.00 per page
 Legal size pages: 30.00 per page
 Other materials (CD, DVD, etc.): actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special services charge dependent upon request.

Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your 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
from 3/6/17 to 3/12/17

AGENCY USE ONLY

1 Call _____
 2 Call _____
 3 _____
 4 _____

AGENCY USE ONLY

Disposition Notes
 Outstanding: If any part of request cannot be fulfilled in seven business days, attach reasons note.

In Progress _____
 Opened _____
 Filled _____
 Partial _____

Open _____
 Closed _____
 Closed _____
 Closed _____

AGENCY USE ONLY

Tracking Information

Tracking #	Rec'd Date	Ready Date	Total Pages	Total	Deposit	Balance Due	Balance Paid	Final Bill

Records Provided

Due 3/22/17

City of Long Branch



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-471-5000 FAX 732-222-0036
kechm@cityoflongbranchnj.us
Kathy L. Schaefer, RMC, City Clerk



Important Notice

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

Requester Information - Please Print

Name Ben Last Name Lukowsky
 Email Address ben.lukowsky@gmail.com
 Mailing Address 50 U.S. Highway 9 Suite 202
Mirganville State NY Zip 12757
 Phone 518-382-3000 Fax 518-382-5250
 Preferred Delivery Method: ☐ Mail ☐ On-Site Inspection ☒ Fax ☒ or e-mail ☒
 I am requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17B:27, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey or the United States.
 I have ☒ Not been convicted.

Payment Information

Maximum Anticipated Cost: \$

Select Payment Method

☐ Cash ☐ Check ☐ Money Order
☐ Postal Letter size paper - \$0.01 per page
☐ Legal size paper - \$0.07 per page
☐ Other materials (CD, DVD, etc.) - actual cost of materials
☐ Delivery: Delivery/postage fees additional depending upon delivery type.
☐ Special: Special service charge dependent upon request.

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
from 3/13/17 to 3/19/17

AGENCY USE ONLY

If Sent _____
 Cost _____
 If _____
 If _____
 If _____
 If _____

AGENCY USE ONLY

Disposition Notice
 Custodian: If any part of request cannot be delivered in seven business days, deliver recent parts.

In Progress _____
 Denied _____
 Timed _____
 Partial _____
 Open _____
 Closed _____
 Closed _____
 Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
 Total Cost _____
 Total _____
 Deposited _____
 Balance Due _____
 Balance Paid _____
 Records Provided _____

Records -

Due 3/29/17

Custodian Signature



CITY OF LONG BEACH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-871-5866 FAX 732-822-8836
krehm@cityoflongbeach.org
Kathy L. Schmeltz, RMC, City Clerk



Important Notice

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

For Information: Please Print

Name Ben MI NY Last Name LYKOVSKY
Address ben.lykovsky@gmail.com
Address 50 U.S. Highway 9, Suite 202
City Brooklyn State NY Zip 11225
Phone 718-5800 FAX 718-5800
Delivery: ☐ Up ☐ US Mail ☐ On-Site ☒ In-person ☒ Fax ☒ or ☒ E-mail ☒

I am requesting records containing personal information, please circle one: Under penalty of N.J.A.
I, hereby declare I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New
any other state in the United States.

Date _____

Payment Information

Maximum Authorized Cost: _____

Select Payment Method:

Cash	Check	Money Order
Per page	Per page	Per page
Legal fee page: \$0.00	Legal fee page: \$0.00	Legal fee page: \$0.00
Other materials (CD, DVD, etc.) - actual cost of materials	Other materials (CD, DVD, etc.) - actual cost of materials	Other materials (CD, DVD, etc.) - actual cost of materials
Delivery: Delivery/postage fees additional depending upon delivery type.	Delivery: Delivery/postage fees additional depending upon delivery type.	Delivery: Delivery/postage fees additional depending upon delivery type.
Express: Special service charge dependent upon request.	Express: Special service charge dependent upon request.	Express: Special service charge dependent upon request.

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

Motor Vehicle Accident Reports
from 3/20/17 to 3/26/17

AGENCY USE ONLY

Call _____
Fax _____
E-mail _____
Other _____

AGENCY USE ONLY

Disposition Notes
Outstanding if any part of request cannot be delivered in seven business days.
With reasons here.

In Progress
Denied
Filed
Partial

Done
Closed
Closed
Closed

AGENCY USE ONLY

Tracking Information

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

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Records _____

Date 4/6/17

Custodian Signature



CITY OF LONG BEACH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-471-6000 FAX 732-232-8838
kathie@longbeach-nj.gov
Kathy L. Bellamy, RMC, City 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

Name Ben Last Name Lyhovsky
Address Ben Lyhovsky@gmail.com
City/State/Zip 50 U.S. Highway 9, Suite 202
Albany, NY 12208
Phone 518-480-5800 Zip 12208
Delivery: ☐ US Mail ☐ On-site ☒ Fax 732-536-5250
I am requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17:27, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey or the United States.

Payment Information

Maximum Automation Cost: _____

Select Payment Method:

Check ☐ Cash ☐ Money Order ☐

Pages: Letter size pages: \$0.05 per page
Legal size pages: \$0.07 per page
Other materials (CD, DVD, etc.): \$1.00 per page
Delivery: Delivery/postage fees additional depending upon delivery time.

Extras: Special service charges dependent upon request.

Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will be maintained by such method of delivery.

Motor vehicle accident reports
from 2/27/17 to 3/5/17

NOT USER ONLY

Date _____
Time _____

AGENCY USE ONLY

Disposition Note:
Outstanding if any part of request cannot be delivered in seven business days;
delete reasons here.

In Progress _____
Denied _____
Filed _____
Partial _____
Open _____
Closed _____
Closed _____
Closed _____

AGENCY USE ONLY

Tracking Information

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

Total _____
Copies _____
Balance Due _____
Balance Paid _____

Final Cost _____

Records Provided _____

Police Dept
Due 3/15/17

Custodian Signature _____



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-871-8000 FAX 732-822-8038
kechmi@ci.long-branch.nj.us
Kathy L. Schmitz, RMO, City 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

Name Ben Last Name Lykovsky
 Address ben.lykovsky@gmail.com
 Address 50 U.S. Highway 9 Suite 202
Margawille State NJ Zip 07727
 Phone [REDACTED] Fax [REDACTED]
 Delivery Method: ☐ Pick Up ☐ US Mail ☐ On-Site Inspection ☒ Fax ☒ or ☒ E-mail ☐

I am requesting records containing personal information, please check one: Under penalty of N.J.S.A. 17:27, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey.
☒ I HAVE NOT been convicted of any indictable offense under the laws of New Jersey.
☐ I HAVE been convicted of any indictable offense under the laws of New Jersey.

Date _____

Payment Information

Maximum Authorization Cost: _____

Select Payment Method

Cost: ☐ Cash ☐ Check ☐ Money Order

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc.) - subject cost of materials
 Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charges dependent upon request.

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

Motor Vehicle Accident Reports
from 4/3/17 to 4/9/17

AGENCY USE ONLY

Call _____
 All _____

AGENCY USE ONLY

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

In Progress _____
 Denied _____
 Filed _____
 Refused _____
 Open _____
 Closed _____
 Closed _____
 Closed _____

AGENCY USE ONLY

Tracking Information

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

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Records Provided

Records -

Due 4/20/17

Custodian Signature



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM 344 BROADWAY

PH 732-471-8800 FAX 732-472-8836
krc@longbranch.nj.us
Kathy L. DeAngelis, RMC, City Clerk



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

Important Notice

For Your Information: Please Print

NAME: Ben MI: MI Last Name: Lykovsky
Address: ben.lykovsky@gmail.com
Address: 502 U.S. Highway 9, Suite 202
Long Branch, NJ State: NJ Zip: 07737
City: Long Branch Phone: 732-471-8800 FAX: 732-472-8836
Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspection ☒ Fax ☒ E-mail ☒
I request records containing personal information; please circle one: Under penalty of N.J.S.A. 17:27, I certify I will HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey or the United States.
4/2 Date: _____

Payment Information

Maximum Authorized Cost: _____

Select Payment Method

Cash ☐ Check ☐ Money Order ☐
Fee: Letter size pages - \$0.02 per page
Legal size pages - \$0.07 per page
Other material (CD, DVD, etc.) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Special service charge dependent upon request.

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

Motor vehicle Accident Reports
from 4/17/17 to 4/23/17

NOT USER ONLY

Cell: _____
If: _____

AGENCY USE ONLY

Disposition Note:
Outstanding if any part of request cannot be delivered in seven business days, with reasons here.

In Progress _____
Closed _____
Filed _____
Partial _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records
Due 5/3/17

Custodian Signature



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-871-8000 FAX 732-839-8834
keathm@longbranch.nj.us
Kathy L. Schmeltz, RMC, City Clerk



Important Notice

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

For Information: Please Print

Name Ben Last Name Lyhowsky
 Address ben.lyhowsky@gmail.com
 Address 50 U.S. Highway 9 Suite 202
 City Longbridge State NJ Zip 07757
 Delivery Method ☐ Pick Up ☐ US Mail ☐ On-site Inspection ☒ Fax ☒ or ☒ E-mail ☒
 I am requesting records containing personal information; please circle one: Under penalty of U.S.A. I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey or the United States.
 I am ☒ Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will be certified by such method of delivery.

Payment Information

Maximum Authorized Cost:

Select Payment Method

Cash Check Money Order
 Fees: Letter size pages - 10.00 per page
 Legal size pages - 10.00 per page
 Other materials (CD, DVD, etc.) - actual cost of materials
 Delivery: Delivery / postage fees additional depending upon delivery time.
 Extras: Special service charges dependent upon request

Motor vehicle accident reports
from 3/27/17 to 4/2/17

AGENCY USE ONLY

Cost
 Bill
 20

AGENCY USE ONLY

Disposition Notice
 Cited by: If any part of request cannot be
 fulfilled in seven business days,
 please return here.

In Progress
 Denied
 Filled
 Partial
 Open
 Closed
 Closed
 Closed

AGENCY USE ONLY

Tracking Information

Tracking #
 Rec'd Date
 Ready Date
 Total Pages

Total
 Oppose
 Refuse
 Denial Paid

Records Provided

Records -

Due 4/12/17

Custodian Signature



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-471-5000 FAX 732-222-8838
kcohm@cityoflongbranchnj.us
Kathy C. Selimetz, RMC, City Clerk



Important Notice

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

For Information - Please Print

Name Ben Last Name Lukowsky
 Address ben lukowsky@gmail.com
 Address 50 U.S. Highway 9 Suite 202
Long Branch, NJ State NJ Zip 07735
 Delivery: ☐ First Class ☐ US Mail ☐ On-Site ☒ Fax ☒ or ☒ E-mail ☒
 I am requesting records containing personal information, please circle one: Under penalty of N.J.A.C. 17:27, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey or the United States.
 Date _____

Payment Information

Maximum Authorization \$100

Select Payment Method

Check ☐ Money Order ☐
 Cash ☐
 Fees: Letter also pages - 10.00
 per page
 Legal also pages - 10.00
 per page
 Other materials (CD, DVD, etc.) - actual cost of materials
 plus additional depending upon delivery type.
 Delivery: Delivery / postage fees
 Express: Special service charge
 dependent upon delivery

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

Motor Vehicle Accident Reports
from 4/24/17 to 4/30/17

AGENCY USE ONLY

Call _____
 Bill _____

AGENCY USE ONLY

Disposition Note
 Outlined if any part of request cannot be
 delivered in seven business days,
 attach reasons here.

In Progress
 Denied
 Piled
 Partial

Open
 Closed
 Closed
 Closed

AGENCY USE ONLY

Tracking Information

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

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

Final Cost

Records Provided

Records -

Due 8/10/17

Custodian Signature



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

111 BROADWAY
PH 732-371-3000 FAX 732-323-8036
kathm@cityoflongbranch.nj.us
Kathy L. Schaefer, RMC, City Clerk



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

Questions or Information: Please Print

Name: Ben MI: NY Last Name: Lukavsky
 Address: ben.lukavsky@gmail.com
 Address: 50 U.S. Highway 9 Suite 202
Long Branch State: NJ Zip: 07735
 Phone: 732-323-5250
 Delivery: UP 1/3 Mail On-site Inspection for X or E-mail X
 I am requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 17:27, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey or the United States.
 Date: 5/8/17

Payment Information

Maximum Authorized Cost:

Select Payment Method

Cost: 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 charges dependent upon request

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

Motor vehicle accident reports
from 5/8/17 to 5/14/17

AGENCY USE ONLY

Cost: _____
 Bill: _____
 Date: _____
 Status: _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
 Total Cost _____
 Deposited _____
 Balance Due _____
 Balance Paid _____
 Records Provided _____

Records _____
 Due 6/24/17

Custodian Signature



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

341 BROADWAY
PH 732-471-8000 FAX 732-223-8036
kathym@long-branch.nj.us
Kathy L. Bellmets, RMO, City Clerk



Important Notice

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

Question Information - Please Print

Name: Ben MI Last Name: Lukowsky
 Address: ben lukowsky@gmail.com
 Address: 50 U.S. Highway 9 Suite 202
Morganville State: NJ Zip: 07757
 Phone: 908-330-3300 FAX: 908-330-3300
 Delivery: ☒ US Mail ☐ On-Site Inspection ☐ Fax ☒ or E-mail ☒
 I am requesting records containing personal information. Please circle one. Under penalty of N.J.S.A. 17:27, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey or the United States.
 ID: 412 Date: _____

Payment Information

Maximum Authorization Code: _____

Select Payment Method

Check Money Order
 Fees: Letter size pages: \$0.02 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.
 Extra: Special service charge dependent upon request

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

Motor vehicle accident reports
from 5/14/17 to 5/21/17

AGENCY USE ONLY

Call _____
 Call _____
 Call _____
 Call _____
 Call _____
 Call _____
 Call _____
 Call _____
 Call _____
 Call _____

AGENCY USE ONLY

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

In Progress _____
 Denied _____
 Paid _____
 Partial _____
 Open _____
 Closed _____
 Closed _____
 Closed _____

AGENCY USE ONLY

Tracking Information

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

Total _____
 Deposited _____
 Balance Due _____
 Balance Paid _____

Final Cost

Records Provided

Records
 Due 6/1/17

Custodian Signature



CITY OF LONG BEACH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-871-6800 FAX 732-232-8836
ke@lmb.org
Kathy L. Schmitz, RMC, City Clerk



Important Notice

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

Requester Information - Please Print

Name Ben Last Name Lukarsky
 Address ben.lukarsky@gmail.com
 Address 50 U.S. Highway 9 Suite 202
Mergerville NY Zip 07757
 Phone [REDACTED] Fax [REDACTED]
 Delivery Method ☐ Up ☐ US Mail ☐ Overnight ☒ Fax ☒ or E-mail ☒

I am requesting records containing personal information, please circle one: Under penalty of M.A.A.
 I, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New
 York or the United States.

Date _____

Payment Information

Maximum Authorization Bill

Select Payment Method

Cash Check Money Order

Fee: Letter size pages - \$0.02
 per page
 Legal size pages - \$0.02
 per page
 Other materials (CD, DVD,
 etc) - actual cost of material
 Delivery: Delivery postage fees
 additional depending upon
 delivery type.

Extra: Special service charges
 dependent upon request

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

Motor vehicle accident reports
 from 5/1/17 to 5/7/17

AGENCY USE ONLY

Cell _____
 (1) _____

AGENCY USE ONLY

Disposition Notes
 Outlets: If any part of request cannot be
 delivered in even business days,
 then return (date).

In Progress _____
 Denied _____
 Filed _____
 Partial _____
 Open _____
 Closed _____
 Closed _____
 Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____ Total _____
 Ready Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____
 Records Provided _____

Records -

Due 5/17/17

Signature



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
k.schneitz@longbranch.org
Kathy L. Schneitz, RMC, City 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 BEN M Last Name Lyhovskiy
E-mail Address BENLyhovskiy@gmail.com
Mailing Address 50 US Highway 9, Suite 202
City MOLLYNILLE State NJ Zip 07757
Telephone 732-490-5800 FAX 732-436-0300
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 offenses under the laws of New Jersey, any other state, or the United States.
Signature [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.

Motor Vehicle Accident Reports
from 6/5/17 to 6/11/17

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 _____
Total _____
Deposit _____
Balance Due _____
Balance Paid _____
Records Provided
Records
Due 6/21/17
Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5886 / Fax 732-222-8835
 kschmeltz@longbranch.org
 Kathy L. Schmeltz, RMC, City 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 BEN MI Last Name Lyhovskiy
 E-mail Address BENLYHOVSKIY@GMAIL.COM
 Mailing Address 50 US Highway 9, Suite 202
 City MOLTAUNIE State NY Zip 07751
 Telephone 732-496-5800 FAX 732-536-5250
 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 [Signature] Date 6/19/17

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 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.

Motor Vehicle Accident Reports
from 6/12/17 to 6/18/17

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extra 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.

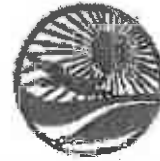
In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information
 Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided
Records -
Due 6/28/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschmeiz@longbranch.org
 Kathy L. Schmeiz, RMC, City Clerk



Important Notice

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Requestor Information - Please Print

First Name BEN MI _____ Last Name Lyhovskiy
 E-mail Address BENLYHOVSKIY@GMAIL.COM
 Mailing Address 50 US Highway 9, Suite 202
 City MORRISTOWN State NJ Zip 07751
 Telephone 732-490-5800 FAX 732-536-5500
 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 [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.

Motor Vehicle Accident Reports
from 5/29/17 to 6/4/17

AGENCY USE ONLY

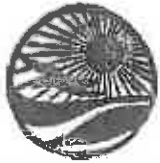
Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____

AGENCY USE ONLY

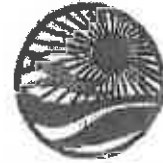
Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress _____ Open _____
 Denied _____ Closed _____
 Filled _____ Closed _____
 Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information
 Tracking # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____
 Records Provided _____
Records
Due 6/14/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5885 / Fax 732-222-8835
 kschmeltz@longbranch.org
 Kathy L. Schmeltz, RMC, City Clerk



Important Notice

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Requestor Information - Please Print

First Name BEN MI Last Name Lykhovsky
 E-mail Address BENLykhovsky@gmail.com
 Mailing Address 50 US Highway 9, Suite 202
 City Morristown State NJ Zip 07757
 Telephone 732-490-1800 FAX 732-536-1210
 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 [Signature] Date 7/10/17

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.

Motor Vehicle Accident Reports
from 7/3/17 to 7/9/17

AGENCY USE ONLY	AGENCY USE ONLY	AGENCY USE ONLY
Est. Document Cost _____ Est. Delivery Cost _____ Est. Extra Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	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 ☐	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____ Records Provided _____ <u>Records</u> <u>Due 7/15/17</u> Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway

Phone 732-571-5886 / Fax 732-222-8835
 kachmela@longbranch.org
 Katty L. Schmetz, RMC, City Clerk



Important Notice

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Requestor Information - Please Print

First Name BEN MI NY Last Name Lyhovskiy
 E-mail Address BENLYHOVSKY@GMAIL.COM
 Mailing Address 50 US Highway 9, Suite 202
 City MOLANDVILLE State NY Zip 07757
 Telephone 732-490-5300 FAX 732-536-5300
 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 [Signature] Date 7/17/17

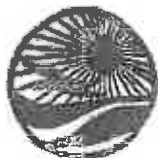
Payment Information

Maximum Authorization Card # _____
 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.

Motor Vehicle Accident Reports
from 7/10/17 to 7/16/17

Estimate		Disposition Notes		Tracking Information		Final Cost	
Est. Document Cost	_____	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 ☐	Tracking #	_____	Total	_____
Est. Delivery Cost	_____			Rec'd Date	_____	Deposit	_____
Est. Extras Cost	_____			Ready Date	_____	Balance Due	_____
Total Est. Cost	_____			Total Pages	_____	Balance Paid	_____
Deposit Amount	_____			Records Provided			
Estimated Balance	_____			Records - Due 7/26/17			
Deposit Date	_____			Custodian Signature		Date	



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-8886 / Fax 732-222-8835
kschmetz@longbranch.org
Kathy L. Schmetz, RMC, City 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 BEN MI _____ Last Name Lykovsky
E-mail Address BENLykovsky@gmail.com
Mailing Address 50 US Highway 9, Suite 202
City MOLDAVILE State NJ Zip 07751
Telephone 82-490-5800 FAX 732-536-5000
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 [Signature] Date 7/24/17

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 (OD, 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.

Motor Vehicle Accident Reports
from 7/16/17 to 7/23/17

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

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

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>Records -</u>			
<u>Due 8/2/17</u>			
Custodian Signature		Date	



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5886 / Fax 732-222-8835
kachmup@longbranch.org
Kathy L. Schmitz, RMC, City Clerk



Important Notice

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

Requester Information - Please Print

First Name BEN MI Last Name Lykovsky
E-mail Address BENLykovsky@gmail.com
Mailing Address 50 US Highway 9, Suite 202
City Molokuni State NY Zip 07757
Telephone 82-490-1392 FAX 82-490-1392
Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspection ☐ Fax ☒ E-mail ☒
If you are requesting records containing personal information, please check 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 8/14/17

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.
Extra: 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.

Motor Vehicle Accident Reports
from 8/7/17 to 8/13/17

KEEP THIS COPY OF THE FORM FOR YOUR RECORDS. IT IS THE PROPERTY OF THE CITY OF LONG BRANCH AND IS NOT TO BE REPRODUCED OR DISTRIBUTED OUTSIDE THE CITY OF LONG BRANCH.

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

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 ☐

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

Records -
Due 8/23/17

Custodian Signature

Date



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway

Phone 732-571-6886 / Fax 732-222-5635
 kachmetz@longbranch.org
 Kathy L. Schmeitz, RMC, City 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 ben MI Last Name Lyhovskiy
 E-mail Address BENLYHOVSKIY@GMAIL.COM
 Mailing Address 50 US Highway 9, Suite 202
 City MOLDAVILLE State NJ Zip 07757
 Telephone 732-222-5635 FAX 732-222-5635
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ Email ☒
 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 8/28/17

Payment Information

Minimum Authorization Cost: \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.06 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.

Motor Vehicle Accident Reports
from 8/21/17 to 8/27/17

Agency Use Only - For Tracking and Billing		Disposition Notes		Tracking Information		Final Cost	
Est. Document Cost	_____	Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	In Progress ☐ Open ☐	Tracking #	_____	Total	_____
Est. Delivery Cost	_____			Rec'd Date	_____	Deposit	_____
Est. Extra Cost	_____			Ready Date	_____	Balance Due	_____
Total Est. Cost	_____			Total Pages	_____	Balance Paid	_____
Deposit Amount	_____			Records Provided			
Estimated Balance	_____			<u>Records</u> <u>Due 9/7/17</u>			
Deposit Date	_____			Custodian Signature		Date	
		Denied ☐ Closed ☐					
		Filled ☐ Closed ☐					
		Partial ☐ Closed ☐					



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5886 / Fax 732-222-8635
 kschmeltz@longbranch.org
 Kathy L. Schmeltz, RMC, City Clerk



Important Notice

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Requestor Information - Please Print

First Name BEN MI _____ Last Name Lyhovskiy
 E-mail Address BENLyhovskiy@gmail.com
 Mailing Address 50 US Highway 9, Suite 202
 City Molokai State HI Zip 07757
 Telephone 321-490-5895 FAX 321-436-5895
 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 [Signature] Date 8/7/17

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.

Motor Vehicle Accident Reports
from 7/31/17 to 8/6/17

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

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 ☐

Tracking Information

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

Final Cost

Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____

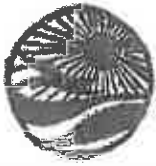
Records Provided

Records -

Due 8/16/17

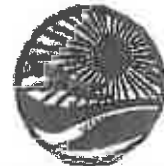
Custodian Signature

Date



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-6880 / Fax 732-222-8835
 kschmeiz@longbranch.org
 Kathy L. Schmeiz, RMC, City Clerk



Important Notice

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Requestor Information - Please Print

First Name BEN MI Last Name Lyhovskiy
 E-mail Address BENLyhovskiy@gmail.com
 Mailing Address 50 US Highway 9, Suite 202
 City Morristown State NJ Zip 07757
 Telephone 908-490-5800 FAX 908-490-5800
 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 [Signature] Date 9/11/17

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 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.

Motor Vehicle Accident Reports
from 9/4/17 to 9/10/17

AGENCY USE ONLY

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

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 ☐

Tracking Information

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

Records Provided

10: Records

Due 9/20/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway

Phone 732-571-5555 / Fax 732-222-8035
 kschmeltz@longbranch.org
 Kathy L. Schmeltz, RMC, City 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 Ben MI _____ Last Name Lychovsky
 E-mail Address BenLychovsky@gmail.com
 Mailing Address 50 US Highway 9, Suite 202
 City Molokuni State NY Zip 07751
 Telephone 732-550-5800 FAX 732-550-5800
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site ☒ 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 offenses under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 9/18/17

Payment Information

Maximum Authorization Card \$ _____
 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.

Motor Vehicle Accident Reports
from 9/11/17 to 9/17/17

AGENCY USE ONLY		CUSTODIAN USE ONLY		REQUESTOR USE ONLY	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____		Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____
Est. Delivery Cost	_____		Records Provided <u>Records</u>		
Est. Extra Cost	_____		<u>Due 9/27/17</u>		
Total Est. Cost	_____		Custodian Signature _____		Date _____
Deposit Amount	_____				
Estimated Balance	_____				
Deposit Date	_____	In Progress - ☐ Open _____ Denied - ☐ Closed _____ Filled - ☐ Closed _____ Partial - ☐ Closed _____			



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5886 / Fax 732-222-8836
 kschmetz@longbranch.org
 Kathy L. Schmetz, RMC, City Clerk



Important Notice

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Requestor Information - Please Print

First Name ben MI Last Name Lyhovskiy
 Email Address benlyhovskiy@gmail.com
 Mailing Address 50 US Highway 9, Suite 202
 City Molokunille State NJ Zip 07751
 Telephone 732-490-5800 FAX 732-536-5250
 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. 20:28-3, 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 9/25/17

Payment Information

Maximum Authorized Cost \$
 Selected 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.

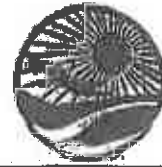
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

Motor Vehicle Accident Reports
from 9/18/17 to 9/24/17

Est. Document Cost <u> </u> Est. Delivery Cost <u> </u> Est. Extra Cost <u> </u> Total Est. Cost <u> </u> Deposit Amount <u> </u> Estimated Balance <u> </u> Deposit Date <u> </u>	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress <u> </u> Open <u> </u> Denied <u> </u> Closed <u> </u> Piled <u> </u> Closed <u> </u> Partial <u> </u> Closed <u> </u>	Tracking Information 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 <u>Records -</u> <u>Due 10/4/17</u> Custodian Signature <u> </u> Date <u> </u>
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CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5888 / Fax 732-222-8838
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 Ben MI Last Name Lyhovskiy
 E-mail Address benlyhovskiy@gmail.com
 Mailing Address 50 US Highway 9, Suite 202
 City Molokai State NY Zip 07757
 Telephone 732-490-5800 FAX 732-536-5800
 Preferred Delivery: Pick Up US Mail On-Site Fax ✓ E-mail ✓
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:2B-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 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.

Motor Vehicle Accident Reports
from 8/28/17 to 9/4/17

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Est. Document Cost	_____	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 _____	Tracking Information Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____		Final Cost Total _____ Deposit _____ Balance Due _____ Balance Paid _____
Est. Delivery Cost	_____		Records Provided <u>Records</u>		Date <u>9/19/17</u>
Est. Extra Cost	_____		Custodian Signature _____		Date _____
Total Est. Cost	_____				
Deposit Amount	_____				
Estimated Balance	_____				
Deposit Date	_____				



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 BROADWAY

PH 732-571-5686 FAX 732-222-8835
 kschmelz@cljlong-branch.nj.us
 Kathy L. Schmelz, RMC, City 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 VINCENT MI _____ Last Name LEPORE
 E-mail Address _____
 Mailing Address 33 OCEAN TER
 City LONG BRANCH State NJ Zip 07740
 Telephone [REDACTED] 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 offenses under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 2/28/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual 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.

- PRODUCE (MPAP) MUNICIPAL PUBLIC ACCESS PLAN, (DRAFT), AS DESCRIBED BY ACTING ADMINISTRATOR HAYES, ON 7/27/17, AT THE GARFIELD TERRACE ACCESS MEETING, WHICH WAS SUBMITTED TO NJ DEP.

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided _____			
Admin <u>[Signature]</u>			
Date <u>8/19/17</u>			
Custodian Signature _____		Date _____	



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY

PH 732-571-5686 FAX 732-222-8835
 kschemelz@ci.long-branch.nj.us
 Kathy L. Schmelz, RMC, City Clerk



Important Notice

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Requestor Information - Please Print

First Name VINCENT MI _____ Last Name LEPORE
 E-mail Address _____
 Mailing Address 33 OCEAN TER
 City LONG BRANCH State NJ Zip 07740
 Telephone [REDACTED] 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 [Signature] Date 6/5/17

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.

PRODUCE RESEARCH RECORDS/SOURCES OF COUNCILWOMAN BASTELLI'S STATEMENT ON THE PUBLIC RECORD, AT THE 6/27/17 COUNCIL MEETING, WHERE SHE REMARKED IN THE MISCELLANEOUS BUSINESS FOR THE GOOD OF THE ORDER, "I DID RESEARCH, I DID DUE DILIGENCE!!"

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 _____
J. Bastelli
cc. Clare
Date 7/14/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 BROADWAY

PH 732-571-5686 FAX 732-222-8835
 kschmelz@ci.long-branch.nj.us
 Kathy L. Schmelz, RMC, City Clerk



Important Notice

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Requestor Information - Please Print

First Name Vincent MI _____ Last Name LEFORE

E-mail Address: _____

Mailing Address 33 OCEAN TER

City Long Branch State NJ Zip 07740

Telephone [REDACTED] 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 [Signature] Date 8/10/17

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.

PRODUCE LEAD/ASBESTOS
 ABATEMENT PERMITS FOR
 BL 124 LOTS 3, 4, 5, 01, 6

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

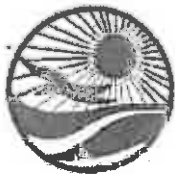
Tracking # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____

Records Provided _____

Bldg _____
Health _____
Due: 8/21/17

Custodian Signature _____

Date _____



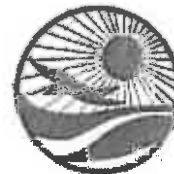
CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-571-5686 / Fax 732-222-8835

kschmelz@longbranch.org

Kathy L. Schmelz, RMC, City Clerk



Important Notice

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Requestor Information - Please Print

First Name VINCENT MI _____ Last Name LEPORE
E-mail Address _____
Mailing Address 33 OCEAN TER
City LONG BRANCH State NJ Zip 07740
Telephone [REDACTED] 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 [Signature] Date 8/24/17

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.

- PRODUCE ASBESTOS INSPECTION REPORT
PERFORMED ON 3/30/17 BY
ACE INSULATION COMPANY.
RE: 600/607 OCEAN AVE LONG BRANCH, NJ
MOVIE THEATER
RE: BL124, LOTS 3, 4, 5, 6, 1, 6

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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 ☐

Tracking Information
Tracking # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____
Records Provided
B15 -
Due 9/2/17
Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY

PH 732-571-5686 FAX 732-222-8835
 kschmelz@ci.long-branch.nj.us
 Kathy L. Schmelz, RMC, City Clerk



82817A

Important Notice

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Requestor Information - Please Print

First Name VINCENT MI _____ Last Name LEPORE
 E-mail Address _____
 Mailing Address 33 OCEAN TER
 City LONG BRANCH State NJ Zip 07740
 Telephone [REDACTED] 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 [Signature] Date 8/29/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc.) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

- PRODUCE THE FOLLOWING RECORD -
 A COPY OF THE CHECK / MONEY ORDER, OR WHATEVER OTHER SOURCE OF PAYMENT, FOR THE FEE OF \$100, FOR THE PERMIT TO PERFORM LEAD HAZARD ABATEMENT WORK, AS REQUIRED BY CHAPTER 147-3 A FEES A(7) FOR 600/607 OCEAN AVE, BLOCK 124 LOT 3 (ALSO KNOWN AS MOVIE THEATER BUILDING)
 REF: CITY OF LONG BRANCH CHAPTER 147-3 FEES (CONSTRUCTION CODES, UNIFORM AS AMENDED BY ORD. 13-11)
 A(7) "THE FEE FOR A PERMIT FOR LEAD HAZARD ABATEMENT WORK SHALL BE \$100".

AGENCY USE ONLY

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

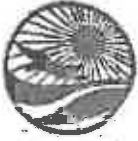
AGENCY USE ONLY

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Finance _____			
Due: 9-8-17			
Custodian Signature _____		Date _____	



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY

PH 732-571-5686 FAX 732-222-8835
 kschmelz@ci.long-branch.nj.us
 Kathy L. Schmelz, RMC, City Clerk



828175

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 VINCENT MI _____ Last Name LEPORE
 E-mail Address _____
 Mailing Address 33 OCEAN TER
 City LONG BRANCH State NJ Zip 07740
 Telephone [REDACTED] 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 [Signature] Date 9/29/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request

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

- PRODUCE THE FOLLOWING RECORD -
 A COPY OF THE CHECK / MONEY ORDER, OR WHATEVER OTHER SOURCE OF PAYMENT, FOR THE FEE OF \$75, FOR THE PERMIT / CERTIFICATE TO PERFORM LEAD ABATEMENT CLEARANCE, AS REQUIRED BY CHAPTER 147-3A FEES A (7), FOR 600/607 OCEAN AVE., BLOCK 124 LOT 3 (ALSO KNOWN AS MOVIE THEATER BUILDING)
 REF: CITY OF LONG BRANCH CHAPTER 147-3 FEES (CONSTRUCTION CODES, UNIFORM AS AMENDED BY ORD. 13-11)
 A (7) "THE FEE FOR A LEAD ABATEMENT CLEARANCE CERTIFICATE SHALL BE \$75."

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 _____
 Finance _____
 Due: 9-8-17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY

PH 732-571-5686 FAX 732-222-8835
 kschmelz@ci.long-branch.nj.us
 Kathy L. Schmelz, RMC, City Clerk



82817C

Important Notice

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Requestor Information - Please Print

First Name VINCENT MI _____ Last Name LEFORE
 E-mail Address _____
 Mailing Address 73 OCEAN TER
 City LONG BRANCH State NJ Zip 07740
 Telephone [REDACTED] 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 [Signature] Date 8/29/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

- PRODUCE THE FOLLOWING RECORD -
 A COPY OF THE CHECK/MONEY ORDER, OR WHATEVER OTHER SOURCE OF PAYMENT, FOR THE FEE OF \$75 FOR THE ASBESTOS ABATEMENT CLEARANCE CERTIFICATE AS REQUIRED BY CHAPTER 147-3 FEE A (8) FOR 600/607 OCEAN AVE, BLOCK 124 LOT 3 (ALSO KNOWN AS MOVIE THEATER BUILDING).
 REF: CITY OF LONG BRANCH CHAPTER 147-3 FEE (CONSTRUCTION CODES, UNIFORM ASAMEND BY ORD. 13-11)
 A (8)
 "THE FEE FOR A PERMIT FOR AN ASBESTOS ABATEMENT CLEARANCE CERTIFICATE SHALL BE \$75".

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 _____
 Finance _____
 Due: 9-8-17
 Custodian Signature _____ Date _____



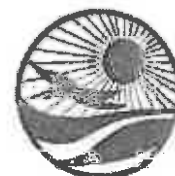
CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-571-5686 / Fax 732-222-8835

kschmelz@longbranch.org

Kathy L. Schmelz, RMC, City 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 VINCENT MI _____ Last Name LEPORE

E-mail Address _____

Mailing Address 33 OCEAN TER

City LONG BRANCH State NJ Zip 07740

Telephone [REDACTED] 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 [Signature] Date 8/30/17

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.

PRODUCE BILLING, INVOICE, AUTHORIZATION FOR DW SMITH SURVEYING COMPANY TO PERFORM SURVEYING SERVICES, ON 8/30/17, AT THE SITE OF THE POTENTIAL FLORENCE AVE PARK, AT THE INTERSECTION OF FLORENCE AVE AND MACARTHUR AVE, BLOCK 395 LOT 1.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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 ☐

Tracking Information

Final Cost

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

Records Provided

Finance -
Due 9/11/17

Custodian Signature _____

Date _____



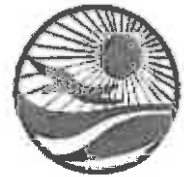
CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-571-5686 / Fax 732-222-8835

kschmelz@longbranch.org

Kathy L. Schmelz, RMC, City Clerk



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Requestor Information – Please Print

First Name VINCENT MI _____ Last Name LEFORE

E-mail Address _____

Mailing Address 33 OCEAN TER

City LONG BRANCH State NJ Zip 07740

Telephone [REDACTED] 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 [Signature] Date 8/31/17

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.

- PRODUCE RECORDS IDENTIFYING MATERIAL SPRAYED ON EXPOSED SUPPORT BEAMS, AT CITY HALL BUILDING, 344 BOWY, BLOCK 234 LOT 1.01, LONG BRANCH, NJ. 07740

- PRODUCE RECORDS OF ANY STATE OR FEDERAL STUDIES/INVESTIGATIONS IDENTIFYING THE MATERIAL SPRAYED ON SUPPORT BEAMS AT CITY HALL BUILDING, 344 BOWY, BL 234 LOT 1.01

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 LONG BRANCH

Tracking Information

Tracking # _____ Total _____

Rec'd Date _____ Deposit _____

Ready Date _____ Balance Due _____

Total Pages _____ Balance Paid _____

Records Provided

Admin - _____

Health - _____

Bids - _____

Due 9/12/17

Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY

PH 732-571-5686 FAX 732-222-8835
 kschemelz@ci.long-branch.nj.us
 Kathy L. Schmelz, RMC, City 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 VINCENT MI _____ Last Name LEPORE
 E-mail Address _____
 Mailing Address 33 OCEAN TER
 City LONG BRANCH State NJ Zip 07740
 Telephone [REDACTED] 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 [Signature] Date 8/9/17

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 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.

- PRODUCE RECORD OF ROEBUCK'S QUALIFICATIONS, AS REQUIRED BY CIVIL SERVICE, SO THAT ROEBUCK CAN BE APPOINTED AS PROVISIONAL POLICE CHIEF.
- PRODUCE RECORD OF CASE LAW ADDRESSING LONG BRANCH'S ABILITY TO APPOINT A PROVISIONAL POLICE CHIEF.

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 _____
 Admin - _____
 J. Aaron - _____
 Due 8/18/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY

PH 732-571-5686 FAX 732-222-8835
 kschmelz@cl.long-branch.nj.us
 Kathy L. Schmelz, RMC, City 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 VINCENT MI Last Name LEPORE
 E-mail Address
 Mailing Address 33 OCEAN TER
 City LONG BRANCH State NJ Zip 07740
 Telephone FAX
 Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site ☐ 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 8/9/17

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.

- PRODUCE RECORD OF DATE OF RESIGNATION OF ROEBUCK FROM CIVILIAN DIRECTOR
- PRODUCE RECORD OF DATE OF LEAVE OF ABSENCE OF ROEBUCK FROM POLICE DEPT., IN ORDER TO TAKE CIVILIAN DIRECTOR'S POSITION.
- PRODUCE RECORD OF QUALIFICATIONS FOR APPOINTMENT AS CIVILIAN DIRECTOR.

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:
- Admin
- Personnel
cc: J. Aaron
Due 8/18/17
 Custodian Signature Date



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY
 PH 732-671-5886 FAX 732-222-8835
 kschmelz@ci.long-branch.nj.us
 Kathy L. Schmelz, RMC, City 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 VINCENT MI _____ Last Name LEPORE
 E-mail Address _____
 Mailing Address 33 OCEAN TER
 City LONG BRANCH State N.J. Zip 07740
 Telephone 732-710-1171 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 [Signature] Date 8/9/17

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.

- PRODUCE RECORD OF ADOPTED ORDINANCE PUTTING PENSION TIME OF FORMER CIVILIAN DIRECTOR ROEBUCK, INTO THE POLICE DEPT PENSION

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extra 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 _____
 Clerk _____
 Due 8/18/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 VINCENT MI _____ Last Name LEFORE

E-mail Address _____

Mailing Address 33 OCEAN TER

City LONG BRANCH State NJ Zip 07740

Telephone [REDACTED] 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 [Signature] Date 9/15/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

PRODUCE ALL RECORDS, WITH SPECIFIC TIMES, OF THE POLICE OFFICERS, ON TRAFFIC ASSIGNMENTS, IN THE VICINITY OF OCEAN AVE AND BRIGHTON AVE, WEST END, ON THE FOLLOWING DATES, AUGUST 21, 22, 23 OF 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		Final Cost
Tracking # _____	Total _____	
Rec'd Date _____	Deposit _____	
Ready Date _____	Balance Due _____	
Total Pages _____	Balance Paid _____	

Records Provided

Records -

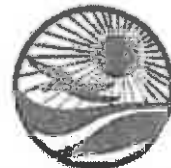
Due 7/26/17

Custodian Signature _____

Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 William MI R Last Name Caffrey
 E-mail Address WCaffrey@FCArchitectsinc.com
 Mailing Address 350 Clark Drive Suite 304
 City Mount Olive State NJ Zip 07828
 Telephone [REDACTED] FAX [REDACTED]
 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 [Signature] Date 5/23/17

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.

We are looking for Any and all building plans for the OCEAN POINT CONDOMINIUMS located at 422 Ocean Boulevard Long Branch, NJ including but not limited to:

Architectural plans
 Structural plans
 Framing Plans etc..

Please contact us at your early convenience. We can meet you at your place of business and go through anything you may have. Also we can take your records back to our office scan the drawings and create a digital copy of anything you need.

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		Final Cost
Tracking # _____	Total _____	
Rec'd Date _____	Deposit _____	
Ready Date _____	Balance Due _____	
Total Pages _____	Balance Paid _____	

Records Provided

*Not an OPRA
 Sent Common Law Request*

Custodian Signature _____

Date _____

Mary Moss

From: Kathy Schmelz
Sent: Tuesday, May 23, 2017 4:16 PM
To: Mary Moss
Subject: FW: OPRA request
Attachments: OPRA records request 05.23.17.pdf

Kathy L. Schmelz, RMC
City Clerk
344 Broadway
Long Branch, NJ 07740
(732)571-5644

WARNING: Email received by or sent to City Officials are subject to the Open Public Records Act [OPRA]. If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

From: William Caffrey [mailto:WCaffrey@FCARCHITECTSINC.COM]
Sent: Tuesday, May 23, 2017 4:12 PM
To: Kathy Schmelz
Cc: Archelle Ashworth
Subject: OPRA request

Kathy,

Attached please find the OPRA request for building drawings for the OCEAN POINTE CONDOMINIUM building located at 422 Ocean Boulevard Long Branch, NJ. Block 416 Lot 3.611 Please review at your earliest convenience.

Thank you,

William Caffrey

Architect, LLC

FCA

350 Clark Drive | Suite 304
Mount Olive, NJ 07828
O 973.726.7164 | F 973.726.7204
www.fcaarchitects.com

Mary Moss

From: Mary Moss
Sent: Tuesday, May 23, 2017 4:29 PM
To: 'wcaffrey@fcarchitectsinc.com'
Subject: FW: OPRA request
Attachments: OPRA records request 05.23.17.pdf

Good Afternoon Mr. Caffrey,

Kindly find attached for your review.

Thank you,
Mary

From: Kathy Schmelz
Sent: Tuesday, May 23, 2017 4:16 PM
To: Mary Moss <mmoss@longbranch.org>
Subject: FW: OPRA request

Kathy L. Schmelz, RMC
City Clerk
344 Broadway
Long Branch, NJ 07740
(732)571-5644

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From: William Caffrey [<mailto:WCaffrey@FCARCHITECTSINC.COM>]
Sent: Tuesday, May 23, 2017 4:12 PM
To: Kathy Schmelz
Cc: Archelle Ashworth
Subject: OPRA request

Kathy,

Attached please find the OPRA request for building drawings for the OCEAN POINTE CONDOMINIUM building located at 422 Ocean Boulevard Long Branch, NJ. Block 416 Lot 3.611 Please review at your earliest convenience.

Thank you,

William Caffrey
William Caffrey Inc.

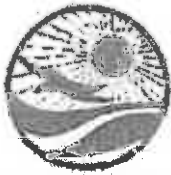


350 Clark Drive | Suite 304

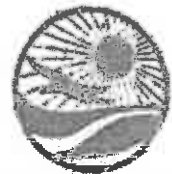
Mount Olive, NJ 07828

☎ 973.726.7164 | ☎ 973.726.7204

www.fca.com



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City 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 WILLIAM MI _____ Last Name JENSEN
E-mail Address WJENSEN@SVIASSOCIATES.COM
Mailing Address 2517 STATE HIGHWAY 35, BUILDING B, SUITE 301
City MANASQUAN State NJ Zip 08736
Telephone [REDACTED] FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect X 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 [Signature] Date 9-22-17

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.

WOULD LIKE TO VIEW ALL DOCUMENTS AND PLANS ASSOCIATED WITH THE ROOF
INSTALLATION AND CONSTRUCTION AT OCEAN VIEW TOWERS (ADDRESS 510 OCEAN AVENUE)
THANKS IN ADVANCE FOR YOUR ASSISTANCE.
BILL JENSEN

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

Plan

Over 10/4/17

Custodian Signature

Date



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 William MI Last Name NEHL
 E-mail Address wnnehl@aol.com
 Mailing Address FLM Inc., 135 Lincoln Blvd.
 City Madison State NY Zip 08846
 Telephone FAX
 Preferred Delivery: Pick Up US Mail On-Site 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 [Signature] Date 8/8/17

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.

Permits and records regarding underground storage tanks, hazardous materials and spills for Block 174, Lot 15, 10 Pearl Street and 515 Bath Avenue.

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 #	<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			
<i>8/8 -</i> <i>Due 8/17/17</i>			
Custodian Signature <u> </u>		Date <u> </u>	



CITY OF LONG BEACH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 Broadway
Phone 772-771-5686 • Fax 772-222-8825
ks@cityoflongbeach.org
Kathy L. S. Linnick, P.M.C., City Clerk



Important Notice

The City of Long Beach is committed to providing access to public records. However, certain records are exempt from disclosure under the California Public Records Act (CPRA). If a record is exempt, the City will provide a written explanation of the exemption.

Requester Information - Please Print

Name: Vanes Address: Commercial - 01493
City: Long Beach State: CA Zip: 90801
Phone: 310-741-1411 Email: vanes@longbeach.org
Request Number: 732 Date: 2/7/17
Requester Type: ☒ Individual ☐ Business ☐ Other ☐
Requester Signature: [Signature] Date: 2/3/17

Payment Information

Amount: \$25.00
Payment Method: ☐ Cash ☐ Check ☐ Credit Card
Card Number: 4157 8935 3456 7890
Expiration Date: 01/16 - 12/17
Cardholder Name: Vanessa
Billing Address: Commercial - 01493
City: Long Beach State: CA Zip: 90801
Payment Date: 2/3/17

Requester Information. Please provide as much information as possible for the City to locate the records requested. Please print clearly and legibly. If you are requesting records on behalf of a business or organization, please provide the name of the business or organization and the name of the person making the request.

We are requesting all police records/reports regarding a bank robbery that occurred on September 21, 2015 at a Chase bank, 120 Brighton Ave Long Beach, CA 90801.

AGENCY USE ONLY

Assigned to: _____
Reviewed by: _____
Date: _____
Status: _____
Comments: _____

AGENCY USE ONLY

Assigned to: _____
Reviewed by: _____
Date: _____
Status: _____
Comments: _____

AGENCY USE ONLY

Assigned to: _____
Reviewed by: _____
Date: _____
Status: _____
Comments: _____

Records

Due 3/20/17

ALBERTO BROTHERS
ATTORNEYS AT LAW

immigration

real estate development

elder law

estate law

March 2, 2017

Township of Long Branch
344 Broadway
Long Branch, NJ 07740
OPEN PUBLIC RECORDS ACT REQUEST

RE: MARCIAL-CORTES, Yanel - USCIS [U-VISA]
Our File#: 2017-03160
Victim: Yanel Marcial-Cortes
OPRA REQUEST

Dear Sir or Madam:

Please be advised that our firm represents Yanel Marcial-Cortes with regard to the above referenced matter. *Regarding the incident Yanel Marcial-Cortes (DOB: 11/01/1991) for a robbery incident which took place around/on September 21, 2015, we kindly request:*

- initial police report
- court disposition
- letter sent from Prosecutor to victim re: right to submit statement to the sentencing court concerning the impact of the crime
- letter sent from Prosecutor to victim re: expressing appreciation for victim's help and cooperation

Enclosed:

1. Signed OPRA request

Please bill our office for all costs. You can fax these records to 1-609-242-1347 or email them to immigration.albertobrothers@gmail.com Thank you for your care and attention to this matter.

Very truly yours,



Roderick F. Alberto, Esq.



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5886 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 Yona MI Last Name Weiss
 E-mail Address michelle@elyoncap.com
 Mailing Address 40 Clifton Ave Suite 202
 City Lakewood State NJ Zip 08701
 Telephone 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 *[Signature]* Date 9/14/17

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 Address:

Lot: 8
 Block: 70
 Van Court Ave Vacant Lot

To whom this may concern,

In 2008, someone submitted plans to build on this lot. I would like to request a copy of the file and any documents related to permits and open violations.

Thank you.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress Open
 Denied Closed
 Filled Closed
 Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
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			
<u>Plant/zone</u>		<u>Due 9/25/17</u>	
<u>Bids</u>			
<u>Per Code</u>			
Custodian Signature <u><i>[Signature]</i></u>		Date <u>9/25/17</u>	

Mary Moss

From: Kathy Schmelz
Sent: Thursday, September 14, 2017 11:01 AM
To: Mary Moss
Subject: FW: Opra Request
Attachments: Opra Request Long Branch- Filled.pdf

Kathy L. Schmelz, RMC
City Clerk
344 Broadway
Long Branch, NJ 07740
(732)571-5644

WARNING: Email received by or sent to City Officials are subject to the Open Public Records Act [OPRA]. If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

From: Michelle Wulliger [mailto:Michelle@elyoncap.com]
Sent: Thursday, September 14, 2017 10:44 AM
To: Kathy Schmelz
Subject: Opra Request

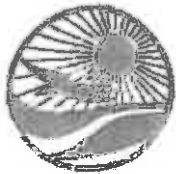
Please see attached Opra request. Please return via email at your earliest convenience.

Thank you,

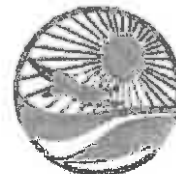
Please feel free to contact me with any questions or concerns.

Michelle Wulliger
Elyon Capital LLC
(P)732-719-6432
(F)732-377-0389
Michelle@elyoncap.com





CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5686 / Fax 732-222-8635
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 JAN MI _____ Last Name KONORKA

E-mail Address GENIUSPOOCHO@gmail.com

Mailing Address 3 Riverview Ave

City Long Branch State NJ Zip 07740

Telephone _____ 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 [Signature] Date 11/01/2017

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

*I'm requesting records from all departments about property:
 176 Avenel Blvd. Long Branch NJ.
 - any dead people discovered on that property (please provide all information including how long about the dead body / bodies been there on that property).
 - any dead animals discovered on that property
 Please provide all information with no limits regarding the above issue,
 Records from Police department, Health department and any other departments
 the information I need do to interesting in purchase the property*

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

*Records
 Health
 Due 11/16/17*

Custodian Signature

Date



**CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM**

344 BROADWAY
PH 732-571-5555 FAX 732-223-8835
lrc@cityoflongbranchnj.us
Kathy L. Salmons, RMR, City 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	<u>Steven</u>	MR	<u>P</u>	Last Name	<u>Haddad</u>
E-mail Address	<u>Magdi@SPULLAW.com</u>				
Mailing Address	<u>514 Thormal St. Suite 270</u>				
City	<u>Edison</u>	State	<u>NJ</u>	Zip	<u>08837</u>
Telephone	<u>[REDACTED]</u>		FAX	<u>[REDACTED]</u>	
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 <u>HAVE</u> HAVE NOT been convicted of any indictable offenses under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>			Date	<u>7/17/17</u>

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.
Notes:	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.

7/10/17 - 7/16/17

AGENCY USE ONLY

Est. Document Cost	_____
Est. Delivery Cost	_____
Est. Extra 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	Classified
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		
Records _____		
Due 7/26/17		
Custodian Signature	_____	Date



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 BROADWAY

P41733-071-0000 FAX 732-222-0826
 haddad@cityoflongbranchnj.us
 Kelly L. Schmalz, AISC, City Clerk



Important Notice

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

Requester Information - Please Print

First Name	<u>Steven</u>	M	<u>P</u>	Last Name	<u>Haddad</u>
E-mail Address	<u>Magdi@SPHLAW.com</u>				
Mailing Address	<u>516 Thornhill St. Suite 270</u>				
City	<u>Edison</u>	State	<u>NJ</u>	Zip	<u>08837</u>
Telephone	<u>[REDACTED]</u>		FAX	<u>[REDACTED]</u>	
Preferred Delivery:	☐ Air ☐ Up	☐ US Mail ☐ On-Site ☐ Inspect	☐ Fax	☒ E-mail	
If you are requesting records containing sensitive information, please circle one: Under penalty of N.J.A.C. 20:28-3, I certify that I <u>HAVE</u> <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>		Date	<u>8/24</u>	

Payment Information

Maximum Authorization Cost: \$

Select Payment Method

☐ Cash ☐ Check ☐ Money Order
 Post: 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.
 Extra: 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.

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	
Circled: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	Open
Delayed	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 Verified		
<u>Records</u> <u>Due 8/21/17</u>		
Custodian Signature		Print



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 514 BROADWAY

PH: 732-671-0390 FAX 732-723-8376
 longbranch@cityoflongbranch.nj.us
 Kelly L. Schmale, REC, City Clerk



Important Notice

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

Requester Information - Please Print

First Name Steven MI P Last Name Haddad
 E-mail Address Magdi@SPHLAW.com
 Mailing Address 516 Thorne St. Suite 270
 City Edison State NJ Zip 08837
 Telephone [REDACTED] FAX [REDACTED]
 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:2B-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 8/14/17

Payment Information

Maximum Authorization: Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.15 per page
 Other materials (CD, DVD, etc.) - actual cost of material
 Delivery: Delivery / postage from additional depending upon delivery type.
 Notes: 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.

8/7/17 - 8/13/17

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

In Progress _____ Open _____
 Denied _____ Closed _____
 Filed _____ Closed _____
 Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information

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

Records Provided

Records -
 Due 8/23/17

Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 BROADWAY

PH 732-871-6666 FAX 732-225-6666
 haddad@haddadlaw.com
 Kelly L. Schmalz, LLC, City Clerk



Important Notice

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

Requester Information - Please Print

First Name Steven MI P Last Name Haddad
 E-mail Address Magdi@SAHLAW.com
 Mailing Address 516 Thornhill St. Suite 270
 City Edison State NJ Zip 08837
 Telephone [REDACTED] FAX [REDACTED]
 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 offenses under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 8/7/17

Payment Information

Maximum Authorization Cost \$
 Briefest 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.
 Extra: 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.

7/31/17 - 8/6/17

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Index 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	Final Cost
Rec'd Date	Deposit	
Ready Date	Balance Due	
Total Pages	Balance Paid	

Records Provided

Records - Due 8/16/17

Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 304 BROADWAY

PH: 732-674-5500 FAX: 732-622-0735
 kschwartz@cityoflongbranch.nj.us

Kathy L. Schwartz, AIC, City 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	<u>Steven</u>	MI	<u>P</u>	Last Name	<u>Haddad</u>
E-mail Address	<u>Magdi@SPHLAW.com</u>				
Mailing Address	<u>56 Thornhill St. Suite 270</u>				
City	<u>Edison</u>	State	<u>NJ</u>	Zip	<u>08837</u>
Telephone	<u>[REDACTED]</u>		FAX	<u>[REDACTED]</u>	
Preferred Delivery:	☐ Pick Up ☐ US Mail ☐ On-Site inspect ☐ Fax ☒ E-mail				
If you are requesting records containing personal information, please state one: Under penalty of N.J.S.A. 17:27-3, I certify that I <u>HAVE</u> <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>			Date	<u>9/18/17</u>

Payment Information

Maximum Authorization Card #	
Selected 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.
Notes:	Special service charges 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.

9/11/17 - 9/17/17

AGENCY USE ONLY

Est. Document Cost	
Est. Delivery Cost	

AGENCY USE ONLY

Disposition Notice
 Quoted: If any part of request cannot be delivered in seven business days, state reasons here.

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #		Total	
Rec'd Date		Deposit	
Remailer Photo		Balance Due	

Records
Due 9/27/17



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 301 BROADWAY

PH 732-871-8950 FAX 732-822-8036
 haddad@long-branch.nj.us
 Kathy L. Schmeitz, REC, City Clerk



Important Notice

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

Requester Information - Please Print

First Name	<u>Steven</u>	MI	<u>P</u>	Last Name	<u>Haddad</u>
E-mail Address	<u>Magdi@SOHLAW.com</u>				
Mailing Address	<u>51a Thornall St. Suite 270</u>				
City	<u>Edison</u>	State	<u>NJ</u>	Zip	<u>08837</u>
Telephone	<u>[REDACTED]</u>		FAX	<u>[REDACTED]</u>	
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 ☒ (YES) / NOT ☐ (NO) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: [Signature] Date: 9/25/17

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash	Check	Money Order
Fee:	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 / pickup fees additional depending upon delivery type.	
Extra:	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.

9/18/17-9/24/17

AGENCY ONLY

Est. Document Cost	_____
Est. Delivery Cost	_____

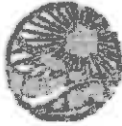
AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information		Total	Final Cost
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Rec'd By	_____		_____

Records -
Due 10/4/17



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 544 BROADWAY

PH 732-671-8958 FAX 732-322-1036
 Leah Poleski, Long Branch, NJ
 Kathy L. Schmetz, RMC, City 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 Steven MI P Last Name Haddad
 E-mail Address Magdi@SPHLAW.com
 Mailing Address 51a Thomas St. Suite 270
 City Edison State NJ Zip 08837
 Tel. phone [REDACTED] FAX [REDACTED]
 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. 17:28-3, I certify that I HAVE (X) NEVER 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 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.
 Submit: 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.

8/28/17 - 9/3/17

AGENCY USE ONLY

Sec. 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 #	Total	Print Cost
Rec'd Date	Deposit	
Ready Date	Release Date	
Total Pages	Release Paid	

Records

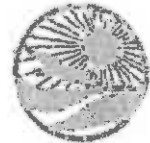
Due 9/19/17

Custodian's Name _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 BROADWAY

PH 732-671-6686 FAX 732-222-8635
 hschmeiz@ci.long-branch.nj.us
 Kathy L. Schmeiz, RMC, City 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 STEVEN MI J Last Name KAWECKI
 E-mail Address SKAWECKI981@GMAIL.COM
 Mailing Address % ATLANTIC PROFESSIONAL SERVICES, PO BOX 717
 City NUTLEY State NJ Zip 07110
 Telephone (973) 261-1111 FAX —
 Preferred Delivery: Pick Up ☒ (2) US Mail ☒ (1) On-Site ☐ Fax ☐ E-mail ☒ (1)
 AS REQUESTED
 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 3/2/17

Payment Information

Maximum Authorization Cost \$ 100 -
 Select Payment Method
 Cash ☒ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - equal cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special services 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.

RE = OCEAN VIEW TOWERS ROOF DAMAGE - 510 OCEAN AVE, LONG BRANCH, N.J.

- ① ALL PHOTOS OR REPORTS ON ROOF DAMAGE INCURRED ON 1/23 - 24/17 (IF AVAILABLE)
- ② ALL PERMITS, PLANS, SPECIFICATIONS, BUILDING DEPT. REPORTS, LETTERS, ETC. RE-ROOFING OF STRUCTURE WITH FAILED MEMBRANE ROOF. (ROOF IS BELIEVED TO HAVE BEEN INSTALLED AROUND APRIL 2014. IT IS ALSO REPORTED THAT 2 CONTRACTORS WERE INVOLVED; FIRST: ALL EXTERIOR ROOFING & SIDING, THEN ALTA ROOFING.)

WE ARE INVESTIGATING THE CAUSE OF THE ROOF FAILURE. ANY INFORMATION PERTINENT TO DETERMINATION OF FAILURE WOULD BE APPRECIATED. PLEASE CALL IF ANY QUESTIONS. THANK YOU.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided _____			
Bldg _____		_____	
Fiscal Code _____		_____	
Date <u>3/15/17</u>		_____	
Custodian Signature _____		Date _____	

Mary Moss

From: Debbie Talerico
Sent: Thursday, March 02, 2017 11:03 AM
To: Mary Moss
Subject: FW: Opra Request Form
Attachments: OceanTowersOPRA.pdf

From: Steven Kawecki [mailto:skawecki981@gmail.com]
Sent: Thursday, March 02, 2017 11:01 AM
To: Debbie Talerico <dtalerico@longbranch.org>
Subject: Re: Opra Request Form

Dear Ms. Talerico,

Attached is the OPRA request. Any questions please call me (973) 907-3803 or email. Please confirm receipt. Thank you for your help.

Regards,

Steve Kawecki

On Thu, Mar 2, 2017 at 7:57 AM, Debbie Talerico <dtalerico@longbranch.org> wrote:

You can email.

From: Steven Kawecki [mailto:skawecki981@gmail.com]
Sent: Wednesday, March 01, 2017 4:31 PM
To: Debbie Talerico <dtalerico@longbranch.org>
Subject: Re: Opra Request Form

Hi,

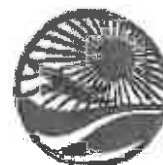
Thanks. Do you need original or can I scan and email?

Steve

On Wed, Mar 1, 2017 at 3:52 PM, Debbie Talerico <dtalerico@longbranch.org> wrote:



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kachmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 Steven MI W Last Name Ward
 E-mail Address sward@shclaw.com
 Mailing Address 125 Half Mile Road, Suite 300
 City Red Bank State NJ Zip 07701
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ 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 11/9/17

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.

Any and all resolutions, review letters, and plans pertaining to land use applications and/or approvals relating to the property located at 6 Private Drive, Long Branch, New Jersey, also known as Block 16, Lot 11 on the tax map of the city of Long Branch.

AGENCY USE ONLY

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

AGENCY USE ONLY

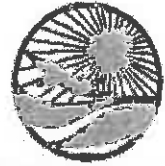
Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information **Final Cost**
 Tracking # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____
 Records Provided
Planned Gene
Due 11/21/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kachmetz@longbranch.org
Kathy L. Schmeitz, RMC, City Clerk



Important Notice

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

Requester Information - Please Print

First Name Steven Mi W. Last Name Ward

E-mail Address sward@ghclaw.com

Mailing Address 125 Half Mile Road, Suite 300

City Red Bank State NJ Zip 07701

Telephone [REDACTED] FAX [REDACTED]

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 [Signature] Date 3/15/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Any and all documents related to the Planning Board application for development of the properties located at Block 306, Lot 1.01, and Block 307, Lots 13-16 and 18-22, in the City of Long Branch. This request shall include but is not limited to the application, plans, traffic report, expert reports, review letters from the City of Long Branch Professionals and any other documents related to this application.

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 _____
Fitted - 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

Martinha S

Due 3/24/17

Custodian Signature

Date



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kachmelz@longbranch.org
Kathy L. Schmelz, RMC, City 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 Steven MI W. Last Name Ward
E-mail Address sward@ghclaw.com
Mailing Address 125 Half Mile Road, Suite 300
City Red Bank State NJ Zip 07701
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: Pick Up ☒ US Mail ☐ On-Site ☐ 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 3/15/17

Payment Information

Maximum Authorization Cost \$
Select Payment Method
Cash ☐ Check ☐ Money Order ☐
Fees: Letter size pages - \$0.06 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 and all documents related to the Planning Board application for development of the properties located at Block 306, Lot 1.01, and Block 307, Lots 13-16 and 18-22, in the City of Long Branch. This request shall include but is not limited to the application, plans, traffic report, expert reports, review letters from the City of Long Branch Professionals and any other documents related to this application.

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 # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

Plus

Due 3/29/17

Custodian Signature

Date

GIORDANO, HALLERAN & CIESLA, P.C.

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
WWW.GHCLAW.COM

STEVEN W. WARD, ESQ.
SWARD@GHCLAW.COM
DIRECT DIAL: (732) 219-5496

Please Reply To:
125 HALF MILE ROAD
SUITE 300
RED BANK, NJ 07701
(732) 741-3900
FAX: (732) 224-6599

March 17, 2017

Client/Matter No. 07896-1

Via E-Mail: kschmelz@longbranch.org

City of Long Branch
Kathy Schmelz, City Clerk
344 Broadway
Long Branch, NJ

Re: OPRA Request

Dear Ms. Schmelz:

Please withdraw the Open Public Records Act ("OPRA") Request submitted by our office on March 15, 2017 regarding an application before the Long Branch Planning Board regarding property located at Block 306, Lot 1.01 and Block 307, Lots 13-16 and 18-22. A copy of the referenced OPRA Request is attached hereto.

Thank you for your courtesies.

Very truly yours,


STEVEN W. WARD

Enclosure

cc: Denise Wegryniak (via e-mail)

Docs #2657731-v1



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-671-5686 / Fax 732-222-8836
 kschmetz@longbranch.org
 Kathy L. Schmetz, RMC, City 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 Callin MI M Last Name Bradley
 E-mail Address cbradley@dynamio-traffic.com
 Mailing Address 1904 Main Street
 City Lake Como State NJ Zip 07719
 Telephone [REDACTED] FAX [REDACTED]
 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 [Signature] Date 5/26/17

Payment Information

Maximum Authorization Cost \$ 100.00
 Select Payment Method
 Cash ☐ Check ☒ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size 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.

Our office would like to request any accident data reports from the past three years at the following two intersections:

- Broadway (CR 537) & Myrtle Ave (CR 29)
- Broadway (CR 537) & Martin St

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>Records -</u>			
<u>Due 6/7/17</u>			
Custodian Signature _____		Date _____	



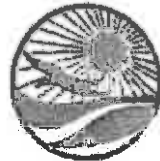
CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-571-5686 / Fax 732-222-8835

kschmelz@longbranch.org

Kathy L. Schmelz, RMC, City 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 Caitlin MI J Last Name Keating

E-mail Address caitlink@gsienviromental.com

Mailing Address 105 Evesboro-Medford Road, Suite C

City Martion State NJ Zip 08505

Telephone [REDACTED] FAX [REDACTED]

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 Caitlin Keating

Digitally signed by Caitlin Keating
Date: 2017.09.01 18:57:23 -0400

Date September 1, 2017

Payment Information

Maximum Authorization Cost \$ 10

Select Payment Method

Cash ☐ Check Money Order

Fees: Letter size pages - \$0.06 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.

GSi is performing an Environmental Assessment on the property located at 632 2nd Avenue, Block 121, Lot 7, Long Branch, New Jersey 07740. We are looking for the following documentation (if any):

-Documentation regarding underground storage tanks (removal, installation, permits, etc.)

-Documentation regarding any releases or hazardous environmental spills.

Documentation regarding any soil or groundwater contamination and site remediation, specifically any Remedial Investigation Reports between 1980-2017

-Asbestos or lead based paint abatement documentation.

-Documentation related to septic systems or supply wells at the property

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

*Slits -
 Health*

Done 9/14/17

Custodian Signature

Date

WARNING: Email received by or sent to City Officials are subject to the Open Public Records Act [OPRA]. If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

—Original Message—

From: Carly Kaminisky [mailto:carly@brinksconsulting.com]

Sent: Thursday, November 02, 2017 11:17 AM

To: Kathy Schmelz

Subject: Opra request

Attached is an OPRA request for the property at 195 Rockwell Avenue Block # 315 Lot # 18

I am requesting permit history for any installations, removals or decommissioned underground storage tanks.

Thank you

Carly Kaminisky

Brink's Tank Services

1256 Liberty Ave

Hillside, NJ 07205

Sldg —
Due 11/16/17

Mary Moss

From: Kathy Schmelz
Sent: Tuesday, December 05, 2017 7:33 AM
To: Mary Moss
Subject: FW: Opra Request

Kathy L. Schmelz, RMC
City Clerk
344 Broadway
Long Branch, NJ 07740
(732)571-5644

WARNING: Email received by or sent to City Officials are subject to the Open Public Records Act [OPRA]. If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

—Original Message—

From: Carly Kaminisky [mailto:carly@brinksconsulting.com]
Sent: Monday, December 04, 2017 4:49 PM
To: Kathy Schmelz
Subject: Opra Request

Attached is an OPRA request for the property at 419-421 West End Ave Block # 160 Lot # 27

I am requesting permit history for any installations, removals or decommissioned underground storage tanks.

Thank you

Carly Kaminisky
Brink's Tank Services
1256 Liberty Ave
Hillside, NJ 07205

Bdg
Due 12/14/17

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address

Name of Agency Custodian

732-222-8885

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

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) - a actual cost of material
Delivery: Delivery / postage fees addition of depending upon delivery type.

Extras: Special service charge dependent upon request.

First Name Carly MI Last Name Kaminsky

E-mail Address Carly@beinksconsulting.com

Mailing Address 1256 Liberty Ave

City Hillside State IL Zip 07205

Telephone 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 Carly Kaminsky Date 6/20/17

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 list of permit applications for the installation, removal or the decommissioning of Underground Storage Tanks at : 743 Pavilion Ave, Long Branch, NJ 07740

Block # 228

Lot # 29

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extra Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

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 ☐

Tracking Information

Final Cost

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

Bldg

Due 6/29/17

Custodian Signature

Date



AGENCY NAME HERE
OPEN PUBLIC RECORDS ACT REQUEST FORM



Agency Address
 Agency Telephone Number & Fax Number
 Agency e-mail address
 Name of Agency Custodian

732-222-8835

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 Carly Mr. Last Name Kaminsky
 E-mail Address Carly@beinksconsulting.com
 Mailing Address 1256 Liberty Ave
 City Hillside State IL Zip 07803
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspection ☐ Fax ☒ E-mail ☒
 If you are requesting records containing personal information, please circle one: Under penalty of N.I.S.A. 2020-3, 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 Carly Kaminsky 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.
 Extra: Special service charge dependent upon request.

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

Please provide a list of permit applications for the installation, removal or the decommissioning of underground storage tanks at: 459 West Street, Long Branch

Block # 468

Log # 2

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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

In Progress - Open _____
 Deleted - Closed _____
 Filed - Closed _____
 Partial - Closed _____

Tracking Information

Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Remarks/Feedback _____

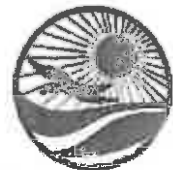
Bldg -
 Due 9/11/17

Custodian Signature

Date



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5886 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 Catherine MI A Last Name Posler
 E-mail Address Sweetangeleyes10 Comcast.net
 Mailing Address 245 Atlantic Ave Apt 4
 City Long Branch State NJ Zip 07740
 Telephone [REDACTED] 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 Catherine Posler Date 9-31-17

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.

I Need to get Any and all Totals of Sick time taken on all of the Finance Division Employees for the City of Long Branch for the past 6yrs. Please include Tax Collector's office, Finance, Payroll, Purchasing. I am going to pick this information up. Thank you.

(example)

*2012 =
 Employee - 2003 =
 2014 =
 2015 =
 2016 =
 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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Tara O _____			
M. Martin _____			
Due: 4/12/17			
Custodian Signature		Date	



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschmeiz@longbranch.org
 Kathy L. Schmeiz, RMC, City 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 CHARLES MI P Last Name KELLY
 E-mail Address CKELLY@KELLYLAWNJ.COM
 Mailing Address 47 RECKLESS PLACE
 City RED BANK State NJ Zip 07701
 Telephone [REDACTED] FAX [REDACTED]
 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 [Signature] Date 8/3/17

Payment Information

Maximum Authorization Cost \$ 50
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

ALL PUBLIC NOTICES ISSUED, MAILED AND/OR PUBLISHED BY THE CITY OF LONG BRANCH AND/OR THE DEVELOPER/OWNER OR THEIR AGENTS PERTAINING TO THE "SOUTH BEACH AT LONG BRANCH" PROJECT CURRENTLY UNDER CONSTRUCTION IMMEDIATELY SOUTH OF 295 OCEAN BLVD, LONG BRANCH, AS WELL AS ALL RESOLUTIONS (OR RATIFIED) ADOPTED BY THE CITY OF LONG BRANCH CONCERNING THE DEVELOPEMENT AND CONSTRUCTION OF THE "SOUTH BEACH AT LONG BRANCH" PROJECT.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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 ☐

Tracking Information

Final Cost

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

Records Provided

Plan / zone

Dec 9/12/17

Custodian Signature

Date

DEPOSITS

The custodian may require a deposit against costs for reproducing documents sought through an anonymous request whenever the custodian anticipates that the documents requested will cost in excess of \$5 to reproduce.

Where a special service charge is warranted under OPRA, that amount will be communicated to you as required under the statute. You have the opportunity to review and object to the charge prior to it being incurred. If, however, you approve of the fact and amount of the special service charge, you may be required to pay a deposit or pay in full prior to reproduction of the documents.

YOUR REQUEST FOR RECORDS IS DENIED FOR THE FOLLOWING REASON(S):

(To be completed by the Custodian of Records – check the box of the numbered exemption(s) as they apply to the records requested. If multiple records are requested, be specific as to which exemption(s) apply to each record. Response is due to requestor as soon as possible, but no later than seven business days.)

N.J.S.A. 47:1A-1.1

- ☐ Inter-agency or intra-agency advisory, consultative or deliberative material
- ☐ Legislative records
- ☐ Law enforcement records:
 - ☐ Medical examiner photos
 - ☐ Criminal investigatory records (however, N.J.S.A. 47:1A-3 b. lists specific criminal investigatory information which must be disclosed)
 - ☐ Victims' records
- ☐ Trade secrets and proprietary commercial or financial information
- ☐ Any record within the attorney-client privilege
- ☐ Administrative or technical information regarding computer hardware, software and networks which, if disclosed would jeopardize computer security
- ☐ Emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or persons therein
- ☐ Security measures and surveillance techniques which, if disclosed, would create a risk to the safety or persons, property, electronic data or software
- ☐ Information which, if disclosed, would give an advantage to competitors or bidders
- ☐ Information generated by or on behalf of public employers or public employees in connection with:
 - ☐ Any sexual harassment complaint filed with a public employer
 - ☐ Any grievance filed by or against an employee
 - ☐ Collective negotiations documents and statements of strategy or negotiating
- ☐ Information that is a communication between a public agency and its insurance carrier, administrative service organization or risk management office
- ☐ Information that is to be kept confidential pursuant to court order
- ☐ Certificate of honorable discharge issued by the United States government (Form DD-214) filed with a public agency
- ☐ Social security numbers
- ☐ Credit card numbers
- ☐ Unlisted telephone numbers
- ☐ Drivers' license numbers
- ☐ Certain records of higher education institutions:
 - ☐ Research records
 - ☐ Questions or scores for exam for employment or academics
 - ☐ Charitable contribution information
 - ☐ Rare book collections gifted for limited access
 - ☐ Admission applications
 - ☐ Student records, grievances or disciplinary proceedings revealing a students' identification
- ☐ Biotechnology trade secrets N.J.S.A. 47:1A-1.2
- ☐ Convicts requesting their victims' records N.J.S.A. 47:1A-2.2
- ☐ Ongoing investigations of non-law enforcement agencies (must prove disclosure is inimical to the public interest) N.J.S.A. 47:1A-3.a.
- ☐ Public defender records N.J.S.A. 47:1A-5.k.
- ☐ Upholds exemptions contained in other State or federal statutes and regulations, Executive Orders, Rules of Court, and privileges created by State Constitution, statute, court rule or judicial case law N.J.S.A. 47:1A-9
- ☐ Personnel and pension records (however, the following information must be disclosed:
 - * An individual's name, title, position, salary, payroll record, length of service, date of separation and the reason for such separation, and the amount and type of any pension received
 - * When required to be disclosed by another law, when disclosure is essential to the performance of official duties of a person duly authorized by this State or the US, or when authorized by an individual in interest
 - * Data contained in information which disclose conformity with specific experiential, educational or medical qualifications required for government employment or for receipt of a public pension, but not including any detailed medical or psychological information N.J.S.A. 47:1A-10

N.J.S.A. 47:1A-1

- ☐ "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

Burnett v. County of Bergen, 198 N.J. 408 (2009). Without ambiguity, the court held that the privacy provision "is neither a preface nor a preamble." Rather, "the very language expressed in the privacy clause reveals its substantive nature; it does not offer reasons why OPRA was adopted, as preambles typically do; instead, it focuses on the law's implementation." "Specifically, it imposes an obligation on public agencies to protect against disclosure of personal information which would run contrary to reasonable privacy interests."

Executive Order No. 21 (McGreevey 2002)

- ☐ Records where inspection, examination or copying would substantially interfere with the State's ability to protect and defend the State and its citizens against acts of sabotage or terrorism, or which, if disclosed, would materially increase the risk or consequences of potential acts of sabotage or terrorism.
- ☐ Records exempted from disclosure by State agencies' proposed rules.

Executive Order No. 26 (McGreevey 2002)

- ☐ Certain records maintained by the Office of the Governor
- ☐ Resumes, applications for employment or other information concerning job applicants while a recruitment search is ongoing
- ☐ Records of complaints and investigations undertaken pursuant to the Model Procedures for Internal Complaints Alleging Discrimination, Harassment or Hostile Environments
- ☐ Information relating to medical, psychiatric or psychological history, diagnosis, treatment or evaluation
- ☐ Information in a personal income or other tax return
- ☐ Information describing a natural person's finances, income, assets, liabilities, net worth, bank balances, financial history or activities, or creditworthiness, except as otherwise required by law to be disclosed
- ☐ Test questions, scoring keys and other examination data pertaining to the administration of an examination for public employment or licensing
- ☐ Records in the possession of another department (including NJ Office of Information Technology or State Archives) when those records are made confidential by regulation or EO 9.

Other Exemption(s) contained in a State statute, resolution of either or both House of the Legislature, regulation, Executive Order, Rules of Court, any federal law, federal regulation or federal order pursuant to N.J.S.A. 47:1A-9.a.
(Please provide detailed information regarding the exemption from disclosure for which you are relying to deny access to government records. If multiple records are requested, be specific as to which exemption(s) apply to each record.)

REQUEST FOR RECORDS UNDER THE COMMON LAW

If, in addition to requesting records under OPRA, you are also requesting the government records under the common law, please check the box below.

A public record under the common law is one required by law to be kept, or necessary to be kept in the discharge of a duty imposed by law, or directed by law to serve as a memorial and evidence of something written, said, or done, or a written memorial made by a public officer authorized to perform that function, or a writing filed in a public office. The elements essential to constitute a public record are that it be a written memorial, that it be made by a public officer, and that the officer be authorized by law to make it.

☒ Yes, I am also requesting the documents under common law.

If the information requested is a "public record" under common law and the requestor has a legally recognized interest in the subject matter contained in the material, then the material must be disclosed if the individual's right of access outweighs the State's interest in preventing disclosure.

Please set forth your interest in the subject matter contained in the requested material:

INVESTIGATION FOR CLIENT

Note that any challenge to a denial of a request for records under the common law cannot be made to the Government Records Council, as the Government Records Council only has jurisdiction to adjudicate challenges to denials of OPRA requests. A challenge to the denial of access under the common law can be made by filing an action in Superior Court.

1. All government records are subject to public access under the Open Public Records Act ("OPRA"), unless specifically exempt.
2. A request for access to a government record under OPRA must be in writing, hand-delivered, mailed, transmitted electronically, or otherwise conveyed to the appropriate custodian. N.J.S.A. 47:1A-5.g. The seven (7) business day response time does not commence until the records custodian receives the request form. If you submit the request form to any other officer or employee of the *City of Long Branch*, that officer or employee must either forward the request to the appropriate custodian, or direct you to the appropriate custodian. N.J.S.A. 47:1A-5.h.
3. Requestors may submit requests anonymously. If you elect not to provide a name, address, or telephone number, or other means of contact, the custodian is not required to respond until you reappear before the custodian seeking a response to the original request.
4. The fees for duplication of a government record in printed form are listed on the front of this form. We will notify you of any special service charges or other additional charges authorized by State law or regulation before processing your request. Payment shall be made by cash, check or money order payable to the *City of Long Branch*.
5. **You may be charged a 50% or other deposit when a request for copies exceeds \$25.** The *City of Long Branch* custodian will contact you and advise you of any deposit requirements. You agree to pay the balance due upon delivery of the records. Anonymous requests in excess of \$5.00 require a deposit of 100% of estimated fees.
6. Under OPRA, a custodian must deny access to a person who has been convicted of an indictable offense in New Jersey, any other state, or the United States, and who is seeking government records containing personal information pertaining to the person's victim or the victim's family. This includes anonymous requests for said information.
7. By law, the *City of Long Branch* must notify you that it grants or denies a request for access to government records within seven (7) business days after the agency custodian of records receives the request. If the record requested is not currently available or is in storage, the custodian will advise you within seven (7) business days after receipt of the request when the record can be made available and the estimated cost for reproduction.
8. You may be denied access to a government record if your request would substantially disrupt agency operations and the custodian is unable to reach a reasonable solution with you.
9. If the *City of Long Branch* is unable to comply with your request for access to a government record, the custodian will indicate the reasons for denial on the request form or other written correspondence and send you a signed and dated copy.
10. Except as otherwise provided by law or by agreement with the requester, if the agency custodian of records fails to respond to you within seven (7) business days of receiving a request, the failure to respond is a deemed denial of your request.
11. If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the *City of Long Branch* to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council ("GRC") by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at PO Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The Council can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.
12. Information provided on this form may be subject to disclosure under the Open Public Records Act.

KELLY LAW, P.C.

47 RECKLESS PLACE

RED BANK, NJ 07701

732-842-5529 (P)

732-551-3421 (F)

www.KellyLawNJ.com

August 31, 2017

Via Email and First Class Mail

City of Long Branch

Attention: Kathy L. Schmelz, City Clerk

344 Broadway

Long Branch, NJ 07740

**RE: Request for Documents and Other Information Under the New Jersey
Open Public Records Act**

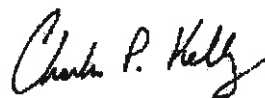
South Beach at Long Branch Project

Dear Ms. Schmelz:

Enclosed please find a completed Open Public Records Act Request Form.

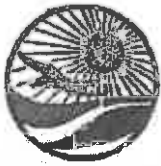
Should you require anything further, or if have any questions or comments, please feel free to contact the undersigned. Thank you.

Very truly yours,



Charles P. Kelly

Enclosure



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5886 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 Chaya MI Last Name Heller
 E-mail Address chayah@mbweinsteinlaw.com
 Mailing Address 126 Autumn Road
 City Lakewood State NJ Zip 08701
 Telephone FAX
 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 / ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Chaya Heller Date 2/22/17

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.

Please send me all open permits & violations for the property located at 621 Westwood Avenue, Long Branch, NJ Block: 19.01 Lot 100

Thank You!

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress - Open
 Denied - Closed
 Filed - Closed
 Partial - Closed

AGENCY USE ONLY

Tracking Information		Final Cost
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		
<u>Bldg -</u>		
<u>Due 3/6/17</u>		
Custodian Signature <u> </u>	Date <u> </u>	



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschmetz@longbranch.org
 Kathy L. Schmetz, RMC, City 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 Chenelle MI D Last Name Cavin
 E-mail Address editorinchief@unheardvoicesmag.com
 Mailing Address 111 Bath Avenue #67
 City Long Branch State NJ Zip 07740
 Telephone [REDACTED] FAX [REDACTED]
 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 Chenelle C Date 1/9/17

Payment Information

Maximum Anticipated Cost \$ _____
 Select Payment Method:
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.10 per page
 Legal size pages - \$0.15 per page
 Other materials (CD, DVD, etc.) - actual cost of materials
 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.

see attached

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Depos. 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 ☐
 Faxed ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

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

Records Provided
Police Dept
Due 1/19/17
 Custodian Signature _____ Date _____

Open Public Records Act – Long Branch, NJ Attachment Request

Chenelle R. Covin – January 9th, 2017

On December 30th, 2016 around 1:00pm, Joscil Jackson of 6 Ellis Avenue Long Branch, NJ says he was stopped and arrested by Long Branch, NJ police. For that incident, I am requesting:

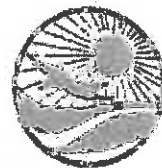
1. Body cam footage of Detective R. Obrien starting at 1:00pm on December 30th
2. Audio footage from Detective R. Obrien camera starting at 1:00pm on December 30th
3. Body cam footage of Officer Roselli starting at 1:00pm on December 30th
4. Audio footage from Officer Roselli starting at 1:00pm on December 30th
5. Booking video from the time Joscil Jackson was booked into the Long Branch precinct.
6. Any officers on the scene during the apprehension and arrest of Joscil Jackson on December 30th
7. Full police report on his arrest

These items can be sent to me via USB drive by mail and the police report can be sent to me by mail as well.



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 CHRIS MI C Last Name BRIGHTON
 E-mail Address BEOCHRIS@GMAIL.COM
 Mailing Address 75 B BRIGHTON AVE
 City LONG BRANCH State NY Zip 07740
 Telephone (908) 534-XXXX 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 Chris Brighton Date 6/15/17

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request

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

CAN YOU PLEASE PROVIDE ME WITH
 ALL BUILDING PERMITS FOR
 53 BRIGHTON AVE
 LONG BRANCH
 2000-PRESENT

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extra 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 _____
Due 6/26/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 BROADWAY
PH 732-571-5686 FAX 732-222-8835
kschmelz@cl.jong-branch.nj.us
Kathy L. Schmelz, RMC, City 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 Chris MI R Last Name Martino
E-mail Address Cmart8787@gmail.com
Mailing Address 7 Lancelot Rd
City Manalapan State NJ Zip 07726
Telephone [REDACTED] FAX [REDACTED]
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 [Signature] Date 5/1/17

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 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 am requesting the addresses of tax delinquent properties in the City of Long Branch. I am specifically looking for the properties who have not paid taxes in excess of 1 year. I am looking for the properties with back taxes of 1 year plus.

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
Tax Collector -
Due 5/1/17
Custodian Signature _____ Date _____

Mary Moss

From: chris martino <cmart8787@gmail.com>
Sent: Monday, May 01, 2017 8:47 PM
To: Mary Moss
Cc: Debbie Talerico
Subject: Re: FW: Opra Request Form
Attachments: Open public records act request form.pdf

Hello Mary,

I have attached the completed open records act request form. Can you let me know if any other information is needed.

Best,
Chris

On Mon, May 1, 2017 at 9:44 AM, Mary Moss <mmoss@longbranch.org> wrote:

Good Morning Chris,

The OPRA request needs to be specific. I checked with our Tax Collector and you need to be specific to "delinquent", kindly elaborate.

Thank you,

Mary

From: Debbie Talerico
Sent: Monday, May 01, 2017 9:27 AM
To: Mary Moss <mmoss@longbranch.org>
Subject: FW: Opra Request Form

From: chris martino [<mailto:cmart8787@gmail.com>]
Sent: Friday, April 28, 2017 3:27 PM

To: Debbie Talerico <dtalerico@longbranch.org>

Subject: Re: Opra Request Form

Hello Debbie,

Thank you for sending over the request form. On the section listed record request information would "A list of all the tax delinquent properties in Long Branch" be sufficient or would I have to be more descriptive than that?

Best,

Chris

On Fri, Apr 28, 2017 at 2:48 PM, Debbie Talerico <dtalerico@longbranch.org> wrote:



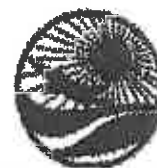
CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-371-5556 / Fax 732-222-8535

kathym@longbranch.org

Kathy L. Schmeck, RMC, City 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 Chris MI W Last Name WISS
 E-mail Address Chris1@Progressive.com
 Mailing Address 485 A Route 1 South Suite 400
 City Iselin State NJ Zip 08830
 Telephone [REDACTED] FAX [REDACTED]
 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:2B-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 7-19-17

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.

Police report # 17WB05140. Date of accident 5-26-17
 Police report indicates surveillance footage was reviewed by a nearby camera. I would like a copy of the footage on a CD sent to Progressive Insurance.
 Thank You.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Faxed ☐ Closed ☐
 Pending ☐ Closed ☐

AGENCY USE ONLY**Tracking Information**

Tracking # _____ Total _____
 Rec'd Date _____ Deposits _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____

Records Provided

Records -
 Due 7/28/17

Custodian Signature

Date

Long Branch City
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 732-571-5686 Fax: 7322228835
344 Broadway Long Branch NJ 07740
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	[REDACTED]		FAX	[REDACTED]	
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 609-961-8661.

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
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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Records			
Due 10/19/17			
Custodian Signature		Date	

Long Branch City
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 732-571-5686 Fax: 7322228835
344 Broadway Long Branch NJ 07740
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 FAX

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 10/16/2017

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 10/8/2017

End Date 10/14/2017

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	Final Cost
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 <u> </u>	

Records -

Due 10/26/17

Custodian Signature

Date

Long Branch City
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 732-571-5686 Fax: 7322228835
344 Broadway Long Branch NJ 07740
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	<u>Christina</u>	MI		Last Name	<u>Mota</u>
E-mail Address	<u>data@legalplex.com</u>				
Mailing Address	<u>2022 WASHINGTON BLVD</u>				
City	<u>ROBBINSVILLE</u>	State	<u>NJ</u>	Zip	<u>08691</u>
Telephone	<u>[REDACTED]</u>		FAX	<u>[REDACTED]</u>	
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail
				<u>X</u>	<u>X</u>
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	<u>Christina Mota</u>			Date	<u>10/23/2017</u>

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 10/15/2017

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	_____
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			
<u>Records</u>			
<u>Due 11/1/17</u>			
Custodian Signature		Date	

Long Branch City
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 732-571-5686 Fax: 7322228835
344 Broadway Long Branch NJ 07740
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 FAX

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
Filed Closed
Partial Closed

AGENCY USE ONLY

Tracking Information		Final Cost	
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			
<u>Records</u> <u>Due 11/9/17</u>			
Custodian Signature		Date	

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-571-5686

Fax: 7322228835

344 Broadway Long Branch NJ 07740

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 FAX

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		Final Cost	
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			
<u>Records</u>			
<u>Due 11/22/17</u>			
Custodian Signature		Date	

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-571-5686

Fax: 7322228835

344 Broadway Long Branch NJ 07740

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 FAX

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 11/20/2017

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 11/12/2017

End Date 11/18/2017

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extra 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		Final Cost	
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			
<u>Records</u>		<u>Due 12/1/17</u>	
Custodian Signature <u> </u>		Date <u> </u>	

Long Branch City
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 732-571-5686 Fax: 7322228835
344 Broadway Long Branch NJ 07740
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 08861
Telephone FAX
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 11/27/2017

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 11/19/2017

End Date 11/25/2017

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		Final Cost
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

Dec 12/6/17

Custodian Signature

Date

Long Branch City
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 732-571-5686 Fax: 7322228835
344 Broadway Long Branch NJ 07740
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 <u>Christina</u>	MI _____	Last Name <u>Mota</u>
E-mail Address <u>data@legalplex.com</u>		
Mailing Address <u>2022 WASHINGTON BLVD</u>		
City <u>ROBBINSVILLE</u>	State <u>NJ</u>	Zip <u>08691</u>
Telephone <u>[REDACTED]</u>	FAX <u>[REDACTED]</u>	
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax <u>X</u> E-mail <u>X</u>		
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 <u>Christina Mota</u>		Date <u>11/6/2017</u>

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>Records</u>			
<u>Due 11/7/17</u>			
Custodian Signature _____		Date _____	

Long Branch City
OPEN PUBLIC RECORDS ACT REQUEST FORM
Ph: 732-571-5686 Fax: 7322228835
344 Broadway Long Branch NJ 07740
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 FAX
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 12/4/2017

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 809-961-6661.

Start Date 11/26/2017

End Date 12/2/2017

AGENCY USE ONLY

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

Deposit Date

AGENCY USE ONLY

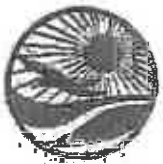
Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open
Denied - Closed
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information		Final Cost
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		

Records
Due 12/13/17
Custodian Signature Date



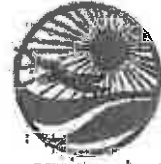
CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-571-5686 / Fax 732-222-8835

kschmelz@longbranch.org

Kathy L. Schmelz, RMC, City 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 Last Name Winlow
 E-mail Address caw@bielanlaw.com
 Mailing Address 33 W. 8th St. and floor
 City Bayonne State NJ Zip 07002
 Telephone [REDACTED] FAX [REDACTED]
 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 A. Winlow Date 3/15/17

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.

Re: 250 Villa Drive, Long Branch, NJ (Block 229, Lot 37.205)

Please provide the following information from the Fire Building, Zoning, Tax, Health, Clerk, and Public Safety Office:

- 1) open / closed permits
- 2) open / closed violations and/or penalties
- 3) variances
- 4) tax liens
- 5) Fires

- 6) off site conditions
- 7) Storage tanks
- 8) environmental issues

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

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

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

Tracking Information

Tracking #

Rec'd Date

Ready Date

Total Pages

Final Cost

Total

Deposit

Balance Due

Balance Paid

Records Provided

File / Code - Records -
 Bldg -
 Tax Collector -
 Health Dept -

Custodian Signature

Date

Rec 3/27/17



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-571-5586 / Fax 732-222-8835

kschmelz@longbranch.org

Kathy L. Schmelz, RMC, City 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 Christine MI M Last Name Swanson
 E-mail Address Christine.Swanson@otteau.com
 Mailing Address 100 Matawan Road, Suite 320
 City Matawan State NJ Zip 07747
 Telephone (732) [REDACTED] FAX (732) [REDACTED]
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ 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 indicable offense under the laws of New Jersey, any other state, or the United States.
 Signature Christine Swanson Date 10/2/17

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 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 email a copy of the Property Record Card for the following properties:

- Block 124, Lot 3 (607 Ocean Ave)
- Block 124, Lot 4 (616-618 Ocean Ave)
- Block 124, Lot 5.01 (620-628 Ocean Ave)
- Block 124, Lot 6 (1 West End Court)

Email to christine.swanson@otteau.com

AGENCY USE ONLY**AGENCY USE ONLY****AGENCY USE ONLY**

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

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

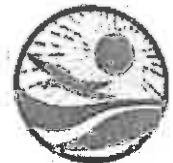
In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

Tracking Information
 Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided _____
Tax Assessor
Due 10/12/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 Christine MI M Last Name Swanson
 E-mail Address christine.swanson@attenu.com
 Mailing Address 100 Matawan Road - Suite 320
 City Matawan State NJ Zip 07747
 Telephone (732) [REDACTED] FAX (732) [REDACTED]
 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 Christine Swanson Date 8/7/17

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.

Please forward a copy of the property record card for the following -
 Block: 174
 Lot: 15
10 Pearl Street
 Thank you!

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Tax Assessor - _____			
Due 8/16/17			
Custodian Signature		Date	

Mary Moss

From: Kathy Schmelz
Sent: Tuesday, April 11, 2017 3:05 PM
To: Mary Moss
Subject: FW: Request for Records

Kathy L. Schmelz, RMC
City Clerk
344 Broadway
Long Branch, NJ 07740
(732)571-5644

WARNING: Email received by or sent to City Officials are subject to the Open Public Records Act [OPRA]. If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

—Original Message—

From: ACQData [mailto:ACQData@accutrend.com]
Sent: Tuesday, April 11, 2017 3:06 PM
To: Kathy Schmelz
Subject: Request for Records

Accutrend Data Corporation
REQUEST RECORDS

Kathy Schmelz
NJ Long Branch City 237431

RE: New Business Listing

Hello, My name is Colin Yost, I will be your new point of contact with Accutrend. I would like to request the cost for a listing of all new business that have filed for a new business license in the months of January 2017 through March 2017. If there are any issues, delays or questions, please feel free to let me know. If you have already sent us this data then you may disregard this request. Thank you for your time.

Mail Records To: ACCUTREND DATA CORPORATION
ATTN: RECEIVING DEPT.
P.O. BOX 6615
GREENWOOD VILLAGE, CO 80155-6615

Email Records To: accdata@accutrend.com Fax Records To: 

Thank you,
Colin Yost
Acquisitions Department
Accutrend Data Corporation

Heath —

Due 4/21/17



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschemelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 Connor X MI I Last Name Montferrat
 E-mail Address Connor.montferrat@otheau.com
 Mailing Address Lot Matawan Road
 City Matawan State NJ Zip 07747
 Telephone [REDACTED] FAX [REDACTED]
 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 [Signature] Date 6/6/17

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.

Hi,

Can you please provide the property record card for
 1) 680 Broadway (Block 241, Lot 42.01)

Thanks again!

-Connor

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
<u>Tax Assessor</u>			
<u>Due 6/15/17</u>			
Custodian Signature		Date	

Mary Moss

From: Connor Montferrat <Connor.Montferrat@otteau.com>
Sent: Tuesday, June 06, 2017 11:37 AM
To: Mary Moss
Subject: RE: COMPLETED OPRA
Attachments: Scan170606111256-0001.pdf

Hi Mary,

Yes, attached is the new OPRA for the city's records.

From: Connor Montferrat
Sent: Tuesday, June 6, 2017 10:54 AM
To: 'Mary Moss' <mmoss@longbranch.org>
Subject: RE: COMPLETED OPRA

Mary,

I forgot one more. We had contacted the assessor last week about the property, the address is 680 Broadway (Block 241, Lot 42.01).

Let me know if you need another formal OPRA. I can fill that out asap.

Thanks,

Connor

From: Mary Moss [<mailto:mmoss@longbranch.org>]
Sent: Monday, June 5, 2017 4:09 PM
To: Connor Montferrat <Connor.Montferrat@otteau.com>
Subject: COMPLETED OPRA

Good Afternoon,

Please find attached completed OPRA.

Thank you,



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMG, City 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 CONNOR MI E Last Name MONTFERRAT
 E-mail Address Connor.montferrat@otteau.com
 Mailing Address 100 Matawan Road
 City Matawan State NJ Zip 07747
 Telephone [REDACTED] FAX [REDACTED]
 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 [Signature] Date 6/2/17

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 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.

Hi,

Could you please provide the property cards for the following:

① 205 West End Avenue (Block 117, Lot 13.04)
 known as West End Gardens

② 1 West End Court (Block 124 Lot 6)

Thank you!

- Connor Montferrat

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

Tax Assessor

Due 6/13/17

Custodian Signature

Date



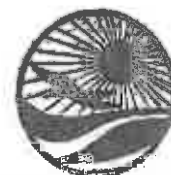
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-571-5886 / Fax 732-222-8835

kschmeitz@longbranch.org

Kathy L. Schmeitz, RMC, City 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 Constantino MI _____ Last Name Stamos
E-mail Address deans@ferrarostamos.com
Mailing Address P.O. Box 158
City Rockledge State NJ Zip 07647
Telephone [REDACTED] FAX [REDACTED]
Preferred Delivery: Pick Up _____ On-Site _____
Up _____ 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.

A copy of all certificates of occupancy issued in relation to property known as 27 Second Avenue, Block 287, Lot 6.

Also, any open permits or violations against the property, if any.

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 _____

Results Provided

Bldg
Code

Dec 3/30/17

Date: _____

Mary Moss

From: New Jersey <newjersey@openthebooks.com>
Sent: Tuesday, January 17, 2017 9:52 AM
To: Mary Moss
Subject: New OPRA - City of Long Branch submitted on 01/17/2017

Importance: High

01/17/2017

Mary Moss:

Pursuant to the OPRA, this is a request for a copy of the following records: An electronic copy of any and all employees for years of 2016, (fiscal or calendar year). Each employee record should contain the employer name, employer zip code, year of compensation, first name, middle initial, last name, hire date (mm-dd-yyyy), base salary amount, bonus amount, overtime amount, gross annual wages and position title. This data should be broken down by employer, employee and year.

The principal purpose of this is to make this information more accessible to the public and to access and disseminate information regarding the health, safety, and welfare of the general public. This request is not principally for personal or commercial benefit. Our agency is just exercising the general rights of the public. For these reasons, we are requesting a waiver of fees. If there is a charge for this service, please obtain my approval in writing prior to proceeding with request.

All documents can be e-mailed to newjersey@openthebooks.com or mailed in electronic format (preferred format would be .csv or .xls). If any documents are not provided in the format specified, please provide the state or federal statutes relied upon for that decision. If any record or portion of a record responsive to this request is contained in a record or portion of a record deemed unresponsive to the request, I would like to inspect the entire document. Under the Open Records Act/Freedom of Information Act, all non-exempt portions of any partially-exempt documents must be disclosed. If any records or portions of records are withheld, please state the exemption on which you rely, the basis on which the exemption is invoked, and the name of the individual responsible for the decision.

Thank you for your prompt consideration of my request. If you have any questions, or if I can be of any assistance, please e-mail me at newjersey@openthebooks.com

Finance
Jan 11/26/17

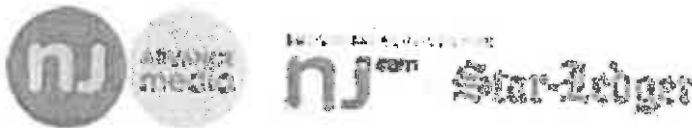
Sincerely,

Courtney Cunningham

American Transparency

P.O. Box 970999

Boca Raton, FL 33497-0999



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

*Records -
cc: J Boebuck, & Shirley
Due 8/8/17*

Mary Moss

From: Kathy Schmelz
Sent: Thursday, July 27, 2017 10:59 AM
To: Mary Moss
Subject: FW: Star-Ledger OPRA — Use of Force MonC
Attachments: OPRA UOF- local.pdf

Send this OPRA to Linda, Garrett, Shirley and a cc to Roebuck

Thank you!

Kathy L. Schmelz, RMC
City Clerk
344 Broadway
Long Branch, NJ 07740
(732)571-5644

WARNING: Email received by or sent to City Officials are subject to the Open Public Records Act [OPRA]. If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

From: Craig McCarthy [mailto:CMCCARTHY@njadvancemedia.com]
Sent: Thursday, July 27, 2017 10:57 AM
To: Craig McCarthy
Subject: Star-Ledger OPRA — Use of Force MonC

Please see attached OPRA request. If you are not the custodian of these records please forward to the appropriate person under state OPRA law.

Thank you

Craig McCarthy | NJ Advance Media

Reporter | Twitter: [@createcraig](https://twitter.com/createcraig)

Cell: 732-372-2078 | Fax: 732-243-2840
Email: CMcCarthy@NJAdvanceMedia.com



PROVIDING SERVICES FOR
NJ.com



Star-Ledger

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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

Requestor Information - Please Print

First Name Craig MI Last Name Robel

E-mail Address support@sellyourhouseproblems.com

Mailing Address 55 Mansel Dr

City Landing State NJ Zip 07850

Telephone 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 [Signature] Date 7/26/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

1. Provide the address of any known vacant, abandoned, or condemned residential house

- Generally the code enforcement, zoning, inspectors, property maintenance, tax assessor or tax collector have this information
- If you have a list, please provide the list

Completed 7/26/17 (See attached)

2. Provide the property address of houses filed in probate in 2017. Provide the name, address and contact information of the current owner, fiduciaries, heirs, beneficiaries and/or executor/administrator

(County - Not Local Government)

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

*Completed
7/26/17*

Due 8/7/17



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5886 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 Dan MI _____ Last Name Radel
 E-mail Address dradel@gannettnj.com
 Mailing Address Asbury Park Press, 3800 Highway 68
 City Neptune State NJ Zip 07754
 Telephone [REDACTED] FAX [REDACTED]
 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 Dan Radel Date 01/11/2017

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

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

I request a copy of the complaint (appeal) filed by Jemal's Church Street Group (L-3957-16) and answer by Zoning Board attorney Micheal Irene.

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		Final Cost	
Tracking # _____	Total _____	Deposit _____	Balance Due _____
Rec'd Date _____	Ready Date _____	Balance Paid _____	
Total Pages _____			
Records Provided <u>10: Planning</u>			
Custodian Signature <u>Duc: 1/23/17</u>		Date _____	



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City 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 Dan MI M Last Name Radel

E-mail Address dradel@gannettnj.com

Mailing Address 3600 Highway 66

City Neptune State NJ Zip 07754

Telephone [REDACTED] FAX [REDACTED]

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 Dan Radel

Date 10/25/2017

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐

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

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Seeking dash cam and body cam recordings, incident reports and supplemental reports, computer assisted dispatch reports related to a Long Branch Police response to Morris Avenue on the afternoon of Oct. 17, 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 ☐
Filed ☐ Closed ☐
Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

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

Final Cost

Records Provided
To: Leanne DS
Lt. Shirla
Chief Roebuck

Due: 11/14/17

Custodian Signature

Date



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway
 Phone 732-571-5666 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 Daniel MI Last Name Chedid

E-mail Address dchedid@peak-environmental.com

Mailing Address 74 Main Street, 2nd Floor

City Woodbridge State NJ Zip 07095

Telephone [REDACTED] FAX [REDACTED]

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 [Signature] Date June 2, 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 see attached OPRA request for:
 3 Pullman Avenue, Long Branch, NJ 07740
 Block 57, Lots 2 & 5

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

Final Cost

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

Records Provided
Tax Assessor
Bids
Kir
Heath
Plan

Custodian Signature

Due 6/13/17

Date



June 2, 2017

Kathy L. Schmelz, RMC
Long Branch City Clerk
344 Broadway
Long Branch, NJ 07740

Via Fax (732) 222-8835

**Re: Government Records Request
3 Pullman Avenue
Block 57, Lots 2 & 5
Long Branch, New Jersey 07740
Project No. 2340**

Dear Ms. Schmelz:

Peak Environmental LLC is conducting a Phase I Environmental Site Assessment of the above referenced property in the Township of Long Branch, NJ. This letter constitutes a request for a file search of inspection and/or environmental records (underground storage tanks, fires, spills etc.) related to current or historical records for the properties. Peak is interested in obtaining the following:

Tax Assessor

- Confirm Property Owner, Lot size, Date of Construction, Building Size

Building Department

- Building addition permits
- Underground and aboveground (UST and AST) installation and closure/removal permits
- Historic tenant/property owner data
- Other issues of environmental concern (oil water separators, generators, etc.)

Fire Department

- UST and AST installation and closure/removal permits
- Spill incident records
- Citizen complaints
- Investigations/records regarding on the use, handling, release, or discharge of solid or liquid wastes, hazardous materials
- Other circumstances of environmental concern



Health Department

- Records of environmental investigations
- Community Right to Know Surveys
- Records of violations, discharges of hazardous substances or wastes
- Environmental permits held for the facility.
- Asbestos, lead-based paint, radon, mold investigation/abatement records

Planning Department

- Activity Use Restrictions (AULS) such as engineering or institutional controls, etc.
- Limitations on development of the property

Please contact us at 732-326-1010 if any records exist for this property. We would appreciate it if you could fax the records if possible to 732-326-1012.

Thank you for your assistance.

Sincerely,
PEAK ENVIRONMENTAL LLC

A handwritten signature in dark ink, appearing to read "Daniel J. Chedid", is written over a light blue horizontal line.

Daniel J. Chedid
Staff Scientist



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5686 / Fax 732-222-8835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 Daniel MI MI Last Name Ortega
 E-mail Address dortega@ecr425.org
 Mailing Address 65 Springfield Ave, 2nd Floor
 City Springfield State NJ Zip 07081
 Telephone [REDACTED] FAX [REDACTED]
 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 [Signature] Date 01-03-17

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.

I would like a copy of the conditional redevelopment agreement with "Long Branch Partners" entered in December 2016 by email or fax.

AGENCY USE ONLY

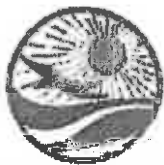
Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
Completed 1/3/17
 In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

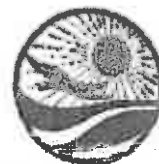
AGENCY USE ONLY

Tracking Information
 Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided _____
City Clerk
Due 1/11/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8635
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City 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 Daniel MI _____ Last Name ORTEGA
E-mail Address DORTEGA@elec825.026
Mailing Address 65 Springfield Ave
Springfield State NJ Zip 07081
Telephone 908-222-1234 FAX _____
Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax X E-mail Y
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 Daniel Ortega Date 1-3-17

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.

- Copy of Re-development plan as reference on Resolution 302-16 * See attached
- Copy of Design Guideline Handbook 7 as reference on Resolution 302-16
* Book 7 cannot be copied. Fee \$30.00 for pickup.

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.
Completed
1/4/17
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 _____
City Clerk
Due 1/12/17
Custodian Signature _____ Date _____

Mary Moss

From: Kathy Schmelz
Sent: Wednesday, January 04, 2017 10:19 AM
To: Mary Moss
Subject: FW: OPRA
Attachments: 0801_001.pdf

Kathy L. Schmelz, RMC
City Clerk
344 Broadway
Long Branch, NJ 07740
(732)571-5644

WARNING: Email received by or sent to City Officials are subject to the Open Public Records Act [OPRA]. If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

From: Daniel Ortega [mailto:dortega@elec825.org]
Sent: Tuesday, January 03, 2017 1:47 PM
To: Kathy Schmelz
Subject: OPRA

Please find OPRA request attached. Thank you.

Daniel Ortega
Community Affairs
Mobile: 551-222-9039
Office: 973-630-1015
Engineers Labor-Employer Cooperative
65 Springfield Ave, Springfield, NJ 07081
<http://www.elec825.org>

Save a tree, please do not print this e-mail unless you really have to.

NOTICE: The information contained in this email and any document attached hereto is intended only for the named recipient(s). If you are not the intended recipient, nor the employee or agent responsible for delivering this message in confidence to the intended recipient(s), you are hereby notified that you have received this transmittal in error, and any review, dissemination, distribution or copying of this transmittal or its attachments is strictly prohibited. If you have received this transmittal and/or attachments in error, please notify me immediately by reply e-mail and then delete this message, including any attachments.



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5586 / Fax 732-222-5835
 kschmelz@longbranch.org
 Kathy L. Schmelz, RMC, City 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 Steven MI P Last Name Gouin, Esq.
 E-mail Address sgouin@ghclaw.com
 Mailing Address 125 Half Mile Road, Suite 300
 City Red Bank State NJ Zip 07701
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ 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 1/31/17

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.

The City's file pertaining to the approval of a long-term tax exemption for FEM South Beach Urban Renewal, LLC including, but not limited to, any supplemental information received in support of the application (such as financial information pertaining to the project).

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided To: <u>R. Beckerman</u> <u>R. Basile</u>			
Due: <u>2/13/17</u>		Date _____	
Custodian Signature _____			

cc: James Aaron - FYI
 Kevin Hayes - FYI

GIORDANO, HALLERAN & CIESLA
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

STEVEN P. GOVIN, ESQ.
SHAREHOLDER
ALSO ADMITTED TO PRACTICE IN NY
SGOVIN@GHCLAW.COM
DIRECT DIAL: [REDACTED]

(732) [REDACTED]
FAX: (732) [REDACTED]
www.ghclaw.com

January 31, 2017

Client/Matter No. 20095/1

VIA FACSIMILE (732-222-8835) AND EMAIL (kschmelz@longbranch.org)

Kathy L. Schmelz, RMC, City Clerk
City of Long Branch
344 Broadway
Long Branch, NJ 07740

RE: Open Public Records Request

Dear Ms. Schmelz:

By way of supplement to our prior request, please find enclosed a completed Open Public Records Act Request Form. Our office would like to review the following documents maintained by the City of Long Branch:

1. The City's file pertaining to the approval of a long-term tax exemption for FEM South Beach Urban Renewal, LLC including, but not limited to, any supplemental information received in support of the application (such as financial information pertaining to the project).

If possible, please fax or email these documents to my attention. Otherwise, please contact me to arrange alternative pick-up arrangements.

After you have had a chance to review, please let me know when these documents will be available. As you are aware, you must respond to this request within seven (7) business days in accordance with the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1, et. seq.

Thank you for your attention to this matter.

Very truly yours,



STEVEN P. GOVIN

SPG/nrh
Enclosure
Docs #2604508-v1



SECRET

1. *Chlorophyll a* (Chl *a*)
 2. *Chlorophyll b* (Chl *b*)
 3. *Chlorophyll c* (Chl *c*)
 4. *Chlorophyll d* (Chl *d*)
 5. *Chlorophyll e* (Chl *e*)
 6. *Chlorophyll f* (Chl *f*)
 7. *Chlorophyll g* (Chl *g*)
 8. *Chlorophyll h* (Chl *h*)
 9. *Chlorophyll i* (Chl *i*)
 10. *Chlorophyll j* (Chl *j*)
 11. *Chlorophyll k* (Chl *k*)
 12. *Chlorophyll l* (Chl *l*)
 13. *Chlorophyll m* (Chl *m*)
 14. *Chlorophyll n* (Chl *n*)
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 16. *Chlorophyll p* (Chl *p*)
 17. *Chlorophyll q* (Chl *q*)
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 19. *Chlorophyll s* (Chl *s*)
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 21. *Chlorophyll u* (Chl *u*)
 22. *Chlorophyll v* (Chl *v*)
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 24. *Chlorophyll x* (Chl *x*)
 25. *Chlorophyll y* (Chl *y*)
 26. *Chlorophyll z* (Chl *z*)
 27. *Chlorophyll aa* (Chl *aa*)
 28. *Chlorophyll ab* (Chl *ab*)
 29. *Chlorophyll ac* (Chl *ac*)
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10-10-1964

in the case of the 27th

5. Editor 43 1000

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5-1-1964

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1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

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10. The Commission has also been informed that the Government of India has been requested to provide information on the progress of the implementation of the recommendations of the Commission's report on the subject.

10/9/17 - 10/15/17

1. 姓名: _____
 2. 学号: _____
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 8. 事件: _____
 9. 经过: _____
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Records

due 10/25/17



**CITY OF LOS ANGELES
OPEN PUBLIC RECORDS ACT REQUEST FORM
1-1-2019**

Mr. Tolson, Mr. Boardman, Mr. Nichols, Mr. Belmont, Mr. Ladd,
 Mr. Clegg, Mr. Glavin, Mr. Harbo, Mr. Rosen, Mr. Tracy,
 Mr. Egan, Mr. Gurnea, Mr. Hendon, Mr. Pennington, Mr. Quinn, Mr. Nease,
 Mr. Gandy



1997年12月15日

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class ☐ Two hundred and forty-first class ☐ Two hundred and forty-second class ☐ Two hundred and forty-third class ☐ Two hundred and forty-fourth class ☐ Two hundred and forty-fifth class ☐ Two hundred and forty-sixth class ☐ Two hundred and forty-seventh class ☐ Two hundred and forty-eighth class ☐ Two hundred and forty-ninth class ☐ Two hundred and fiftieth class ☐ Two hundred and fifty-first class ☐ Two hundred and fifty-second class ☐ Two hundred and fifty-third class ☐ Two hundred and fifty-fourth class ☐ Two hundred and fifty-fifth class ☐ Two hundred and fifty-sixth class ☐ Two hundred and fifty-seventh class ☐ Two hundred and fifty-eighth class ☐ Two hundred and fifty-ninth class ☐ Two hundred and sixtieth class ☐ Two hundred and sixty-first class ☐ Two hundred and sixty-second class ☐ Two hundred and sixty-third class ☐ Two hundred and sixty-fourth class ☐ Two hundred and sixty-fifth class ☐ Two hundred and sixty-sixth class ☐ Two hundred and sixty-seventh class ☐ Two hundred and sixty-eighth class ☐ Two hundred and sixty-ninth class ☐ Two hundred and seventieth class ☐ Two hundred and seventy-first class ☐ Two hundred and seventy-second class ☐ Two hundred and seventy-third class ☐ Two hundred and seventy-fourth class ☐ Two hundred and seventy-fifth class ☐ Two hundred and seventy-sixth class ☐ Two hundred and seventy-seventh class ☐ Two hundred and seventy-eighth class ☐ Two hundred and seventy-ninth class ☐ Two hundred and eightieth class ☐ Two hundred and eighty-first class ☐ Two hundred and eighty-second class ☐ Two hundred and eighty-third class ☐ Two hundred and eighty-fourth class ☐ Two hundred and eighty-fifth class ☐ Two hundred and eighty-sixth class ☐ Two hundred and eighty-seventh class ☐ Two hundred and eighty-eighth class ☐ Two hundred and eighty-ninth class ☐ Two hundred and ninetieth class ☐ Two hundred and ninety-first class ☐ Two hundred and ninety-second class ☐ Two hundred and ninety-third class ☐ Two hundred and ninety-fourth class ☐ Two hundred and ninety-fifth class ☐ Two hundred and ninety-sixth class ☐ Two hundred and ninety-seventh class ☐ Two hundred and ninety-eighth class ☐ Two hundred and ninety-ninth class ☐ Three hundredth class ☐ Three hundred and first class ☐ Three hundred and second class ☐ Three hundred and third class ☐ Three hundred and fourth class ☐ Three hundred and fifth class ☐ Three hundred and sixth class ☐ Three hundred and seventh class ☐ Three hundred and eighth class ☐ Three hundred and ninth class ☐ Three hundred and tenth class ☐ Three hundred and eleventh class ☐ Three hundred and twelfth class ☐ Three hundred and thirteenth class ☐ Three hundred and fourteenth class ☐ Three hundred and fifteenth class ☐ Three hundred and sixteenth class ☐ Three hundred and seventeenth class ☐ Three hundred and eighteenth class ☐ Three hundred and nineteenth class ☐ Three hundred and twentieth class ☐ Three hundred and twenty-first class ☐ Three hundred and twenty-second class ☐ Three hundred and twenty-third class ☐ Three hundred and twenty-fourth class ☐ Three hundred and twenty-fifth class ☐ Three hundred and twenty-sixth class ☐ Three hundred and twenty-seventh class ☐ Three hundred and twenty-eighth class ☐ Three hundred and twenty-ninth class ☐ Three hundred and thirtieth class ☐ Three hundred and thirty-first class ☐ Three hundred and thirty-second class ☐ Three hundred and thirty-third class ☐ Three hundred and

[illegible]

And the judge: I understand the need for an independent panel to do what the judge is being asked to do. And, please note that your proposed panel of 10 judges is only the recommended 10. The question has the technology means and the integrity of the process will not be lost or be hurt for that matter.

9/25/17 - 10/1/17

[illegible]

NAME: John H. HOGG
 CURRENT HOME MAILING ADDRESS: 1000 E. 10th St. S. #100
 CITY AND STATE MAILING ADDRESS: St. Paul, Minnesota 55106

TO: RECORDS

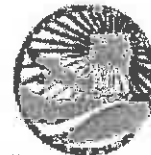


CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway

Phone 732-671-8886 / Fax 732-222-8838

kathleen@longbranch.org

Kathy L. Schmeck, RMC, City 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 Steven M.P. Last Name Haddad

E-mail Address magdi@SPHlaw.com

Mailing Address 510 Thernall St. Suite #270

City Edison State NJ Zip 08837

Telephone 732-733-3535 FAX 732-733-3536

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 [Signature] Date 10/23/17

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.

10/16/17 - 10/22/17

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

Records
Due 11/1/17

Custodian Signature

Date

Edison Office
 670 Tenthred Street, Suite 200
 Edison, New Jersey 08817

STEVEN P. HADDAD, P.C.
ATTORNEYS AT LAW

FAX

To: Long Beach Police Dept.

From: Steven P. Haddad, Esq.

Attention: Records

cc:

Re: [REDACTED]

Pages:

Re:

Date: 10/23/17

Urgent

Other Devices

Please Comment

Please Reply

DEAR SIR/MADAM:

WE ARE REQUESTING CAR ACCIDENT POLICE REPORTS FROM DATES:

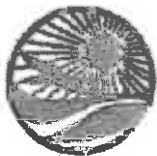
10/16/17 TO 10/22/17

PLEASE FORWARD THESE REPORTS AT YOUR EARLIEST CONVENIENCE TO

hughli@epilaw.com

THANK YOU.

This message is intended for the use of the individual or entity to which it is addressed, and may contain information that is confidential, privileged, confidential and exempt from disclosure under the applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that the dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via U.S. Postal Service. Thank you.



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway

Phone 732-571-5596 / Fax 732-222-5535

kschmeck@longbranch.org

Kathy L. Schmeck, REC, City 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 Steven Mi P. Last Name Haddad
 E-mail Address magdi@SPblaw.com
 Mailing Address 510 Thernall St. Suite #270
 City Edison State NJ Zip 08837
 Telephone 732-333-3535 FAX 732-333-3537
 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 [Signature] Date 10/30/17

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.

10/23/17 - 10/29/17

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 Dck _____
 Ready Date _____
 Total Pages _____
Final Cost
 Total _____
 Deposit _____
 Balance Due _____
 Balance Paid _____
 Records Provided
Records
Due 11/9/17
 Custodian Signature _____ Date _____

Steven P. Haddad
 670 Tresselt Street, Suite 270
 Edison, New Jersey 08837
 TEL: [REDACTED]
 FAX: [REDACTED]

STEVEN P. HADDAD, P.C.
 ATTORNEYS AT LAW

Fax

| | |
|-----------------------------|------------------------------|
| To: Long Island Police Dep. | From: Steven P. Haddad, Esq. |
| Attention: Records | CC: |
| Fax: [REDACTED] | Pages: |
| Re: | Date: 10/30/17 |
| Urgent | For Review |
| | Please Comment |
| | Please Reply |

DEAR SIR/MADAM:

WE ARE REQUESTING CAR ACCIDENT POLICE REPORTS FROM DATES:

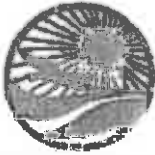
10/23/17 TO 10/29/17

PLEASE FORWARD THESE REPORTS AT YOUR EARLIEST CONVENIENCE TO

steve@haddadlaw.com

THANK YOU.

This message is intended for the use of the individual or entity to which it is addressed, and may contain information that is confidential, privileged, confidential and exempt from disclosure under the applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that the dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via U.S. Postal Service. Thank you.



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 Broadway

Phone 732-571-5886 / Fax 732-222-8835
 kschmeltz@longbranch.org
 Kathy L. Schmeltz, RMC, City 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 Steven MI P. Last Name Haddad
 E-mail Address magdi@SPHlaw.com
 Mailing Address 516 Thernall St. Suite #270
 City Edison State NJ Zip 08837
 Telephone 732-332-3535 FAX 732-733-3536
 Preferred Delivery: ☐ 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 11/13/17

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.

11/6/17 - 11/12/17

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notice
 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 | _____ |
| Rcd'd Date | _____ | Deposit | _____ |
| Ready Date | _____ | Balance Due | _____ |
| Total Pages | _____ | Balance Paid | _____ |

Records Provided

Records
Due 11/22/17

Custodian Signature _____ Date _____

Edison Office
818 Thornall Street, Suite 270
Edison, New Jersey 08837
TEL: [REDACTED]
FAX: [REDACTED]

STEVEN P. HADDAD, P.C.
ATTORNEYS AT LAW

Fax

To Long Branch Police Dep.

From: Steven P. Haddad, Esq.

Attention: Records

cc:

Fax

Pages:

Re:

Date: 11/13/17

Urgent

*For Review

Please Comment

Please Reply

DEAR SIR/MADAM:

WE ARE REQUESTING CAR ACCIDENT POLICE REPORTS FROM DATES:

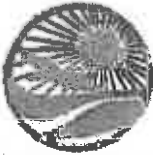
11/6/17 TO 11/12/17

PLEASE FORWARD THESE REPORTS AT YOUR EARLIEST CONVENIENCE TO

magdi@sphlaw.com

THANK YOU.

This message is intended for the use of the individual or entity to which it is addressed, and may contain information that is considered privileged, confidential and exempt from disclosure under the applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that the dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via U.S. Postal Service. Thank you.



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
 Phone 732-571-5886 / Fax 732-222-8535
 kschumak@longbranch.org
 Kathy L. Schumak, RMC, City 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 Steven MI P. Last Name Haddad
 E-mail Address magdi@sphlaw.com
 Mailing Address 510 Thornall St. Suite # 270
 City Edison State NJ Zip 08837
 Telephone 732-932-3535 FAX 732-932-3534
 Preferred Delivery: ☐ 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 11/20/17

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
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extra: 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.

11/13/17 - 11/19/17

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 # _____ | Total _____ |
| Rec'd Date _____ | Deposit _____ |
| Ready Date _____ | Balance Due _____ |
| Total Pages _____ | Balance Paid _____ |

Records Provided

Records

Due 12/1/17

Custodian Signature _____ Date _____

Edison Office
810 Thornall Street, Suite 270
Edison, New Jersey 08837
TEL: [REDACTED]
FAX: [REDACTED]

STEVEN P. HADDAD, P.C.
ATTORNEYS AT LAW

Fax

| | | | |
|----------------------------|------------------------------|----------------|--------------|
| To Long Branch Police Dep. | From: Steven P. Haddad, Esq. | | |
| Attention: Records | cc: | | |
| Fax [REDACTED] | Pages: | | |
| Re: | Date: 11/20/17 | | |
| Urgent | For Review | Please Comment | Please Reply |

DEAR SIR/MADAM:

WE ARE REQUESTING CAR ACCIDENT POLICE REPORTS FROM DATES:

11/13/17 TO 11/19/17

PLEASE FORWARD THESE REPORTS AT YOUR EARLIEST CONVENIENCE TO

magdi@sphlaw.com

THANK YOU.

This message is intended for the use of the individual or entity to which it is addressed, and may contain information that is considered privileged, confidential and exempt from disclosure under the applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that the dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via U.S. Postal Service. Thank you.



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 304 Broadway

Phone 732-671-8606 / Fax 732-222-8836

kschmidt@longbranch.org

Ruthy L. Schmidt, RMC, City 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 Steven MI P. Last Name Haddad
 E-mail Address magdic@SPHlaw.com
 Mailing Address 510 Thernall St. Suite # 270
 City Edison State NJ Zip 08837
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: ☐ 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 11/27/17

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.

Extra: 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.

11/20/17 - 11/26/17

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extra 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 TO RECORDS

Due: 12/6/17

Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5656 / Fax 732-222-8835
kschmeb@longbranch.org
Kathy L. Schmeb, RMC, City 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 Steven MI P. Last Name Haddad
E-mail Address magdi@SPHlaw.com
Mailing Address 510 Thernall St. Suite 4270
City Edison State NJ Zip 08837
Telephone [REDACTED] FAX [REDACTED]
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 [Signature] Date 11/6/17

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.

10/30/17 - 11/5/17

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information
Tracking # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____

Records
Due 11/17/17



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY

PH 732-571-5586 FAX 732-223-8636
 kschmidt@ci.long-branch.nj.us
 Kathy L. Schmeitz, RMC, City 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 Steven MI P Last Name Haddad

E-mail Address Magdi@SPHLAW.com

Mailing Address 51a Thornall St. Suite 270

City Edison State NJ Zip 08837

Telephone [REDACTED]

FAX [REDACTED]

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 [Signature]

Date 1/17/17

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.

119-1116117

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

Police Dept
Due 1/26/17

Custodian Signature _____

Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 BROADWAY

PH 732-671-5686 FAX 732-222-8835
kashmala@clong-branch.nj.us
Kathy L. Schmeitz, RMC, City 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 Steven M P Last Name Haddad
E-mail Address Magdi@SPHLAW.com
Mailing Address 516 Thornhill St. Suite 270
City Edison State NJ Zip 08837
Telephone 732-933-7573 FAX 732-933-7573
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspection ☒ Fax ☐ Email ☒
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 1/23/17

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.

1116-1122117

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extra 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 # | Final Cost |
|-------------|--------------|
| Rec'd Date | Total |
| Ready Date | Deposit |
| Total Pages | Balance Due |
| | Balance Paid |

Records Provided
Police Dept.
Due 2/1/17
Custodian Signature _____ Date _____



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5888 / Fax 732-222-8825
itschmelz@longbranch.org
Kathy L. Schmelz, RMC, City 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 Steven MI P. Last Name Haddad
E-mail Address magdi@SPHlaw.com
Mailing Address 510 Thernall St. Suite # 270
City Edison State NJ Zip 08837
Telephone 732-333-3535 FAX 732-333-3536
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 [Signature] Date 12/4/17

Payment Information

Minimum 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.

11/27/17 - 12/3/17

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 Notice
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 # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____
Records Provided
To: Records
Due: 12/13/17
Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY

PH 732-571-8686 FAX 732-272-8835
 kschmelz@clb-long-branch.nj.us
 Kathy L. Schmelz, RMC, City 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 | <u>Steven</u> | MI | <u>P</u> | Last Name | <u>Haddad</u> |
| E-mail Address | <u>Magdi@SPHLAW.com</u> | | | | |
| Mailing Address | <u>510 Thornhall St. Suite 270</u> | | | | |
| City | <u>Edison</u> | State | <u>NJ</u> | Zip | <u>08837</u> |
| Telephone | <u>[REDACTED]</u> | | | | |
| Preferred Delivery: | ☐ Pick Up
☐ US Mail
☐ On-Site Inspect | FAX | ☐ [REDACTED] | | |
| 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 <u>HAVE</u> HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. | | | | | |
| Signature | <u>[Signature]</u> | | | Date | <u>1/30/17</u> |

Payment Information

| | |
|----------------------------|---|
| Maximum Authorization Cost | \$ |
| Select Payment Method | |
| Cash | ☐ |
| Check | ☐ |
| Money Order | ☐ |
| Fees: | Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material |
| Delivery: | Delivery / postage fees additional depending upon delivery type. |
| Extras: | Special service charge dependent upon request. |

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

1/23 - 1/29/17

AGENCY USE ONLY

| | |
|--------------------|-------|
| Est. Document Cost | _____ |
| Est. Delivery Cost | _____ |
| Est. Extra 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 | | Final Cost | |
| Tracking # | _____ | Total | _____ |
| Rec'd Date | _____ | Deposit | _____ |
| Ready Date | _____ | Balance Due | _____ |
| Total Pages | _____ | Balance Paid | _____ |
| Records Provided | | | |
| <u>Police Dept -</u> | | | |
| <u>Due 2/8/17</u> | | | |
| Custodian Signature | | Date | |



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5606 / Fax 732-222-5835
ktschneitz@longbranch.org
Kathy L. Schneitz, RMC, City Clerk



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

Important Notice

Requestor Information - Please Print

First Name STEVEN MI P Last Name HADDAD
E-mail Address MAGDI@SPH.LAW.COM
Mailing Address 510 THORNALL ST. SUITE 270
City EDISON State NJ Zip 08837
Telephone 732-253-2535 FAX [REDACTED]
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site ☐ 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 1/3/17

Payment Information

Maximum Authorization Cost

Select Payment Method

Cash ☐ Check ☐ Money ☐

Fees: Letter size pages - 1 per page
Legal size pages - 4 per page
Other materials (CD, etc.) - actual cost of it
Delivery: Delivery/postage fee: additional depending on 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.

12/26/16 - 1/2/17

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extra 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 ☐

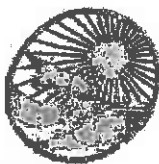
AGENCY USE ONLY

Tracking Information

| Tracking # | Total | Final Cost |
|-------------|--------------|------------|
| Rec'd Date | Deposit | |
| Ready Date | Balance Due | |
| Total Pages | Balance Paid | |

Items Provided

Blice Dept
Due 1/11/17
Custodian Signature _____ Date _____



CITY OF LONG BRANCH OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kschmeitz@longbranchnj.org
Kathy L. Schmeitz, RMC, City Clerk

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

Important Notice

Requestor Information - Please Print

First Name STEVEN MI P Last Name HADDAD
 E-mail Address MAGDIP@SPH.LAW.COM
 Mailing Address 510 THORNALL ST. SUITE 210
 City EDISON State NJ Zip 08837
 Telephone 732-933-2575 FAX 732-933-2575
 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 [Signature] Date 1/9/17

Payment Info

Maximum Authorization Cos

Select Payment &

Cash ☐ Check ☐ Mon ☐

Fees: Letter size pages -
per page
Legal size pages -
per page
Other materials (CD
etc) - actual cost of
Delivery: Delivery/postage fee
additional depending
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.

112117-118117

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 | Final Cost |
|------------------|--------------|------------|
| Rec'd Date | Output | |
| Ready Date | Balance Due | |
| Total Pages | Balance Paid | |
| Records Provided | | |

Police Dept -
 Due 1/15/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY

PH 732-671-5656 FAX 732-322-8836
 kschroder@ci.long-branch.nj.us
 Kathy L. Schroder, RMC, City 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 Steven MI P Last Name Haddad
 E-mail Address Magdi@SPHLAW.com
 Mailing Address 510 Thurnell St. Suite 270
 City Edison State NJ Zip 08837
 Telephone 732-933-3523 FAX 732-933-3533
 Preferred Delivery: Pick Up ☐ U.S. 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 2/13/17

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.

216117-2112117

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Balance 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 | Final Cost |
|-------------|--------------|------------|
| Rec'd Date | Deposit | |
| Ready Date | Balance Due | |
| Total Pages | Balance Paid | |

Records Provided
Police Dept
Due 2/23/17
 Custodian Signature _____ Date _____

Edison Office
 810 Thomall Street, Suite 270
 Edison, New Jersey 08837
 TEL: 732-433-3333
 FAX: 732-433-1133

STEVEN P. HADDAD, P.C.
ATTORNEYS AT LAW

Fax

| | | | |
|------------------------------------|--------------------|-------------------------------------|---------------------|
| To: Long Branch Police Dep. | | From: Steven P. Haddad, Esq. | |
| Attention: | | cc: | |
| Fax [REDACTED] | Pages: | | |
| Re: | | Date: 2/13/17 | |
| Urgent | *For Review | Please Comment | Please Reply |

DEAR SIR/MADAM:

WE ARE REQUESTING CAR ACCIDENT POLICE REPORTS FROM DATES:

2/6/17 TO 2/12/17

PLEASE FORWARD THESE REPORTS AT YOUR EARLIEST CONVENIENCE TO

magdi@sphlaw.com

THANK YOU.

This message is intended for the use of the individual or entity to which it is addressed, and may contain information that is considered privileged, confidential and exempt from disclosure under the applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that the dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via U.S. Postal Service. Thank you.



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 306 BROADWAY

PH 732-571-5888 FAX 732-222-8836
 kschmidt@cljlong-branch.nj.us
 Kathy L. Schmidt, RMC, City 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 Steven MI P Last Name Haddad
 E-mail Address Magdi@SPHLAW.com
 Mailing Address 56a Thornall St. Suite 270
 City Edison State NJ Zip 08837
 Telephone [REDACTED] FAX [REDACTED]
 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 [Signature] Date 2/21/17

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.
 Extra: 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.

2/13/17 - 2/19/17

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extra 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 | Final Cost |
|-------------|--------------|------------|
| Rec'd Date | Deposit | |
| Ready Date | Balance Due | |
| Total Pages | Balance Paid | |

Records Provided

Police Dept

Due 3/2/17

Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY

PH 732-571-5886 FAX 732-222-8935
 kschmeltz@long-branch.nj.us
 Kathy L. Schmeltz, RMC, City 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 Steven MI P Last Name Haddad
 E-mail Address Magdi@SPHLAW.COM
 Mailing Address 516 Thornhill St. Suite 270
 City Edison State NJ Zip 08837
 Telephone [REDACTED] FAX [REDACTED]
 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 [Signature] Date 2/27/17

Payment Information

Maximum Authorization Cost \$
 Select Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter size pages - \$0.06 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.
 Extra: 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.

2/20/17 - 2/26/17

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extra 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 | Final Cost |
|-------------|--------------|------------|
| Rec'd Date | Deposit | |
| Ready Date | Balance Due | |
| Total Pages | Balance Paid | |

Records Provided _____
Records
On 3/8/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 341 BROADWAY

PH 732-571-5886 FAX 732-222-4836
 kschmeltz@cityoflongbranch.nj.us
 Kathy L. Schmeltz, RMC, City 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 Steven MI P Last Name Haddad
 E-mail Address Mugdi@SPHLAW.com
 Mailing Address 51a Thornall St. Suite 270
 City Edison State NJ Zip 08837
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspection ☐ 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 2/6/17

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.
 Extra: 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.

1130117-215117

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, email response here.

In Progress ☐ Open ☐
 Denied ☐ Closed ☐
 Filled ☐ Closed ☐
 Partial ☐ Closed ☐

AGENCY USE ONLY

Tracking Information

| Tracking # | Total | Final Cost |
|-------------|--------------|------------|
| Rec'd Date | Deposit | |
| Ready Date | Balance Due | |
| Total Pages | Balance Paid | |

Records Provided
Once Sept
Due 2/15/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
IN BROADWAY

PH 732-571-2200 FAX 732-572-4831
 bscandell@longbranchnj.net
 Kelly L. Schmitt, PRCO, City Clerk



Important Notice

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

Requester Information - Please Print

First Name Steven M P Last Name Haddad
 Email Address Magdi@SPHLAW.com
 Mailing Address 510 Thormal St. Suite 270
 City Edison State NJ Zip 08837
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site ☐ In-person ☐ 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 3/13/17

Payment Information

Maximum Authorization Cost \$
 Preferred Payment Method
 Cash ☐ Check ☐ Money Order ☐
 Fees: Letter also 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.
 Notes: Special service charges depending upon request.

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

3/6/17 - 3/12/17

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notice
 Custodian if any part of request cannot be delivered in seven business days, email reasons here.
 In Progress _____ Open _____
 Denied _____ Closed _____
 Filed _____ Closed _____
 Partial _____ Closed _____

AGENCY USE ONLY

Tracking Information

| Tracking # | Total | Final Cost |
|-------------|--------------|------------|
| Rec'd Date | Dispatch | |
| Ready Date | Balance Due | |
| Total Pages | Balance Paid | |

Records
 Due 3/22/17
 Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY

PH 732-571-6886 FAX 732-222-8835
 kschmeiz@ci.long-branch.nj.us
 Kathy L. Schmeiz, RMC, City 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 Steven MI P Last Name Haddad
 E-mail Address: Magdi@SPHLAW.com
 Mailing Address 510 Thornall St. Suite 270
 City Edison State NJ Zip 08837
 Telephone [REDACTED] FAX [REDACTED]
 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 [Signature] Date 3/20/17

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
 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.

313117-3119117

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notice
 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 | Final Cost |
|-------------|--------------|------------|
| Rec'd Date | Deposit | |
| Ready Date | Balance Due | |
| Total Pages | Balance Paid | |

Records Provided _____
Records
Due 3/25/17
 Custodian Signature _____ Date _____



**CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM**

394 BROADWAY
PH 732-571-0000 FAX 732-222-0000
Internet: www.longbranchnj.us
Robby L. Schmale, R2C, City Clerk



Important Notice

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

Requester Information - Please Print

| | | | | | |
|---------------------|----------------------------------|----------------------------------|---|------------------------------|--|
| First Name | <u>Steven</u> | MI | <u>P</u> | Last Name | <u>Haddad</u> |
| E-mail Address | <u>Mugdi@SPHLAW.com</u> | | | | |
| Mailing Address | <u>510 Thormal St. Suite 270</u> | | | | |
| City | <u>Edison</u> | State | <u>NJ</u> | Zip | <u>08837</u> |
| Telephone | <u>[REDACTED]</u> | | FAX | <u>[REDACTED]</u> | |
| Preferred Delivery: | Pick Up ☐ | US Mail ☐ | On-Site Inspection ☐ | 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 3/27/17

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.

Extra: Special surcharge dependent upon request.

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

3/20/17-3/26/17

AGENCY USE ONLY

| | |
|--------------------|-------|
| Est. Request Cost | _____ |
| Est. Delivery Cost | _____ |
| Est. Extra Cost | _____ |
| Total Est. Cost | _____ |
| Deposit Amount | _____ |
| Estimated Balance | _____ |
| Deposit Date | _____ |

AGENCY USE ONLY

Duplication Notes:
Custodian: If any part of request cannot be fulfilled in seven business days, check reasons here.

| | |
|-------------|--------|
| 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

Records

Due 4/6/17

Custodian Signature _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY

PH 732-571-5686 FAX 732-222-8635
 kschmeltz@ci.long-branch.nj.us
 Kathy L. Schmeltz, RISC, City 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 Steven MI P Last Name Haddad
 E-mail Address Magdi@SPHLAW.com
 Mailing Address 516 Thornhill St. Suite 270
 City Edison State NJ Zip 08837
 Telephone [REDACTED] FAX [REDACTED]
 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 [Signature] Date 3/6/17

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.

2/27/17 - 3/5/17

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 | Final Cost |
|-------------|--------------|------------|
| Rec'd Date | Deposit | |
| Ready Date | Balance Due | |
| Total Pages | Balance Paid | |

Records Provided

Records
Due 3/15/17

Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 244 BROADWAY

PH 732-372-7612 FAX 732-372-7616
 haddad@haddadlaw.com
 Kelly L. Schmale, RMC, City Clerk



Important Notice

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

Requester Information - Please Print

First Name Steven MR P Last Name Haddad
 E-mail Address Mgdi@SPHLLAW.com
 Mailing Address 510 Thormal St. Suite 270
 City Edison State NJ Zip 08837
 Telephone [REDACTED] FAX [REDACTED]
 Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Dite Inspec ☐ Fax ☐ E-mail ☒
 If you are requesting records containing personal information, please state once: Under penalty of N.J.S.A. 17:28-3, I certify that I **KNOW** **HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature [Signature] Date 4/10/17

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.

4/3/17 - 4/9/17

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extra 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 open business days, detail reasons here.
 In Progress _____ Open _____
 Denied _____ Closed _____
 P.R. _____ Closed _____
 P.R. _____ Closed _____

AGENCY USE ONLY

Tracking Information
 Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____
 Total _____
 Deposit _____
 Balance Due _____
 Extension Field _____
 Record Provided
Records -
Due 4/20/17
 Custodian Signature _____ Date _____

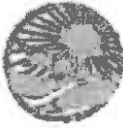
Editor Office
610 Thomas Court, Suite 278
Edison, New Jersey 08817
TEL: [REDACTED]
FAX: [REDACTED]

STEVEN P. HADDAD, P.C.**ATTORNEYS AT LAW****Fax****To: Long Branch Police Dep.****From: Steven P. Haddad, Esq.****Attention:****CC:****Per:****Pages:****Re:****Date:** 4/24/17**Urgent*****For Review****Please Comment****Please Reply****DEAR SIR/MADAM:****WE ARE REQUESTING CAR ACCIDENT POLICE REPORTS FROM DATES:**

4/17/17 TO 4/23/17

PLEASE FORWARD THESE REPORTS AT YOUR EARLIEST CONVENIENCE TO**magdi@spilaw.com****THANK YOU.***Rec'ds —
Due 6/3/17*

This message is intended for the use of the individual or entity to which it is addressed, and may contain information that is considered privileged, confidential and exempt from disclosure under the applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that the dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via U.S. Postal Service. Thank you.



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 206 BROADWAY

PH 732-371-0303 FAX 732-322-8033
 kralinski@cityoflongbranch.net
 Kathy L. Eschbach, REC, City Clerk



Important Notice

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

Requester Information - Please Print

| | | | | | |
|---------------------|------------------------------------|---------|--------------------|-------------------|--|
| First Name | <u>Steven</u> | NO | P | Last Name | <u>Haddad</u> |
| E-mail Address | <u>Magdi@SPULLAW.com</u> | | | | |
| Mailing Address | <u>51a Thorneill St. Suite 270</u> | | | | |
| City | <u>Edison</u> | State | <u>NJ</u> | Zip | <u>08837</u> |
| Telephone | <u>[REDACTED]</u> | | FAX | <u>[REDACTED]</u> | |
| Preferred Delivery: | Pick Up | US Mail | On-Site Inspection | Fax | E-mail ☒ |

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:30-3, 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: 4/3/17

Payment Information

| | |
|-------------------------------|--|
| Maximum Authorization Cost \$ | |
| Selected 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. |
| Notes: | Special service charge dependent upon request. |

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

3/27/17 - 4/12/17

AGENCY USE ONLY

| | |
|--------------------|-------|
| Est. Document Cost | _____ |
| Est. Delivery Cost | _____ |
| Est. Extra Cost | _____ |
| Total Est. Cost | _____ |
| Deposit Amount | _____ |
| Estimated Balance | _____ |
| Deposit Date | _____ |

AGENCY USE ONLY

Disposition Notes:
 Confirm: If any part of request cannot be delivered in seven business days, email requester here.

| | | |
|-------------|--------|-------|
| In Progress | Open | _____ |
| Closed | 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 -
Due 4/12/17

Clerk / Sign Signature _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
 344 BROADWAY

PH 732-571-8686 FAX 732-222-8835
 kschmeiz@ci.long-branch.nj.us
 Kathy L. Schmeiz, RMC, City 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 Steven MI P Last Name Haddad
 E-mail Address Mugdi@SPHLAW.com
 Mailing Address 516 Thornhill St. Suite 270
 City Edison State NJ Zip 08837
 Telephone [REDACTED] FAX [REDACTED]
 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 [Signature] Date 5/1/17

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.

4/24/17 - 4/30/17

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

Records
Due 5/10/17

Custodian Signature _____ Date _____



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5886 / Fax 732-222-8835
kschmeiz@longbranch.org
Kathy L. Schmeiz, RMC, City 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 | Michael | MI | | Last Name | Kieczkowski |
| E-mail Address | Michael.Kieczkowski@Arcadis.com | | | | |
| Mailing Address | 17-17 Route 208 North | | | | |
| City | Fair Lawn | State | NJ | Zip | 07410 |
| Telephone | | | 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 <u>HAVE</u> / <u>HAVE NOT</u> been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. | | | | | |
| Signature | | | | Date | 2/1/17 |

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.

Any environmental records such as underground storage tank (UST) closure documents, city reports, environmental reports permits, and correspondence to and from the New Jersey Department of Environmental Protection for the following property:
Existing Second Baptist Church, 93 Liberty Street
(Current Block 309, Lots 1 and 3/Former Block 309, Lots 1, 2, 3, 17, 18 and 19)

If numerous documents are available, copies will be picked up at City of Long Branch office at which time reproduction charges will be paid in person. If file information is not too large, email of records is preferred.

AGENCY USE ONLY

| | |
|--------------------|-------|
| Est. Document Cost | _____ |
| Est. Delivery Cost | _____ |
| Est. Extra 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 | | Final Cost |
|----------------------|-------|--------------|
| Tracking # | _____ | Total |
| Rec'd Date | _____ | Deposit |
| Ready Date | _____ | Balance Due |
| Total Pages | _____ | Balance Paid |
| Records Provided | | |
| Health - | | |
| Bldg - | | |
| Due 2/10/17 | | |
| Custodian Signature | | Date |

25 HOWLAND PL
L.B. NJ 07740
MAY 17, 2017

CLEPT CITY OF LONG BRANCH NJ 07740

REQUEST FOR OPR
UNDER THE OPEN PUBLIC RECORDS
ACT.

I ANDREW KOCH LIVING AT
THE ADDRESS LISTED ABOVE IN THE
CITY OF LONG BRANCH NJ 07740

REQUEST ALL FILES FROM THE LONG
BRANCH ANIMAL CONTROL OFFICE
COPIES OF ALL COMPLAINTS
COPIES INCLUDING PHONE COMPLAINTS
AS WELL AS NAMES AND
ADDRESSES OF ALL PARTIES
THE DATES AND TIMES OF ALL
COMPLAINTS FILED IN PERSON
AS WELL AS WELL AS PHONE CONVERSATIONS
AND WELL AS ANY VIDEOS OR PICTURES
OF ME FEEDING CATS

Jan 1, 2015

through May 17, 2017

THANK YOU

ANDREW KOCH

Health Dept / Animal —

Due 6/26/17

Mary Moss

From: Kathy Schmelz
Sent: Tuesday, December 05, 2017 1:25 PM
To: Mary Moss
Subject: FW: Where to find old police reports?

Kathy L. Schmelz, RMC
City Clerk
344 Broadway
Long Branch, NJ 07740
(732)571-5644

WARNING: Email received by or sent to City Officials are subject to the Open Public Records Act [OPRA]. If you are in any way concerned about the contents of your email being read by someone other than the person(s) you are contacting, you should consider alternate ways of contacting them.

From: verniemacker@aol.com [mailto:vernienacker@aol.com]
Sent: Tuesday, December 05, 2017 1:03 PM
To: Kathy Schmelz
Subject: Where to find old police reports?

Dear Kathy,

I am doing some historical research and was wondering who I could ask to send a copy of an old police record? It would be from March of 1910! I believe it was filed in Long Branch, because the crime occurred there. Please see a news article about it below. And many thanks for any help or advice.

Red Bank Register. 1910, March 16. "Arrested for Larceny." Page 11. Volume 32, No. 9.

"ARRESTED FOR LARCENY. Montefiore G. Kahn of Long Branch Landed in Tombs Prison. Montefiore G. Kahn of Long Branch was arrested last Thursday at his New York office for grand larceny on complaint of Daniel J. Mendelson, a New York real estate broker. The amount mentioned is \$1,000. Kahn gave a Long Branch house as security for a note for \$2,450, and the complainant says that a mortgage is on the house and is about to be foreclosed, Kahn's bail was fixed at \$2,000, and in default of bail, he was put in the Tombs."

Thank you,
Veronica MacDonald Ditko

*Records
Due 12/14/17*



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 BROADWAY

PH 732-571-5686 FAX 732-222-8835
kschmelz@cl.long-branch.nj.us
Kathy L. Schmelz, RMC, City 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 VINCENT MI _____ Last Name LEPORE
E-mail Address _____
Mailing Address 33 OCEAN TER
City LONG BRANCH State NJ Zip 07740
Telephone [REDACTED] 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 [Signature] Date 2/6/17

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.

PROVIDE COST OF LITIGATION (INVOICES IF NEED BE) PER YEAR, FOR THE PAST 5 YEARS TO THE CITY OF LONG BRANCH, IN THE MATTER OF MENACHEM LEARNING INSTITUTE (CHABAS) VS. CITY OF LONG BRANCH.

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 | | | |
| D. France | | | |
| Due: 2/15/17 | | | |
| Custodian Signature | | Date | |



CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 BROADWAY

PH 732-571-5585 FAX 732-222-8835
 kschnelz@ci.long-branch.nj.us
 Kathy L. Schnelz, RMC, City 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 VINCENT MI _____ Last Name LEPORE

E-mail Address _____

Mailing Address 33 OCEAN TER

City LONG BRANCH State NJ Zip 07740

Telephone 732-917-1195 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:28-9, 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 8/9/17

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.

- PRODUCE MOST RECENT DEMOLITION PERMITS FOR BL 124, LOTS 3, 4, 5, 01, 6

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

Final Cost

| | |
|-------------------|--------------------|
| Tracking # _____ | Total _____ |
| Rec'd Date _____ | Deposit _____ |
| Ready Date _____ | Balance Due _____ |
| Total Pages _____ | Balance Paid _____ |

Records Provided

Bldg _____

Due 8/18/17

Custodian Signature

Date