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

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 Brian MI ____ Last Name Babcock

E-mail Address babcock@brilliantenvironmental.com

Mailing Address 1A Executive Drive

City Toms River State NJ Zip 08755

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 Brian Babcock Date 06/12/2017

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.

1075 Norwood Avenue
Block 6, Lot 7

Performing a Phase I Environmental Site Assessment of the abov-referenced property. Please provide copies of reports/files associated with known or supsected dishcharges 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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Health –
Bud 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

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

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5886 / Fax 732-222-9835
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 ____ Last Name Kempner

E-mail Address bkempner@aeiconsultants.com

Mailing Address 30 Montgomery Street STE 220

City Jersey City State NJ Zip 07302

Telephone [redacted] 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Bldg –
Fire Code –
Tax Collector –
Tax Assessor –

Custodian Signature Due 6/30/17 Date

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

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

[redacted]

www.aeiconsultants.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 Brittany MI A Last Name Smith

E-mail Address Brittanys@ciskeads.com

Mailing Address 170 Kinnelon Road

City Kinnelon State NJ Zip 07405

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 / 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 ____
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

Bldg -

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

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 07405

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 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.

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 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. 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

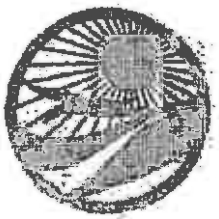
Plan Zone –

Dec 8/11/17

Custodian Signature Date

Monmouth

7/19 - LM
Brett
7/21 LM
7/31 LM
732-571-5647



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** — **BLK: 4 LOTS: 1,2, 7&8**
   2) **ZB 13-10 ATLANTIC PAVING** — **BLK: 237 LOT: 19.01**

3. **CORRESPONDENCE**

4. **ADMINISTRATIVE**

5. **APPLICATIONS TO BE CONSIDERED**

   1) **ZB 16-11 CRITELLI** — **BLK: 165 LOT: 2**
   2) **ZB 17-02 TROIANO** — **BLK: 280 LOT: 9**

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 732-571-5686 / Fax 732-222-8836
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 07405

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 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 ____
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

Hds –

Due 10/11/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5866 FAX 732-222-6835
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 Brooke MI ____ Last Name Lewis

E-mail Address - Brooke@reddoorhzh.com

Mailing Address 515 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 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 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 515 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
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
To: Bldg
Planning & Zone

Due: 8-7-17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / 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 Alexandria MI _____ Last Name Brown

E-mail Address Alexandria.brown@pemco-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 11:49:30 -07'00' 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

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

To Code

Due: 01/2/17

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 Alex MI ____ Last Name Campbell

E-mail Address acampbell@rxcompanies.com

Mailing Address 551 5th Ave 23rd floor

City New York State NY Zip 10176

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 ____ 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.

I am requesting a Site Plan or Platt map of 10 Pearl Ave, Long Branch, NJ 07740 or any information you have of the Property lines for that building

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
Plan Bere

Due 10/25/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-[illegible] / Fax 732-222-8835
kschmidt@longbranch.org
Kelly 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 Allen MI ____ Last Name Blutstein

E-mail Address ablutstein@americarisingllc.com

Mailing Address 1500 Wilson Blvd., 5th Fl.

City Arlington State VA Zip 22209

Telephone [redacted] 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 8-6-17

Payment Information

Maximum Authorization Cost $25.00

Select Payment Method

Cash Check Money Order

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

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 161 Bridgeton Pike Bldg E

City Mullica Hill State NJ Zip 08062

Telephone [redacted] 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 _____
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

France ___

Due 8/28/17

Custodian Signature _____ Date _____

Print Management Solutions
P O Box 350
Trexlertown, 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
Trexlertown, 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
Trexlertown, 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 [redacted] 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 addresss, 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

tax collector

Jen 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 Deliquent OPRA Request Form.pdf

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

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,

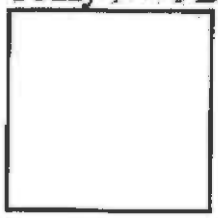
Please see the attached OPRA request and confirm this request has been received.

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
([redacted])
Today is the BEST day ever !!!



CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-6835
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 ____ Last Name Blumetti

E-mail Address Andrew.Blumetti@Gmail.com

Mailing Address 267 Vanderveer Place

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 ____ 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 ____
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
Plans –
Bids –
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@pclawnj.com); jcohen@pclawnj.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

----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 upholds 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: [redacted]
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@gannettnj.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 732-571-5686 / 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: Andrew MI: F Last Name: Garruto for Draquan Wilson

E-mail Address: Andy@garrutolaw.com

Mailing Address: 1009 Franklin Ave

City: Nutley State: NJ Zip: 07110

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: 6/22/17

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

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

Final Cost

Total ______
Deposit ______
Balance Due ______
Balance Paid ______

Records Provided

17
S. Dambo –
Lt. Lockbuck & Sharkey –
cc: K. Hayes

Custodian Signature [signature] Date 7/5/17

Place Logo Here

State of New Jersey
Agency Name Here
GOVERNMENT RECORDS REQUEST FORM

Place Logo Here

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 [redacted] Number [redacted] 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. G. 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

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: [redacted]

Please Reply To:
125 HALF MILE ROAD
SUITE 300
RED BANK, NJ 07701
FAX [redacted]

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.

Very truly yours,

ADAM GARCIA

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

Place Logo Here

State of New Jersey
Agency Name Here
GOVERNMENT RECORDS REQUEST FORM

Place Logo Here

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 [redacted] Number [redacted] 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. G 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 ____

Deposit Date 11/16/17 Req. Request completed Tues 11/21/17 via email 11:48AM

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

Bldg –

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.

Very truly yours,

ADAM GARCIA

AG/nrh
Enc.
cc: Steve P. Gouin, Esq. (*via email*)

Docs #2984627-v1

Fax 732-222-8835

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 Ahmad C MI M Last Name Alkum

E-mail Address ALKum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey City State NJ Zip 07304

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 11/28/17

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records

[signature] 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
kschmelz@ci.long-branch.nj.us
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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Requestor Information – Please Print

First Name Ahmad C 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 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
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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

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

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Requestor Information – Please Print

First Name Ahmad MI M Last Name Alkum

E-mail Address ALkum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey city State NJ Zip 07304

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 12/5/17

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.

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MVA 11/27/17 → 12/4/17

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 # ____
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
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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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 [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 Angela Bellis Digitally signed by Angela Bellis Date: 2017.08.28 08:14:45 -06'00' 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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Ada –
Dec 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

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

PEMCO

[redacted] 720-463-9069

Angela.Bellis@PEMCO-Limited.com

PEMCO-Limited.com

4600 South Ulster Street, Suite 530

Denver, CO 80237

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 [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 *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 ____
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

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 Millica TWP State N.J Zip 08037

Telephone [redacted] 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 ____
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

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 X or 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 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

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

Final Cost

Total _____
Deposit _____
Balance Due _____
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 732-571-5666 / Fax 732-222-9835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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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 X or 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 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-1756049

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

Records —
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

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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 [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 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	
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

Bldg –
Plan/Zone –
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

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 Annemarie MI ____ Last Name Franz

E-mail Address afranz@remax.net

Mailing Address 221 lacey Rd.,

City Forked River State NJ Zip 08731

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail xx

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.

437 W End Ave, Long Branch - Open Permits or code 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 ____
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

Bldg –
Fire Code –
Due 9/25/17

Custodian Signature ____ Date ____

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

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 732-571-5600 / Fax 732-222-8035
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 Arthur MI _____ Last Name Schwartz

E-mail Address Arthur@schwartzesq.com

Mailing Address 405 Lakewood Commons

City Howell State NJ Zip 07731

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 Arthur Schwartz Date 7/10/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Ord

Fees: Letter size pages - $0.0 per page
Legal size pages - $0.0 per page
Other materials (CD, D etc) – actual cost of ma

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

Extras: Special service charge dependent upon reques

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 r 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

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

Final Cost

Total _____
Deposit _____
Balance Due _____
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

E-mail Address Arthur@schwartzesq.com

Mailing Address 405 Candlewood Commons

City Howell State NJ Zip 07731

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 Arthur Schwartz Date 7/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Ord

Fees: Letter size pages – $0.0 per page
Legal size pages – $0.0 per page
Other materials (CD, D\ etc) – actual cost of mat

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

Extras: Special service charge dependent upon reques

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

Final Cost

Total ____
Deposit ____
Balance Due ____
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 732-571-5886 / Fax 732-222-8836
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 Betty 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 [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 Betty Hummel Date 2-28-17

Payment Information

Maximum Authorization Dost $

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. 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
Health —

Due 3/9/17

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 6TH 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 732-571-5696 / Fax 732-222-3835

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 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 [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 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 C+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 [illegible] 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 C+C Fried Chi

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

Health

Regulator None

Due 10/6/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-3686 / Fax 732-222-3935
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 Lyhovsky

E-mail Address BenLyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Manalapan State NJ Zip 07751

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 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

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 ____
Filed - 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 11/9/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5526 / Fax 732-222-3935
kschmeis@longbranch.org
Kathy L. Schmeis, 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 Lyhovsky

E-mail Address BenLyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Manasquan State NJ Zip 07751

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 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.

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 10/2/17 to 10/8/17

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 ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records –

[signature] 10/11/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5555 / Fax 732-222-8035
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: Lyhovsky

E-mail Address: BENLyhovsky@gmail.com

Mailing Address: 50 US Highway 9, Suite 202

City: Manalapan State: NJ Zip: 07726

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. 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

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 #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Records Due 10/25/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-8866 / Fax 732-222-6835
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 Lyhovsky

E-mail Address BENLyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Manalapan State NJ Zip 07751

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

Final Cost
Total ____
Deposit ____
Balance Due ____
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 732-222-0835
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 Lyhovsky

E-mail Address BenLyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

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 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.

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

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 ____
Filed - Closed ____
Partial - Closed ____

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

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided
Reards
Due 11/1/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5555 / Fax 732-222-3935
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 Lyhovsky

E-mail Address BENLyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Molonville State NY Zip 07751

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 11/13/17

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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records Rec'd 11/22/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5555 / Fax 732-222-6535
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 M: Last Name: Lyhovsky

E-mail Address: BenLyhovsky@Gmail.com

Mailing Address: 50 US Highway 9, Suite 201

City: Morganville State: NJ Zip: 07751

Telephone: 732-490-5800 FAX: 732-536-5510

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 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 10/29/17 to 11/5/17

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
Filed • Closed
Partial • Closed

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

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided
Records
Dec 11/17/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5555 / Fax 732-222-3535
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 Lyhovsky

E-mail Address BENLyhovsky@Gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Manahawkin State NJ Zip 08050

Telephone 862-419-5800 FAX 732-536-5200

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 11/20/17

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 11/8/17 to 11/19/17

AGENCY USE ONLY

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

Deposit Date ____

Disposition Notes
Custodians: 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 ____

Records Provided

Records
Due 12/1/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5555 / Fax 732-222-8035
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 Lyhovsky

E-mail Address BenLyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Manalapan State NJ Zip 07751

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 11/27/17

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.

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

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 ____
Filed - Closed ____
Partial - Closed ____

Tracking Information
Tracking # ____
Req'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided
Records Due 12/6/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5800 FAX 732-222-8836
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

1st Name Ben MI Last Name Lyhovsky

Email Address benlyhovsky@gmail.com

Mailing Address 50 U.S. Highway 9 Suite 202

Allenhurst State NJ Zip 07757

Phone [redacted] FAX [redacted]

Mail Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X or 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 or any other state or the United States.

Signature [signature] Date

Your Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your record 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

Payment Information

Maximum Authorization Cost: 1

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 charge dependent upon request

AGENCY USE ONLY

Actual Cost
Copy Cost
Mail
Fax
Misc
Balance

AGENCY USE ONLY

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

Police Dept

Due 1/26/17

Custodian Signature

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-3600 FAX 732-222-3935
kschmidt@cityoflongbranch.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

Name Ben MI Last Name Lyhavsky

Mail Address ben.lyhavsky@gmail.com

Mailing Address 50 U.S. Highway 9 Suite 202

Morgan Township State NJ Zip 07757

Phone [redacted] FAX [redacted]

Mail Delivery: Pick Up ____ U.S Mail ____ On-Site Inspect ____ Fax X or 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 ____

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 medium

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

Extras: Special service charge dependent upon request

Your Request 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.

Motor vehicle accident Reports
from 1/16/17 to 1/22/17

AGENCY USE ONLY

Initial Cost ____
Cost ____
Fax ____
E ____
Mail ____
Misc ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Records Provided

Police Dept.

Due 2/1/17

Custodian Signature

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-3686 / Fax 732-222-3935
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 Lyhovsky

E-mail Address BenLyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Manalapan State NJ Zip 07751

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 12/4/17

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 11/27/17 to 12/3/17

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 ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records

Custodian Signature [signature] Date 12/13/17

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY

PH 732-571-5660 FAX 732-222-5835

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: Ben MI ____ Last Name: Lykhovsky

E-mail Address: ben.lykhovsky@gmail.com

Mailing Address: 50 U.S. Highway 9, suite 202

City: Morganville State: NJ Zip: 07751

Telephone: [redacted] FAX: [redacted]

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

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. ...), I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New ..., 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 1/23/17 to 1/29/17

AGENCY USE ONLY

Est. Cost ____
... Cost ____
... ____
... ____
... ____
... Pages ____

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

Police Dept –

Due 2/8/17

Custodian Signature

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5600 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

1st Name	Ben	MI	Last Name Lyhovsky
Mail Address	ben.lyhovsky@gmail.com		
Street Address	520 U.S. Highway 9 Suite 202		
City	Manalapan	State NJ	Zip 07726
Phone	[redacted]	FAX	[redacted]

Drive Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X or 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 materials

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

Extras: Special service charges dependent upon request

Add'l Request 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.

Motor vehicle Accident Reports
from 12/26/16 to 1/1/17

AGENCY USE ONLY

Actual Cost
Copy Cost
Postage
Fax
Other
Taxes

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
Final Cost

Records Provided

Police Dept

Due 1/11/17

Custodian Signature

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-6500 FAX 732-222-8656
kschmelz@cityoflongbranch.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

Name: Ben   MI   Last Name: Lykovsky
Email Address: ben.lykovsky@gmail.com
Mailing Address: 50 U.S. Highway 9 suite 202
Morganville State NJ Zip 07751
Phone: [redacted] FAX [redacted]
Preferred Delivery: Pick Up ___ US Mail ___ On-Site Inspection ___ Fax X or 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 ______

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 1/2/17 to 1/8/17

AGENCY USE ONLY

Est. Cost ___
Cost ___
___
___
___
___

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

Police Dept — Due 1/19/17

Custodian Signature

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-3600 FAX 732-229-8936
kschmeltz@longbranchnj.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

Name: Ben M.I. Last Name: Lyhovsky

Mail Address: ben.lyhovsky@gmail.com

Street Address: 50 U.S. Highway 9 Suite 202

City: Manalapan State: NJ Zip: 07726

Phone: 732-490-5900 FAX: 732-536-5250

Delivery: Pick Up ____ U.S Mail ____ On-Site Inspect ____ Fax X or E-mail X

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 or any other state or the United States.

Signature: [signature] Date: ____

Payment Information

Maximum Authorization Cost: $

Select Payment Method: Cash Check Money Order

Faxed: 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 dependant upon request

Request Information:

Please be as specific as possible in describing the records being requested. Also, please note that your request by mail or delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be sacrificed by such mailed or delivery.

Motor vehicle accident Reports from 2/6/17 to 2/12/17

AGENCY USE ONLY

Cost: ____
Total: ____
Fee: ____
____
____
____
____

AGENCY USE ONLY

Disposition Notice
Custodian if any part of request cannot be delivered in seven business days, notify requestor 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

Police Dept

Due 2/28/17

Custodian Signature: ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-3600 FAX 732-229-8834
kwolinwitz@ci.long-branch.nj.us
Kathy L. Wolinwitz, 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.

Requestor Information - Please Print

Name Ben Mi Last Name Lyhavsky

E-Mail Address ben.lyhavsky@gmail.com

Mailing Address 503 U.S. Highway 9 Suite 202

City Freehold State NJ Zip 07728

Phone [redacted] FAX [redacted]

Type of Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X or E-mail X

I am 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

Faxed: 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.

Exhaust: Special service charge dependent upon recipient

For request information: Please be as specific as possible in describing the records being requested. Also, please note that your request mailed 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 2/13/17 to 2/19/17

AGENCY USE ONLY

Cost

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
Req'd Date Deposit
Ready Date Balance Due
Total Pages Balance Paid

Final Cost

Records Provided

Police Dept -
Due @ 3/2/17

Custodian Signature

CITY OF LONG BRANCH
OPEN PUBLIC RECORDS ACT REQUEST FORM
344 BROADWAY
PH 732-571-6530 FAX 732-222-8834
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

Name Ben MI Last Name Lyhovsky
Email Address ben.lyhovsky@gmail.com
Mailing Address 50 U.S. Highway 9 suite 202
Morganville State NJ Zip 07751
Phone [redacted] FAX [redacted]
Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X or E-mail X

Those 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.

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

AGENCY USE ONLY
Est. Cost ____
Deposit ____
Balance Due ____

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 3/8/17

Custodian Signature

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5515 FAX 732-229-8936
kcohrs@longbranch.nj.us
Kathy L. Cohrs, 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 Last Name Lyhovsky

Email Address ben.lyhovsky@gmail.com

Mailing Address 50 U.S. Highway 9 Suite 202

Aberdeen State NJ Zip 07747

Phone [redacted] FAX [redacted]

Mailed Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X or E-mail X

I 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 materials

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

Extras: Special service charge dependent upon request

(a) Request 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 compromised by such method of delivery.

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

AGENCY USE ONLY

Actual Cost
Bill
Paid
Check #
Initials

AGENCY USE ONLY

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

In Progress
Denied
Filed
Partial
Open
Closed
Closed
Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided
Police Dept

Due 2/16/17

Custodian Signature

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5008 FAX 732-222-3630
kschmeltz@longbranchnj.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

Name: Ben MI: Last Name: Lyhovsky

Mail Address: ben.lyhovsky@gmail.com

Delivery Address: 50 U.S. Highway 9 Suite 202

City: Averger mille State: NJ Zip: 07757

Phone: [redacted] FAX: [redacted]

Type of Delivery: Up ____ US Mail ____ On-Site Inspect ____ Fax X or" E-mail X

I am requesting records containing personal information, please circle one. Under penalty of N.J.S.A. 3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New any other state or the United States.

Yes No

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 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 od mailed of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will no transmitted by such method of delivery.

Motor vehicle Accident Reports from 3/6/17 to 3/12/17

AGENCY USE ONLY

Cost
Cost
Cost
Cost

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, please record note.

In Progress: Open
Denied: Closed
Filled: Closed
Partial: 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 3/22/17

Custodian Signature

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY

PH 732-571-5600 FAX 732-222-6836
kcolimetz@ci.long-branch.nj.us
Kathy L. Colimetz, 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.

equestor Information - Please Print

t Name	Ben	MI	Last Name Lyhovsky
ail Address	benlyhovsky@gmail.com		
ing Address	520 U.S. Highway 9 Suite 202		
	Manalapan State NJ Zip 07726		
ione	[redacted]	FAX	[redacted]
ired Delivery	Pick Up ____ US Mail ____	On-Site Inspect ____	Fax X or E-mail X

I 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

Postal: 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.

Express: Special service charges dependent upon request

Special Request 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 compromised by such method of delivery.

Motor vehicle Accident Reports
from 3/13/17 to 3/19/17

AGENCY USE ONLY

Cost
Cost
Cost
Cost
Cost
Cost

AGENCY USE ONLY

Disposition Notes
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
Deposit
Balance Due
Balance Paid
Records Provided

Records Due 3/29/17

Custodian Signature

First Call

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-3616 FAX 732-222-3836
krehmeier@longbranchnj.us
Kathy L. Rehmeier, 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.

Requestor Information: Please Print

Name: Ben Lyhovsky MI: ____ Last Name: Lyhovsky

E-Mail Address: ben.lyhovsky@gmail.com

Mailing Address: 50 U.S. Highway 9 Suite 202

City: Manalapan State: NJ Zip: 07726

Phone: 732-410-5300 FAX: 732-536-5250

Way Delivery: Up ____ US Mail ____ On-Site Inspect ____ Fax X or E-mail X

If 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

Faxes: Letter size pages - $0.05 per page; Legal size pages - $0.07 per page; Other materials (CD, DVD, etc) - actual cost of reproduction

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

Express: Special service charges dependent upon recipient

Request 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 compromised by such method of delivery.

Motor vehicle accident reports from 3/20/17 to 3/26/17

AGENCY USE ONLY

Cost: ____
Date: ____
Zip: ____

AGENCY USE ONLY

Disposition Notes
Custodians if any part of request cannot be delivered in seven business days, please record here.

In Progress ____ Open ____
Denied ____ Closed ____
Filed ____ Closed ____
Partial ____ Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Need Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Itemized Provided

Records ____

Due 4/6/17

Custodian Signature

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY

PH 732-571-6000 FAX 732-222-3838
kvelimirovic@ci.long-branch.nj.us
Kathy A. Velimirovic, 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

Mail Address: ben.lyhavsky@gmail.com

Last Name: Lyhavsky

Mailing Address: 50 U.S. Highway 9 Suite 202

Phone: [redacted] Zip: 07757

Fax: [redacted]

Type of Delivery: Pick Up ____ US Mail ____ Online Inspect ____ Fax ____ Email X

I/We 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 or 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 materials

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

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 compromised by such method of delivery.

Motor vehicle Accident Reports
from 2/27/17 to 3/5/17

AGENCY USE ONLY

Cost:

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, check 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
Deposit
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 732-571-8005 FAX 732-222-3935
kschmeltz@ci.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

Name: Ben MI: Last Name: Lyhovsky

E-Address: ben.lyhovsky@gmail.com

D Address: 50 U.S. Highway 9 Suite 202

City: Allenhurst State: NJ Zip: 07711

Phone: [redacted] FAX: [redacted]

Mode of Delivery: Pick Up ___ US Mail ___ On-Site Inspect ___ Fax X or E-mail X

I/We 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 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 requested method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be prejudiced by such method of delivery.

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

AGENCY USE ONLY

Cost:
Bill:

AGENCY USE ONLY

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

In Progress
Denied
Filed
Partial
Open
Closed
Closed
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 4/20/17

Custodian Signature:

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-3600 FAX 732-222-3935
kvolmer@longbranchnj.us
Kathy M. Volmer, 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: Last Name: Lyhovsky

Address: ben.lyhovsky@gmail.com

Address: 50 U.S. Highway 9, Suite 202

City: Beesgerville State: NJ Zip: 07757

Phone: [redacted] FAX: 7[redacted]

Pick Up: ____ US Mail: ____ On-site Inspect: ____ Fax: X or Email: X

I am requesting records containing personal information; please circle one. Under penalty of N.J.S.A. ____, 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: [redacted] Date: ____

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 materials

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

Extras: Special service charge dependent upon additional

*Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your d method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will no ordered by such method of delivery.

Motor vehicle Accident Reports

from 4/17/17 to 4/23/17

AGENCY USE ONLY

Cost: ____

AGENCY USE ONLY

Disposition Note:
Custodians if any part of request cannot be delivered in seven business days, state reason here.

In Progress: ____ Open: ____
Denied: ____ Closed: ____
Filed: ____ Closed: ____
Partial: ____ Closed: ____

AGENCY USE ONLY

Tracking Information

Tracking #: ____ Total: ____
Ready Date: ____ Deposit: ____
Ready Date: ____ Balance Due: ____
Total Pages: ____ Balance Paid: ____

Final Cost: ____

Records Provided

Records

Dec 6/13/17

Custodian Signature

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-3600 FAX 732-222-3834
kwolmolz@longbranch.nj.us
Kathy L. Wolmolz, 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: Last Name: Lyhovsky

E-Mail Address: ben-lyhovsky@gmail.com

Postal Address: 50 U.S. Highway 9 Suite 202

Allengarnville State: NJ Zip: 07757

Phone: [redacted] FAX: [redacted]

Pick Up: ____ US Mail: ____ On-Site Inspect: ____ Fax: X or E-mail: X

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

Signature: [redacted]

Date: [redacted]

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 requested method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will be safeguarded by such method of delivery.

Motor vehicle Accident Reports from 3/27/17 to 4/2/17

AGENCY USE ONLY

Cost:

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking #:
Actual Date:
Ready Date:
Total Pages:

Total:
Deposit:
Balance Due:
Balance Paid:

Final Cost:

Records Provided

Records -

Due 4/12/17

Custodian Signature

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-3600 FAX 732-222-8038
kcolmetz@cityoflongbranch.nj.us
Kathy G. Colmetz, 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.

Requestor Information - Please Print

Name: Ben M. Last Name: Lyhavsky

E-Mail Address: benlyhavsky@gmail.com

Address: 50 U.S. Highway 9 Suite 202

City: Allenwood State: NJ Zip: 07727

Phone: [redacted] FAX: [redacted]

Mail Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X or E-mail X

I/We are requesting records containing personal information, please circle one). Under penalty of N.J.S.A. ____, I certify that I HAVE / HAVE NOT been convicted of any indictable offence under the laws of New Jersey, any other state, or the United States.

Signature: [redacted] Date: [redacted]

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 charge dependent upon request

Requestor 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 prejudiced by such method of delivery.

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

AGENCY USE ONLY

Cost: ____
Bill: ____
[illegible]: ____
Zip: ____

AGENCY USE ONLY

Disposition Notice
Custodian if any part of request cannot be delivered in seven business days, detail reason 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: ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-3600 FAX 732-229-8836
kschmelz@ci.long-branch.nj.us
Kathy-Lt. 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

Name: Ben Lyhavsky

Email Address: ben.lyhavsky@gmail.com

Address: 50 U.S. Highway 9 Suite 202

City: Allenhurst State: NJ Zip: 07711

Phone: [redacted] FAX: 732-536-5250

Pick Up: ___ US Mail: ___ On-Site Inspect: ___ Fax: X or Email: X

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

Signature: [redacted] Date: ___

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 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.

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 ed method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will no ardized by such method of delivery.

Motor vehicle accident reports

from 5/8/17 to 5/14/17

AGENCY USE ONLY

Cost: ___

AGENCY USE ONLY

Disposition Notes
Custodians if any part of request cannot be delivered in seven business days, explain reason here.

In Progress
Denied
Filed
Partial

Open
Closed
Closed
Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Ready Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Records Due 6/24/17

Custodian Signature

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-3600 FAX 732-222-3935
kaolmelz@cityoflongbranch.nj.us
Kathy-Ann Olmelz, 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: Last Name: Lyhovsky

E-Mail Address: ben.lyhovsky@gmail.com

Mailing Address: 50 U.S. Highway 9 Suite 202

City: Manalapan State: NJ Zip: 07726

Phone: [redacted] FAX: [redacted]

Pick Up: Yes US Mail: On-site Inspect: Fax: Yes E-mail: Yes

I am 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.

ID: [redacted]

Date: [redacted]

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 charge dependent upon request

Description of Requested 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 compromised by such method of delivery.

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

AGENCY USE ONLY

Cost
Fee

AGENCY USE ONLY

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

In Progress
Denied
Filed
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 6/1/17

Custodian Signature

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5600 FAX 732-222-8836
kvolimetz@elongbranch.nj.us
Kathy L. Volimetz, 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.

Requestor Information - Please Print

Name Ben Lyhovsky MI Last Name Lyhovsky

E-Address ben.lyhovsky@gmail.com

Address 520 U.S. Highway 9 Suite 202

City Aberdeen State NJ Zip 07747

Phone 732-410-5800 FAX 732-536-5250

Pick Up ____ US Mail ____ On-site Inspect ____ Fax X or E-mail X

I am 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.

Yes No

Date

Payment Information

Maximum Authorization $ 1

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 medium

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 altered by such method of delivery.

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

AGENCY USE ONLY

Cost

AGENCY USE ONLY

Disposition Notes
Custodian if any part of request cannot be delivered in seven business days, state 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
Deposit
Balance Due
Balance Paid
Final Cost

Records Provided

Records —
Due 5/17/17

Custodian Signature

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 BEN MI ____ Last Name Lyhovsky

E-mail Address BENLyhovsky@Gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Manalapan State NJ Zip 07751

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 _____ 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 ____

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 ____

Records Provided

Records

Due 6/21/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5555 / 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 Lyhovsky

E-mail Address BENLyhovsky@Gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Manalapan State NJ Zip 07751

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 6/19/17

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. 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
Records –
Due 6/28/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5600 / 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 BEN MI ____ Last Name Lyhovsky

E-mail Address BENLyhovsky@Gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Manalapan State NJ Zip 07751

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 _____ 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 ____
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

Records —
Due 6/14/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5555 / Fax 732-222-3625
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 Lyhovsky

E-mail Address BENLyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Manalapan State NJ Zip 07751

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 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

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 # ____
Receipt Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records

Due 7/15/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5555 / Fax 732-222-3935
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 Lyhovsky

E-mail Address BenLyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Manalapan State NJ Zip 07751

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 7/12/17

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 7/10/17 to 7/16/17

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

Final Cost

Total ____
Deposit ____
Balance Due ____
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 732-571-8686 / Fax 732-222-8535
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 Lyhovsky

E-mail Address BenLyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

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 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 (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 7/16/17 to 7/23/17

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 ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records –

Due 8/2/17

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.

Requestor Information – Please Print

First Name BEN MI ____ Last Name Lyhovsky

E-mail Address BENLyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

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 state 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.

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 8/7/17 to 8/13/17

FOR 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 ____
Filed - 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 8/28/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5555 / Fax 732-222-5535
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 Lyhovsky

E-mail Address BenLyhovsky@Gmail.com

Mailing Address 50 US Highway 9, Suite 204

City Manasquan State NJ Zip 0775[illegible]

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 8/28/17

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.

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

FOR 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 ____
Filed - 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 9/7/17

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 Ben MI ____ Last Name Lyhovsky

E-mail Address BENLyhovsky@Gmail.com

Mailing Address 50 US Highway 9, Suite 204

City Manalapan State NJ Zip 07751

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 8/7/17

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 ____
Filed - 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 732-571-5555 / Fax 732-222-3835
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 M Last Name Lyhovsky

E-mail Address BENLyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Morganville State NJ Zip 07751

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 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 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 9/4/17 to 9/10/17

FOR 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 ____
Filed - Closed ____
Partial - Closed ____

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
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
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 Lyhovsky

E-mail Address BENLyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Manasquan State NJ Zip 07751

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 9/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

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 ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided
Records
Den 9/27/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5555 / Fax 732-222-6935
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 Lyhovsky

E-mail Address benlyhovsky@gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Manalapan State NJ Zip 07751

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 9/25/17

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 9/18/17 to 9/24/17

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 ____
Filed - 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 10/4/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5555 / Fax 732-222-6935
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 Ben MI ____ Last Name Lyhovsky

E-mail Address BenLyhovsky@Gmail.com

Mailing Address 50 US Highway 9, Suite 202

City Marmora State NJ Zip 07751

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 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

FOR 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 ____
Filed - Closed ____
Partial - Closed ____

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records —

[signature] 9/19/17
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 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 7/29/17

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 FENCE APPLICATION PERMIT FOR BL 59 LOT 1.01, 11 ADAMS ST, KUSHNER.
- PRODUCE HOLD HARMLESS AGREEMENT BETWEEN CITY AND KUSHNER, FOR FENCE ON BL 59 LOT 1.01, 11 ADAMS 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 ____
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
[signature]

Due 8/9/17

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 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 2/28/17

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 ____
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

Admin —

Dec 8/2017

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 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: Clerk
Rec 7/14/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5688 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 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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
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

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 CEPORE

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: 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

BG -
Dw 9/21/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5686 FAX 732-222-9835
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

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

828178

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 BRANCA 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 / I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 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 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

828170

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 AS AMENDED 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

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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 8/30/17

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

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 9/11/17

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

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 8/31/17

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 BDWY, 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 BDWY, BL234 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 07740

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
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 732-222-6835
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 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 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 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 ____
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

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@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 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 DEP'T., 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 ____
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
- 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 732-571-5686 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 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 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. 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

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 VIOLENT 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records -

Due 9/26/17

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 X 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 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 CONDOMINIMS located at 422 Ocean Boulevard Long Branch, NJ including but not limited to:
Architechtrual 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 ____
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

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

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

FCA

350 Clark Drive | Suite 304
Mount Olive, NJ 07828
O 973.726.7164 | F 973.726.7204

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

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

FCA
350 Clark Drive | Suite 304
Mount Olive, NJ 07828
O 973.726.7164 | F 973.726.7204

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 ____ 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 DOCMENTS AND PLANS ASSOCIATED WITH THE ROOF INSTALLATION AND CONSTRUCTION AT OCEAN VIEW TOWERS (ADDRES 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 ____
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

Plan ____

Dan 10/4/17

Custodian Signature ____ Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-3686 / 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 Wenk

E-mail Address iwmenk1s a aol.com

Mailing Address IWM Inc., 135 Lincoln Blvd.

City Middlesex State NJ Zip 08846

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

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

DG –

Due 8/17/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway

Phone 732-571-5686 | Fax 732-222-[illegible]

Kathy L. S[illegible], RMC, City Clerk

Important Notice

[illegible]

Requestor Information – Please Print

First Name: Vanes[illegible] Last Name: [illegible]-[illegible]

E-mail: [illegible]@[illegible].com

Mailing Address: [illegible] AVE

City: Long Branch State: NJ Zip: 077[illegible]

Telephone: 732-[redacted] FAX: 6C4-[redacted]

Fax X X

HAVE / HAVE NOT

Signature: [signature] Date: 03/01/2017

Payment Information

$25.00

Record Request Information. [illegible]

We are requesting all police records/reports regarding a bank robbery that occurred on September 21, 2015 at a Chase bank, 160 Brighton Ave Long Branch NJ, 07740

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Tracking Information

Records —

Due 3/20/17

ALBERTO BROTHERS
ATTORNEYS AT LAW
come.build.prosper

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 732-571-5686 / 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 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 [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 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

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Plans/Zone
Bldg
Fire Code

Custodian Signature Due 9/25/17 Date

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

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

ELYON CAPITAL

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5600 / 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 JAN MI ____ Last Name KONOPKA

E-mail Address GENIUSPOOCHO@gmail.com

Mailing Address 3 Riverview Ave

City Long Branch State NJ Zip 07740

Telephone [redacted] FAX ____

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

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

Signature [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:
175 Avenel Blvd. Long Branch NJ.
- any dead people discovered on that property (please provide all information including how long about the dead body / bodys 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
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 732-571-5550 FAX 732-222-3926
kcoh.rels@ci.long-branch.nj.us
Kathy L. Schmidt, 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.

Requestor Information – Please Print

First Name Steven MI P Last Name Haddad

E-mail Address Mzdi@SPHLAW.com

Mailing Address 516 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 7/17/17

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 media

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.

7/10/17 – 7/16/17

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 ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records ____

Due 7/26/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY

PH 732-571-8700 FAX 732-222-3935
lbelerk@ci.long-branch.nj.us
Kelly 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 Steven MI P Last Name Haddad

E-mail Address Mayd@SPHLAW.com

Mailing Address 516 Thornall 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 _____ 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 (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.

Records

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 _____
Pend'l Closed _____

AGENCY USE ONLY

Tracking Information **Final Cost**

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

Records Certified

Dan 8/2/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH: 732-571-[redacted] FAX 732-[redacted]
[redacted]@[redacted].long-branch.nj.us
Kelly L. Solimeo, 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 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 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.

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.

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, detail reasons here.

In Progress Open ____
Denied Closed ____
Filled Closed ____
Partial Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Hand Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
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 732-571-0008 FAX 732-222-8035
lbclerksoffice@ci.long-branch.nj.us
Kelly L. Bolanek, 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 Majdi@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 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 media

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.

7/31/17 – 8/6/17

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 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 8/16/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY

PH 732-571-5500 FAX 732-222-0035

kwilson@pol.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 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 9/18/17

Payment Information

Maximum Authorization Cost $

Method of 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 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

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

AGENCY USE ONLY

Tracking Information

Tracking # ____

Remit Date ____

Final Cost

Total ____

Deposit ____

Records Due 9/27/17

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-8986 FAX 732-222-3283
kmleonardis@cityoflongbranch.nj.us
Kathy L. Leonardis, 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 Majdi@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 9/25/17

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 media

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.

9/18/17–9/24/17

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

Tracking # ____

Hand Date ____

Final Cost

Total ____

Deposit ____

Records —

Due 10/4/17

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-8936 FAX 732-222-7038
Email: nolan@Long-Branch.nj.us
Kathy L. Nolan, 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 D 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 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 materials

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.

8/28/17 - 9/3/17

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 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 ____

Remarks Provided

Records

Rec 9/19/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5686 FAX 732-222-3535
hschmelz@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 STEVEN MI J Last Name KAWECKI

E-mail Address SKAWECKI981@GMAIL.COM

Mailing Address C/O ATLANTIC PROFESSIONAL SERVICES, PO BOX 717

City NUTLEY State NJ Zip 07110

Telephone [redacted] (C) FAX —

Preferred Delivery: Pick Up ✓(3) US Mail ✓(2) On-Site Inspect ____ Fax ____ E-mail ✓(1)
AS REQUIRED

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 (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: 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, RES. 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 ALTRA 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Hdy —
Fire Code —

Dee 3/10/17
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
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 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 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 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Phone/Email
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
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 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 X US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

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

Signature Steven Ward 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 ____
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

Martintha 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
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 M 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 X US Mail ____ On-Site Inspect ____ Fax ____ E-mail ____

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

Signature [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 ____
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

Plans —

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 732-571-5686 / Fax 732-222-8836
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 Callin MI M Last Name Bradley

E-mail Address cbradley@dynamic-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 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 5/26/17

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

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Records –

Due 6/7/17

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 Caitlin MI J Last Name Keating

E-mail Address caitlink@gsienvironmental.com

Mailing Address 105 Evesboro-Medford Road, Suite C

City Marlton State NJ Zip 08505

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 Caitlin Keating Digitally signed by Caitlin Keating Date: 2017.09.01 15:57:29 -04'00' Date September 1, 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.

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 ____
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

SLDs – Health

Due 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 Kaminsky

Brink's Tank Services

1256 Liberty Ave

Hillside, NJ 07205

[redacted]

Bldg —
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

----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 Kaminsky

Brink's Tank Services

1256 Liberty Ave

Hillside, NJ 07205

[redacted]

BDG

Due 12/14/17

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number 732-222-8885

Agency e-mail address

Name of Agency Custodian

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 MI ____ Last Name Kaminsky

E-mail Address Carly@beinksconsulting.com

Mailing Address 125 Liberty Ave

City Hillside State NJ Zip 07205

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 Carly Kaminsky Date 6/20/17

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 addition al 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 provide a list of permit applications for the installation, Removal or the decomissioning of Underground Storage tanks at: 743 Pavilion Ave, Long Branch, NJ 07740

Block # 228 Lot # 29

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

Bldg —

Due 6/29/17

Custodian Signature ____ Date ____

Place Logo Here

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address
Agency Telephone Number & Fax Number
Agency e-mail address
732-222-8835 Name of Agency Custodian

Place Logo Here

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 MI ____ Last Name Kaminsky

E-mail Address Carly@beinksconsulting.com

Mailing Address 125e Liberty Ave

City Hillside State NJ Zip 07205

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 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.

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 provide a list of permit applications for the installation, Removal or the decomissioning of Underground Storage tanks at: 459 West Street, Long Branch

Block # 468 Lot # 2

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 ____
Deplsd - 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

Bldg –
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

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 Pasler

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 A. Pasler 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)
Employee – 2012=
2013=
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 ____
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

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
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 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 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 8/31/17

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 (→ ADOPTED BY THE CITY OF LONG BRANCH CONCERNING THE DEVELOPEMENT AND (OR RATIFIED) CONSTRUCTION OF THE "SOUTH BEACH AT LONG BRANCH" 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

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

Final Cost

Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

Plan / Spec

Custodian Signature [signature] Date 9/12/17

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 Houses 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 732-222-8838
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 Chava Mi ____ Last Name Heller

E-mail Address Chavyh@mbweinsteinlaw.com

Mailing Address 126 Autumn Road

City Lakewood State NJ Zip 08701

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 / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Chava Adelh 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Hdg –

Due 3/6/17

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 Chenelle MI D Last Name Covin

E-mail Address editorinChief@unheardvoices mag. com

Mailing Address 111 Bath Avenue #67

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 Chenelle C. Date 1/9/17

Payment Information

Maximum Anticipated 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 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 _____

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

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 BRIGNOLI

E-mail Address BGDCHRIS@GMAIL.COM

Mailing Address 75 B BRIGHTON AVE

City LONG BRANCH State NJ Zip 07740

Telephone [redacted] FAX —

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

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

Signature [signature] 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. 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] —

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@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 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

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 ____
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 Collector –

Due 5/11/17

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 732-571-3556 / Fax 732-222-6536
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 ____ Last Name Weiss

E-mail Address CWeiss1@Progressive.com

Mailing Address 485A 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: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 7-19-17

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.

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 in seven business days, detail reasons here.

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

AGENCY USE ONLY

Tracking Information
Tracking # ____
Record Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
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 609-961-6661.

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

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

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 [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 10/16/2017

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

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

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 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 10/23/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Reads

Due 11/1/17

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 10/30/2017

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

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Records Due 11/9/17

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 11/13/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 11/5/2017

End Date 11/11/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Records

Due 11/22/17

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 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. 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

Records

Due 12/1/17

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 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

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature

Dec 12/6/17

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 11/6/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 10/29/2017

End Date 11/4/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

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

Records

Due 11/17/17

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 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 609-961-6661.

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

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Records

Dec 12/13/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-6835
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 M A Last Name Winslow

E-mail Address caw@bielanlaw.com

Mailing Address 33 W. Front St. 2nd 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. Winslow 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.

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

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Express 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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided
Fire Code – Records –
Bldg –
Tax Collector –
Health Dept –

Custodian Signature

Dec 31 27/17
Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5566 / 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 MI M Last Name Swanson

E-mail Address Christina.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 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 Christina 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 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 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 christina.swanson@otteau.com

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

Alex Asaro

Done 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

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Tax Assessor →

Rec 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: [redacted]

Thank you,
Colin Yost
Acquisitions Department
Accutrend Data Corporation

Health —

Due 4/21/17

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 Connor X MI F Last Name MONTFERRAT

E-mail Address Connor.montferrat@ottea.com

Mailing Address 101 Matawan Road

City Matawan State NJ Zip 07747

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 / 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 ____
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

Tax Records

[signature] 6/8/17

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, 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 MI F 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 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 [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 ____
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

Tax Assessor

Due 6/13/17

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 Constantine MI ____ Last Name Stamos

E-mail Address deans@ferrarostamos.com

Mailing Address P.O. Box 158

City Rockleigh State NJ Zip 07647

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 ____ 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 ____

Records Provided

Bldg Code

Dlee 3/30/17
Custodian Signature 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

D.. 1/24/17

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: Babcock, 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

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

Cell: 732-372-2078 | **Fax:** 732-243-2840
Email: CMcCarthy@NJAdvanceMedia.com

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 [redacted] FAX ____

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

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

Signature ____ Date 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**
   a. **Generally the code enforcement, zoning, inspectors, property maintenance, tax assessor or tax collector have this information**
   b. **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 732-571-5686 / 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 Dan MI _____ Last Name Radel

E-mail Address dradel@gannettnj.com

Mailing Address Asbury Park Press, 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 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

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

To: Planning

Date: 1/23/17

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 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 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 ~~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 ____
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

To: Records
Let Shirley Chief Roebuck

Due: 11/14/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
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
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided
Tax Assessor –
Bldg –
Fire –
Health –
Plan – Due 6/13/17

Custodian Signature Date

PEAK ENVIRONMENTAL LLC

74 Main Street, 2nd Floor, Woodbridge, NJ 07095
Phone 732-326-1010 • www.peak-environmental.com

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

Daniel J. Chedid
Staff Scientist

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-3686 / 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 ortega

E-mail Address dortega@ebc425.org

Mailing Address 165 Springfield Ave, 2nd Floor

City Springfield State NJ Zip 07081

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 / 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 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 ____
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

City Clerk Dec 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
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.org

Mailing Address 65 Springfield Ave

City Springfield State NJ Zip 07081

Telephone [redacted] 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 ____
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 1

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

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

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5680 / Fax 732-222-6835
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 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 [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 ____
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: R. Beckelman
R. Basile

Due: 2/13/17

Custodian Signature ____ Date ____

cc: James Heron - FYI
Fran Hayes - FYI

GIORDANO, HALLERAN & CIESLA
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

STEVEN P. GOUIN, ESQ.
SHAREHOLDER
ALSO ADMITTED TO PRACTICE IN NY
SGOUIN@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.

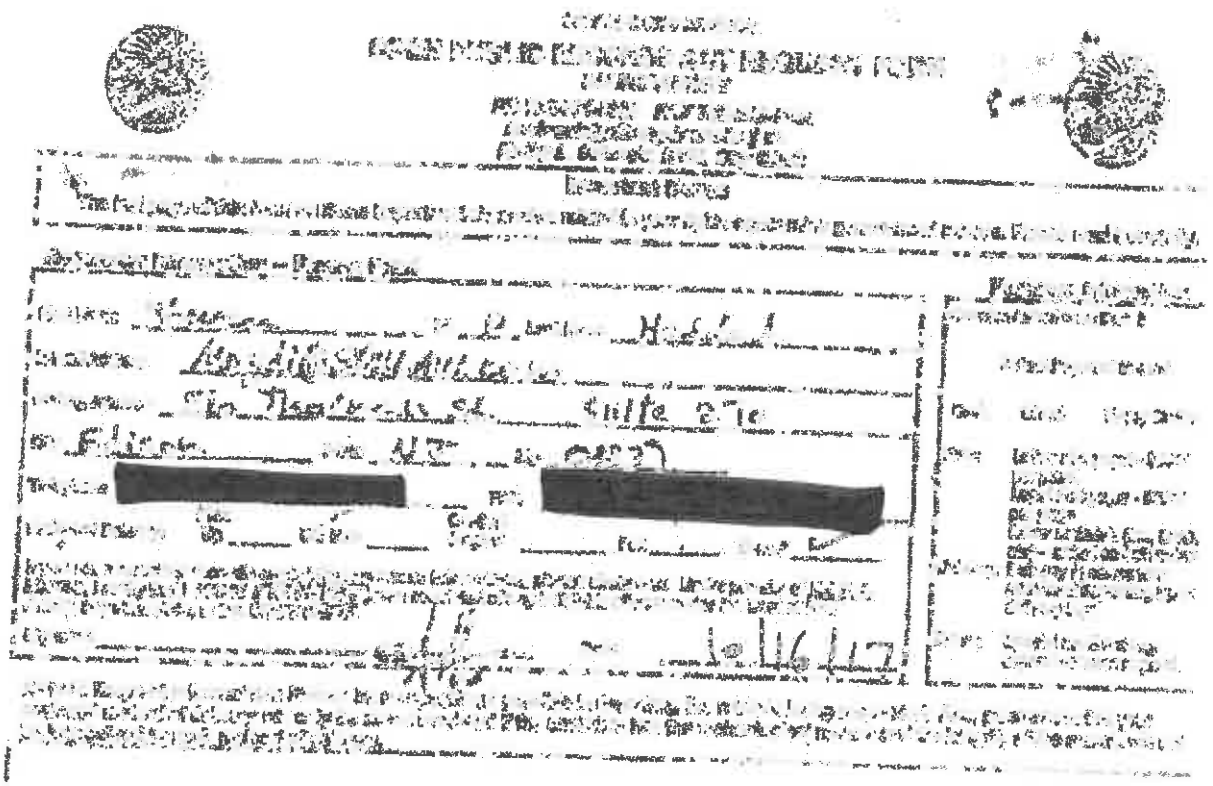
After you have had a chance to review, please let me know when these documents will be available. As you are aware, you must respond to this request within seven (7) business days in accordance with the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1, et. seq.

Thank you for your attention to this matter.

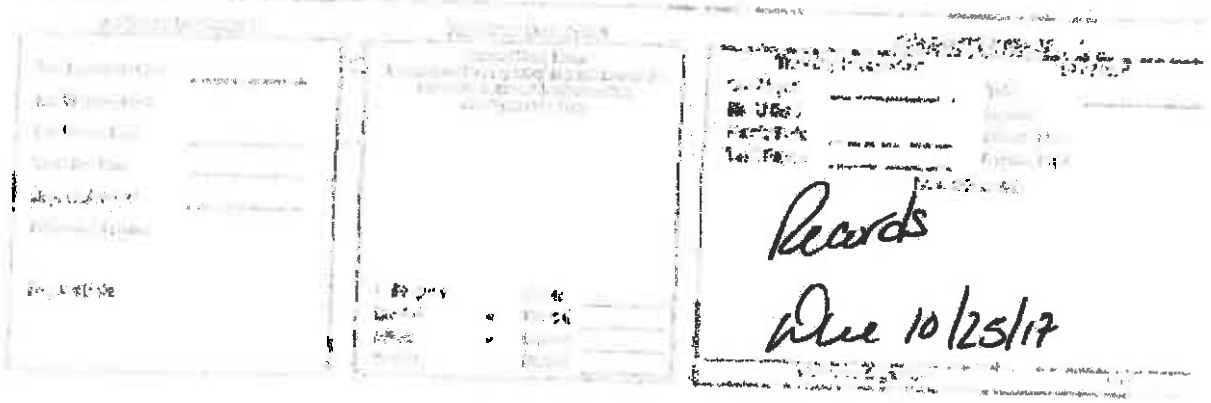
Very truly yours,

STEVEN P. GOUIN

SPG/nrh
Enclosure
Docs #2604508-v1



10/9/17 – 10/15/17



CITY OF LONG BRANCH?

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 Steven MI P Last Name Haddad

E-mail Address Mozdi@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 ✓

Signature [signature] Date 10/2/17

Payment Information

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.

9/25/17 – 10/1/17

TO: RECORDS

Due: 10/12/17

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-8686 / 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 Steven M 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 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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records Due 11/1/17

Custodian Signature ____ Date ____

Edison Office
[redacted]

STEVEN P. HADDAD, P.C.
ATTORNEYS AT LAW

FAX

To: [redacted] From: Steven P. Haddad, Esq.

Attention: cc:

Re: [redacted] Pages:

Fax: Date: 10/23/17

Urgent For Review 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

[redacted]

THANK YOU.

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.

Requestor Information – Please Print

First Name Steven MI P. Last Name Haddad

E-mail Address magdi@SPblaw.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 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 Date _____
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided
Records
Due 11/9/17

Custodian Signature _____ Date _____

Edison Office
870 [illegible] Street, Suite 2[illegible]0
Edison, New Jersey [illegible]
TEL [redacted]
FAX [redacted]

STEVEN P. HADDAD, P.C.
ATTORNEYS AT LAW

Fax

To: [illegible] Police Dept.	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

[illegible]

THANK YOU.

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5566 / Fax 732-222-8835
lschmeltz@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 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 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 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.

11/6/17 – 11/12/17

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

Final Cost

Total ____
Deposit ____
Balance Due ____
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: [redacted] 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.

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5966 / Fax 732-222-6835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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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: 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.

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.

11/13/17 – 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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
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.

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5606 / Fax 732-222-3836
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 Steven MI P. Last Name Haddad

E-mail Address magdi@SPhlaw.com

Mailing Address 516 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 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.

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.

11/20/17 – 11/26/17

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 Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
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 732-571-5626 / 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 Steven MI P. Last Name Haddad

E-mail Address magdi@SPhlaw.com

Mailing Address 51 Lethernall 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 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 # ____
Receipt Date ____
Ready Date ____

Final Cost
Total ____
Deposit ____
Balance Due ____

Emails
Documents

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5888 FAX 732-222-6835
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 Steven MI P Last Name Haddad

E-mail Address Magdi@SPHLAW.com

Mailing Address 510 Thornall St. Suite 270

City Edison State NJ Zip 0883[illegible]

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 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 media

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.

1/9 – 1/16/17

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 ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided
Police Dept ____
Dec 1/26/17

Custodian Signature ____ Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5566 FAX 732-222-6835
kschwalz@ci.long-branch.nj.us
Kathy L. Schwalz, 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 Mgdi@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 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 materi

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.

11/16 - 1/22/17

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

Final Cost

Total ____
Deposit ____
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 732-571-5555 / Fax 732-222-5525
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 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 SPH 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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

D. Reeds

Due: 12/13/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5555 FAX 732-222-3935
kschmalz@ci.long-branch.nj.us
Kathy L. Schmalz, RMC, City Clerk

Important Notice

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Requestor Information – Please Print

First Name Steven MI P Last Name Haddad

E-mail Address Mugdi@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 1/30/17

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 materi

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. 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

Police Dept –

Due 2/8/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / 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.

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 1/3/17

Payment Inform

Maximum Authorization Cost

Select Payment Me

Cash Check Mone

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

Delivery: Delivery/postage fee additional depending u delivery type.

Extras: Special service charge dependent upon reques

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. 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

Police Dept

Due 1/11/17

Custodian Signature ____ Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5886 / Fax 732-222-6835
kschmeltz@longbranchnj.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

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 1/9/17

Payment Info

Maximum Authorization Cos

Select Payment M

Cash Check Mon

Fees: Letter size pages - per page
Legal size pages - per page
Other materials (CD etc) – actual cost of

Delivery: Delivery / postage fe additional depending delivery type.

Extras: Special service charge dependent upon requ

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 no be jeopardized by such method of delivery.

1/2/17 - 1/8/17

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

Police Dept

Due 1/15/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5555 FAX 732-222-6525
kschrenk@ci.long-branch.nj.us
Kathy L. Schrenk, 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 Mhaddad@SPHLAW.com

Mailing Address 516 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 2/13/17

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 materi

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.

2/6/17 - 2/12/17

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 Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Police Dept

Due 2/23/17

Custodian Signature ____ Date ____

Edison Office
510 Thomall 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: 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.

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5555 FAX 732-222-8836
kschmelz@ci.long-branch.nj.us
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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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 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 materi

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.

2/13/17 – 2/19/17

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

Final Cost
Total ____
Deposit ____
Balance Due ____
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 732-571-3686 FAX 732-222-6935
kschmalz@LongBranchNJ.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 Steven MI P Last Name Haddad

E-mail Address Magdi@SPHLAW.com

Mailing Address 510 Thornall St. Suite 270

City Edison State NJ Zip 0837

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 - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of materi

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.

2/20/17 - 2/26/17

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 ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records ____

Dec 3/8/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-3686 FAX 732-222-6336
kschmalz@ci.long-branch.nj.us
Kelly 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 Steven MI P Last Name Haddad

E-mail Address Mhaddi@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 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.

1/30/17 - 2/5/17

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Police Dept

Due 2/15/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-[illegible] FAX 732-[illegible]
[illegible]@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 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 3/13/17

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.

3/6/17 – 3/12/17

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
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

Boards
Due 3/22/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5086 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 media

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.

3/13/17-3/19/17

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Cards –

Due 3/25/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY

PH 732-571-3700 FAX 732-222-3935

business@longbranchnj.us

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.

Requestor Information – Please Print

First Name Steven MI P Last Name Haddad

E-mail Address Mhaddad@SPHLAW.com

Mailing Address 516 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 3/27/17

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 media

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

Extras: Special custom 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 compromised by such method of delivery.

3/20/17 - 3/26/17

AGENCY GENERALLY

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, check 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

Records _

Due 4/6/17

Custodian Signature ____ Rec. ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5886 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 Steven MI P Last Name Haddad

E-mail Address Maydi@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 SPH 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 media

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 _____
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

Records

Due 3/15/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-8555 FAX 732-222-3935
kschmale@longbranchnj.us
Kelley 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.

Requestor Information – Please Print

First Name Steven MI P Last Name Haddad

E-mail Address Msgdi@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 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 media

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. 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 # ____
Record Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records –

Due 4/20/17

Date Request Received ____ Date

Edison Office
810 Thomas Edison, 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: cc:

Fax: [redacted] 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

magali@spplaw.com

THANK YOU.

Records — Due 5/3/17

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-3700 FAX 732-222-3935
kcalcich@ci.long-branch.nj.us
Kathy L. Calcich, 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 Maydi@SPHLAW.com

Mailing Address 516 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 a record 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 4/3/17

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 media

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.

3/27/17 – 4/2/17

AGENCY PERSONNEL

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 # ____
Hand Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Request Processed

Records –

Due 4/12/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5688 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 Steven MI P Last Name Haddad

E-mail Address Mugdi@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 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 materi

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 ____
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

Records Due 5/10/17

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 Michael MI ____ Last Name Kleczkowski

E-mail Address Michael.Kleczkowski@Arcadis.com

Mailing Address 17-17 Route 208 North

City Fair Lawn State NJ Zip 07410

Telephone [redacted] FAX [redacted]

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

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

Signature [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. 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 ____

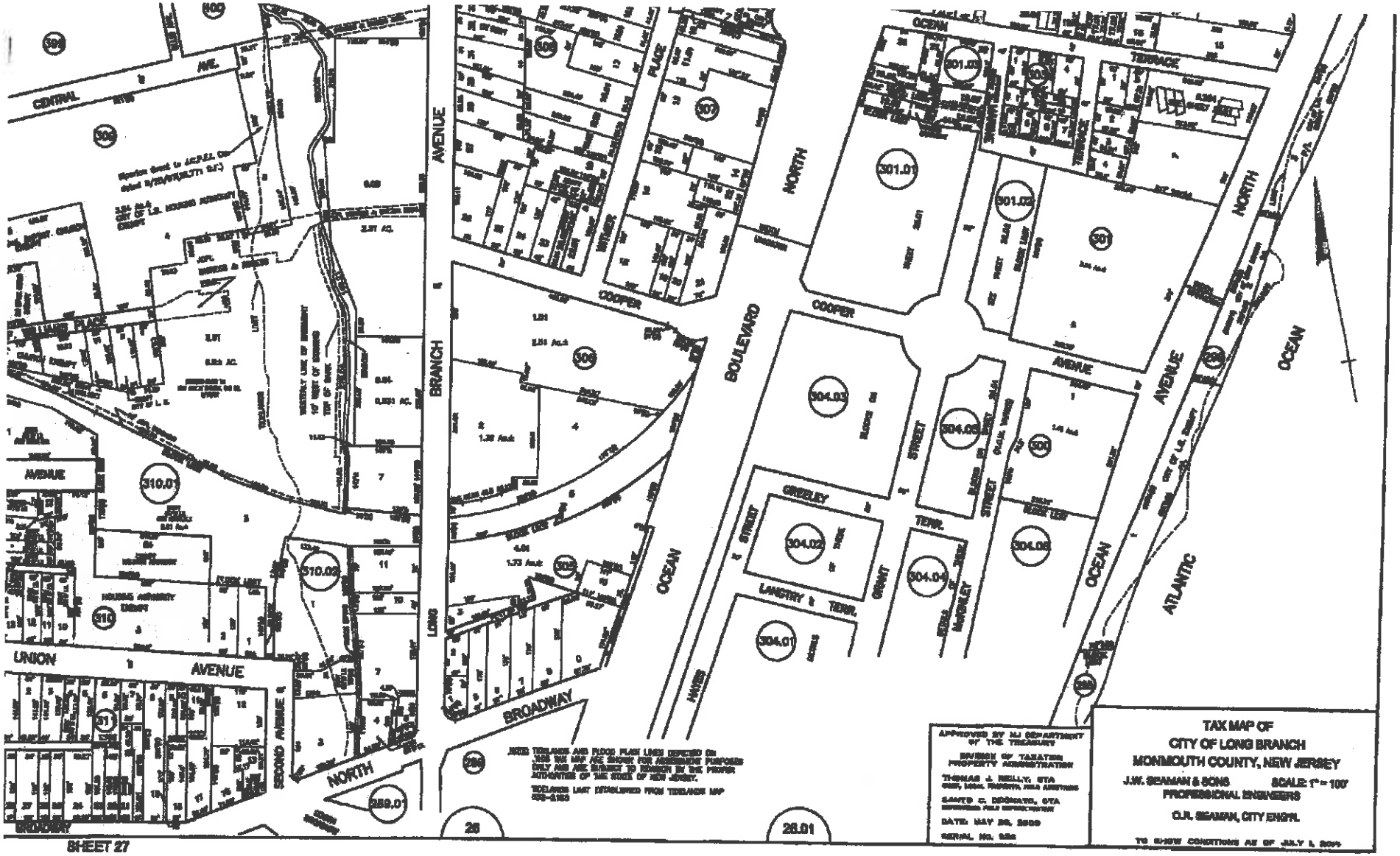
Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Health –
Bldg –

Due 2/10/17

Custodian Signature ____ Date ____


CENTRAL AVE.
LONG BRANCH AVENUE
OCEAN PLACE
OCEAN TERRACE
NORTH
COOPER
BOULEVARD
AVENUE
OCEAN
ATLANTIC
GREELEY
TERR.
STREET
LAWRENCE
GRANT
MARKLEY
UNION AVENUE
SECOND AVENUE
BROADWAY
NORTH
310.01
310.02
311
301.01
301.02
304.01
304.02
304.03
304.04
304.05
304.06
259.01
26
26.01
TAX MAP OF
CITY OF LONG BRANCH
MONMOUTH COUNTY, NEW JERSEY
J.W. SEAMAN & SONS
PROFESSIONAL ENGINEERS
SCALE: 1" = 100'
C.R. SEAMAN, CITY ENGR.
SHEET 27

25 HOWLAND PL
L.B. NJ 07740
MAY 17, 2017

CLERK 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 CONTROAL OFFICE
COPIES OF ALL COMPLAINTS
COPIES INCLUDEING PHONE COMPLAINTS
AS WELL AS NAMES AND
ADDRES OF ALL PARTIES
THE DATES AND TIMES OF ALL
COMPLAINTS FILED IN PERSON
AS WELL AS WELL AS PHONE CONVERSATIONS

AS WELL AS ANY VIDEOS OR PICTURES
OF ME FEEDING CATS
Jan 1, 2015 THANK YOU
through May 17, 2017 ANDREW KOCH

Health Dept / Animal —

Rec 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

From: verniemacker@aol.com [mailto:verniemacker@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
[redacted]

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 LAST 5 YEARS, TO THE CITY OF LONG BRANCH, IN THE MATTER OF MENACHEM LEARNING INSTITUTE (CHABAD) 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

TO: Finance

DUE: 2/15/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5685 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 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 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 ____
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

Bldg —

Due 8/18/17

Custodian Signature ____ Date ____