CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name VINCENT MI ____ Last Name LEPORE

E-mail Address ____

Mailing Address 33 OCEAN TER

City LONG BRANCH State NJ Zip 07740

Telephone [redacted] FAX ____

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

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

Signature [signature] Date 10/11/17

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.

PRODUCE ALL RECORDS CONCERNING THE 10/10/17 R-248-17 BILL PAYOUT LINE ITEM

MENACHEM LEARNING INSTITUTE
REFUND OF POLICE OVERTIME
$447.88

RECORDS MEANING INVOICES, CHECKS, 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

To: Finance

Due: 10/20/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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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 10/13/17

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.

- PRODUCE ALL DOCUMENTS (PERMITS, PERMIT REQUESTS, ETC) PERTAINING TO THE CLOSING OF ADAMS ST, BY THE LONG BRANCH POLICE DEPT, WITH SIGNS POSTED BY THE LONG BRANCH POLICE DEPT, STATING: EMERGENCY NO PARKING 9-29 TO 10-1

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

TO: Chief Verdiesch

Due: 10/23/17

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

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

Signature [signature] Date 10/30/17

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.

- ON 10/27/17, CITY ATTY AARON ARGUED THE CAUSE, FOR THE CITY'S BRIEF, IN OPPOSITION TO VINCENT LEPORE'S MOVE BEFORE THE COURT, IN AN ORDER TO SHOW CAUSE.
- THE CITY'S BRIEF QUOTED VINCENT LEPORE, STATING HE WAS "JUDGEMENT PROOF".

* PRODUCE ALL CITY RECORDS, SOURCING THAT QUOTE, BY VINCENT LEPORE, AS ATTESTED TO, BY CITY ATTY AARON.

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. Aaron

Due 11/9/17

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

Signature Vincent Lefore 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.

- PRODUCE RECORD OF FINDINGS/ACTION, OF MOST RECENT COMPLAINT, CALLED IN 10/20/17, BY VINCENT LEFORE, CONCERNING SUSPECTED VIOLATIONS, AT 572 WESTWOOD AVE., 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

Code

Due 11/9/17

Custodian Signature ____ Date ____

State of New Jersey
CITY OF LONG BRANCH
GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name: VINCENT MI: ____ Last Name: LEPORE

Company: ____________

Mailing Address: 33 OCEAN TER

City: LONG BRANCH State: NJ Zip: 07740 Email: ____________

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: [signature] Date: 1/10/17

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.

- PROVIDE ANSWER BY ZONING BOARD TO THE VENAL CHURCH STREET 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 | Final Cost

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

Records Provided

Rec'd - completed 1/10/17
by. Plan/Zone

Custodian Signature ______ Date ______

This Form should be used to submit records requests to the City of Long Branch

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 1/10/17

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.

- PROVIDE CITY ATTY'S ANSWER TO COMPLAINT IN LIEU OF PREROGATIVE WRITS, DEFENDING THE MAYOR AND COUNCIL OF LONG BRANCH, IN THE MATTER OF JEMALS CHURCH STREET LLC (PL) VS. ZONING BOARD, MAYOR, COUNCIL OF LONG BRANCH (DEF) DOCKET # MON-L-3957-16.

MON-L-3957-16

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

City Attorney. —
R. Beckerman —

Due 1/20/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

1

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: Up (Pick) ____ 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 12/1/17

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.

- PRODUCE RECORDS/COPIES OF ANY BUILDING AND CODE VIOLATIONS FOR THE FOLLOWING PROPERTIES:

74	CEDAR AVE	LB	BL 88	LOT 1
377	INDIANA AVE	LB	BL 155	LOT 13
365	SECOND AVE	LB	BL 211	LOT 5
36	SLOCUM PL	LB	BL 234	LOT 11
310	SLOCUM PL	LB	BL 234	LOT 20.01
16	ELLIS AVE.		BL 399	LOT 19

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. Bldg
Code ____

Due: 12/19/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Phone 732-571-5686 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

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Requestor Information – Please Print

First Name VINCENT MI ____ Last Name LEFORE

E-mail Address ____

Mailing Address 33 OCEAN TER

City LONG BRANCH State NJ Zip 07740

Telephone [redacted] FAX ____

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

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

Signature [signature] Date 12/1/17

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

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- PRODUCE ALL RECORDS, CONCERNING LETTER FROM CAPTAIN WIENER LBPD (ATTACHED), RECEIVED IN MAIL, BY VINCENT LEFORE, ON 11/29/17.
- PRODUCE ALL INVESTIGATIVE DOCUMENTS, ASSOCIATED WITH THIS LETTER.
- PRODUCE RECORD, OF NAME OF OFFICER, REFERRED TO, IN ATTACHED LETTER, AS "OFFICER".
- PRODUCE RECORD, OF DATE, OF ATTACHED LETTER, WHICH HAS NO DATE.
- PRODUCE ALL RECORDS, OF INVESTIGATION, OF P.O. FERNANDO SANDERS, AS CONCERNS ATTACHED LETTER.

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: Roebuck
Shirley
Wiener

Due: 12/11/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH
POLICE DEPARTMENT

344 BROADWAY
LONG BRANCH, NJ 07740
(732) 222-1000

Mr. Vincent Lepore
33 Ocean Terrace
Long Branch, NJ 07740

Captain Robert Wiener
Internal Affairs Commander
344 Broadway
Long Branch, NJ 07740
(732) 222-1000 ext. 1244

Dear Mr. Lepore,

The Internal Affairs Unit of The Long Branch Police Department has completed it's investigation of your complaint against Acting Chief Roebuck. The investigation revealed that the alleged incident did occur, but the actions of the officer were justified, legal and proper. Therefore A.C. Roebuck is exonerated. If you have any questions, please feel free to contact me.

Thank you for bringing this matter to our attention.

Sincerely,

Captain Robert Wiener

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 Lopez

E-mail Address ____

Mailing Address 33 Ocean Ave.

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 1/29/17

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.

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- PRODUCE DISC OF AUDIO OF 1/24/17 COUNCIL MEETING

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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In Progress - Open ____
Denied - Closed ____
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

Due 2/3/17

Custodian Signature ____ Date ____

State of New Jersey

CITY OF LONG BRANCH

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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Requestor Information – Please Print

First Name VINCENT MI ___ Last Name LEPORE

Company ___

Mailing Address 33 OCEAN TER

City LONG BRANCH State NJ Zip 07740 Email ___

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ___

Preferred Delivery: Pick Up ✓ US Mail ___ On Site Inspect ___

Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that I [redacted] have convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 1/4/17

Payment Information

Business Administrator Cost $ ___

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Pages 1-10 @$0.05; Pages 11-20 @$0.07; 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 indicate the type of access requested (copying or inspection), and if data, the medium requested.

- CHURCH ST SCHOOL APPLICATIONS - APPEAL TO SUPERIOR COURT OF ZONING BOARD DECISION -

AGENCY USE ONLY

Est. Document Cost ___

Est. Delivery Cost ___

Est. Other Cost ___

Total Est. Cost ___

Deposit Amount ___

Estimated Balance ___

Deposit Date ___

AGENCY USE ONLY

Disposition Notice

Guideline: 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 # ___

Mail'd Date ___

Ready Date ___

Total Pages ___

Final Cost

Total ___

Deposit ___

Balance Due ___

Balance Paid ___

Records Provided

Rec'd 1/4/17 from Planning

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

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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 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.

- PRODUCE GRANT APPLICATION TO NJDEP GREEN ACRES FOR BRANCHPORT PARK.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

Completed 2/22/17

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 ✓

Due 3/6/17

Custodian Signature ____ Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name VINCENT MI ____ Last Name LEAR

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 2/22/17

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.

- PRODUCE THE RECORD OF THE MEMBER OF LBPD ASSIGNED THE SUMMONS BOOK, WHICH SC-2016-033600-1325 WAS ISSUED FROM

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.

2/23/17: ~~Spoke~~ w/ V. Lear on 2/22/17 to advise this goes to the Court directly. On 2/23/17 I met w/ Mr. Lear to advise that per T. Turner, he needs to go to the court to fill out their OPRA.

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____
Records Provided

Custodian Signature ____ Date ____

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 LEFORT

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 4/27/17

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.

1- PRODUCE ANY AND ALL DOCUMENTS THE CITY OF LB. SIGNED WITH THE NJDEP / ARMY CORPS OF ENGINEERS IN ORDER TO RECEIVE THE ELBERON BEACH REPLENISHMENT;

2- PRODUCE CITY DOCUMENTS DETAILING AT WHAT STAGE TAKANASEE DEVELOPMENT IS CURRENTLY AT. (MOST CURRENT PERMITS)

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open ____
Denied - Closed ____
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: Administration

Due: 5/8/17

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

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 5/10/17

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 DOCUMENTS SENT TO CECILE MURPHY, OF NJ DEP GREEN ACRES, AS REFERENCED BY CITY ATTY AARON, AT THE 5/9/17 "GREEN ACRES" WORKSHOP PRESENTATION

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]

Dee 5/19/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / 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 TEKAH MI ____ Last Name CLARKE

E-mail Address TEKAH@ELITEPROPERTYRESEARCH.COM

Mailing Address 3659 CORTEZ RD #110

City BRADENTON State FL Zip 34208

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 T Clarke Date 6/13/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Parcel ID#: 448 9
Address: 155 Atlantic Ave, Long Branch, NJ 07740
Owner: Graeme Atkinson

*Please provide all information for all open and expired permits or any permits that may need further action for the above address.

*Please provide any open or outstanding code enforcement violations/code enforcement liens along with any payoff amounts and ledgers for the above address.

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 6/22/17

Custodian Signature ____ Date ____

Mary Moss

From: Kathy Schmelz
Sent: Tuesday, June 13, 2017 1:19 PM
To: Mary Moss
Subject: FW: Open Public Records - 155 Atlantic Ave
Attachments: recordsrequest.pdf

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

From: Tekah Clarke [mailto:tekah@elitepropertyresearch.com]
Sent: Tuesday, June 13, 2017 12:56 PM
To: Kathy Schmelz
Subject: Open Public Records - 155 Atlantic Ave

Please see attached Open Records Request for the property located on 155 Atlantic Ave.

Thank you,

Tekah Clarke | National Researcher
Elite Property Research, LLC
900 Commonwealth Place, Suite 200
Virginia Beach, VA 23464
941-747-0600
www.ElitePropertyResearch.com

***PLEASE NOTE: Our reports will provide all unrecorded information. Should your particular property have a recorded lien against it please reach out to us so that we can provide you with the most accurate information possible. Not all municipalities provide information on RECORDED debt. Because we do not perform title searches we have no way of knowing if there is a recorded lien against the property to follow up on, unless notified by the requesting client.

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 Theresa MI A Last Name Nesci

E-mail Address theresa.nesci@cbmoves.com (CBmoves)

Mailing Address _____

City _____ State _____ Zip _____

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 Theresa Nesci Date 11/8/2017

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.

Looking for Closed Permits and Elevation Certificate for 268 Florence Ave, Long Branch

Thank You
Theresa

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

Dlg

Due 11/20/17

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 THOMAS MI C Last Name GOLDEN

E-mail Address TCHRISTOPHERGOLDEN1@GMAIL.COM

Mailing Address 231 LONG BRANCH AVE.

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 T. Chris Golden Date 5/8/2017

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 PROVIDE ALL RECORDED POLICE CALLS AND ASSOCIATED POLICE REPORTS FOR ALL CALLS TO 237 LONG BRANCH AVE. AND 231 LONG BRANCH AVE FROM 1/1/2017 TO 5/8/2017.

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 5/17/17

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 THOMAS MI C Last Name GOLDEN

E-mail Address

Mailing Address 231 LONG BRANCH AVE.

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 ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependant upon request.

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

PLEASE PROVIDE COPIES OF ALL POLICE REPORTS FOR 231 LONG BRANCH AVE LONG BRANCH AND 237 LONG BRANCH AVE LONG BRANCH, FOR THE PERIOD STARTING 6/1/2017 THROUGH PRESENT 7/19/2017

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 7/28/17

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 THOMAS MI C Last Name GOLDEN

E-mail Address CHRISTOPHERGOLDEN12@GMAIL.COM

Mailing Address 231 LONG BRANCH AVE.

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 T. Thomas Golden Date 8/4/2017

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 PROVIDE ALL POLICE REPORTS FOR
231 LONG BRANCH AVE AND
237 LONG BRANCH AVE
FOR DATES 7/21/2017 THROUGH 7/26/2017
INCLUDING POLICE OFFICERS NOTES AND
RELATED INFORMATION.

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 8/16/17

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 Tiffany MI ____ Last Name Tomaini

E-mail Address tiffanyrealtorny@gmail.com

Mailing Address 670 N Beers St Bldg 1 Suite 130

City Holmdel State NJ Zip 07733

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 Tiffany Tomaini Date 3/29/17

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.

Any open or closed permits, any information Related to an oil-tank at 47 Jackson 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

Hdg —

Due 4/4/17

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 Tiffany MI A Last Name Tomaini

E-mail Address tiffanyrealtorNJ@gmail.com

Mailing Address PO Box 185

City West Long Branch State NJ Zip 07764

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 Tiffany Tomaini Date 8/17/2017

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 send any information related to any open or closed permits OR an oil tank at 179 Edwards

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

SDS —

Dw 8/28/17
Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
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 Tiffany MI ____ Last Name Tomaini

E-mail Address tiffanyrealtor@gmail.com

Mailing Address 670 N Beers St Bldg 1

City Holmdel State NJ Zip 07733

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 TTomaini Date 9/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual 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 open or closed permits
Any information relating to an oil tank at 215 Norwood Ave

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Bids ____

Custodian Signature 9/29/17 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 Tim MI ____ Last Name Larigan

E-mail Address tlarigan@brinkenv.com

Mailing Address 1805 Atlantic Avenue

City Manasquan State NJ Zip 08736

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.

54 Passey Gardens
Block 130, Lot 2.02
Long Branch, Monmouth County, NJ

Refer to the attached letter.

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 – Tax Assessor –
Plan/Zone –
Fire Code –
Health –

Due 11/17/17

Custodian Signature ____ Date ____

BRINKERHOFF
ENVIRONMENTAL SERVICES, INC.

1805 Atlantic Avenue
Manasquan, New Jersey 08736
Tel: (732) 223-2225
Fax: (732) 223-3666
www.brinkenv.com

November 6, 2017

TRANSMITTED VIA EMAIL (kschmelz@longbranch.org) ONLY

City Clerk's Office, Second Floor
344 Broadway,
Long Branch, NJ 07740
Attn: Kathy L. Schmelz, RMC

Re: Open Public Records Act – Environmental Records
Site: 54 Passey Gardens
Block 130, Lot 2.02
Long Branch, Monmouth County, NJ 07740
Brinkerhoff Project No. 17-0465

Dear Ms. Schmelz:

Brinkerhoff Environmental Services, Inc. is conducting an environmental site assessment of the above-referenced property. As part of the assessment, we are requesting records of environmental concern that your office may have regarding the subject property. Specially, please advise if your offices (such as, but not limited to the Building Department, Construction/Zoning Department, Fire Department, Health/Environmental Department, Tax Assessor, etc.) have information regarding underground storage tanks, wells, septic systems, notices of violation, hazardous materials usage or storage, or land restrictions (deed notice or CEA) located on the property.

If files are located for this property, please provide me with the same or contact me so that I can schedule an appointment for a file review. If there are none, kindly advise me in writing.

Thank you for your time and attention to this matter and please do not hesitate to contact me at 732-223-2225 or tlarigan@brinkenv.com if you have any questions or would like additional information.

Sincerely,

BRINKERHOFF ENVIRONMENTAL SERVICES, INC.

Tim Larigan
Environmental Scientist

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name Tim MI ____ Last Name Larigan

E-mail Address tlarigan@brinkenv.com

Mailing Address 1805 Atlantic Avenue

City Manasquan State NJ Zip 08736

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 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.

55 Passey Gardens
Block 135, Lot 17
Long Branch, Monmouth County, NJ

Refer to the attached letter.

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 –
Health –
Plan/Zone –
Tax Assessor –
Prof Code –

Due 11/17/17

Custodian Signature ____ Date ____

BRINKERHOFF
ENVIRONMENTAL SERVICES, INC.

1805 Atlantic Avenue
Manasquan, New Jersey 08736
Tel: (732) 223-2225
Fax: (732) 223-3666
www.brinkenv.com

November 6, 2017

TRANSMITTED VIA EMAIL (kschmelz@longbranch.org) ONLY

City Clerk's Office, Second Floor
344 Broadway
Long Branch, NJ 07740
Attn: Kathy L. Schmelz, RMC

Re: Open Public Records Act – Environmental Records
Site: 55 Passey Gardens
Block 135, Lot 17
Long Branch, Monmouth County, NJ 07740
Brinkerhoff Project No. 17-0465

Dear Ms. Schmelz:

Brinkerhoff Environmental Services, Inc. is conducting an environmental site assessment of the above-referenced property. As part of the assessment, we are requesting records of environmental concern that your office may have regarding the subject property. Specially, please advise if your offices (such as, but not limited to the Building Department, Construction/Zoning Department, Fire Department, Health/Environmental Department, Tax Assessor, etc.) have information regarding underground storage tanks, wells, septic systems, notices of violation, hazardous materials usage or storage, or land restrictions (deed notice or CEA) located on the property.

If files are located for this property, please provide me with the same or contact me so that I can schedule an appointment for a file review. If there are none, kindly advise me in writing.

Thank you for your time and attention to this matter and please do not hesitate to contact me at 732-223-2225 or tlarigan@brinkenv.com if you have any questions or would like additional information.

Sincerely,

BRINKERHOFF ENVIRONMENTAL SERVICES, INC.

Tim Larigan
Environmental Scientist

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name: Tim MI: _____ Last Name: Larigan

E-mail Address: tlarigan@brinkenv.com

Mailing Address: 1805 Atlantic Avenue

City: Manasquan State: NJ Zip: 08736

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: 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.

57 West End Avenue
Block 130, Lot 3
Long Branch, Monmouth County, NJ

Refer to the attached letter.

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 —
Plan/Zone — Tax Assessor —
Fire Code —

Due 11/17/17

Custodian Signature _____ Date _____

BRINKERHOFF
ENVIRONMENTAL SERVICES, INC.

1805 Atlantic Avenue
Manasquan, New Jersey 08736
Tel: (732) 223-2225
Fax: (732) 223-3666
www.brinkenv.com

November 6, 2017

TRANSMITTED VIA EMAIL (kschmelz@longbranch.org) ONLY

City Clerk's Office, Second Floor
344 Broadway
Long Branch, NJ 07740
Attn: Kathy L. Schmelz, RMC

Re: Open Public Records Act – Environmental Records
Site: 57 West End Avenue
Block 130, Lot 3
Long Branch, Monmouth County, NJ 07740
Brinkerhoff Project No. 17-0465

Dear Ms. Schmelz:

Brinkerhoff Environmental Services, Inc. is conducting an environmental site assessment of the above-referenced property. As part of the assessment, we are requesting records of environmental concern that your office may have regarding the subject property. Specially, please advise if your offices (such as, but not limited to the Building Department, Construction/Zoning Department, Fire Department, Health/Environmental Department, Tax Assessor, etc.) have information regarding underground storage tanks, wells, septic systems, notices of violation, hazardous materials usage or storage, or land restrictions (deed notice or CEA) located on the property.

If files are located for this property, please provide me with the same or contact me so that I can schedule an appointment for a file review. If there are none, kindly advise me in writing.

Thank you for your time and attention to this matter and please do not hesitate to contact me at 732-223-2225 or tlarigan@brinkenv.com if you have any questions or would like additional information.

Sincerely,

BRINKERHOFF ENVIRONMENTAL SERVICES, INC.

Tim Larigan
Environmental Scientist

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 Tim MI ____ Last Name Larigan

E-mail Address tlarigan@brinkenv.com

Mailing Address 1805 Atlantic Avenue

City Manasquan State NJ Zip 08736

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 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.

55 West End Avenue
Block 130, Lot 2.01
Long Branch, Monmouth County, NJ

Refer to the attached letter.

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 Plan/Zone Permits Health Tax Assessor

Dave 11/21/17

Custodian Signature Date

BRINKERHOFF
ENVIRONMENTAL SERVICES, INC.

1805 Atlantic Avenue
Manasquan, New Jersey 08736
Tel: (732) 223-2225
Fax: (732) 223-3666
www.brinkenv.com

November 9, 2017

TRANSMITTED VIA EMAIL (kschmelz@longbranch.org) ONLY

City Clerk's Office, Second Floor
344 Broadway
Long Branch, NJ 07740
Attn: Kathy L. Schmelz, RMC

Re: Open Public Records Act – Environmental Records
Site: 55 West End Avenue
Block 130, Lot 2.01
Long Branch, Monmouth County, NJ 07740
Brinkerhoff Project No. 17-0465

Dear Ms. Schmelz:

Brinkerhoff Environmental Services, Inc. is conducting an environmental site assessment of the above-referenced property. As part of the assessment, we are requesting records of environmental concern that your office may have regarding the subject property. Specially, please advise if your offices (such as, but not limited to the Building Department, Construction/Zoning Department, Fire Department, Health/Environmental Department, Tax Assessor, etc.) have information regarding underground storage tanks, wells, septic systems, notices of violation, hazardous materials usage or storage, or land restrictions (deed notice or CEA) located on the property.

If files are located for this property, please provide me with the same or contact me so that I can schedule an appointment for a file review. If there are none, kindly advise me in writing.

Thank you for your time and attention to this matter and please do not hesitate to contact me at 732-223-2225 or tlarigan@brinkenv.com if you have any questions or would like additional information.

Sincerely,

BRINKERHOFF ENVIRONMENTAL SERVICES, INC.

Tim Larigan
Environmental Scientist

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 Tina MI M Last Name Brown

E-mail Address tbrown@longbranch.org

Mailing Address 344 Broadway

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 Tina M Brown 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.

Please ~~state~~ provide documents showing the cost to City for police health benefits since ~~reduction~~ insurance percentage reduction went into effect on 1-1-2017

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

M. Martin

Due 2/16/17

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 TJ MI ____ Last Name DenbleYker

E-mail Address tdenbleYker@Brinkerv.com

Mailing Address 1805 Atlantic Ave

City Manasquan State NJ Zip 08736

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 TJ DenBleyker Date 2/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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.

Site: 335 Broadway, Long Branch, New Jersey 07740.
Block 267 Lot 43. Note: Lots 41 and 42 have been combined into lot 43. Any records pertaining to 41, 42 or 43 would be of use. Data Range Jan 1, 1930 - Present.

We are requesting remedial, permitting, and enforcement records for this property as part of a Phase 1 ESA. This includes any documents regarding underground and/or above-ground storage tanks, natural gas installation permits, wells, septic systems, notices of violation, hazardous materials storage, or land use restrictions located on 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
Health —
Bldg —
Code/Fire —

Due 3/2/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-3686 / Fax 732-222-3835
ltschmelz@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 TJ MI ____ Last Name DenbleyKer

E-mail Address TdenbleyKer@Brinkenv.com

Mailing Address 1805 Atlantic Ave

City Manasquan State NJ Zip 08736

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 TJ DenbleyKer Date 2/21/17

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash Check Money Order

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

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

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.

Site: 339 Broadway, Long Branch, New Jersey 07740
Block 267 Lot 51. Data Range 1930 – Present.

We are requesting remedial, permitting, and enforcement records for this property as part of a Phase 1 ESA. This includes any documents regarding underground and/or above-ground storage tanks, natural gas installation permits, wells, septic systems, notices of violation, hazardous materials storage, or land use restrictions located on 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

Health Dept —
Bldg —
Code Enf — Due 3/2/17

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

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 TJ MI ____ Last Name Denbleyker

E-mail Address tdenbleyker@brinkenv.com

Mailing Address 1805 Atlantic Ave

City Manasquan State NJ Zip 08736

Telephone [redacted] FAX 732-223-3666

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 TJ Denbleyker Date 2/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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.

Site: 344 Broadway, Long Branch, New Jersey, 07740
Block 234 Lot 1.01 Data Range: Jan 1, 1930 – Present.

We are requesting remedial, permitting, and enforcement records for this property as part of a Phase 1 ESA. This includes any documents regarding underground and/or above-ground storage tanks, natural gas installation permits, wells, septic systems, notices of violation, hazardous materials storage, or land use restrictions located on 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
Health –
Bldg –
Code Enf –
Due 3/2/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5686 FAX 732-222-8835
kschmelz@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 Tonya MI V Last Name MEDINA

E-mail Address TMedina@LongBranch.org

Mailing Address 344 Broadway

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 Tonya Medina Date 2/3/17

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.

Please Provide the Following

All Blue & White Salaries with Stipends, Longevities. Also, All Plans for each members For Blue & white, Parent/child, Husband/wife Single, Family And Also which Plans there are IN NJ 10 Direct -or NJ 15 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
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

M. Martin
Christy R
Tara

Due 2/15/17

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 Tonya MI ____ Last Name Medina

E-mail Address TMedina@LongBranch.org

Mailing Address 344 Broadway

City Long Branch State NJ Zip 07740

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 Tonya Medina Date 7/27/17

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.

Please Provide All Timesheets From 1/1/16 To 7/28/17 For All Staff Members IN The Tax Ass. Office.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

Payroll –
H. Martin –
Due 8/8/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / 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 Suresh MI ____ Last Name Paliwal

E-mail Address sureshpaliwal@yahoo.com

Mailing Address 11 Revere Rd, Monmouth Junction, NJ 08852

City Monmouth Jct State NJ Zip 08852

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 3/24/17

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.

Requesting information on the property situated at: 531, Long Branch Ave, Long Branch, NJ (Block 461, Lot 3.01)

1. Code violations
2. Open permits
3. Underground water tanks
4. Underground oil tanks
5. Tax liens
6. Water + Sewerage liens - 732-222-0500
7. Current property taxes + overdue tax
8. Survey with buildable limits
9. Easements
10. Zoning information
11. Township requirements / guidelines on elevating 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

Code —
Bids —
Tax Collector —
Plan/Zone —
Due 4/4/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5626 / Fax 732-222-6335
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 Susan MI ____ Last Name Mazza

E-mail Address Thumpersma@aol.com

Mailing Address 104 Grand 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 ____ 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.

1) Which towns does Long Branch contract with to provide (shared services) for Animal Control?

2) When Long Branch Animal Control picks up an animal in EACH of these towns, which holding facility is it brought to (MCSPCA?, Associated Humane Society of Tinton Falls?, 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.

Completed 8/3/17

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Clerks ✓

Due 9/12/17

Custodian Signature ____ Date ____

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 Susanne MI M Last Name Cervenka

E-mail Address scervenka@app.com

Mailing Address 3600 Highway 66

City Neptune State NJ Zip 07754

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

Signature [signature] Date 10/26/17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like to request the firefighter applications submitted for Vin Gopal, Dan Durland and John Crawford.

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

K Hayes

Due 11/3/17

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 Suzanne MI M Last Name Berg

E-mail Address suzanne.berg@lienalytics.com

Mailing Address 121 Alice Ave #C

City Hamilton State MT Zip 59840

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 Suzanne Berg Date 3/29/2017

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 am requesting the results of the past 5 years tax sales. Please include the bidder names and contact information as well as the winning bid amounts.

We do not sell or solicit this information.

Thank you.

Suzanne Berg

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 Collector –

Due 4/10/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-6686 / 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 SZILVIA MI ____ Last Name GALICIA

E-mail Address SZILVIA.GALICIA@KW.COM

Mailing Address 55 MADISON AVE

City MORRISTOWN State NJ Zip 07960

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 Szilvia Galicia Date 2/10/17

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.

ALL PERMITS OPEN OR CLOSED

PROPERTY CARD

FOR. 52 SLOCUM PL.
LONG BRANCH, NJ 07740

BLOCK: 234

LOT 15

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 ____
Bldg —
Due 2/23/17

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 TARA MI _____ Last Name COOPER

E-mail Address T.COOPER@PROPERTYDEBTRESERACH.COM

Mailing Address 6801 PALISADES PARK CT. SUITE 2

City FORT MYERS State FL Zip 33912

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 TARA COOPER Date 02/28/17

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.

PLEASE PROVIDE ANY OPEN OR EXPIRED PERMITS(INCLUDING BUILDING,PLUMBING,MECHANICAL, ELECTRICAL ETC.)

PLEASE PROVIDE ANY OUTSTANDING CODE ENFORCEMENT OR PROPERTY MAINTENANCE VIOLATIONS.

ANY SPECIAL ASSESSMENTS(MOWING,BOARDING,WEED REMOVAL,AND ANY OTHER MISC. INVOICES TIED TO THE PROPERTY).

ANY MUNICIPAL LIENS ATTACHED TO THE PROPERTY.

(437 West End Ave)

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress - Open _____
Denied - Closed _____
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 –
Tax Collector –
Due: 3/10/17

Custodian Signature _____ Date _____

Mary Moss

From: Kathy Schmelz
Sent: Wednesday, March 01, 2017 7:47 AM
To: Mary Moss
Subject: FW: Emailing - OPRA REQUEST TO MUNI.pdf
Attachments: OPRA REQUEST TO MUNI.pdf

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

From: Tara Cooper [mailto:t.cooper@propertydebtresearch.com]
Sent: Tuesday, February 28, 2017 6:11 PM
To: Kathy Schmelz
Subject: Emailing - OPRA REQUEST TO MUNI.pdf

ADDRESS: 437 WEST END AVE
PARCEL: 160-32

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 Sammy MI ____ Last Name Espinoza

E-mail Address sespinoza@LIUNA77.org

Mailing Address 1588 Parkside Ave

City Ewing State NJ Zip 08638

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 Sammy Espinoza Date 6-12-17

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.

Block 283 Lot 15 Address 122 Broadway

I would like to review all construction permits for the location above.

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

Okay -

Due 6/21/17

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 Sandra MI C Last Name Favilla

E-mail Address sfavilla@aol.com

Mailing Address 41 Sunset Ave.

City Ewing State NJ Zip 08628

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 Aug 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.

Could I please have approval status (if any) for the following (7) properties including 1) date of application or granted approvals,
2) name of applicant and 3) specific development (example: 28 townhouses with 35 parking spaces)

35 Lincoln Avenue (Block 13, Lot 5.01) owner: Toby Yadid
39 Park Avenue (Block 28, Lot 7) owner: Jonathan C. & Kim Kushner
888 Ocean Avenue (Block 56, Lot 5) owner: Norman Jemal
353 Ocean Boulevard (Block 216, Lots 9, 10 & 25) owner: Mark-Built Properties At Long Branch
345 Ocean Boulevard (Block 216, Lot 14.01) owner: Backridge Realty, Inc.
2 Melrose Terrace (Block 222, Lots 2 thru 14, 15.01, 15.02, 22 & 23 owner: Pier Village III Urban Renewal Co. (Ocean Ave, Morris Ave & Ocean Blvd.)
145 Ocean Avenue North (Block 301, Lots 7 & 4) owner: Ocean Avenue North, LLC

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/Zone

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 Sandra MI C. Last Name Favilla

E-mail Address sfavilla@aol.com

Mailing Address 41 Sunset Ave.

City Ewing State NJ Zip 08628

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 Sandra Favilla Date Aug 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.

Could I please have approval status (if any) for (2) additional properties including 1) date of application, 2) name of applicant, and 3) specific development (example: 28 townhouses with 35 parking spaces):

276 Ocean Avenue (Block 216, Lots 24 & 13) owner: Jamie E. And Christine Fusco

275 Ocean Avenue (Block 216, Lot 14.01 (old lots 14, 15 & 23) owner: 274 Ocean Ave. BBMK, LLC

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 –

8/11/17
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 Sandra MI C Last Name Faviller

E-mail Address sfaviller@aol.com

Mailing Address 41 Sunset Ave

City Ewing State NJ Zip 08628

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 Sandra C Faviller Date 9/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

Could I please have the Property Record Cards for the following (4) properties:

505 Broadway (Block 257, Lot 18)
96 3rd Avenue (Block 277, Lot 6)
135-137 Brighton Avenue (Block 123, Lot 2)
143 Pavilion Avenue (Block 228, Lot 29)

Thank you in advance.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Tax Assessor

Due 9/28/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
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 Saray MI ____ Last Name Morales

E-mail Address Morales@pmenv.com

Mailing Address 560 5th Street NW, Suite 301

City Grand Rapids State MI Zip 49504

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 11/21/17

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.

Please see the attached OPRA request for description of 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 ____
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 Code —
Zoning —

Dan 12/14/17
Custodian Signature Date

PM ENVIRONMENTAL

Corporate Headquarters
Lansing, Michigan
3340 Ranger Road, Lansing, MI 48906
[redacted]

Michigan Locations
Berkley
Bay City
Grand Rapids
Detroit
Chesterfield
Lansing

VIA EMAIL kschmelz@longbranch.org

November 21, 2017

City Clerk
Kathy L. Schmelz
344 Broadway
Long Branch, NJ

Dear FOIA Coordinator:

Please accept this as a Freedom of Information Act request to **receive** any available information in your department files relative to the following site in **Monmouth County**:

- **159-161 3rd Avenue (odds only), Long Branch, NJ (PID: Block 229, Lot 34)**

Assessing Department information we are interested in obtaining includes:
- Historical record cards indicating any prior buildings/uses on the property.

Building Department information we are interested in obtaining includes:
- A diagram of the building layout of the property.
- Any files/diagrams regarding UST or other storage tanks on the property.
- Any permits that have been issued for the property.

Fire Department information we are interested in obtaining includes:
- Any current or historical records of fires, HazMat responses, spills, chemical storage
- Other violations that may indicate the site is contaminated or has some sort of environmental concern associated with it.
- Historical sketches / layouts of the property.
- Any indication of underground or above ground storage tanks.
- Any historical records of prior heating sources other than natural gas.

Zoning Department information we are interested in obtaining includes:
- Zoning code and designation for this property.

Please contact me at 616-222-1776 when files are available or if there are any questions concerning this request. Thank you for your assistance.

Sincerely,
PM Environmental, Inc.,

Saray Morales
Staff Consultant
560 5th Street NW, Suite 301
Grand Rapids, MI 59504
PM # 19-3581-0-0001 LD (12/15/17)

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-2835
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 SERGIO MI C. Last Name LOPES

E-mail Address SLOPES1973@AOL.COM

Mailing Address 76 HOMINY HILL ROAD.

City COLTS NECK State N.J. Zip 07722

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 Sergio C Lopes Date 11/3/17

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.

Any and all records, including zoning determinations, inspections, licenses, certificates, permits and/or violations for 684 Highway 36, Long Branch, NJ (Lot 2, Block 347) owned by Conte Realty Associates, LLC, and on which the business of Conte's Car Wash, Inc. operates.

FOR OFFICE ONLY

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

Deposit Date ____

FOR OFFICE ONLY

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

Due: 11-15-17

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

FOR OFFICE USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Bldg. ____
Fire Prev ____
Plan/Zone ____

Custodian Signature ____ Date ____

Sergio Lopez

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."

Sergio Lopez Esq.

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

Executive Order No. 21 (McGreevey 2002)

☑ Records where inspection, examination or copying would substantially interfere with the State's ability to protect and defend the State and its citizens against acts of sabotage or terrorism, or which, if disclosed, would materially increase the risk or consequences of potential acts of sabotage or terrorism.

☑ Records exempted from disclosure by State agencies' proposed rules.

Executive Order No. 26 (McGreevey 2002)

☑ Certain records maintained by the Office of the Governor

☐ Resumes, applications for employment or other information concerning job applicants while a recruitment search is ongoing

☑ Records of complaints and investigations undertaken pursuant to the Model Procedures for Internal Complaints Alleging Discrimination, Harassment or Hostile Environments

☐ Information relating to medical, psychiatric or psychological history, diagnosis, treatment or evaluation

☑ Information in a personal income or other tax return

☑ Information describing a natural person's finances, income, assets, liabilities, net worth, bank balances, financial history or activities, or creditworthiness, except as otherwise required by law to be disclosed

☐ Test questions, scoring keys and other examination data pertaining to the administration of an examination for public employment or licensing

☐ Records in the possession of another department (including NJ Office of Information Technology or State Archives) when those records are made confidential by regulation or EO 9.

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

REQUEST FOR RECORDS UNDER THE COMMON LAW

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

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

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

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

Please set forth your interest in the subject matter contained in the requested material: Conte Owner And Conte Realty Associates 634 Highway 36 Long Branch Purchasing Said Property & Business want to make sure it is Free And Clear of all Claims or Liens

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.

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5686 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

First Name Sergio MI ____ Last Name Sciortino

E-mail Address - Sergio NJrealtor@gmail.com

Mailing Address 316 monroe Ave

City Wyckoff State NJ Zip 07481

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.

112 Cottage Place
Oil Tank? Building Permits, work done

550 2nd Ave.
Oil Tank? Building Permits, work done

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 8/16/17

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 Sharon MI ____ Last Name Ritchie

E-mail Address cls@slkgroup.com

Mailing Address 2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234

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 Sharon Date 03/03/2017

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 check and advise if there are any open or expired building permits any open code violations, any liens/ citation for lot mowing; removal of debris/ junk or for property maintenance for the below mentioned address:

File#: 550391
Owner Name: SHERRILL, LISA
Address: 40 Middle Lane Long Branch NJ 07740
County: Monmouth
Parcel: Block: 368 Lot: 24

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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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 -

Dec 31 15 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 Sheryl MI ____ Last Name Turitz

E-mail Address sherylt11@msn.com

Mailing Address 24 BAyville Way

City Waretown State Nj Zip 08758

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 SherylTuritz Date 06/06-2017

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.

Any work done on unit last after 2007 Also would like any permits over last 15 years

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 6/15/17

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

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 Tonya MI Y Last Name Medina

E-mail Address tmedina@longbranch.org

Mailing Address 344 Broadway

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 Tonya Y. Medina Date 2/15/17

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.

Please provide the following information:

1) Salary of each white & blue collar employee and include longevity & Stipend

2) For each white & blue collar employee, please provide which health plan coverage each employee has ie Parent+child / Husband+wife / Single / family

3) Also provide for each employee, which plans they are in - N.J. Direct? N.J. Direct 15 or what plan each person is in

I'm looking for the same information that you provided to me last year but with present & current information

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: Michael Martin ____
Christy Fernandez ____

Date: 2/27/17
Custodian Signature

Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5066 / 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 James MI I Last Name Ryan

E-mail Address jryan@proknowappeal.net

Mailing Address 350 Passaic Ave

City Fairfield State NJ Zip 07004

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 JR Ryan Date 2/15/17

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.

The property record card for Block 289, Lot 1.01 (71 S Broadway).

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: Assessor

Due: 2/27/17

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 Miriam MI ____ Last Name Weiss Esq

E-mail Address lavellino@mweisslaw.com

Mailing Address 41 Bayard Street

City New Brunswick State NJ Zip 08901

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 04/05/17

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.

Copies of all motor vehicle accident reports from 03/01/17 to 03/31/17

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 Recoeds

Due: 4-14-17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-3600 FAX 732-222-8836
kpalmieri@cityoflongbranch.nj.us
Kathy L. Palmieri, 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

E Address: ben.lyhavsky@gmail.com

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

Manalapan State: NJ Zip: 07757

one: [redacted] FAX: [redacted]

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

re 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.

ure: [redacted] Date: [redacted]

Payment Information

Maximum Authorization Cost:)

Select Payment Method

Cash Check Money Orde

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 requests

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 not rdized by such method of delivery.

Motor vehicle Accident Reports

from 4/10/17 to 4/16/17

AGENCY USE ONLY

Cost

Fee

AGENCY USE ONLY

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

In Progress
Denied
Filled
Partial
Open
Closed
Closed
Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Total
Deposit
Balance Due
Balance Paid
Final Cost

Records Provided

B. Records

Due: 4-26-17

Custodian Signature

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-571-56[illegible] 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 Jeffrey MI _____ Last Name Devlin

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 _____ Date 4/17/2017

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 4/9/2017

End Date 4/15/2017

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

Due: 4-26-17

Custodian Signature _____ Date _____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5586 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name MIRIAM MI ____ Last Name WEISS ESQ

E-mail Address Lavellino@mweisslaw.com

Mailing Address 41 Bayard Street 2nd Fl

City New Brunswick State NJ Zip 08901

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 4-17-17

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.

Copies of all Motor Vehicle accident reports from 4-8-17 to 4-16-17

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

T.O. Records

Due: 4-26-17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY

PH 732-571-3550 FAX 732-222-3926

kschmidt@LongBranchNJ.us

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 Steven MI P Last Name Haddad

E-mail Address Magdi@SHLAW.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 4/17/17

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 materi

Delivery: Delivery / postage fee: 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.

4/10/17 - 4/16/17

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 Notice

Caution: 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: 4-26-17

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 Terry MI ____ Last Name Futcher

E-mail Address Terryf@crisleads.com

Mailing Address 170 Kinnelon Rd., Ste 1

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 Terry Futcher Date 4/18/17

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.

Bid opening date 4/6/17 Long Branch Municipal Bldg Upgrades

Please forward me the list of contractors who bid and their amounts, including any rejected bids.

Bid tabulations as opened.

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

TO: Purchasing

Due: 4/27/17

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 Karin MI ____ Last Name Cowles

E-mail Address njtaxappeals@hotmail.com

Mailing Address 998 Holmdel Rd

City Holmdel State NJ Zip 07733

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 K. M Cowles Date 4/18/17

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.

Please provide the Tax Assessors detailed property record card for Block 358 Lot 3 283-287 Branchport Ave, 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
TO. ASSESSOR

Due: 4/27/17

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 Nicole MI _____ Last Name Huber

E-mail Address Nicole.Huber@Redfin.com

Mailing Address 50 Harrison Street, 303

City Hoboken State NJ Zip 07030

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 Nicole Huber Date 4/18/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting ALL permits open and close for construction, plumbing & electrical for transfer of sale.

52 Baruch Dr., Long Branch, NJ 07740

Block 368, Lot 47

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: Bldg

Due: 4/27/17

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 Malka MI ____ Last Name Fuchs

E-mail Address malkaf@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 ✓ 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 5/11/17

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.

Please send me all open permits and outstanding violations for property located at 295 Oakley Avenue, Long Branch, NJ Block 10.04, Lot 72

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

Bldg ____
Fire/Code ____
Health

Due 5/22/17

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 5/24/17

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 LETTER DISCUSSED IN 5/23/17 WORKSHOP SESSION, PERTAINING TO DEP AND THE WEST END SECTION OF OCEAN AVE.
- PRODUCE ALL SAFETY STUDIES RELATED TO THE OPENING OF WEST END OCEAN AVE TO VEHICULAR TRAFFIC
- PRODUCE ALL TRAFFIC STUDIES RELATED TO THE OPENING OF WEST END OCEAN AVE TO VEHICULAR TRAFFIC

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, Mr. Aaron
S. Haus
J. Paduch

Due 6/6/17

Custodian Signature ____ Date ____

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-571-5686 Fax: 7322228835

344 Broadway Long Branch NJ 07740

PUBLIC RECORDS

Important Notice

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

Requestor Information – Please Print

First Name Jeffrey MI _____ Last Name Devlin

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 _____ Date 5/29/2017

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 5/21/2017

End Date 5/27/2017

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

Due: June 8, 2017

Custodian Signature _____ Date _____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5685 / 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 Cailin 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

TO: Records

Due: June 6, 2017

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 MIRIAM MI ____ Last Name WEISS ESQ

E-mail Address Lavellina@muraisslaw.com

Mailing Address 41 Bayard Street 2nd Fl

City New Brunswick State N.J Zip 08901

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 5-30-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size peges - $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.

Copies of all MVA reports from
5-22-17 to 5-28-17

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

To Records

Due: June 6, 2017

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5685 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 Ahmad F 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 5/31/17

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.

MVA 5/22/17 → 5/30/17

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
To. Records

Due: June 8, 2017

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-8698 FAX 732-571-8695
kwehrmeitz@longbranchnj.us
Kelly-Lu Wehrmeitz, RMC, City Clerk

Important Notice

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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 203

Allenwood State NJ Zip 08727

Phone [redacted] FAX [redacted]

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

I/We 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 ____

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 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 not be compromised by such method of delivery.

Motor vehicle Accident Reports
from 5/22/17 to 5/28/17

AGENCY USE ONLY

Cost
Mail
Fax
Total

AGENCY USE ONLY

Disposition Notes
Overdue if any part of request cannot be delivered in seven business days, unless received late.

In Progress: Open
Pending: Closed
Filled: Closed
Partial: Closed

AGENCY USE ONLY

Tracking Information

Tracking # Total
Request Date Deposit
Ready Date Balance Due
Total Pages Balance Paid
Final Cost

Records Provided

To. Records

Due: June 8, 2017

Custodian Signature

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

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Requestor Information – Please Print

First Name Oleg MI ____ Last Name Pidgainy

E-mail Address oup777@gmail.com

Mailing Address 45 Ocean Ave unit 3d

City Monmouth Beach State NJ Zip 07750

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 Oleg Date 6/27/2017

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.

Property adress:
75 Morris Av
Long Branch, NJ 07740

if any unpaid
Amount Back Taxes
any Open permits
copy of Property Record Card
copy of Cert of Occupancy

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: Collector —
Assessor —
Bldg. —
Code —

Custodian Signature Date 6/27/2017

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 DAVID MI ____ Last Name ASHKENAZI

E-mail Address ASHETHEJNET.COM

Mailing Address 18 COTTAGE AVE

City Long Branch State NJ Zip 07740

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 June 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.

SERVER OF 275 CEDAR AVE LONG BRANCH

BLOCK 100

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

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Plan / Zoning –
Due: 7-10-17

Custodian Signature ____ Date ____

DEPOSITS

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

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

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

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

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

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

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

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

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

Executive Order No. 21 (McGreevey 2002)

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

☐ Records exempted from disclosure by State agencies' proposed rules.

Executive Order No. 26 (McGreevey 2002)

☐ Certain records maintained by the Office of the Governor

☐ Resumes, applications for employment or other information concerning job applicants while a recruitment search is ongoing

☐ Records of complaints and investigations undertaken pursuant to the Model Procedures for Internal Complaints Alleging Discrimination, Harassment or Hostile Environments

☐ Information relating to medical, psychiatric or psychological history, diagnosis, treatment or evaluation

☐ Information in a personal income or other tax return

☐ Information describing a natural person's finances, income, assets, liabilities, net worth, bank balances, financial history or activities, or creditworthiness, except as otherwise required by law to be disclosed

☐ Test questions, scoring keys and other examination data pertaining to the administration of an examination for public employment or licensing

☐ Records in the possession of another department (including NJ Office of Information Technology or State Archives) when those records are made confidential by regulation or EO 9.

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

REQUEST FOR RECORDS UNDER THE COMMON LAW

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

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

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

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

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

_____

_____

_____

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 ***Name of Agency***, 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 ***Name of Agency***.

5. ***You may be charged a 50% or other deposit when a request for copies exceeds $25.*** The ***Name of Agency*** 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 ***Name of Agency*** 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 ***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 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 ***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 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.

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 7/3/17

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.

- PRODUCE ANY/ALL AGREEMENTS, BETWEEN CITY OF LONG BRANCH AND DIVERSIFIED REALTY ASSOCIATES * CONCERNING CONTRACTS/LEASES FOR PARKING OF VEHICLES

* DIVERSIFIED REALTY ASSOCIATES AKA LONG BRANCH PARTNERS LLC

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: City Clerk

Due: 7/13/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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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 7/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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 ANY/ALL RECORDS OF PROJECTED COST TO CITY RESIDENTS OF THE PIER VILLAGE PHASE 3 (R.A.B.) REDEVELOPMENT AREA BOND.
- PRODUCE ANY/ALL RECORDS OF PROJECTED COST TO CITY RESIDENTS OF CURRENT TAX ABATEMENT/PILOT AGREEMENTS;

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
R. Brckelman
J Aaron
D Hawes

Dtc: 7/13/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Douglas MI H Last Name Weyhausen

E-mail Address

Mailing Address 701 W. Colonades Pl.

City Long Branch State N.J. 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 Douglas Weyhausen Date 4-21-17

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 desire a copy the plans for Atlantic Pavilion Co. of #63, Community Pl.

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/Space —

Due 5/2/17

Custodian Signature Date

State of New Jersey

CITY OF LONG BRANCH

GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your right concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name DONNA MI ____ Last Name KING

Company FRONT PORCH DEVP LLC

Mailing Address P.O. BOX 593

City ATLANTIC HIGH State NJ Zip 07716 Email ____

Business Hours Telephone: Area Code: [redacted] Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date ____

Payment Information

Minimum 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.

PAYMENTS MADE TO ZONING OFFICE FOR
186 MONMOUTH AVE
373 WESTWOOD AVE

FOR STATE AUDIT.

CLERK'S USE ONLY

Est. Deposit Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Refunded Balance ____
Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in whole 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
M. Sanders (Planning)
Record completed
10/23/17

Custodian Signature ____ Date ____

State of New Jersey Standard

Open Public Records Act Request Form

Important Notice

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

Requestor Information – Please Print

First Name Doris MI Last Name Kobza

E-mail Address Permit@NJPella.com

Mailing Address 4 Dedrick Place

City West Caldwell State NJ Zip 07006

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 6/01/2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a Permit Fee Log Detail Report or Permit Activity May 2017
If the municipality cannot separate new construction houses or additions, then I would like a copy of all residential new construction, renovations, additions and alterations permitted.
Copies can be faxed or emailed using the information above.
I can also pick up the information in person if that is preferred.
I realize there may be charges associated with providing this information. Please call me if there are any questions.
I respect your time and appreciate your help.
Please let me know if you have any suggestions that will help the municipality process this request more efficiently.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Bldg –
Due 6/12/17

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 Dorothy MI A Last Name Horne

E-mail Address liens@ntis.com

Mailing Address 945 S Florida Avenue

City Lakeland State FL Zip 33803

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 Dorothy A Horne [redacted] Date 07/21/2017

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 provide any code violations such as junk cars/ debris / weeds / tall grass / building violations / open /expired permits and any fines /fees associated with them for the following property. 200 Rockwell Avenue, Unit A4, Long Branch, NJ 07740.

Block 321 Lot 13.04

Thank you ever so much

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
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

Acde –

Due 8/2/17

Custodian Signature _____ Date _____

Mary Moss

From:	Kathy Schmelz
Sent:	Monday, July 24, 2017 8:35 AM
To:	Mary Moss
Subject:	FW: NJ-CWCOT-49343: 200 Rockwell Avenue, Unit A4, Long Branch, NJ 07740: OPRA Request Form Attached
Attachments:	OPRA recordsrequest City of Long Branch NJ.pdf

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

----Original Message----
From: Liens Inbox [mailto:liens@ntis.com]
Sent: Friday, July 21, 2017 10:22 AM
To: Kathy Schmelz
Subject: NJ-CWCOT-49343: 200 Rockwell Avenue, Unit A4, Long Branch, NJ 07740: OPRA Request Form Attached

Hello,

Our office is conducting research in regards to the referenced property below, in preparation for a real estate closing. **Please find attached an OPRA Request Form**

Property Address: 200 Rockwell Avenue, Unit A4, Long Branch, NJ 07740 Parcel Id: Block: 321 Lot: 13.04

Thank you ever so much,

Dorothy A Horne

Lien Research Team
NTIS, Inc.
liens@ntis.com
[redacted]

Kathy Schmelz

From: Racioppi, Dustin <Racioppi@northjersey.com>
Sent: Thursday, January 05, 2017 4:42 PM
To: Kathy Schmelz
Subject: OPRA request

Good afternoon.

Under the Open Public Records Act, I am writing to request a vendor history report detailing the total paid by Long Branch in each of the last three fiscal years for legal notices in newspapers. If possible, please note the reason for the legal notice(s) and the newspaper(s) in which they were published. Please note that I am not seeking each individual purchase order, only a listing.

If possible, please provide each year as its own attachment.
I agree to pay any reasonable duplication fees for the processing of this request in an amount not to exceed $25. If the cost will be more than this amount, please contact me as soon as possible to discuss the fee. My email is racioppi@northjersey.com and my cell phone is 732-513-7780.
If there are portions of a record(s) which must be redacted, please identify the record that has been redacted and the legal basis for your contention that the redacted portion(s) is exempt from disclosure under OPRA. If a record(s), in its entirety, is exempt from disclosure under OPRA, kindly notify me, in writing, of the exemption under OPRA upon which you are relying. I reserve the right to appeal any decision to withhold any information and/or to dispute fees charged.
Because such information must be made readily available, I anticipate receiving it as soon as possible but, in no event, later than the seven (7) business days required by law.

Dustin Racioppi
State House reporter

The Record | USA TODAY NETWORK

Mobile: 732-513-7780
Office: 609-984-6623
racioppi@northjersey.com
@dracioppi

NorthJersey.com

To: City Clerk
Due 1/18/17
Completed 1/6/17

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 Edward MI G Last Name Kopel

E-mail Address ek@edkopel.com

Mailing Address 120 Hoyt Street

City Brooklyn State NY Zip 11217

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.

Please provide property surveys, if available, for Lots #1, 2, 3, 4, 5, 6 in Block 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

Call 7 –

Due 12/7/17

Custodian Signature _____ Date _____

Mary Moss

From: Kathy Schmelz
Sent: Monday, March 27, 2017 2:21 PM
To: Mary Moss
Subject: FW: OPRA Request

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

From: Elaine Giaquinto [mailto:elainegiaquinto@gmail.com]
Sent: Monday, March 27, 2017 2:17 PM
To: Kathy Schmelz
Subject: OPRA Request

Hello Kathy,

I am going to be purchasing 2 N Bath Ave C-5. Block 215 Lot 1.08. I'd like to know know about permits which have been requested and if any permits remain open.

Thank you,

Elaine Giaquinto
[redacted]
ElaineGiaquinto@gmail.com

Bldg –
Due 4/5/17

Mary Moss

From: Elliot Shalom <elliotshalom@gmail.com>
Sent: Wednesday, July 26, 2017 10:54 AM
To: Mary Moss
Cc: capplegate2@verizon.net
Subject: 876 Elberon Ave

To Long Branch City Clerk

We reside at 876 Elberon Ave, Block 54, Lot 3; having bought the house in 2007. Recently, a new home is under construction on a lot adjacent to our rear property line, the address is;
29 Jim Lynch Drive, Block 26, Lot 1.22

1 - We would like to view the site map for this property
2 – We would like to obtain the sub division map for Jim Lynch Dr as it pertains to 2 properties adjacent to our property, Block 26, Lot 1.22 and Lot 1.21, our land surveyor, William Fiore, indicates that he needs sub division map to see how it matches up with our Deeded property at 876 Elberon Ave

Thank you

Sally and Elliot Shalom
876 Elberon Ave
Long Branch NJ 07740

[redacted]

Plan Book –
Dec 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

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 Elliott MI J Last Name Almanza

E-mail Address ealmanza@gmslaw.com

Mailing Address 660 New Road Suite 1-A

City Northfield State NJ Zip 08225

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 Elliott Almanza Date 3/22/17

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.

Any and all applications submitted to the City of Long Branch Planning Board and/or Zoning Board relating to Block 268, Lot 29 on the City's tax map (formerly designated Block 268 Lots 29, 30, & 31), commonly known as 34 Sixth Avenue, from March 8, 2006 through June 7, 2016. This request also includes any follow-up or responsive documents related to said application(s), including but not limited to: approvals, denials, correspondence, inquiries, & e-mails.

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

H. Silva – Tax Assessor

Due 3/31/17

Custodian Signature _____ Date _____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5886 FAX 732-222-8835
kschmelz@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 Ernest MI G. Last Name Mignoli

E-mail Address Asburyparkcitizen@gmail.com

Mailing Address 400 Deal Lake Drive / SD

City Asbury Park State NJ Zip 07712

Telephone [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 Ernest G. Mignoli Date 7/27/17

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.

Police Report –

PO - LBPD Michael Monahan

Sept 20, 2016 re - officer assault

Near Old Long Branch High School - lot?

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: 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@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 Ernest MI G Last Name Mignoli

E-mail Address asburyparkcitizen@gmail.com

Mailing Address 400 Deal Lake Drive #5D

City Asbury Park State NJ Zip 07712

Telephone [redacted] FAX

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 Ernest G Mignoli Date 7/27/17

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.

Police Report – arrest Vincent Lepore
January 2016 P.O. Michael Monahan report: arresting officer
at Long Branch City Council Meeting area

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: 8/9/17

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 Ernest MI G. Last Name Mignoli

E-mail Address asburypoliticcitizen@gmail.com

Mailing Address 400 Deal Lake Drive

City Asbury Park State NJ Zip 07712

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 Ernest G. Mignoli 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.

Police Report Re John Tomaini Incident 1/17 between LBPD Lt. Charles Shirley + Tomaini at a bar Mix, Brighton Ave bet. 2nd and Ocean north side 71 Brighton Ave LB NJ 07740 (Mix Lounge and Food Bar) 732-923-9100
Report by LBPD PO Badge# 327 last name Kim

#17LBD02159 1/26/17

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

Records-

Due 8/1/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Ernest MI G. Last Name Mignoli

E-mail Address 2nd ernmignoli@gmail.com 1st asburyparkcitizen@gmail.com

Mailing Address 400 Deal Lake Dr. SD

City Asbury Park State NJ Zip 07712

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 Ernest G. Mignoli Date 7/21/17

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.

Long Branch

Holy Smokes Cigar Club 101 Chelsea Ave Convent top floor. • Corporate Registery + officer list Request • Merchantile License • Zoning/Code/Construction Permits • UFire Code inspections • Tax NJ I.D. Number • Insurance Certificate • Fire Escapes insp/cert • All permits issued – Violations – Summonses – fines – • Variance applications • Final Certificate of Occupancy

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.

Due: 8/1/17

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

AGENCY USE ONLY

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

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

Records Provided
Health ____
Bldg. ____
Fire/Code ____
Zoning ____

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 Ernest MI G. Last Name Mignoli

E-mail Address asburyparkcitizen@gmail.com

Mailing Address 400 Deal Lake Drive 5D Asbury Park

City Asbury Park State N.J Zip 07712

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 Ernest G Mignoli Date 7/21/17

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.

Request

West End School 132 West End Ave LB NJ 07740 * Now- New Jersey Repertory Company — • corporate Registery Officer List
• Merchantile License/application • NJ Tax Identification
• Uniform Fire Code Inspections
• Fire Escapes Insp/Certertification
• Zoning/Code/Constructions Permits-Inspections – Varience application
• Insurance Certificate • All permits – Violations – Summonses – Fines
• EPA permits
• Final Certificate of Occupancy • Fire Escapes Welding Permits

AGENCY USE ONLY

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

AGENCY USE ONLY

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

Rec'd: 8-1-17

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
Health ____
Bldg ____
Fire/Code ____
Zoning ____

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 Ernest MI G. Last Name Mignoli

E-mail Address 400 Deal Lake Drive SD

Mailing Address asburyparkcitizen@gmail.com

City Asbury Park State NJ Zip 07712

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 Ernest G. Mignoli 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.

Repertory Company / West End School — Permits EPA-OSHA Welding Fire Escape

132 West End Avenue
Long Branch, NJ 07740

*Request –
Fire Escapes maintenance + Certification all past to Present –

* DCA Fire Uniform Code Registration
Load test – engineering report

* Long Branch Fire Marshal / Construction / Code / Zoning Permits – inspections – certifications

* esp – Welding Fire Safety Permit – day + after has welding on a pre 1978 lead paint fire esc

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

→ City ordered fire escapes welded – work orders
Fire Code – authorizations
Bldg – 8/11/17
Zoning Plan –

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 Esther MI ____ Last Name Ungar

E-mail Address esther@geraldklein law.com

Mailing Address 954 Morris Avenue

City Lakewood State NJ Zip 08701

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 Esther Ungar Date 1/4/17

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.

Please advise on any open permits, violations, or UST removal documentation for the property located at:

308 Cedar Avenue, Long Branch
Block 71 Lot 9

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 —
Code —

Due 1/12/17

Custodian Signature ____ Date ____

Mary Moss

From:	Kathy Schmelz
Sent:	Wednesday, January 04, 2017 12:11 PM
To:	Mary Moss
Subject:	FW: 308 Cedar Ave, Long Branch - Netanel/King - OPRA
Attachments:	OPRA Request.pdf

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

From: Esther Ungar [mailto:esther@geraldkleinlaw.com]
Sent: Wednesday, January 04, 2017 12:00 PM
To: Kathy Schmelz
Subject: 308 Cedar Ave, Long Branch - Netanel/King - OPRA

Good morning,

Please see attached OPRA request. We are representing the buyer on the purchase of this property and appreciate your timely response.

Thank you.

Esther Ungar

Law Office of Gerald J. Klein Esq.
954 Morris Avenue Lakewood, NJ 08701
P: 732 994 5832 | F: 732 399 9359

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 Eugene MI C Last Name Chobanian

E-mail Address Eugene@Catamountenv.com

Mailing Address 11 Partree Rd

City Jackson State NJ Zip 08527

Telephone [redacted] FAX

Preferred Delivery: Pick Up X US Mail ____ On-Site Inspect X 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 8/23/17

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.

Permits Related to UST Cleanup; Sampling + Docs
Support plan, Tank removal Documents, Reports
F For Excavation

868 Gerard Avenue
long Branch NJ.

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 9/12/17

Custodian Signature ____ Date ____

Mary Moss

From: eugene choborda <eugene@catamountenv.com>
Sent: Monday, August 28, 2017 2:01 PM
To: Mary Moss
Subject: RE: COMPLETED OPRA | Choburda

Ms. Moss, My apologies, I just noticed that I have included the wrong address. The Correct address should read :

686 Gerard Avenue.

Please do I need to enter a new request or can this one be reprocessed.

Thank you for your assistance.

Eugene Choborda

Senior Project Manager

CATAMOUNT ENVIRONMENTAL

57 Ballard Drive

Ocean, NJ 07712

[redacted]

e-mail: eugene@catamountenv.com

Website: www.catamountenv.com

From: Mary Moss [mailto:mmoss@longbranch.org]
Sent: Monday, August 28, 2017 1:03 PM
To: eugene@catamountenv.com
Subject: COMPLETED OPRA | Choburda

Good Afternoon,

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 Eugene MI C Last Name Chaburda

E-mail Address Eugene@CATAmount Env.com

Mailing Address 11 Partree Rd

City Jackson State NJ Zip 08527

Telephone [redacted] FAX

Preferred Delivery: Pick Up X US Mail ____ On-Site Inspect X 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 8/23/17

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.

Permits Related to UST Cleanup; Sampling Support plan, Tank removal Documents, Reports + DOWs
F For Excavation

~~868 Gerard Avenue~~ 686 Gerard Avenue
~~Long Branch NJ.~~ Long Branch, NJ

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 8/28/17

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

Bldg — Bldg —

Due 9/12/17 Due 9/7/17

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 FEDOR MI ____ Last Name MIKHAILOV

E-mail Address teddy91101@yahoo.com

Mailing Address 684 PASSAIC AVE

City NUTLEY State NJ Zip 07110

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 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.

Please provide any and all permits that were taken out and related information RE

119 AVERY AVE, Unit J27

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 2/13/17

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 FirstName MI MI Last Name LastName

E-mail Address dinesh.alla@dharani.co.in

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 _____ Date 4/24/2017

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 dinesh.alla@dharani.co.in if possible (or) fax to 609-414-7603.

Start Date 4/16/2017

End Date 4/22/2017

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 6/8/17

Custodian Signature _____ Date _____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name Daniel 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 Oct. 16, 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.

Request 911 call recording(s) associated with police response in the area of Norwood Avenue and High Street on these dates Oct. 14 and Oct. 15, 2017 and/or associated to police response to Patrick Joyce Jr. on said dates and area.
Request computer assisted dispatch report associated with police response in the area of Norwood Avenue and High Street on these dates Oct. 14 and Oct. 15, 2017 and/or associated to police response to Patrick Joyce Jr. on said dates and area.
Request incident report for police response in the the area of Norwood Avenue and High Street on these dates Oct. 14 and Oct. 15, 2017 and/or associated to police response to Patrick Joyce Jr on said dates and area.
Request supplemental report for police response in the area of Norwood Avenue and High Street on these dates Oct. 14 and Oct. 15, 2017 and/or associated to police response to Patrick Joyce Jr on said dates and area.

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

J. Cockuck
C Shirley
Due 10/26/17

Custodian Signature Date

Mary Moss

From:	Kathy Schmelz
Sent:	Monday, October 16, 2017 4:10 PM
To:	Mary Moss
Subject:	FW: Oct. 16, 2017
Attachments:	10162017 OPRA.pdf

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

From: Radel, Daniel [mailto:dradel@gannettnj.com]
Sent: Monday, October 16, 2017 4:05 PM
To: Kathy Schmelz
Subject: Oct. 16, 2017

Hi Kathy,

I have attached an OPRA for a police response to an incident in the area of Norwood Avenue and High Street over the weekend.

Thanks, Dan

Dan Radel
Asbury Park Press – Reporter
Office 732-643-4072 | Cell 732-682-9348
dradel@gannettnj.com
Twitter @danielradelapp
Follow us online www.app.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 Daniel 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

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 ~~4/26/2017~~

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.

Seeking construction and or building permits for 11 Adams Street during the time frame 2016-2017. Seeking permits for any electrical work i.e. the installation of security cameras at the same property in the same time frame. Seeking building and or construction permits for 39 Park Avenue in the time frame of 2016-2017.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Due 5/8/17

Custodian Signature Date

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 Daniel MI J Last Name Rotyniak III

E-mail Address dan.rotyniak@hydroscience-inc.com

Mailing Address PO Box 4978

City Toms River State NJ Zip 08754

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 9/28/17

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.

279 Broadway Boulevard, Long Branch, NJ 07740.
Block: 269 Lot: 1 Class: 4A

Any environmental issues that have taken place.
Any documentation pertaining to gas conversion.
Documentation of underground heating oil storage tanks
The removal, inspection, permits, for any heating oil sources.

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

BG

Due 10/9/17

Custodian Signature ____ Date ____

Mary Moss

From: Kathy Schmelz
Sent: Wednesday, January 18, 2017 8:11 AM
To: Mary Moss
Subject: FW: FOIA Request

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

From: Darren Council [mailto:dcouncil@edgepoint.biz]
Sent: Tuesday, January 17, 2017 5:04 PM
To: Kathy Schmelz
Cc: njacobs@edgepoint.biz
Subject: FOIA Request

Dear Ms. Schmelz:

Edge Point hereby request the following electronic accounting records:

An accounting of all outstanding checks to include returned checks or checks which remain stale and never reissued.
-Field Values requested: Payee name, date and/or year, amount, check# and address if possible.
- If it is less time consuming and more cost effective, please only provide amounts which equal $1,000.00 or more.

An accounting of all overpaid taxes which have not been refunded:
-Field Values requested: Payee name, date and/or year, amount, parcel number and/or parcel address. -If it is less time consuming and more cost effective, please only provide amounts which equal $1,000.00 or more.

Our office is prepared to pay for the reproduction costs up to $50.00. In the event its more than $50.00 please send us an invoice.

Darren Council
FOIA Officer
EDGE POINT
(571)229-9258 (o)
(571)229-9260 (f)

cc: M. Martin Joe M.
Due 1/27/17

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 Dave MI ____ Last Name Loeffler

E-mail Address DLoeffler@ecolsciences.com

Mailing Address 75 Fleetwood Drive, Suite 250

City Rockaway State NJ Zip 07866

Telephone [redacted] FAX [redacted]

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 9/18/2017

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.

I am looking for records pertaining to underground storage tanks, spills, asbestos, NJDEP correspondence, septic systems, water service, and violations for the property at 700 Joline Avenue (Block 345, Lot 1) from the building department, health department, fire prevention, and tax assessor for an in house, business hour review.

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 —
Health —
Bldg Fire Code —
Due 9/28/17

Custodian Signature ____ Date ____

Mary Moss

From:	Kathy Schmelz
Sent:	Tuesday, September 19, 2017 8:03 AM
To:	Mary Moss
Subject:	FW: OPRA Request - 700 Joline Avenue - Block 345, Lot 1
Attachments:	recordsrequest.pdf

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

From: David Loeffler [mailto:DLoeffler@ecolsciences.com]
Sent: Monday, September 18, 2017 5:41 PM
To: Kathy Schmelz
Subject: OPRA Request - 700 Joline Avenue - Block 345, Lot 1

Ms. Schmelz,

We are conducting an environmental assessment of the property at 700 Joline Avenue, and would like to request access to review the publically available files for potential environmental issues, as indicated on the attached OPRA request. Thank you for your time, and have a great day.

Dave

Dave Loeffler
Senior Project Manager, LSRP
EcolSciences, Inc.
75 Fleetwood Drive, Suite 250
Rockaway, New Jersey 07866
973 366 9500

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

ASSOCIATED APPRAISAL GROUP
First Name DAVID MI M Last Name AMENDOLA
E-mail Address dave@njaag.com
Mailing Address 6 COMMERCE DRIVE
City CRANFORD State NJ Zip 07016
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 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.

RESOLUTION GRANTING APPROVALS FOR 40 APARTMENTS & PARKING. SITE BLOCK/LOT REFERENCES AS FOLLOWS:

B/L 216/14.01

BLACKRIDGE REALTY, INC.

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

Due 10/25/17

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

ASSOCIATED APPRAISAL GROUP

First Name DAVID MI M Last Name AMENDOLA

E-mail Address dave@njaag.com

Mailing Address 6 COMMERCE DRIVE

City CRANFORD State NJ Zip 07016

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 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.

RESOLUTION GRANTING APPROVALS FOR 11 TOWNHOUSE UNITS, SITE BLOCK/LOT REFERENCE AS FOLLOWS:

B/L 301/7 & 4

OCEAN AVENUE NORTH, LLC

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

Pkup

Due 10/25/17

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

ASSOCIATED APPRAISAL GROUP

First Name DAVID MI M. Last Name AMENDOLA

E-mail Address dave@njaag.com

Mailing Address 6 COMMERCE DRIVE

City CRANFORD State NJ Zip 07016

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 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.

RESOLUTION GRANTING APPROVALS FOR 33 MID-RISE RESIDENTIAL UNITS WITH COVERED PARKING. SITE BLOCK/LOT REFERENCES AS FOLLOWS:

B/L 216/24&13

B/L 216/12

B/L 216/11

JAMES E. FUSCO & CHRISTINE E. DELORENZO

286 OCEAN AVENUE, LLC

OCEAN AVENUE 290 ASSOC., LLC

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

Due 10/25/17

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

ASSOCIATED APPRAISAL GROUP

First Name DAVID MI M Last Name AMENDOLA

E-mail Address dave@njaag.com

Mailing Address 6 COMMERCE DRIVE

City CRANFORD State NJ Zip 07016

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 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.

RESOLUTION GRANTING APPROVALS FOR 300 APARTMENTS, 68 HOTEL ROOMS, & 61,810 SQUARE FEET OF RETAIL OCCUPANCY. BLOCK/LOT REFERENCES AS FOLLOWS!

B/L 222/2-14
B/L 222/15.01
B/L 222/15.02
B/L 222/22&23

PIER VILLAGE III URBAN RENEWAL COMPANY LLC

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

Due 10/26/17

Custodian Signature ___ Date ___

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5666 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name David MI ____ Last Name Gamble

E-mail Address DLGinvestigators@Gmail.com

Mailing Address 57 South Main Street # 172

City Neptune State NJ Zip 07753

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 01/25/2017

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.

Please provide copy of residential certificate of occupancy application for certificate RCO# 2015-001, issued on January 5, 2015 to a Tina Tsarouhis. 31 Cedar Ave, Unit 39, Block 89, Lot 6.39
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 Dept~~
K. Hayes
Due 2/3/17

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 David MI T Last Name Gamble

E-mail Address DLGInvestigators@gmail.com

Mailing Address 57 South Main Street # 172

City Neptune State NJ Zip 07753

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 09/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependant upon request.

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

Please provide CAD logs, police calls for service to the area of Joline Ave between 7th Ave and Washington Street reference motor vehicle accidents between August 1 and August 15, 2017
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

Records

Dan 9/20/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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Requestor Information – Please Print

First Name DAVID MI ____ Last Name GILMOUR

E-mail Address DAVID@RYDERSLANDSCAPESUPPLY.COM

Mailing Address 145 WHITE RD

City LITTLE SILVER State NJ Zip 07739

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.

(1) PERMIT ACTIVITY LOG – AUGUST 1 – 31, 2017
(BUILDING PERMITS)

(2) REAL ESTATE CLOSINGS AUGUST 1 – 31, 2017
NO. PLEASE REDIRECT TO COUNTY WEBSITE

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 9/12/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8935
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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Requestor Information – Please Print

First Name David MI W Last Name Kircher

E-mail Address dkircher@oneillassociates.biz

Mailing Address O'Neill Associates P.O. Box 516

City Somerville State NJ Zip 08876

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 David W. Kircher Date 3/10/2017

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.

Fire Department NFIRS fire incident report (all completed modules)
Fire Marshal's Office fire investigation report

For a fire that occurred at 171 Lincoln Avenue, Long Branch, NJ

Filed 3/10/17 via Facsimile & E-Mail

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

Rec'd Code –

Due 3/21/17

Custodian Signature _____ Date _____

Mary Moss

From: David Wilson <dwilson162@gmail.com>
Sent: Monday, June 19, 2017 5:33 PM
To: Mary Moss
Subject: Re: OPRA request form
Attachments: OPRA dog bite 1.jpg; OPRA dog bite 2.jpg; OPRA dog bite 3.jpg

Hi Mary,
I attached the three pages for OPRA request. Advise on payment and please prioritize health records on dog and police incident report. Partial release of the two most important records is agreeable so we can pursue the correct course of treatment for my wife . I did call the Health Officer and left a message to see if we can fast track the dog data. Thanks
David Wilson
[redacted]

On Mon, Jun 19, 2017 at 11:04 AM, Mary Moss <mmoss@longbranch.org> wrote:

Good Morning Mr. Wilson,

Kindly find attached OPRA request form. Kindly fill out and return back to this office.

Kind Regards,

Mary Moss, RMC

Deputy Municipal Clerk

344 Broadway

Long Branch, NJ 07740

P: 732.571.5686

F: 732.222.8835

Health -
Record -

Due 6/29/17

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-9686 / Fax 732-222-6835
lschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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Requestor Information -- Please Print

First Name DIANNE MI L Last Name WILSON

E-mail Address dwilson162@GMAIL.com

Mailing Address 174 NUTLEY 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 Dianne Wilson Date 6/19/2017

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.

1. Requesting dog bite /police report and any other records, tickets etc. pertaining to incident on boardwalk promenade 6/17/2017 approx 2:30pm.
2. Record search for past history or incidents on dog and/or owners including police, code enforcement, health dept or any other local governmental agency
3. Health department dog licensing file for offending dog, including vaccinations.
4. Ordinance pertaining to dog restrictions on promenade boardwalk area.
5. EMS report from said incident

Victim: Dianne Wilson Left hand dog bite Transported to Monmouth Medical Center by Long Branch Ambulance
174 Nutley Ave Nutley NJ 07110
973 667 4690 973 583 4058

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

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

Executive Order No. 21 (McGreevey 2002)

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

Executive Order No. 26 (McGreevey 2002)

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

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

REQUEST FOR RECORDS UNDER THE COMMON LAW

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

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

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

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

Please set forth your interest in the subject matter contained in the requested material:
Health & Welfare Issue From Infected Due To Dog Bite. + Need Owner & Dog Immunized Records To Ensure No Rabies

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.

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."

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 Demorbella MI E Last Name CLEARE

E-mail Address DCLEARE@Gmail.Com

Mailing Address 213 Main St # 15 Keansburg

City Keansburg State NJ Zip 07734

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 2/6/2017

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 would like to find out what Permits were pulled for 515 Sairs Ave Long Branch

Building Permit / Plumbing Permit / Electrical Permit / Fire Permit / and Mechanical Permits.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open ____
Denied - Closed ____
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 2/14/17

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 Dennis MI J. Last Name Mikoley

E-mail Address N/A

Mailing Address 31 Cedar Avenue, Unit #5

City Long Branch State NJ Zip 07740

Telephone _____ FAX _____

Preferred Delivery: Pick Up _____ US Mail X 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 7/5/2017

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.

Pursuant to the Open Public Records Act, N.J. Stat. Ann. Secs. 47:1-1 to 47:1A-13, I write to request access to and copies of any documents related to the projected cost to Long Branch taxpayers as a result of the Pier Village Phase III redevelopment area bond (RAB) and the PILOT (Payment in Lieu of Taxes) issued to FEM Real Estate LLC for the South Beach at Long Branch project.

If your office does not maintain these public records, please let me know who does and include the proper custodian's name and address.

I agree to pay any reasonable copying and postage fees of not more than $10 USD. If the cost would be greater than this amount, please notify me. Please provide a receipt indicating the charges for each document.

As provided by the open records laws, I will expect your response within seven (7) business days. See N.J. Stat. Ann. Sec. 47:1A-5(i). If you choose to deny this request, please provide a written explanation for the denial including a reference to the specific statutory exemption(s) upon which you rely. Also, please provide all portions of otherwise exempt material.

Thank you for your assistance.

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: Michael Martin
R. Rockelman
R. Basil

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 Dennis MI J Last Name Mikolay

E-mail Address Djm421@Rutgers.edu

Mailing Address 31 Cedar Ave, #5

City Long Branch State NJ Zip 07740

Telephone _____ FAX _____

Preferred Delivery: Pick Up _____ US Mail X 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 8/2/2017

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.

Pursuant to the Open Public Records Act, N.J. Stat. Ann. Secs. 47:1-1 to 47:1A-13, I write to request access to and copies of all documents related to any cost-benefit analysis performed by the City of Long Branch related to the issuance of the PILOT (Payment in Lieu of Taxes) for FEM Real Estate LLC's South Beach at Long Branch project.

If your office does not maintain these public records, please let me know who does and include the proper custodian's name and address.

I agree to pay any reasonable copying and postage fees of not more than $10 USD. If the cost would be greater than this amount, please notify me. Please provide a receipt indicating the charges for each document.

As provided by the open records laws, I will expect your response within seven (7) business days. See N.J. Stat. Ann. Sec. 47:1A-5(i).

If you choose to deny this request, please provide a written explanation for the denial including a reference to the specific statutory exemption(s) upon which you rely. Also, please provide all portions of otherwise exempt material.

Thank you for your assistance.

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: R Beckelman
R Basile

Due: 8/10/17

Custodian Signature _____ Date _____

State of New Jersey
CITY OF LONG BRANCH
GOVERNMENT RECORDS REQUEST FORM

Important Notice
The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name: Donald MI: A Last Name: De Rosa
Company:
Mailing Address: 57 BRIDGEWATERS DR #6
City: OCEANPORT State: NJ Zip: 07757 Email: DJ57DEROSA@comcast.net
Daytime Hours Telephone: Area Code [redacted] Extension:
Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____
Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that I (HAVE / HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature: [signature] Date: 10-2017

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.

Copy of Resolution for:
PB04-MV
for: Manahasset

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
Plan/Zone
Rec'd completed
10/26/17
Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / 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 MIRIAM MI ____ Last Name WEISS ESQ

E-mail Address Lavellino@muweisslaw.com

Mailing Address 41 Bayard Street 2nd Fl

City New Brunswick State NJ Zip 08901

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 Authorized Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of all MVA 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 ____

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 –

Del 10/4/17
Custodian Signature

Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name MIRIAM MI ____ Last Name WEISS ESQ

E-mail Address Lavellino@mweisslaw.com

Mailing Address 41 Bayard Street 2nd Fl

City New Brunswick State N.J Zip 08901

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 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.

Copies of all MVA reports from 8.28.17 to 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 ____

Records Provided

Records —

[signature] 9/14/17

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 Moshe MI ____ Last Name Kaplinsky

E-mail Address Moshe@homeshieldsolutions.com

Mailing Address 585 Prospect St Unit 301A

City Lakewood State NJ Zip 08701

Telephone [redacted] FAX ____

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

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

Signature [signature] Date 9/12/2017

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.

Please provide any violations on the property 176, AVENEL BLVD, LONG BRANCH, NJ, 07740 from any department.

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

BLG —
Code —
Planning —
Health —

Custodian Signature

Date 9/21/17

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 Myesha MI A Last Name Cebo

E-mail Address Chalot@bkwandblaw.com

Mailing Address 223-B Mountain Ave

City Springfield State NJ Zip 07081

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 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.

Please send me copies of any property record cards city may have for block 4886, lot 11, 6976 Patton Ave. Please include square footage of building.

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 —

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 Nathan MI _____ Last Name Roberts

E-mail Address nathanr@gsienvironmental.com

Mailing Address 105 Evesboro-Medford Rd., Suite C

City Marlton State NJ Zip 08053

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 11/13/2017

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.

We are performing an environmental site assessment for the property located at 684 State Highway 36, Block 347 Lot 2, Long Branch, NJ and are looking for the following documentation (if available):

- Documentation related to underground storage tanks at the property (permits for installation, removal, etc.).
- Certificates of occupancy dating back to first development of the property (or earliest available).
- Asbestos or lead based paint abatement documentation.
- Documentation related to releases/spills of hazardous materials at the property.
- Documentation related to septic systems or supply wells at the property.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Code Blue – Health – Records Provided

Due 11/22/17

Custodian Signature _____ Date _____

Mary Moss

From: Kathy Schmelz
Sent: Monday, November 13, 2017 12:51 PM
To: Mary Moss
Subject: FW: OPRA Request
Attachments: Long Branch OPRA.pdf

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

From: Brittany Barthol [mailto:brittanyb@gsienvironmental.com]
Sent: Monday, November 13, 2017 12:47 PM
To: Kathy Schmelz
Cc: Nathan Roberts
Subject: OPRA Request

Good afternoon,

Please find attached an OPRA Request form.

Thank you,

Brittany Barthol
Office Manager
Human Resources
Geographic Services Inc.
105 Evesboro-Medford Rd,
Suite C, Marlton, NJ 08053
Phone: (856) 229-7018
Fax: (856) 229-7152
Web: www.gsienviro.com

State of New Jersey
CITY OF LONG BRANCH
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your right concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Nelson MI ____ Last Name Cunha

Company Sonja Gall Real Estate

Mailing Address 110 Norwood Ave

City Deal State NJ Zip 07723 Email ncunharealtor@gmail.com

Daytime Hours Telephone: Area Code [redacted] Number 859-0043 Extension ____

Preferred Delivery: Pick Up K US Mail ____ On-Site Inspect ____

Check One: Under penalty of N.J.S.A. 2C:28-3, I certify that I AM / AM NOT [redacted] convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/19/17

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.

Copy
of
Survey
100 Brighton Ave

AGENCY USE ONLY

Std. Document Cost ____
Std. Delivery Cost ____
Spl. Elem Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Conditions: If any part of request cannot be delivered in stated timeframe 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 Zone
Record completed
10/26/17

Custodian Signature ____ Date ____

OPRA Request Status Sheet
Long Branch Planning & Zoning Department

To: City of Long Branch Municipal Clerk's Office

Re: Requested Address 100 Brighton Ave

Requested Block 121 Lot 6

Requested By Nelson Conte

Date request received by Planning & Zoning Department _____

The Planning & Zoning Department is in receipt of the "Request for Government Records" form for the property referenced above.

[ ] Please be advised the original files from the Planning and Zoning Office are attached to this form to be reviewed by the requestor at the Clerk's Office. The Clerk's Office will make the required copies, obtain appropriate fees, and return the original file to our office.

[✓] Please be advised the request has been fulfilled *as noted* _____ *per* the attached OPRA request. Our office also:

- [ ] Faxed / Mailed the information to the requestor and forwarded to the clerk's office for record keeping.
- [ ] Forwarded to the clerk's office for further processing.
- [✓] Applicant picked up documents from the Planning & Zoning Office on _____. Applicant's initials: _____.
- [ ] Planning & Zoning Office deposited $_____.

[ ] Please be advised that the request has been fulfilled *with the attached copies.* Our office has also:

- [ ] Faxed / Mailed the information to the requestor and forwarded to the clerk's office for record keeping.
- [ ] Forwarded to the clerk's office for further processing.

[ ] Please be advised that the Planning & Zoning Department does not have files pertaining to the information requested.

[ ] Please be advised that the request, as submitted, cannot be honored because of its generality. Specific items required in order to process include:

_____

_____

[ ] Please be advised that the information requested has been archived and will require additional time to allow for document retrieval.

[ ] Please be advised that the request cannot be honored because the information requested could be used to jeopardize security of a building or facility or the persons therein. (Executive Order 21, issued 7/8/02)

Date processed: 10/19/17

Processed by: _____

Revised April 2, 2014

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 NICHOLAS MI ____ Last Name GREGORY

E-mail Address NGREGORY@BRINKENV.COM

Mailing Address 133 JACKSON ROAD, SUITE D

City MEDFORD State NJ Zip 08055

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 3/23/17

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.

PLEASE 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

Facilities
Health Dept
Bldg
Due 4/3/17

Custodian Signature ____ Date ____

For a Phase I Environmental Site Assessment, we are seeking files relative to environmental issues for the property at 105 Seaview Avenue, Long Branch, NJ 07740 (Block 407, Lot 8). We are interested in site inspection reports; violations associated with the handling, storage, and/or disposal of hazardous substances; hazardous material releases or spills; underground storage tank information; land use restrictions; on-site wells; and other information regarding potential areas of environmental concern. Thank you for your time and attention to this matter.

If possible, I would like to receive files via email. Please contact me to discuss available information prior to producing copies. 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 Nicole MI _____ Last Name Huber

E-mail Address Nicole.Huber@redfin.com

Mailing Address 50 Harrison Street, 303

City Hoboken State NJ Zip 07030

Telephone _____ FAX _____

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

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

Signature Nicole Huber Date 10/10/17

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.

Requesting ALL permits closed for construction, plumbing & electrical for transfer of sale. - From the last 5 years
Property -
54 Sunset Ave.
Long Branch, NJ 07740
Block- 485 Lot-1.142

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

SLG -

Due 10/19/17

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 Nicole MI ____ Last Name TenHoeve

E-mail Address ntenhoeve@kw.com

Mailing Address 750 Broad St

City Shrewsbury State NJ Zip 07702

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 NTenHoeve Date 1/25/17

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.

I will be listing this townhome for sale. I would like to see documentation for all open and closed permits on the property please.

34 Shore Dr
Lot: 6.57
Block: 455

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 2/8/17

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 Nikita MI ____ Last Name Arias

E-mail Address insite@insiteeng.net

Mailing Address 1913 Atlantic Avenue, Suite F4

City Wall State NJ Zip 08736

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 Nikita Arias Date 01-25-17

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.

I am looking for Resolutions, Site Plans, and Surveys. for Block 27, Lot 4.01, 111 Park Avenue, Long Branch, NJ

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/Site ____

Due 2/3/17

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 Gina MI _____ Last Name Gros

E-mail Address ggros@gallassurvey.com

Mailing Address Gallas Surveying Group, 2865 US Route 1

City North Brunswick State NJ Zip 08902

Telephone _____ FAX _____

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

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

Signature _____ Date 5/24/17

Payment Information

Maximum Authorization Cost $50.00

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.

I would like to request the following information pertaining to the Santander Bank property located at 600 Broadway, Lots 1, 5, 15, 17 & 18, Block 239 in the City of Long Branch, NJ:

- Most current surveys and site plans you may have on file
- Any mapping illustrating the location of utility (i.e. water, sewer, gas & electric) lines within the property area, as well as any possible connections to the building

Our office is preparing a Boundary & Topographic Survey of the property and will utilize any mapping provided solely for reference purposes on same.

Thank you for your help and please do not hesitate to contact me with any questions.

GSG Project No. G17103

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 –
Bldg –
Tax Assessor Due 6/13/17

Custodian Signature Date

Mary Moss

From: Kathy Schmelz
Sent: Wednesday, May 24, 2017 12:25 PM
To: Mary Moss
Subject: FW: OPRA Request-Long Branch, NJ-GSG Project #G17103
Attachments: OPRA Request-Long Branch-G17104-5-24-17.pdf

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

From: Gina Gros [mailto:ggros@gallassurvey.com]
Sent: Wednesday, May 24, 2017 12:22 PM
To: Kathy Schmelz
Subject: OPRA Request-Long Branch, NJ-GSG Project #G17103

Good afternoon. Kindly see the attached request.

Thank you for your help,
Gina

GALLAS SURVEYING GROUP

Gina Gros
2865 US Route 1
North Brunswick, NJ 08902
Phone: 732-422-6700
Fax: 732-940-8786
Email: ggros@gallassurvey.com
www.gallassurvey.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 Gitty MI ____ Last Name Halberstadt

E-mail Address gitty@westmarq.com

Mailing Address 902 E County Line Rd Ste 102

City Lakewood State NJ Zip 08701

Telephone [redacted] x115 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.

Re: 302 Rockwell Ave
Block 375 Lot 14

Please see attached list.

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

B/d –
Health –
Tax Assessor –
Code
Due 12/7/17

Custodian Signature Date

OPRA Request for

302 Rockwell Avenue, Long Branch, NJ

Block 375 Lot 14

- Please provide copy of list of open violations – specifically
  - Fire
  - Building
  - Zoning
  - Code
- Please provide copy of list of all construction permits – Even closed permits
- Please provide copy of all open construction permits
- Please provide copy of any permits relating to environmental clean up
- Please provide copy of permit to convert the property from oil heat to gas heat
- Please provide copy any documentation indicating the existence of any underground storage tanks (UST), if any
  - If there is any record of UST on file, please provide copy any documentation indicating if it the tank or tanks were they pulled, and if there is any knowledge of any leaks or spills.

- Please provide copy any recent phase 1 or phase 2 environmental reports on record that are available for review
- Please provide copy of property card
- Please provide copies of Certificates of Occupancy.
- Please provide list of names of all tenants.
- Please provide copy of floor plans for the building
- Please provide copy of survey
- Please provide copy of any rent control registration for the property

Mary Moss

From: Kathy Schmelz
Sent: Tuesday, November 28, 2017 1:58 PM
To: Mary Moss
Subject: FW: OPRA request - 302 Rockwell
Attachments: opra request.pdf

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

From: Gitty Halberstadt [mailto:gitty@westmarq.com]
Sent: Tuesday, November 28, 2017 12:18 PM
To: Kathy Schmelz
Cc: 'Gitty Halberstadt'
Subject: OPRA request - 302 Rockwell

Please see attached OPRA request.

Thank you.

GITTY HALBERSTADT
WESTMARQ REAL ESTATE GROUP
902 E. Countyline Rd, Suite 102
Lakewood, NJ 08701

P 732.905.9344 x.115
F 732.367.2750
E gitty@westmarq.com
WEB: WWW.WESTMARQ.COM

4679

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 Griffin MI ____ Last Name Savage

E-mail Address griffin@envirotechcs.com

Mailing Address 1330 Laurel Ave

City Sea Girt State NJ Zip 08750

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 Griffin Savage Date 8/22/2017

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 lette

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 ___
Rec Cards ___
Health ___
Bldg ___
Plan Dept ___

Due 9/1/17

Custodian Signature Date

envirotactics
Your Environmental Resource

August 22, 2017

City of Long Branch
344 Broadway
Long Branch, NJ

Email: kschmeltz@longbranch.org

RE: OPRA Request
400 Broadway
Block 237, Lot 34
Long Branch, Monmouth County, NJ 07740
Envirotactics Project #4679

To Whom It May Concern:

Envirotactics is conducting an environmental assessment of the above referenced address and tax lot. We are looking to review any records regarding the site that may be maintained by the Tax Assessor's Office, Fire Prevention Department, Health Department, Construction Department, and Zoning department. Specifically, Envirotactics is in search of records pertaining to environmental investigations such as; storage tank records, corrective actions, contaminant releases or known/suspected contaminated sites, spill incidents, fires, hazardous materials storage, citations, notices of violation, NJDEP correspondences, potable wells, monitoring wells, or other areas of environmental concern at the above referenced property.

Envirotactics would also like to review the current tax map, tax card, and Construction Department records for the property to determine historic ownership, property usage, and work done at the site. **We realize that some of the files may be quite extensive; if this is the case we ask that you provide access to the files so we can determine which files will be required.**

If you have any questions or require additional information please call me at (732) 449-0077. Thank you for your assistance.

Sincerely,
For Envirotactics, Inc.

Griffin Savage

(OPRA Form)

Envirotactics, Inc.
1330 Laurel Ave.
Building 3
Sea Girt, NJ 08750

Phone 732.449.0077
Fax 732.449.5810
www.envirotactics.com

4680

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 Griffin MI ____ Last Name Savage

E-mail Address griffin@envirotactics.com

Mailing Address 1330 Laurel Ave

City Sea Girt State NJ Zip 08750

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 Griffin Savage Date 8/22/2017

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 lette

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 —
Fire Code —
Health —
B&G —
Planning —

Custodian Signature Date 9.1.17

envirotactics
Your Environmental Resource

August 22, 2017

City of Long Branch
344 Broadway
Long Branch, NJ

Email: kschmeltz@longbranch.org

RE: OPRA Request
15-17 South 7th Ave
Block 237, Lot 33
Long Branch, Monmouth County, NJ 07740
Envirotactics Project #4680

To Whom It May Concern:

Envirotactics is conducting an environmental assessment of the above referenced address and tax lot. We are looking to review any records regarding the site that may be maintained by the Tax Assessor's Office, Fire Prevention Department, Health Department, Construction Department, and Zoning department. Specifically, Envirotactics is in search of records pertaining to environmental investigations such as; storage tank records, corrective actions, contaminant releases or known/suspected contaminated sites, spill incidents, fires, hazardous materials storage, citations, notices of violation, NJDEP correspondences, potable wells, monitoring wells, or other areas of environmental concern at the above referenced property.

Envirotactics would also like to review the current tax map, tax card, and Construction Department records for the property to determine historic ownership, property usage, and work done at the site. **We realize that some of the files may be quite extensive; If this is the case we ask that you provide access to the files so we can determine which files will be required.**

If you have any questions or require additional information please call me at (732) 449-0077. Thank you for your assistance.

Sincerely,
For Envirotactics, Inc.

Griffin Savage

(OPRA Form)

Envirotactics, Inc.
1330 Laurel Ave
Building 3
Sea Girt, NJ 08750

Phone 732.449.0077
Fax 732.449.5810
www.envirotactics.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 HANNAH MI _____ Last Name SHULLA

E-mail Address H.SHULLA@PROPERTYDEBTRESEARCH.COM

Mailing Address 6801 PALISADES PARK CT #2

City FT MYERS State FL Zip 33912

Telephone [redacted] FAX [redacted]

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

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

Signature HANNAH SHULLA Date 12/19/2016

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

FOR THE PROPERTY 531 LONG BRANCH AVE BLOCK 461 LOT 3.01, PLEASE PROVIDE ANY SPECIAL ASSESSMENTS DUE, ANY CODE ENFORCEMENT/PROPERTY MAINTENANCE VIOLATIONS, AND ANY OPEN/EXPIRED BUILDING PERMITS, 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

Tax Assessor –
Code / Fire –
Bldg –
Due 1/11/17

Custodian Signature _____ Date _____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
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 Hannah MI ____ Last Name Templeton

E-mail Address htempleton@qbwc.com

Mailing Address 325 N 2nd St

City Wormleysburg State PA Zip 17043

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 Hannah Templeton Date 2/28/17

Payment Information

Maximum Authorization Cost $ 0.00

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.

Please provide a list of all the new residential building permits issued to Monmouth Custom Builders since September to present. I only need the address and if completed the footing inspection date. 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 —

Due 3/9/17

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 H.J. MI ____ Last Name Lee

E-mail Address hlee@nyhtc.org

Mailing Address 707 Eighth Ave.

City New York State NY Zip 10036

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 $ 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.

Any health inspection records of the Ocean Place Resort & Spa, located at 1 Ocean Blvd., Long Branch NJ 07740, since March 1, 2012.

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 10/18/17

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 Ingrid MI M Last Name Santana

E-mail Address isantana@quartelaw.com

Mailing Address 400 Market St.

City Newark State NJ Zip 07105

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 10/24/17

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.

Seeking for GENERAL CONTRACTOR information and all applications and/or violations regarding electrical, plumbing, construction, demolition and/or excavation at:

74 South Lake Drive Long Branch NJ

from 01/01/17 to 10/19/17

(250282)

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

SLS —
Wde —
Due 11/17/17

Custodian Signature ____ Date ____

ATT: Records
732-222-1513

Isabelle R. Strauss
Attorney at Law
2247 Old Church Rd.
Toms River, N.J. 08753

732-255-4696 or 908-910-2522
anrtesq@aol.com

June 21, 2017

Terri L. Turner, CMCA
Long Branch Municipal Court
279 Broadway
Long Branch, N.J., 07740

via fax: 732-571-0106

Re: State v. Horner

Summons No.: SC 035641

Dear Ms. Turner:

Please enter my appearance on behalf of Betty Horner in the above matter which is scheduled for June 27, 2017.
Please also enter a not guilty plea and set the matter down for a new date which allows time for me to obtain and review discovery.

By a copy of this letter served on the prosecutor I am requesting discovery pursuant to R. 7:7-7, including but not limited to all reports, statements, photographs as well as ordinances charged.
Please advise if I must request discovery directly from another individual.
Thank you.

Very truly yours,
Isabelle R. Strauss

IRS:me

Isabelle R. Strauss

Animal Control —

Due 8/11/17

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 Isabelle MI R. Last Name Strauss

E-mail Address anntesq@aol.com

Mailing Address 2247 Old Church Rd.

City Toms River State NJ Zip 08753

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 Isabelle R. Strauss Date August 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.

copy of Long Branch Ordinance 18-3 of predecessor code

AGENCY USE ONLY

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

Deposit Date ___

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information **Final Cost**

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

Records Provided

To: CH Clerk

Due: 9/7/17

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 Jada MI F Last Name Powell

E-mail Address accdata@accutrend.com

Mailing Address PO Box 6615

City Greenwood Villag State CO Zip 80155

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 Jada Powell Date 2/3/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

A list of businesses that filed for a business license during the months of October 2016 through December 2016. List should include business names, business addresses, phone numbers, contact names, business descriptions, file numbers, file dates, emails

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

T. Brown
cc: S. Johnson
E. McNulty
Due 2/10/17

Custodian Signature Date

Mary Moss

From: Kathy Schmelz
Sent: Monday, April 24, 2017 3:57 PM
To: Mary Moss
Subject: FW: Permits

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

From: James Bogdanowicz [mailto:james@kaplonskilaw.com]
Sent: Monday, April 24, 2017 3:48 PM
To: Kathy Schmelz
Subject: Fwd: Permits

Good afternoon,

This office represents the purchasers of 35V Sternberger Avenue in Long Branch. Kindly inform us of any permits open or forward to a person who can provide such information. Thank you.

---------- Forwarded message ----------
From: **Stan Midose** <smidose@longbranch.org>
Date: Mon, Apr 24, 2017 at 7:43 AM
Subject: Re: Permits
To: James Bogdanowicz <james@kaplonskilaw.com>

Please submit all Open Public Records request to the city clerk's office.

From: James Bogdanowicz <james@kaplonskilaw.com>
Sent: Friday, April 21, 2017 4:42:51 PM
To: Stan Midose
Subject: Permits

This office represents the purchasers of 35V Sternberger Avenue in Long Branch. Kindly inform us of any permits open or forward to a person who can provide such information. Thank you.

--
James P. Bogdanowicz

Bldg –
Due 6/13/17

Michael L. Kaplonski, Esq.
31 North Avenue
P.O. Box 270
Garwood, New Jersey 07027
(908) 389-1100 Tel
(908) 389-1105 Fax

--

James P. Bogdanowicz

Michael L. Kaplonski, Esq.
31 North Avenue
P.O. Box 270
Garwood, New Jersey 07027
(908) 389-1100 Tel
(908) 389-1105 Fax

STATEMENT OF CONFIDENTIALITY: The information contained in this transmission including any attached documentation is privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify the offices of Michael L. Kaplonski, Esq. immediately by replying to this email. Please delete all copies of this message and any attachments immediately.

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

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 James MI D Last Name Hackett

E-mail Address jimesandhindustries.com

Mailing Address 614 Rankin Rd, B

City Brielle State NJ Zip 08730

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 8/4/17

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.

Performing Phase I Environmental Assessment at: Block 127, Lot 5
57-61 Brighton Avenue

I would like to obtain files related to current or former underground or aboveground storage tanks, hazardous materials or petroleum product spills, incidents, storage or fires at the referenced property.

On file w/ ~~Building~~ Building/Code Enforcement, [redacted], Fire Dept. Environmental Dept., ~~Planning / Zoning~~.

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 ____
Fire/Code ____
Bldg ____

Due 8/10/17

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 James MI ____ Last Name Sandridge

E-mail Address cls@slkgroup.com

Mailing Address 2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234

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 JamesSandridge Date 01/20/2017

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 check and advise for the below address:

1. Liens & Special assessments
2. Code Violations
3. Open/Expired Building Permits

File # : 539902
Block 131 Lot 12
Add : 550 SECOND AVE, Long Branch, NJ, 07740
County : Monmouth

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 —
Tax Collector —
Code/Fire —
Bldg —

Due 2/1/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5686 FAX 732-222-8839
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 Jason MI C Last Name Mandia

E-mail Address jcm@stonemandia.com

Mailing Address 685 Neptune Blvd.

City Neptune State NJ Zip 07753

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up _____ US Mail X 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 2-14-17

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.

All documents in file regarding Zoning Board application No. ZB-13-07. Application was in regard to block 86, Lot 2. To include, but not limited to: Exhibits; Plans prepared by Condouris dated 3/26/13; variance plan prepared by Surmonte dated 7/7/13; Architectural Plans by Condouris dated 2/11/14; revised variance plan by Surmonte dated 2/20/14; March 5, 2014 letter from board engineer; grading/drainage Plans; Landscaping Plans; any request for extension of approvals; copies of any permits issue for construction or demo; Copies of any signed/sealed plans which were approved.

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

Due 2/27/17

Custodian Signature Date

DEPOSITS

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

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

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

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

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

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

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

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

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

Executive Order No. 21 (McGreevey 2002)

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

Executive Order No. 26 (McGreevey 2002)

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

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

REQUEST FOR RECORDS UNDER THE COMMON LAW

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

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

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

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

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

_____

_____

_____

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 ***Name of Agency***, 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 ***Name of Agency***.

5. ***You may be charged a 50% or other deposit when a request for copies exceeds $25.*** The ***Name of Agency*** 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 ***Name of Agency*** 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 ***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 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 ***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 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.

Mary Moss

From: Debbie Talerico
Sent: Tuesday, February 14, 2017 12:25 PM
To: Mary Moss
Subject: FW: Opra Request - ZB-13-07
Attachments: OPRA Request 2-14-17.pdf

From: LindaD [mailto:lindad@stonemandia.com]
Sent: Tuesday, February 14, 2017 12:13 PM
To: Debbie Talerico <dtalerico@longbranch.org>
Cc: Jason C. Mandia Esq <jcm@stonemandia.com>
Subject: RE: Opra Request - ZB-13-07

Ms. Talerico – attached please find OPRA request form regarding Zoning Board Application No. ZB-13-07 (McCracken).
Block 86, Lot 2, Long Branch

Please let me know if you need additional information regarding this request.

Thank you,
Linda D

Linda Dellett, Legal Assistant
STONE MANDIA, LLC
685 Neptune Boulevard
Neptune, NJ 07753
732-774-0800 T
732-531-4300 T
732-775-7637 F
732-531-4305 F

From: Debbie Talerico [mailto:dtalerico@longbranch.org]
Sent: Tuesday, February 14, 2017 11:34 AM
To: lindad@stonemandia.com
Subject: Opra Request Form

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: Jef MI: ____ Last Name: Henninger
E-mail Address: Jeflawoffice@gmail.com
Mailing Address: 788 Shrewsbury Ave, Suite 2209
City: Tinton Falls State: NJ Zip: 07724
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: 8/22/17

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.

Requesting all records related to criminal activities, thefts, burglaries, etc. that occured at

381 Broadway, Long Branch, NJ

AGENCY USE ONLY

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

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

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

Records Provided

Records
Due 11/15/17

Custodian Signature ______ Date ______

Jef Henninger, Esq.
Ciro Spina, Esq.
Joe Compitello, Esq.*
Christopher Caserio, Esq.*
Morgan Rice, Esq.^
Dominique Tonacchio, Esq. ^
Brent DiMarco, Esq.^
Bevin Padgett, Esq.
*Admitted in NJ & PA
^Admitted in NJ & NY

Law Offices of Jef Henninger, Esq.
788 Shrewsbury Ave, Suite 2209
Tinton Falls, NJ 07724
PH: 732-383-6242 | F: 973-547-8199
Cherry Hill • Trenton • Clifton
REPLY TO: TINTON FALLS
By Appointment Only: Cherry Hill | Toms River | Freehold
Metropark (Woodbridge) Princeton | East Brunswick | Newark | Jersey City

November 2, 2017

sent via fax 732-222-8835
Records,
City of Long Branch
344 Broadway
Long Branch, NJ

2nd REQUEST

Dear Sir/Madam:

Attached please find an Open Public Records Act Request Form. We are requesting any incidents of crime that have occurred at the location listed on the form during the last twenty (20) years. These records can be faxed or emailed. Our fax number is above and our email address is: jeflawoffice@gmail.com. We previously sent this request on August 22, 2017 and have not received a response.

Thank you for your attention to this matter.

Very truly yours,

Jef Henninger, Esq.

Jef Henninger, Esq.

JH/dt

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 Jeffrey MI ____ Last Name Devlin

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 _____ Date 10/2/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 9/24/2017

End Date 9/30/2017

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 10/12/17

Custodian Signature ____ Date ____

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-571-56ℓ 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 Jeffrey MI ____ Last Name Devlin

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 _____ Date 1/16/2017

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 1/8/2017

End Date 1/14/2017

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

Police Dept -

Due 1/24/17

Custodian Signature Date

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-571-56[illegible] 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 Jeffrey MI _____ Last Name Devlin

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 _____ Date 1/23/2017

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 1/15/2017

End Date 1/21/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Police Dept –

Due 2/1/17

Custodian Signature _____ Date _____

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-571-56[illegible] 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 Jeffrey MI ____ Last Name Devlin

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 _____ Date 1/30/2017

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 1/22/2017

End Date 1/26/2017

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

Police Dept -

Due 2/8/17

Custodian Signature Date

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-571-56[illegible] 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 Jeffrey MI _____ Last Name Devlin

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 _____ Date 1/2/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 12/25/2016

End Date 12/31/2016

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 1/11/17

Custodian Signature _____ Date _____

Mary Moss

From: Kathy Schmelz
Sent: Tuesday, January 03, 2017 8:51 AM
To: Mary Moss
Subject: FW: OPRA Request: 1485 Long Branch City
Attachments: 1485-opra-from-12-25-2016-to-12-31-2016-on-1-2-2017-10-10-01-AM.pdf

Importance: High

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

From: data@legalplex.com [mailto:data@legalplex.com]
Sent: Monday, January 02, 2017 10:22 AM
To: Kathy Schmelz
Subject: OPRA Request: 1485 Long Branch City
Importance: High

Please find the below attachment

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-571-568 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 Jeffrey MI _____ Last Name Devlin

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 _____ Date 1/9/2017

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 1/1/2017

End Date 1/7/2017

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 _____

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 _____

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-571-568 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 Jeffrey MI _____ Last Name Devlin

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 _____ Date 2/13/2017

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 2/5/2017

End Date 2/11/2017

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

Police Dept –

Due 2/27/17

Custodian Signature _____ Date _____

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-571-56[illegible] 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 Jeffrey MI ____ Last Name Devlin

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 [signature] Date 2/20/2017

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 2/12/2017

End Date 2/18/2017

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

Police Dept—

Due 3/2/17

Custodian Signature ____ Date ____

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-571-568 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 Jeffrey MI _____ Last Name Devlin

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 _____ Date 2/27/2017

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 2/19/2017

End Date 2/25/2017

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 _____

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 3/8/17

Custodian Signature

Date

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Phone: 732-571-56[illegible] 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 Jeffrey MI _____ Last Name Devlin

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 _____ Date 2/6/2017

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 1/29/2017

End Date 2/4/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Brian Dot

Due 2/16/17

Custodian Signature _____ Date _____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Gabriel MI ____ Last Name Scala

E-mail Address gabescala35@gmail.com

Mailing Address 319 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 ____

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

Signature Gabriel Scala Date 5-9-2017

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.

History of:
1. Merchantile Licenses
2. CO's

605 ½ Broadway Ave
Long Branch, NJ 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 ____
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 –
Fire Code –
Due 5/18/17

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 Garance MI ____ Last Name Burke

E-mail Address gburke@ap.org

Mailing Address 300 Montgomery St., suite 700

City San Francisco State CA Zip 94110

Telephone [redacted] FAX ____

Preferred Delivery: Pick Up ____ US Mail X 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 Garance Burke Date 10-19-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

To: Council - Mayor
Admin - James Aaron -
Beckelman - Memorandum
C. Turner - Finance

Due: 10/31/17

Custodian Signature ____ Date ____

DEPOSITS

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

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

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

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

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

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

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

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

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

Executive Order No. 21 (McGreevey 2002)

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

Executive Order No. 26 (McGreevey 2002)

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

Other Exemption(s) contained in a State statute, resolution of either or both House of the Legislature, regulation, Executive Order, Rules of Court, any federal law, federal regulation or federal order pursuant to N.J.S.A. 47:1A-9.a.

(Please provide detailed information regarding the exemption from disclosure for which you are relying to deny access to government records. If multiple records are requested, be specific as to which exemption(s) apply to each record.)

REQUEST FOR RECORDS UNDER THE COMMON LAW

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

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

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

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

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

_____

_____

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.

Kathy Schmelz

From: Burke, Garance <gburke@ap.org>
Sent: Thursday, October 19, 2017 8:28 PM
To: Kathy Schmelz
Subject: OPRA request from The Associated Press
Attachments: Long Branch records request.pdf

Dear Ms. Schmelz,
I hope this note finds you well. I'm a reporter for The Associated Press and am writing seeking documents related to the City of Long Branch's requests to the Federal Transit Administration for funding for a proposed pier and ferry terminal. I am making this request under the New Jersey Open Public Records Act.
Before getting into the specifics below and in the attached form, I want to say hello and that if there's anything unclear or unusually onerous about the request, I'm happy to talk about it. I can be reached at 415-407-4338.
Thus far, I understand that the City of Long Branch has received $3.3 million from the FTA for preliminary design and engineering work on a proposed pier and ferry terminal. Part of that money was in danger of being de-obligated, but the FTA re-awarded the funding in March. In addition, I understand the City of Long Branch is considering applying for new grants for work in addition to preliminary design.
The Associated Press is interested in correspondence related to both the March decision and the possibility of new grants. The developers of the project are the Kushner Cos. and Extell Development.
Below please see the description of the items I am requesting via this Open Public Records Act request in this email, as I could not make annotations in the records request field in the attached pdf.

Pursuant to the New Jersey Open Public Records Act, N.J.S.A. 47:1A1 et seq., I am seeking copies of the following records:
The Associated Press requests any emails, letters or other correspondence between government officials of the City of Long Branch and:

1. FTA OFFICIALS regarding agency funding and/or the Pier Village Phase III development in the past two years.
2. KUSHNER COS. or its representatives regarding FTA funding and/or the Pier Village Phase III development in the past two years.
3. EXTELL DEVELOPMENT or its representatives regarding FTA funding and/or the Pier Village Phase III development in the past two years.
4. PIER VILLAGE entities (including PIER VILLAGE I URBAN RENEWAL COMPANY LLC, PIER VILLAGE II URBAN RENEWAL COMPANY LLC, PIER VILLAGE III URBAN RENEWAL COMPANY LLC and PIER VILLAGE III JV LLC) or its representatives regarding FTA funding and/or the Pier Village Phase III development in the past two years.

Please provide expedited review of this request, which concerns a newsworthy matter of current exigency to the American public that extends beyond the public's general right to know about city government activity. No information similar to what AP is seeking already has been widely reported in some fashion, so the release of these records would present entirely new information to the public.
As the world's oldest and largest news organization, the AP is a credible requester.
As a representative of the news media, I am only required to pay for the direct cost of duplication after the first 100 pages. I ask that you waive any and all applicable fees associated with this request given that the

disclosure of the requested information is in the public interest and will contribute significantly to the public's understanding of city government activity. If you deny this request for a fee waiver, please advise me in advance of the estimated charges if they are to exceed $100. I request electronic copies of the above documents, .pdf if available.

I note that the City of Long Branch cannot refuse disclosure on the grounds that its reports may be incomplete. If my request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions of the Act. I will also expect you to release all segregable portions of otherwise exempt material. If you determine that some but not all of the information is exempt from disclosure and that you intend to withhold it, please redact it for the time being and make the rest available as requested. Please provide the material on a rolling basis, as it is available. I reserve the right to appeal your decision to withhold information or to deny a waiver of fees.

Again, please let me know if you have any questions about this request and I look forward to being in touch.

Thanks in advance,

Garance

Garance Burke -- Reporter
The Associated Press
300 Montgomery St., suite 700
San Francisco, CA 94104
Cell: 415.407.4338
gburke@ap.org
@garanceburke

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 Genora MI K Last Name Coleman

E-mail Address genorarealty@gmail.com

Mailing Address 1410 Main St.

City Asbury Park State NJ Zip 07712

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 Genora Coleman Date Sept 8-2017

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 am purchasing a home @
— 61 Lippincott Ave - Long Branch, NJ —
I need a copy of any reports relating to the removal of the oil tank which ~~~~ was removed approximately 2006.

Thank you,
Genora Coleman

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: Bldg

Due: 9/19/17

Custodian Signature _____ Date _____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5555 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 7/3/17

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.

- PRODUCE ALL RECORDS, STUDIES, FINDINGS, ETC., SOURCED BY COUNCILWOMAN CELLI AT THE 6/27/17 COUNCIL MEETING HEARING ON ORDINANCE 11-17, WHERE SHE STATED ORD 11-17 WILL COST THE TAXPAYERS $450,000.

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 ____
Administration ____

Due: 7/13/17
Custodian Signature ____ Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5688 FAX 732-222-8835
kschmelz@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 7/3/17

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.

- PRODUCE RECORDS OF ALL CODE ENFORCEMENT CALLS AND REPORTS, CITATIONS/SUMMONS, FINDINGS, ETC., CONCERNING ERECTING OF NON-PERMITTED FENCE, ON BLOCK 59 LOT 1.01. CODE ENFORCEMENT ON-SITE CALL TOOK PLACE 6/30/17. BL 59 LOT 1.01, 11 ADAMS ST LB.

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 Enf

Due: 7/13/17
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 Oleg MI ____ Last Name Pidgainy

E-mail Address Jonp777@gmail.com

Mailing Address 45 Ocean Ave, Unit 3d

City Monmouth Beach State NJ Zip 07750

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 Oleg Date 7/12/2017

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.

Property Address: 566 Patten Ave
Long Branch, NJ 07740

Amount of any unpaid Back Taxes
any Open permits
Copy of Property Record Card

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: Collector —
Assessor —
Bldg —
Code —

Due: 7/24/17

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 7/12/17

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.

- PRODUCE SURVEILLANCE VIDEO OF 2ND FLOOR COUNCIL CHAMBER AND LOBBY, BETWEEN 7:20 PM - 7:40 PM ON 7/11/17
- PRODUCE AUDIO RECORDINGS OF PHONE CALLS FROM VINCENT LEPORE TO LONG BRANCH POLICE DEPT DISPATCH, AT APPROXIMATELY 7:25 PM, 7:53 PM, 8:21 P.

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 ON 7/11/17

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

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

Records Provided
TO: IT Dept
Lt. Shirley
Dr. Roebuck

Due: 7/21/17

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 7/31/17

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.

PROVIDE "HOLD HARMLESS AGREEMENT/LETTER" BETWEEN KUSHNER AND CITY ATTORNEY AARON, 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

TO: Planning

Due: 8/9/17

Custodian Signature ____ Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5555 FAX 732-222-8835
kschmelz@ci.long-branch.nj.us
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name Ahmad r MI m Last Name Alkum

E-mail Address ALKum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey city State NJ Zip 07307

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 7/31/17

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.

MVA 7/23/17 → 7/29/17

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

TO: RECORDS

Due: 8/9/17

Custodian Signature _____ Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY

PH 732-571-56[illegible]6 FAX 732-222-[illegible]

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 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 7/31/17

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.

7/24/17 - 7/30/17

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

TO: RECORDS

Due: 8/9/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5555 / Fax 732-222-5035
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 Molgnville 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 7/31/17

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.

Motor Vehicle Accident Reports
from 7/24/17 to 7/30/17

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

To: Records

Due 8/9/17

Custodian Signature ____ Date

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address

Name of Agency Custodian

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 Matthew MI _____ Last Name Anderson

E-mail Address Matt.anderson732@gmail.com

Mailing Address 4 Stratton Pl

City Middletown State NJ Zip 07748

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 7/31/17

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.

Please 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

To: Finance ___

City Clerk ___

Due: 8/9/17

Custodian Signature _____ Date _____

Pursuant to the New Jersey Open Public Records Act and New Jersey Common Law Right of Access, I make the request for copies of the following documents.

This document is an attachment request to the O.P.R.A form provided on the municipal website, specifically enumerating the government documents for which I have requested. Respectfully, please do not send by mail, please e-mail information that is in electronic format to matt.anderson732@gmail.com. According to N.J.S.A. 47: 1A-5b, which was amended in April of 2008, access to records that are available in electronic and non-printed formats should be provided free of charge.

(1) Please provide the approved budgets for the following years: 2017-2007. Please provide them as separate files.

(2) Please provide the approved annual audit for the following years:2017-2012 . Please provide these documents in separate pdf files for each year.

(3) Please provide the approved resolutions appointing the professionals for the following years of 2017-2012 Please provide these documents in separate pdf files for each year.

(4) Vendor activity report (detailed) for ALL VENDORS for the years 2017-2012 . Please provide these reports in separate pdf files for each calendar year. Please sort the files according to vendor (If using the Edmunds Financial Software, the Print Sequence should be Vendor Name). Include the aggregate amount for each Vendor for the Calendar year. If using the Edmunds Financial Software, the Report Type should be "Paid" and the "Paid Date Range" should be 1/1/xx to 12/31/xx for each calendar year referred to above. Please select the report format to be "detail". For "Status to include" please select "all".

Pursuant to the New Jersey Open Public Records Act, New Jersey Common Law Right of Access, I make the request for copies of the following documents.

This document is an attachment request to the O.P.R.A form provided on the municipal website, specifically enumerating the government documents for which I have requested. Respectfully, please do not send by mail, please e-mail information that is in electronic format to matt.anderson732@gmail.com. According to N.J.S.A. 47: 1A-5b, which was amended in April of 2008, access to records that are available in electronic and non-printed formats should be provided free of charge.

(1) Township Organizational Chart that includes all departments and personnel with their names and titles.

(2): I am interested in knowing all the public employees and appointees within this jurisdiction. Please provide a list of all employees and appointees and include the following information:

Employee or appointee name
Start Date
% Longevity
Employee Status (Union, Non-Union, Unclassified, etc.)
Department
Job Title
Salary Step
Base Salary
Overtime Pay
Actual Salary
Hourly rate (if applicable)

(3A) List of employees, appointees or professionals that are assigned official vehicles exclusively for 24/7 (full time) usage. As clarification, law enforcement or vehicles used in the process of law enforcement are excluded from this request.

(3B) In the event vehicles are assigned to public officials for full time use (24/7) please provide the written policy guidelines concerning the use of these vehicles.

(4A) Please provide us with the following health benefits information for all employees, appointed professionals, and public officials within your jurisdiction.

- Coverage selection plan type or types to include health benefits, prescription benefits, dental care benefits, eye care benefits...

- Coverage tier (example: enrollee only, enrollee and child, enrollee and spouse, family coverage...)

- The cost of coverage (monthly or annual premium) for plans that are available to XXX Twp Employees for all coverage plans and coverage tiers.

(4B) Please provide a list of employees that receive a monetary remuneration (waveout) for opting out of Health Coverage and the amount of such payment, if any.

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: 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 8/21/17

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.

- PRODUCE 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

Kevin Hayes ___

Due: 8-30-17

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 8/21/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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 ENGINEERS REPORT, DONE PRIOR TO ISSUANCE OF DEMOLITION PERMIT, THAT CERTIFIES (CERTIFICATION) THAT BUILDINGS ON BL 124, LOTS 3, 4, 5.01, 6 ARE FREE OF ALL HAZARDS (LEAD, ASBESTOS, MOLD).

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

Kevin Hayes ____

Due: 8-30-17

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 Luisa MI ____ Last Name Rancapan

E-mail Address luisar@cisleads.com

Mailing Address 170 Kinnelon Road

City Kinnelon State NJ Zip 07420

Telephone (973)492-0509 FAX (973)492-8378

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 Luisa Rancapan Date 8/21/17

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 for a copy of the planning board application that includes the name address and telephone number of the applicant, attorney and engineer for

Bluffs Seastar - Classic Living by the Sea
Ocean Avenue
Block: 216 Lot: 11, 12, 24

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY

PH 732-571-8036 FAX 732-222-3935
kmchenzie@cityoflongbranch.nj.us
Kathy L. McKenzie, 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 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 your social information, please state why: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 8/21/17

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 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.

Police Reports from Date of
8/14/17 to 8/20/17

AGENCY USE ONLY

Est. Document Cost ____

AGENCY USE ONLY

Disposition Notes
Question: If any part of request cannot be

AGENCY USE ONLY

Tracking Information

Final Cost

Records: ____

Due: 8-30-17

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 Luisa MI ____ Last Name Rancapan

E-mail Address luisar@nisleads.com

Mailing Address 170 Kinnelon Road

City Kinnelon State NJ Zip 07405

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 Luisa Rancapan 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.

I am request for the planning board application withe the most recent contact information for applicant, engineer, architect and attorney of

Brott Realty
Block: 87 Lot: 8

Please see attached Agenda

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

Planning

Due: 9-6-17

Custodian Signature ____ Date ____

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

PLANNING BOARD AGENDA
REGULAR MEETING
TUESDAY, AUGUST 15, 2017

7:00 P.M. WORKSHOP/INFORMALS

1) SKOVE CORNER OF WESTWOOD & BATH
2) BACC BUILDERS WILLOW AVENUE

7:30 P.M. REGULAR MEETING

A. ROLL CALL
B. CORRESPONDENCE
C. RESOLUTIONS
D. MINUTES

1) JULY 18, 2017

E. ZONING ORDINANCE REVISIONS
F. APPLICATIONS TO BE CONSIDERED

1) PB 08-02.V BROTT REALTY BLK: 87 LOT: 8
(Extension of Site Plan Approval)

ADJOURNMENT
By the order of:
Edward Thomas, Chairman

NOTE: NEXT REGULAR MEETING IS TUESDAY, SEPTEMBER 19, 2017 AT 7:30 PM

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 Sonja MI R Last Name White

E-mail Address sonja-white@progressive.com

Mailing Address 152 West St

City South Plainfield State NJ Zip 07080

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 8/29/17

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.

Full Police report. including pedestrian information. If unable to release pedestrian info, please provide their legal guardians information.

Case # 17LB18696
Date of accident 8/8/17
Location Widow Street Longbranch, NJ

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: RECORDS

Due: 9/18/17

Custodian Signature ____ Date ____

DEPOSITS

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

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

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

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

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

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

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

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

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

Executive Order No. 21 (McGreevey 2002)

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

Executive Order No. 26 (McGreevey 2002)

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

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

REQUEST FOR RECORDS UNDER THE COMMON LAW

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

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

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

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

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

_____

_____

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.

Place Logo 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@brinksconsulting.com

Mailing Address 1256 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 decommissioning of Underground Storage tanks at: 189 Union Ave. Long Branch

Block # 273 Lot # 7

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

Due: 9/18/17

Custodian Signature ____ Date ____

15-105

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 Lynn MI ____ Last Name Schwirbach

E-mail Address lschwirbach@eng-environmental.com

Mailing Address 1105 Bay Avenue, Suite 6

City Point Pleasant State NJ Zip 08742

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 Lynn Schwirbach Date 9-27-2017

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: 1 West End Court, Block 124, Lot 6 - Construction Department

Documentation relating to Permit # 96-503 issued 8-15-1996 regarding "demo/tank."

Documentation re closure under supervision of City Inspector.

Documentation demonstrating there was no release.

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

Due: October 6, 2017

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 Paul MI ____ Last Name Gichuhi

E-mail Address pgichuhi@comcast.net

Mailing Address 844 Main Street

City Fords State NJ Zip 08863

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 Paul Gichuhi Date 10/26/2017

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.

All records pertaining to the property at Block 200, Lot 15 in the City of Long Branch since the property was first built:
1. Open Building Permits
2. Closed Building Permits
3. Survey Maps
4. Zoning Variances/Zoning decisions

FOR OFFICE 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.

Due: 11-6-17

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
Bldg. ____
Plan/Zone ____

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 SUBHI MI ____ Last Name BUKAI

E-mail Address Sam.BUKAI136@Gmail.com.

Mailing Address 2015 81 7st

City Brooklyn State N.Y Zip 11229.

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 S-BUKAI Date 11-15-17.

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.

We would like open Records from the building department Letter From the City of Long Branch Confirming that the current use of the subject property (10 Pearl Street, Long Branch, New Jersey 07740) does not violate any Zoning or Municipal Regulations.

Property Address:
10-30 Pearl street, Long Branch, NJ 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.

Due: 11-28-17

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

Bldg. ____
Planning/Zoning ____
Fire Prev ____

Custodian Signature ____ Date ____

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 Heather MI C Last Name Aronson

Company Pickus & Landsberg

Mailing Address 2802 Rydera Lane

City East Brunswick State NJ Zip 08816 Email heather.pickuslaw@gmail.com

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspection ____ EMAIL X

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 11/16/17

Payment Information

Actual Duplication 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.

Please provide copies of records for the property at [redacted] Specifically, please provide any applications, permits, violations (open or closed), documents relating to oil tanks, abandoned/removed septic systems, or old surveys.
Also the certificate relating to the hot water heater and/or structural modification
We are requesting these documents from the Building/Zoning/Code Enforcement/Housing Depts.

Letter sent 11/17 - Received

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.

Due: 11-29-17

In Progress - Open
Denied - Closed
Filled Closed
Partial Closed

AGENCY USE ONLY

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

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided
Bldg. —
Plan/Zone —
Code —

Custodian Signature Date

14177

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 Robert MI _____ Last Name Hall

E-mail Address rob@frielhall.com

Mailing Address 607 Myrtle Avenue

City West Allenhurst State NJ Zip 07711

Telephone [redacted] FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect X 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 11/16/2017

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 would like to review all zoning, planning, construction and tax records for block 228 lot 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
To: P&Z _____
Bldg _____
Collector _____

Due: Nov. 29, 2017

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 Lou MI J Last Name AGRIOS

E-mail Address LOUAJN NJ@ YAHOO.COM

Mailing Address 315 MIDLAND AVE

City MORGAN State NJ Zip 08879

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 11/16/17

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.

ROOF PERMITS FOR 82 CHELSEA AVE FROM APPROX APRIL/MAY 2009. PLEASE INCLUDE CERTIFICATION FROM LB INSPECTOR BUILDING THAT JOB WAS COMPLETED AS PER CODES.

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. ____

11-29-17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5586 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name Robert MI W Last Name Shimko

E-mail Address robert@ibew400.org

Mailing Address P.O. Box 1256

City Wall State N.J. 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 Robert W. Shimko Date 11/16/17

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.

Copy of all electrical (Technical Sheets) permits for block 276 Lot 18 for renovation work for 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

TO: Bldg ____

Due: 11/30/17

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 KATHY MI _____ Last Name TIEDTKE

E-mail Address KATHY.TIEDTKE@PEMCO-LIMITED.COM

Mailing Address FANNIE MAE C/O PEMCO-LIMITED 820 BEAR TAVERN RD.

City WEST TRENTON State NJ Zip 08828

Telephone [redacted] FAX [redacted]

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

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

Signature Kathy Tiedtke Digitally signed by Kathy Tiedtke Date: 2017.11.16 16:00:14 -07'00' Date 11/16/17

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.

My name is Kathy and I work for Pemco-Limited on behalf of Fannie Mae.
I am tasked to ensure our properties are in compliance with local municipalities regarding registration and code violations.

The reference property is: 387 PACIFIC ST, LONG BRANCH, NJ 07740 in MERCER COUNTY at BLOCK# 366 and LOT# 12.

The information I am looking for is as follows:

1) Copies of any open permits.

2) Copies of open code violations attached to the property that could result in a fine/summons, and/or prevent the sale of the property. If there are open invoices, please send copies along with the fee breakdown.

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: Code
Bldg

Due: 11/30/17

Custodian Signature Date

DEPOSITS

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

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

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

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

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

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

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

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

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

Executive Order No. 21 (McGreevey 2002)

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

Executive Order No. 26 (McGreevey 2002)

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

Other Exemption(s) contained in a State statute, resolution of either or both House of the Legislature, regulation, Executive Order, Rules of Court, any federal law, federal regulation or federal order pursuant to N.J.S.A. 47:1A-9.a.

(Please provide detailed information regarding the exemption from disclosure for which you are relying to deny access to government records. If multiple records are requested, be specific as to which exemption(s) apply to each record.)

REQUEST FOR RECORDS UNDER THE COMMON LAW

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

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

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

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

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

WE WANT TO BE COMPLIANT WITH THE MUNICIPALITY. IF THERE ARE ANY OPEN PERMITS OR CODE VIOLATIONS, WE WOULD LIKE TO KNOW, SO WE CAN ABATE THEM AS QUICKLY AS POSSIBLE.

THIS PROPERTY IS IN REO STATUS, AND IS UP FOR SALE, WE DO NOT WANT TO INCUR PENALTIES AND INTEREST, OR ANY OTHER PENALTIES FOR A VIOLATION BECAUSE WE WERE UNAWARE OF IT.

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.

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name VINCENT MI ____ Last Name LEPORE

E-mail Address ____

Mailing Address 33 OCEAN TER

City LONG BRANCH State NJ Zip 07740

Telephone [redacted] FAX ____

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

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

Signature [signature] Date 11/15/17

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 THE FOLLOWING FROM LBPD,
STANDARD OPERATING PROCEDURE MANUAL
FOR POLICE
OR
STANDARD OPERATING PROCEDURE CD

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Kathy Schmelz

From:	Time to Change- Jersey Style <opra+request-122-9ee484e7 @requests.opramachine.com>
Sent:	Saturday, November 18, 2017 9:44 PM
To:	Kathy Schmelz
Subject:	Open Public Records Act request - Different Police Department Annual Summary Reports and recertification certificates for all police officers

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:

1. I seek your police department's Internal Affairs Annual Summary Reports for years 2014 to 2017.

2. I seek a copy of the police department's Public Synopsis of Disciplinary Actions for years 2014 to 2017. This report is required pursuant to Requirement 10 of the Attorney General's Internal Affairs Police.

3. I seek a copy of the police department's Vehicular Pursuit Summary Reports for years 2014 to 2017.

4. I would like all of your police department's Use of Force Reports from January 1, 2014 to present date.

5. I would like all of your police department's Police Use of Deadly Force Attorney General Deadly Notification Reports for years 2014 to 2017.

6. I seek the annual basic police academy training, annual firearms requalification training, use of force training, vehicular pursuit training, domestic violence training, cultural diversity training, bias intimidation crimes training, Breathalyzer training, 911 dispatcher and call-taker training, K-9 training recertification certificates for all of the police officers in your police department for the year 2017.

Yours faithfully,

Time to Change- Jersey Style

To: Chief Roebuck
Lt. Shirley
CC: Info Only K. Hayes
Due: Dec. 1st, 2017

Please use this email address for all replies to this request:
opra+request-122-9ee484e7@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

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.

2

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8835
kschmeiz@longbranch.org
Kathy L. Schmeiz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name VINCENT MI ____ Last Name LEPORE

E-mail Address ____

Mailing Address 330 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 11/15/17

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 YEAR END DEBT STATEMENTS FOR THE FOLLOWING YEARS
  DEC 31 2000
  DEC 31 2010
  DEC 31 2016
- PRODUCE INVOICE AND ALL OTHER RECORDS RELATED TO LINE ITEM IN R-272-17 BILL PAYOUT FOR 11/14/17 KMANIMON SCOTLAND BAUMAN PROFESSIONAL SERVICES LOWER BROADWAY REDEVELOPMENT SEPT 2017 3022.50 PAYMENT #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 ____
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: City Clerk
Finance

Due: 11/30/17

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 Lenor [redacted] MI ____ Last Name Langan

E-mail Address Lee.2494@aol.com

Mailing Address 497 Sairs Ave

City Long Branch State NJ Zip 07740

Telephone [redacted] FAX ____

Preferred Delivery: Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail [redacted]

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *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.

Other: 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 trying to find out how a house was approved to be built (139 Hulick St) The property was short 5' to 10' (not sure which) for construction but some property adjoining was given thus removing a Right of way. A woman in the building permits dept. told me there was a Resolution in 1984 (maybe oct) to do with that property. Resolution PB-85.NV Adopted Oct 15, 1984

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

M. Sanders

Due 10/4/17

Custodian Signature ____ Date ____

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

Executive Order No. 21 (McGreevey 2002)

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

Executive Order No. 26 (McGreevey 2002)

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

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

REQUEST FOR RECORDS UNDER THE COMMON LAW
If, in addition to requesting records under OPRA, you are also requesting the government records under the common law, please check the box below.

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

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

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

Please set forth your interest in the subject matter contained in the requested material:
I am trying to prove a right of way no longer exists on my property.

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.

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 Liam MI B Last Name Cahill

E-mail Address liam.cahill@insiteeng.net

Mailing Address 1913 Atlantic Avenue, Suite F4

City Wall State NJ Zip 08736

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 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.

Final Approved Zoning Plan and the Final Zoning Permit for the initial home construction for:
Block 27, Lot 4.01, 111 Park Avenue, Long Branch, NJ

Final As-Built Survey and Certificate of Occupancy

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 –

Dan 10/6/17

Custodian Signature Date

Mary Moss

From:	Kathy Schmelz
Sent:	Wednesday, September 27, 2017 4:08 PM
To:	Mary Moss
Subject:	FW: OPRA Request - 111 Park Ave
Attachments:	170927 OPRA Req.pdf

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

From: Liam Cahill [mailto:Liam.Cahill@Insiteeng.net]
Sent: Wednesday, September 27, 2017 4:06 PM
To: Kathy Schmelz
Subject: OPRA Request - 111 Park Ave

Kathy –

Please find the attached OPRA request form. Let me know if you need anything else. Thank you.

Liam B. Cahill / Design Engineer
liam.cahill@insiteeng.net

InSite Engineering, LLC
Office: (732) 531-7100 / Fax: (732) 531-7344
1913 Atlantic Avenue, Suite F4,
Wall, NJ 08736
www.InSiteEng.net

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 LINDA MI ____ Last Name BUFFINGTON

E-mail Address LINDA@CAREENVIRONMENTAL.COM

Mailing Address 10 Penn Ave

City Cherry Hill State NJ Zip 08002

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 Linda Buffington Date 5/30/17

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.

Property: 472 Church St, Long Branch NJ 07740
BL: 468 LOT: 13

any permits for removal or installation of an oil tank.

any permits for gas conversion.

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 6/5/17

Custodian Signature ____ Date ____

OPRA Request Status Sheet
Long Branch Planning & Zoning Department

To: City of Long Branch Municipal Clerk's Office

Re: Requested Address 52 Sternberger Ave.

Requested Block 56 Lot 2

Requested By Linda Hanan

Date request received by Planning & Zoning Department 3/9/17

The Planning & Zoning Department is in receipt of the "Request for Government Records" form for the property referenced above.

[ ] Please be advised that the original files from the Planning and Zoning Office are attached to this form to be reviewed by the requestor at the Clerk's Office. The Clerk's Office will make the required copies, obtain appropriate fees, and return the original file to our office.

[ ] Please be advised that the request has been fulfilled *as noted* on the attached OPRA request. Our office has also:
- [ ] Faxed / Mailed the information to the requestor and forwarded to the clerk's office for record keeping.
- [ ] Forwarded to the clerk's office for further processing.

[ ] Please be advised that the request has been fulfilled *with the attached copies.* Our office has also:
- [ ] Faxed / Mailed the information to the requestor and forwarded to the clerk's office for record keeping.
- [ ] Forwarded to the clerk's office for further processing.

[ ] Please be advised that the Planning & Zoning Department does not have files pertaining to the information requested.

[ ] Please be advised that the request, as submitted, cannot be honored because of its generality. Please have the applicant provide our office with a specific time period and/or outline specific details of the information requested. Specific items required in order to process include:

_____

_____

[ ] Please be advised that the information requested has been archived and will require additional time to allow for document retrieval.

[ ] Please be advised that the request cannot be honored because the information requested could be used to jeopardize security of a building or facility or the persons therein. (Executive Order 21, issued 7/8/02)

Date processed 3/9/17

Processed by: M.L.C

Gave Copies on 3/9/17

Revised August 31, 2007

Recvd 3/9/17 Emailed by M Solo.

State of New Jersey

CITY OF LONG BRANCH

GOVERNMENT RECORDS REQUEST FORM

Important Notice

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

Requestor Information – Please Print

First Name: Linda MI: ____ Last Name: Hasan

Company: ____

Mailing Address: 73 Pullman Ave

City: Elberon State: NJ Zip: 07740 Email: linda@stonemanre...com

Business Hours Telephone: Area Code: [redacted] Number: 857-6269 Extension: ____

Preferred Delivery: Pick Up: ✓ US Mail: ____ On Site Inspect: ____

Check Box: Under penalty of N.J.S.A. 2C:28-3, I certify that I [ ] AM / [ ] AM NOT legally entitled to any rebate or discount under the laws of New Jersey, any other State, or the United States.

Signature: L. Hasan Date: 5/9/17

Payment Information

Estimated Reproduction Cost: $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Pages 1-10 @$1.00
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 (copy/ies or inspection), and if data, the medium requested.

copy of dev't app

drainage calculations-

engineering reports

52 Sternberger

FOR CITY USE ONLY

Est. Document Cost: ____
Est. Delivery Cost: ____
Est. Misc Cost: ____
Total Est. Cost: ____
Deposit Amount: ____
Estimated Balance: ____
Deposit Date: ____

FOR CITY USE ONLY

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

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

FOR CITY USE ONLY

Tracking Information

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

Final Cost

Total: ____
Deposit: ____
Balance Due: ____
Balance Paid: ____

Records Provided

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5866 / Fax 732-222-8935
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 Lindsay MI R Last Name Baretz Esq.

E-mail Address lindsaybaretz@msn.com

Mailing Address 180 Glenridge Avenue

City Montclair State NJ Zip 07042

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 LBaretz Date 1/5/17

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.

All records pertaining to police response at Oceanpointe Towers, 10 Pavilion Avenue, Long Branch, NJ on Dec. 18, 2013 including, but not limited to any reports generated and notes generated by Long Branch Police Officer #342 during his interviews with Sabrina Obreiter and John Mahoney a/k/a Jack Mahoney.

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 ____

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 1/18/17

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5886 / Fax 732-222-6535
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 Lindsay MI ____ Last Name Boretz Esq.

E-mail Address lindsay boretz@msn.com

Mailing Address 180 Glenridge Avenue

City Montclair State NJ Zip 07042

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 L. Boretz Date 6/14/17

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.

Any documents or reports pertaining to the death of David Smith May 6, 2017

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date: ____

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:

_____

_____

_____

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.