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 3/13/2017

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 3/5/2017

End Date 3/11/2017

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 ____

Filed - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Reads ____

Due 3/22/17

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

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Requestor Information – Please Print

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address date@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 3/20/2017

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 3/12/2017

End Date 3/18/2017

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 ____

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 3/29/17

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

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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 3/27/2017

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 3/19/2017

End Date 3/25/2017

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

Recds —

Due 4/5/17

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

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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 3/6/2017

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 2/26/2017

End Date 3/4/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filed - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Records

Due 3/16/17

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

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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 4/10/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 4/2/2017

End Date 4/8/2017

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 ____

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 4/20/17

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

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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 4/24/2017

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 data@legalplex.com if possible (or) fax to 609-961-6661.

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

Reards –

Due 5/3/17

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

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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

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Signature _____ Date 4/3/2017

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 3/26/2017

End Date 4/1/2017

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 ____

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 4/12/17

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

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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

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Signature _____ Date 5/15/2017

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 5/7/2017

End Date 5/13/2017

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 -

Dm 6/24/17

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

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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 _____

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Signature _____ Date 5/22/2017

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 5/14/2017

End Date 5/20/2017

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 6/1/17

Custodian Signature Date

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-571-5686 Fax: 7322228835

344 Broadway Long Branch NJ 07740

PUBLIC RECORDS

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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

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Signature _____ Date 5/1/2017

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 4/23/2017

End Date 4/29/2017

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 6/12/17

Custodian Signature _____ Date _____

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-571-5686 Fax: 7322228835

344 Broadway Long Branch NJ 07740

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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 ____

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Signature _____ Date 5/8/2017

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 4/30/2017

End Date 5/6/2017

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

Records

Due 5/17/17

Custodian Signature ____ Date ____

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-571-5686 Fax: 7322228835

344 Broadway Long Branch NJ 07740

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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 _____

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Signature _____ Date 6/12/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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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 6/4/2017

End Date 6/10/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filed - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Reads — Due 6/21/17

Custodian Signature _____ Date _____

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-571-5686 Fax: 7322228835

344 Broadway Long Branch NJ 07740

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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 6/19/2017

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 6/11/2017

End Date 6/17/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open _____

Denied - Closed _____

Filed - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Records –

Dcn 6/28/17

Custodian Signature Date

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-571-5686 Fax: 7322228835

344 Broadway Long Branch NJ 07740

PUBLIC RECORDS

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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 6/5/2017

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 5/28/2017

End Date 6/3/2017

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 6/14/17

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 date@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 7/10/2017

Payment Information

Maximum Authorization Cost $ -

Select Payment Method

Cash Check Money Order

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

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

Start Date 7/2/2017

End Date 7/8/2017

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 7/19/17

Custodian Signature _____ Date _____

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-571-5686 Fax: 7322228835

344 Broadway Long Branch NJ 07740

PUBLIC RECORDS

Important Notice

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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 7/17/2017

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 7/9/2017

End Date 7/15/2017

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

Records

Due 7/26/17

Custodian Signature ____ Date ____

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-571-5686 Fax: 7322228835

344 Broadway Long Branch NJ 07740

PUBLIC RECORDS

Important Notice

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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 7/24/2017

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 data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 7/16/2017

End Date 7/22/2017

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

Dec 8/2/17

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

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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 6/26/2017

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 6/18/2017

End Date 6/24/2017

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 7/6/17

asked for extension till 7/14/17

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

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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 7/3/2017

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 6/25/2017

End Date 7/1/2017

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 ____

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

Custodian Signature

Date

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-571-5686 Fax: 7322228835

344 Broadway Long Branch NJ 07740

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name 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 7/31/2017

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 7/23/2017

End Date 7/29/2017

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 8/10/17

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

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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 8/14/2017

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 8/6/2017

End Date 8/12/2017

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 8/23/17

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

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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 8/21/2017

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 8/13/2017

End Date 8/19/2017

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 9.1.17

Custodian Signature Date

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-571-5686 Fax: 7322228835

344 Broadway Long Branch NJ 07740

PUBLIC RECORDS

Important Notice

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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 8/28/2017

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 8/20/2017

End Date 8/26/2017

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 _____

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 ____

Custodian Signature

Date 9/7/17

Long Branch City

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 732-571-5686 Fax: 7322228835

344 Broadway Long Branch NJ 07740

PUBLIC RECORDS

Important Notice

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Requestor Information – Please Print

First Name 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 8/7/2017

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 609-961-6681.

Start Date 7/30/2017

End Date 8/5/2017

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 8/16/17

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

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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 9/11/2017

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 9/3/2017

End Date 9/9/2017

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

9/20/17

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

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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 9/18/2017

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 9/10/2017

End Date 9/16/2017

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

Du 9/27/17

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

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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 9/25/2017

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 9/17/2017

End Date 9/23/2017

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 10/4/17

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 9/4/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Start Date 8/27/2017

End Date 9/2/2017

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Records -

Due 9/14/17

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 Jenna MI M Last Name Beatrice

E-mail Address jbeatrice@genovaburns.com

Mailing Address 494 Broad St.

City Newark State NJ Zip 07102

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 08-08-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please see attached OPRA Request 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

mallen@nenjerseylaw.net

[signature] 8/18/17
Custodian Signature Date

GENOVA BURNS
ATTORNEYS-AT-LAW

Genova Burns LLC
30 Montgomery Street, 11th Floor, Jersey City, NJ 07302
201.469.0100 | 201.332.1303
www.genovaburns.com

Jenna M. Beatrice, Esq.
Member of NJ and NY Bars
jbeatrice@genovaburns.com
Direct: 973-535-7125

August 9, 2017

VIA ELECTRONIC MAIL
City of Long Branch
Attn: Kathy L. Schmelz, RMC, City Clerk
344 Broadway., 2nd Fl.
Long Branch, NJ 07740
kschmelz@longbranch.org

Re: Request Pursuant to N.J.S.A. 47:1A-1, et seq.

Dear Ms. Schmelz:

Pursuant to N.J.S.A. 47:1A-1, et seq., enclosed please find a government-records request for the records of the City of Long Branch. Please provide us with copies, stored electronically or in hardcopy form, of the following records.

1. All fee and/or retainer agreements entered between the City of Long Branch and any law firm and/or legal counsel in 2014 with respect to representation and/or advice for property tax litigation for Monmouth Medical Center, and any of its affiliates, subsidiaries, joint ventures or related entities.
2. All fee and/or retainer agreements entered between the City of Long Branch and any law firm and/or legal counsel in 2015 with respect to representation and/or advice for property tax litigation for Monmouth Medical Center, and any of its affiliates, subsidiaries, joint ventures or related entities.
3. All fee and/or retainer agreements entered between the City of Long Branch and any law firm and/or legal counsel in 2016 with respect to representation and/or advice for property tax litigation for Monmouth Medical Center, and any of its affiliates, subsidiaries, joint ventures or related entities.
4. All fee and/or retainer agreements entered between the City of Long Branch and any law firm and/or legal counsel in 2017 with respect to representation and/or advice for

property tax litigation for Monmouth Medical Center, and any of its affiliates, subsidiaries, joint ventures or related entities.

5. All invoices and/or bills submitted by any law firm and/or legal counsel to the City of Long Branch in 2014 with respect to representation and/or advice for property tax litigation for Monmouth Medical Center, and any of its affiliates, subsidiaries, joint ventures or related entities.
6. All invoices and/or bills submitted by any law firm and/or legal counsel to the City of Long Branch in 2015 with respect to representation and/or advice for property tax litigation for Monmouth Medical Center, and any of its affiliates, subsidiaries, joint ventures or related entities.
7. All invoices and/or bills submitted by any law firm and/or legal counsel to the City of Long Branch in 2016 with respect to representation and/or advice for property tax litigation for Monmouth Medical Center, and any of its affiliates, subsidiaries, joint ventures or related entities.
8. All invoices and/or bills submitted by any law firm and/or legal counsel. to the City of Long Branch in 2017 with respect to representation and/or advice for property tax litigation for Monmouth Medical Center, and any of its affiliates, subsidiaries, joint ventures or related entities.
9. All receipts and/or documents reflecting payment made by the City of Long Branch to any law firm and/or legal counsel in 2014 with respect to representation and/or advice for property tax litigation for Monmouth Medical Center, and any of its affiliates, subsidiaries, joint ventures or related entities.
10. All receipts and/or documents reflecting payment made by the City of Long Branch to any law firm and/or legal counsel in 2015 with respect to representation and/or advice for property tax litigation for Monmouth Medical Center, and any of its affiliates, subsidiaries, joint ventures or related entities.
11. All receipts and/or documents reflecting payment made by the City of Long Branch to any law firm and/or legal counsel in 2016 with respect to representation and/or advice for property tax litigation for Monmouth Medical Center, and any of its affiliates, subsidiaries, joint ventures or related entities.

12. All receipts and/or documents reflecting payment made by the City of Long Branch to any law firm and/or legal counsel in 2017 with respect to representation and/or advice for property tax litigation for Monmouth Medical Center, and any of its affiliates, subsidiaries, joint ventures or related entities.

Electronic copies of all responsive records are preferred, but, if that is not possible, please provide the anticipated cost of copies. Once you have had an opportunity to assess the copying costs for reproduction of the documents, please contact me and we will make arrangements for payment and delivery.

Thank you for your attention to this matter.

Very truly yours,

GENOVA BURNS LLC

JENNA M. BEATRICE

JXB/tc
Enclosure

Mary Moss

From: Kathy Schmelz
Sent: Wednesday, August 09, 2017 1:56 PM
To: Mary Moss
Subject: FW: OPRA Request
Attachments: Ltr to City of Long Branch enc. OPRA Req 8-9-17.PDF; OPRA Request - Long Branch.PDF

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

From: Theresa Conoscenti [mailto:tconoscenti@genovaburns.com]
Sent: Wednesday, August 09, 2017 11:43 AM
To: Kathy Schmelz
Cc: Jenna M. Beatrice
Subject: OPRA Request

On behalf of Jenna M. Beatrice, Esq., please see the attached correspondence and enclosure. If you have any questions, please do not hesitate to contact Ms. Beatrice.

Thank you,

Theresa Conoscenti
Legal Assistant
Main Line: 973.533.0777 Ext. 1544
tconoscenti@genovaburns.com

GENOVA BURNS
ATTORNEYS-AT-LAW

30 Montgomery Street, 11th Floor
Jersey City, NJ 07302
Tel: (201) 469-0100
Fax: (201) 332-1303

www.genovaburns.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 Jer MI ____ Last Name Minter

E-mail Address jminter@innoslec.net

Mailing Address 230 Route 206, Bldg 2, Suite C

City Flanders State NJ Zip 07836

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 Jeri Minter Date 2/22/2017

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.

All generator permits issued in 2015 and 2016. If not available, please send copies of 2015 and 2016 permit activity logs.

AGENCY USE ONLY

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

AGENCY USE 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 3/6/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Jessica MI L. Last Name Petraccaro

E-mail Address Jessica.petraccaro@otteau.com

Mailing Address 100 Matawan Road, Suite 320

City Matawan State NJ Zip 07747

Telephone [redacted] FAX [redacted]

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

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

Signature Jessica L Petraccaro Date 5/16/2017

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.

Please provide copies of approvals or the resolution for the following properties:

- 318 Ocean Avenue (Block 216, Lot 1)
- 320 Ocean Avenue (Block 216, Lot 2)
- 21 N. Bath Avenue (Block 216, Lot 3)

> Sold as an assemblage

- 345 Ocean Boulevard (Block 216, Lot 14.01)

Requesting: Copies of any Board approvals done by Resolution from Planning & Zoning. (PH)

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE 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

Phone/Email

Due 6/26/17

Custodian Signature ____ Date ____

Mary Moss

From: Jessica Petraccoro <Jessica.Petraccoro@Otteau.com>
Sent: Tuesday, May 16, 2017 1:14 PM
To: Mary Moss
Subject: RE: OPRA | Petraccoro

Mary – that is exactly what I am after.

Thank you,

Jessica L. Petraccoro, Research Supervisor
E: Jessica.Petraccoro@otteau.com | P: 732.518.2566 | F: 732.518.2567

Otteau Group, Inc. | www.otteau.com
New Jersey Office: 100 Matawan Road - Suite 320, Matawan, NJ 07747
New York Office: 112 W. 34th Street - 18th Floor, Manhattan, NY 10120
Pennsylvania Office: 325-41 Chestnut Street - Suite 800, Philadelphia, PA 19106

From: Mary Moss [mailto:mmoss@longbranch.org]
Sent: Tuesday, May 16, 2017 1:13 PM
To: Jessica Petraccoro <Jessica.Petraccoro@Otteau.com>
Subject: RE: OPRA | Petraccoro

Ms. Jessica,

What specific document(s) are you looking for? Here's another example: copies of any board approvals done by resolution from Planning and Zoning? If this is simply a question, you may call and speak with Planning and Zoning (732-571-5647).

I hope that is helpful.
Mary

From: Jessica Petraccoro [mailto:Jessica.Petraccoro@Otteau.com]
Sent: Tuesday, May 16, 2017 12:51 PM
To: Mary Moss <mmoss@longbranch.org>
Subject: RE: OPRA | Petraccoro

These properties were sold as vacant land. It is my understanding that the first property in question sold with approvals to construct 47 residential condominiums and that the second property sold with approvals to construct 40 apartments. Can you confirm this?

Please advise if this satisfies your question.

Thank you,

Jessica L. Petraccoro, Research Supervisor
E: Jessica.Petraccoro@otteau.com | P: 732.518.2566 | F: 732.518.2567

Otteau Group, Inc. | www.otteau.com

New Jersey Office: 100 Metawan Road - Suite 320, Metawan, NJ 07747
New York Office: 112 W. 34th Street - 18th Floor, Manhattan, NY 10120
Pennsylvania Office: 325 41 Chestnut Street -- Suite 500, Philadelphia, PA 19106

From: Mary Moss [mailto:mmoss@longbranch.org]
Sent: Tuesday, May 16, 2017 12:47 PM
To: Jessica Petraccoro <Jessica.Petraccoro@Otteau.com>
Subject: OPRA | Petraccoro

Ms. Petraccoro,

We are in receipt of your OPRA request, however, we are requesting you be specific to exactly what you are looking for the addresses you had listed? For example: certificate of occupancy, building permits, fire/code violations, property tax cards?

At this time we are unable to process your request without the specifics information. Please specify exactly what is needed and we will process the request.

Any question, please give us a call.

Kind Regards,

Mary Moss, RMC
Deputy Municipal Clerk
344 Broadway
Long Branch, NJ 07740
P: 732.571.5686
F: 732.222.8835

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 Jessica MI I Last Name Sweet

E-mail Address jessica@sweetbennett.com

Mailing Address P.O. Box 1383

City New Brunswick State NJ Zip 08903-1383

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspection (if too large to email) _____ Fax _____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 October 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.

All records in possession of the Planning Board, Zoning Board of Adjustment, Zoning Officer, or Construction Department pertaining to the property located at 877 Ocean Avenue in the City of Long Branch (Lot 1 in Block 60), including:
-- any applications for zoning or construction permits;
-- any plans or other information submitted in support of those applications;
-- any zoning or construction permits or other approvals issued by the City for any construction at this property; and/or
-- any permit denials issued by the City in response to any such permit applications;
-- any Zoning or Planning Board application files involving this property; and
-- any resolutions adopted by the Zoning or Planning Board involving this 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

Plan
Elevations
Bldg

Rec 10/18/17

Custodian Signature _____ Date _____

Mary Moss

From: Kathy Schmelz
Sent: Friday, October 06, 2017 1:03 PM
To: Mary Moss
Subject: FW: OPRA Request
Attachments: 10.6.17 Lot 1 Bl 60 OPRA.pdf

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

From: Jessica Sweet [mailto:jessica@sweetbennett.com]
Sent: Friday, October 06, 2017 1:00 PM
To: Kathy Schmelz
Subject: OPRA Request

Please see attached OPRA request form seeking records pertaining to zoning and/or building department files for 877 Ocean Avenue (Lot 1 in Block 60).

Thank you for your help with this!

JESSICA SWEET, ESQ.
Sweet & Bennett, LLC
17A Joyce Kilmer Avenue North
P.O. Box 1383
New Brunswick, NJ 08903-1383
[redacted]

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 Jessica MI I Last Name Sweet

E-mail Address jessica@sweetbennett.com

Mailing Address P.O. Box 1383

City New Brunswick State NJ Zip 08903-1383

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect (if too large to email) Fax _____ E-mail ✓

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 September 19, 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 in possession of the Planning Board, Zoning Board of Adjustment, Zoning Officer, or Construction Department pertaining to the property located at 250 Park Avenue in the City of Long Branch, and identified as Lot 31 in Block 22.01, also known as Congregation of the Brothers of Israel. Specifically, I am requesting records relating to any land use approvals and copies of any site plans or surveys that may be on file with any of the above-mentioned City agencies or departments.

AGENCY USE ONLY

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

Deposit Date _____

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Planning Board
ZBA
Zoning Officer 9/28/17

Custodian Signature Date

Mary Moss

From: Kathy Schmelz
Sent: Tuesday, September 19, 2017 2:09 PM
To: Mary Moss
Subject: FW: OPRA Request- 250 Park Ave., Long Branch
Attachments: Lot 31 Bl 22.01 Signed OPRA Req.pdf

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

From: Jessica Sweet [mailto:jessica@sweetbennett.com]
Sent: Tuesday, September 19, 2017 2:08 PM
To: Kathy Schmelz
Subject: OPRA Request- 250 Park Ave., Long Branch

Hi Kathy-

I've attached a completed OPRA request form for documents on file with the City's Construction and Planning and Zoning Departments pertaining to the property owned by the Congregation of the Brothers of Israel, located at 250 Park Avenue (Bl. 22.01, Lot 31).

Please let me know if you need any further information or clarification in order to respond to this request.

Thank you,

Jessica Sweet

--

Jessica L. Sweet, Esq.

Sweet & Bennett,LLC

17A Joyce Kilmer Ave. No., Ground Floor
P.O. Box 1383
New Brunswick, NJ 08903-1383
(732) 640-1411 (office)
(609) 977-7076 (mobile)

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 Joe MI _____ Last Name Kress

E-mail Address joe@brockerhoffllc.com

Mailing Address 37 Belvidere Ave.

City Washington State NJ Zip 07882

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 5/23/17

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 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.

I am looking for the following records:
- Underground storage tank (UST)/Aboveground storage tank (AST) records/permits
- Hazardous material storage/releases/spills
- Violations
- Right to Know Surveys
- Septic system and potable well records/permits
- Current and historic property tax card for address:

680 Broadway
Long Branch, NJ
Block 241, Lot 42.01

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

Bldg –
Health –
Tax Assessor –
Due 6/2/17

Custodian Signature _____ Date _____

Emailed 1/19/17

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 Joe MI ____ Last Name Rothe

E-mail Address jrothe@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 ____ 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 1/19/17

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.

Block 216, Lots 1, 2, 3, 4, 5 & 6
318 Ocean Avenue

- Any information/Records/NJDEP Correspondence on any Tanks (UST's), Remediation or clean-ups.
- Prior uses of the property (industrial or commercial uses?)

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Bldg –
Plan/Zone –
Due 1/31/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-6666 / 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 John MI B. Last Name Anderson, III, Esq.

E-mail Address janderson@fsfm-law.com

Mailing Address 225 Broad Street, P.O. Box 896

City Red Bank State NJ Zip 07701

Telephone [redacted] FAX [redacted]

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

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

Signature John B Anderson III Date May 8, 2017

John B. Anderson, III, Esq.

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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: 265 Hollywood Avenue
Block 97, Lot 5

Request is made for all zoning and planning records including but not limited to approvals/denials and review of all plans relating to said approvals/denials.

AGENCY USE ONLY

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

AGENCY USE 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

Paul Zore

Due 5/17/17

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 John MI A. Last Name Buletza

E-mail Address jbuletza@nelsoneng.net

Mailing Address 1750 Bloomsbury Avenue

City Ocean State NJ Zip 07712

Telephone (7[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 October 4, 2017

Payment Information

Maximum Authorization Cost $ 500.00

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.

We are kindly requesting copies of all planning and zoning records, including but not limited to Site Plans, Surveys, Development Applications, Municipal Agency Reports and Resolutions of Approval/Denial for Block 208, Lot 2 commonly known as 331 Third Avenue, Long Branch, NJ.

Thank you,

John Buletza

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

Planning/Zoning

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

Planning/Zoning

Due: 10-16-17

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 John MI A. Last Name Buletza

E-mail Address jbuletza@nelsoneng.net

Mailing Address 1750 Bloomsbury Avenue

City Ocean State NJ Zip 07712

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 [redacted] Date September 26, 2017

Payment Information

Maximum Authorization Cost $ 500.00

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.

We are kindly requesting copies of all planning and zoning records, including but not limited to Development Applications, Municipal Agency Reports and Resolutions of Approval/Denial for Block 29, Lots 7, 7.01 & 8.01 commonly known as 981 Ocean Avenue, Long Branch, NJ.

Thank you,

John Buletza

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE 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

Robert Gene
Dec 15/17

Custodian Signature ____ Date ____

Mary Moss

From: Kathy Schmelz
Sent: Tuesday, September 26, 2017 3:03 PM
To: Mary Moss
Subject: FW: Emailing: 170505 OPRA recordsrequest 9-26-2017
Attachments: 170505 OPRA recordsrequest 9-26-2017.pdf

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

From: John Buletza [mailto:jbuletza@nelsoneng.net]
Sent: Tuesday, September 26, 2017 2:57 PM
To: Kathy Schmelz
Subject: Emailing: 170505 OPRA recordsrequest 9-26-2017

Dear Kathy,

Attached please find an OPRA request.

Please call if you have any questions.

Thanks and have a good day,

John

--

John A. Buletza, PE, PP, CME

1750 Bloomsbury Avenue
Ocean, NJ 07712
Phone 732-918-2180
Fax 732-918-0697
www.nelsoneng.net

AIR, LAND & SEA
Environmental Management Services, Inc.
11 Tunes Brook Drive • Brick • New Jersey • 08723
Telephone: 732 • 295 • 3900
www.AIR-LAND-SEA.net

October 12, 2017

Kathy L. Schmelz, RMC, City Clerk
Long Branch City Hall
344 Broadway,
Long Branch, NJ 07740

Re: OPRA Request
981 Ocean Avenue
Block 29 Lot 7
City of Long Branch. Monmouth County
AL&S Project #Q - 1005

Dear Ms. Schmelz,

Air, Land & Sea Management Services, Inc. (AL&S) is performing an environmental due diligent inquiry of the above referenced property. We would like to inquire if there are any of the below records on file with the City. These may include the following:

- Records of on-site potable wells,
- Records of discharges of hazardous substances to the environment,
- Records of Underground storage tanks and/or above ground storage tanks,
- Records of past or existing sewer systems, including as-built drawings,
- Records of illegal dumping,
- Environmental permits, Environmental inspections and Enforcement actions,
- Records of fires,

If records exist, please contact me at (732) 600-2700 or at jzingishome3@verizon.net and I will gladly visit your office to expedite the review. I will bring with me a check to cover any fees associated with this inquiry and copying costs.

Sincerely,
AIR, LAND & SEA

J. John Zingis Jr., President
Principal Environmental Consultant

Healthy Kids Free Code
Due 10/25/17

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8836
kschmalz@longbranch.org
Kathy L. Schmalz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name Jonathan MI H Last Name Lomurro

E-mail Address ECorrales@lomurrolaw.com

Mailing Address 4 Paragon Way, Suite 100

City Freehold State NJ Zip 07728

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 6/16/17

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.

Any & all reports, interviews, photographs, recordings including local business surveillance and/or any video recordings regarding a dog bite incident that occurred 4/6/2017 involving Mia Galicia (victim) and Daniel Williams (dog owner).

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE 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 –

Due 6/27/17

Custodian Signature ____ Date ____

LOMURRO, MUNSON, COMER, BROWN & SCHOTTLAND, LLC
ATTORNEYS AT LAW
MONMOUTH EXECUTIVE CENTER
4 PARAGON WAY
SUITE 100
FREEHOLD, NEW JERSEY 07728
(732) 414-0300
FAX (732) 431-4043
Website:
WWW.LOMURROLAW.COM

Jonathan H. Lomurro
LL.M. in Trial Advocacy
Direct Dial – (732) 414-0319

jlomurro@lomurrolaw.com
NJ Attorney ID Number 3742005
Reply to Freehold

July 14, 2017

Long Branch Health Dept.
344 Broadway
Long Branch, NJ 07740

RE: Mia Galicia
Date of Birth: 08/02/2007
Date of Dog Bite Incident: 04/06/2017

Dear Sir/Madam:

Please be advised that this office represents Mia Galicia, a minor who was bit by a dog on April 6, 2017. Please allow this letter to request a copy of your complete file related to this incident, including reports, statements, photographs, vaccination records and any and all documentation related to this dog-bite incident. I have enclosed a copy of the police report from Long Branch for your reference.

Thank you.

Very truly yours,

JONATHAN H. LOMURRO, ESQ.

JHL/ec
Enclosure

Received
Dec 7/31/17

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 Jordan MI _____ Last Name Sparacio

E-mail Address jordan.sparacio@pemco-limited.com

Mailing Address 4600 s ulster st

City Denver State CO Zip 80237

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. HAVE NOT

Signature Jordan Sparacio 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.

I need to know if there are any open code violations on the property at 78 PEARL STREET

I also need to know if Long Branch has a vacant property Registration program. If so, has the property been registered with it? if so by whom, when, what fee was paid and what fee is due next?

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Code _____
L Goodman ✓
Due 9/8/17

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Josefa MI ___ Last Name Lopez Lean

E-mail Address lolj781003@hotmail.com / rgjconstructionllc@gmail.com

Mailing Address 137 Long Branch Ave.

City Long Branch State N.J. 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 03/28/2017

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.

Record of the following address: 81 N 5th Ave. Long Branch N.J. (Block 319, Lot 1)
- Certificate of Occupancy (C.O)
- Any Open Permit.
- Oil tank
- Tax liens
-

AGENCY USE ONLY

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

Deposit Date ___

AGENCY USE 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 –
Bldg –
Tax Collector –
Rec 7/6/17

Custodian Signature ___ Date ___

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5686 FAX 732-222-8835
kschmelz@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 Josefa MI ____ Last Name Lopez-Leon

E-mail Address lolj781003@hotmail.com / rgjconstruction@yahoo.com

Mailing Address 137 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 Josefa Lopez Leon Date 2/7/2017

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.

Record of following below for property address 17 N 5th Ave Long Branch
- Open permits (electrical, Plumbing, roofing) Block 270 Lot 12
- Oil tank
- C.O.
- Multifamily aproval
- Tax liens

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE 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 — Code/Fire —
[redacted] —
Bldg —

Dee 2/16/17
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

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Requestor Information – Please Print

First Name Joseph MI ____ Last Name Leviado

E-mail Address JL96ABC@gmail.com

Mailing Address 265 Lenox Ave

City Long Branch State NJ Zip 07740

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 Sept 19 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 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.

Can I please get a copy of the Mintes for Feb. 14th, 2011 as well as any Site Plans + Applications for [redacted] The Enclave at West End. (Block 117 Lot 26, 27, 28)

Also any other Minutes if they did not finish the Resolution At that Meeting

Thank You,

Joseph

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature]
Dec 9/2017

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5686 FAX 732-222-8835
kschmelz@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 Joseph MI C Last Name Ruggiero

E-mail Address joe_rugs@yahoo.com

Mailing Address 12 South Westfield Road

City Howell State NJ Zip 07731

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 3/10/2017

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.

For the property known as Lot 1, Block 102 in Long Branch, NJ (309 Cedar Ave) I am requesting a copy of the construction file, including but not limited to all 1) applications submitted, 2) construction permits, 3) surveys, 4) inspection reports, 5) Fire prevention (and other) inspections; including all correspondence, notes and memos related thereto.

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 – Code/Fire – Due 3/21/17

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

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

Requestor Information – Please Print

First Name Julia MI ____ Last Name Khokhlova

E-mail Address jkhokhlova@lukoilusa.com

Mailing Address 505 Fifth ave, 9Fl, LUKOIL North America LLC

City New York State NY Zip 10017

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 JKh Date 9/8/2017

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.

Certificate of Occupancy for Site #57304 located at 570 Joline ave, 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

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Code —

Due 9/19/17

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 Justin MI ____ Last Name Flood

E-mail Address ocnjflood@gmail.com

Mailing Address 22 Arkansas Ave

City Ocean City State NJ Zip 08226

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 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.

Requesting Beach Tag Sales and Transaction Data for time period 2017 - 2007 (or as far back as is available)

-AND-

(if applicable) Requesting Municipal Parking Meter and/or Parking Lot Sales and Transaction data for the time period 2017- 2007 (or as far back as is available)

Requesting the data via email in Microsoft Excel (prefered) or PDF format.

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Finance

Due 11/6/17

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 Karen MI B Last Name Feeney

E-mail Address Kfeeney80@comcast.net

Mailing Address 85 Malibu Dr

City Eatontown State NJ Zip 07724

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 K Feeney 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.

All records concerning Property at 239 Westwood Ave, Long Branch, NJ

Zoning
building permits from building department 1975 - 2017
fire & code
fax/assessor
Fax/collector

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE 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

Patricia Zore
Dec 10/ 6/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5886 / Fax 732-222-3636
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 Kassandra MI I Last Name Jimenez

E-mail Address Cindy@banksconsulting.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 X E-mail X

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

Signature [signature] Date 1/23/17

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 provide a list of permit applications for the installation, removal or the decommissioning of underground storage tanks at:

201 Coleman Ave, Long Branch, NJ 07740

Blk #: 365 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
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 2/2/17

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 Kate MI ____ Last Name Pierce

E-mail Address Kpiercez@travelers.com

Mailing Address PO Box 1900

City Morristown State NJ Zip 07962

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up ____ US Mail X 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 K. Pierce Date 2-24-2017

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.

determine if the sidewalk located at Cedar Avenue, adjacent to house number 15, has been designated by the director of Public Safety for use as a bikeway

Claim number ESE9702

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE 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 ____

Due 3/7/17

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.

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-8836
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 Kathy MI _____ Last Name Bonilla.

E-mail Address Kathy.a.bonilla@jpmchase.com.

Mailing Address 3 Metrotech Center, JPMorgan Chase.

City Brooklyn State NY Zip 11201-

Telephone [redacted] FAX 718-242-5449.

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X2

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that 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 Bonilla. Date 12/1/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Building + Fire Code Violations that are "OPEN"

Chase Bank.
160 Brighton Avenue, Long Branch NJ 07740-5302.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE 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

Old Ord Code

Done 12/13/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5566 / Fax 732-222-8835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name Katie MI ____ Last Name Park

E-mail Address Kpark@gannettnj.com

Mailing Address 3600 Rt. 66, 2nd Fl.

City Neptune State NJ Zip 07753

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 10-27-17

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.

Summonses Long Branch police concerning Jacob (Jake) Pascucci, 28 years old. Summonses are dates Oct. 26, 2017. Please provide copy of summonses.
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.

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 Corbuck

Due 11/2/17

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 Keith MI A. Last Name Bonchi

E-mail Address kbonchi@gmslaw.com

Mailing Address 660 New Road, 1st Floor

City Northfield State NJ Zip 08225

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ 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 _____ Date August 24, 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.

Copies of any and all records relating to an application by Linda Harari and/or Fred Harari for a subdivision of property located at Block 268, Lot 30.01 a/k/a 34 Sixth Avenue, Long Branch, New Jersey. It is believed that this application was made on or around March 2007 by an attorney representing them named Mark A. Steinberg, Esquire. This request includes copies of any applications, surveys and determination by the Long Branch Zoning Board.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE 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 Sends –
Due 9/2/17

Custodian Signature _____ Date _____

KEITH A. BONCHI
Attorney at Law

EMAIL: kbonchi@gmslaw.com

GMS LAW
ATTORNEYS
GOLDSTEIN • MACKLER • SAYEGH
MINTZ • OFFEN • BONCHI • P.C.

A PROFESSIONAL CORPORATION

660 NEW ROAD, FIRST FLOOR, NORTHFIELD, NEW JERSEY 08225
PHONE: (609) 646-0222 | FAX: (609) 646-0887

Please Reply To: Northfield

www.gmslaw.com
TAX ID #22-1980737

ATLANTIC CITY
1030 ATLANTIC AVENUE
ATLANTIC CITY, NJ 08401
PHONE: (609) 344-7131
FAX: (609) 347-6024

RIO GRANDE
THE HERALD BUILDING
1508 ROUTE 47 SOUTH, SUITE 3
RIO GRANDE, NJ 08242
PHONE: (609) 886-4333
FAX: (609) 886-9441

VINELAND
1173 EAST LANDIS AVENUE
BUILDING B, SUITE 2
VINELAND, NJ 08360
PHONE: (856) 839-0953
FAX: (856) 839-0959

August 24, 2017

VIA EMAIL: kschmelz@longbranch.org

Kathy L. Schmelz, RMC, City Clerk
City of Long Branch
344 Broadway, 2nd Floor
Long Branch, NJ 07740

RE: OPRA Request
Property: 34 Sixth Ave., B 268, L 30.01, Long Branch, New Jersey
Our File No: 65604-1

Dear Ms. Schmelz:

Enclosed herein please find OPRA Request Form in the above captioned matter.

Very truly yours,

KEITH A. BONCHI

KAB:amc
Encl.

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5600 / Fax 732-222-8833
kschmeltz@longbranch.org
Kathy L. Schmeltz, RMC, City Clerk

Important Notice

The last page of this form contains important information regarding your rights under the Open Public Records Act, N.J.S.A. 47:1A-1 et seq.

Requestor Information – Please Print

First Name: Keith MI: ____ Last Name: Covin

Email Address: KeithCovin@unheardvoicesnrng.com

Mailing Address: 111 Forth Avenue #67

City: Long Branch State: NJ Zip: 07740

Telephone: [redacted] Fax: ____

Preferred Delivery: Pick Up ✓ US Mail ✓ Certified ____ Fax ____ Email ✓

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

Signature: Keith Covin Date: 2/17/17

Payment Information

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

See attached

AGENCY USE ONLY

Est. Documents Cost: ____
Est. Delivery Cost: ____
Est. Extras Cost: ____
Total Est. Cost: ____
Deposit Amount: ____
Estimated Balance: ____

Deposit Date: ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total: ____
Deposit: ____
Balance Due: ____
Balance Ret.: ____

Records Provided

Records ____

Due 3/2/17

Custodian Signature ____ Date ____

OPRA Request Form

Please send information to:

Unheard Voices Magazine, LLC c/o Keith Covin
111 Bath Avenue #67
Long Branch, NJ 07740

In the above name request, I am requesting the following for a research project:

1. Police arrests/data (police blotter) from the years 2011 - 2016
2. Use of Force Reports from the years 2011 – 2016
3. Juvenile Arrest Data from the years 2011 – 2016

We will accept this information by mail, pick up, or email. Please let us know of any cost for copies/postage fees prior to sending out the information and we will remit payment to the City of Long Branch.

Thank you.

Unheard Voices Magazine, LLC

Mary Moss

From: Kathy Schmelz
Sent: Monday, September 25, 2017 8:15 AM
To: Mary Moss
Subject: FW: Loch Arbour village Building Permits - Public Records Request

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

From: kelsie@datarole.com [mailto:kelsie@datarole.com]
Sent: Monday, September 25, 2017 8:13 AM
To: Kathy Schmelz
Subject: Loch Arbour village Building Permits - Public Records Request

Dear Kathy Schmelz,

NJ.7711.10504

Pursuant to New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I am requesting copies of public records for your building permit report or log dating back as many years as you have on file. Ideally, this report or log would contain the physical addresses, issue dates, type/category of work, description of work, contractor, and other items for **all** building permits.

An electronic copy in Excel or CSV format is preferred, but we will accept the report in whatever format you have it and for all information fields you have available. Please feel free to contact me with any questions or concerns.

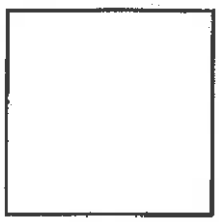
Thank you very much for your time.

Kelsie Waechter
Data Acquisitionn Specialist, DataRole
[redacted]
Kelsie@datarole.com

Should you deny any part of this request, you must state in writing the basis for the denial, including the exact statutory citation authorizing the denial as required by as required by New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., Your office has 7 days to respond and 30 days (21 business days) to satisfy this

request.

PS: If you don't want to hear from me anymore, just let me know



Bldg –
Due 10/4/17

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5088 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 KENNEDY MI E Last Name BUCKLEY

E-mail Address poppop.12@verizon.net

Mailing Address 65 BROADWAY

City OCEAN GROVE State NJ Zip 07756-1308

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 Kennedy E Buckley Date Jan 05, 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 AND ALL CODE VIOLATIONS AND POLICE REPORTS CONCERNING BOTH SPROUT HEALTH GROUP AND ADVANCED HEALTH AND EDUCATION FOR THE YEARS 2014, 2015 AND 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

Code —
Police Dept —

Due 1/18/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-6686 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 KENNEDY MI E Last Name BUCKLEY

E-mail Address popPop.12@verizon.net

Mailing Address 65 BROADWAY

City OCEAN GROVE State NJ Zip 07756-1308

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 Kennedy E Buckley Date Jan 05, 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 [illegible] preferred method of delivery.

ANY and all Zoning and Planning applications and/or correspondence regarding or from SPROUT HEALTH GROUP and/or ADVANCED HEALTH and EDUCATION during calendar years 2014, 2015 and 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 ____
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 1/18/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Kevin MI ____ Last Name Guilford

E-mail Address Kguilford@Burkemanna.com

Mailing Address 3408-A Sunset Ave Ocean, NJ 07712

City Ocean State NJ Zip 07712

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. Requestor

Signature [signature] Date 3/16/17

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.

Oil Tank removal
Copies of any open/closed Permits for oil Tank removal at 297 Hillside 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

BLG –

Due 3/27/17

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 Kevin MI ____ Last Name McDonald

E-mail Address Kevinmcdonald1@verizon.net

Mailing Address 2150 Rte 35 Ste 250

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 Kevin McDonald 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.

157 2nd Ave. Block: 227 Lot: 4.01

Code – Are you picking this property as a 1 family or 2 family

zoning – what is the zone min lot size

Single family – min lot size if damaged or destroyed is variance needed to rebuild.

the 2 family permit – min lot size if damaged or destroyed is a variance needed

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE 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/Fire ____
Plan/Zone ____
Bldg ____
Due 4/4/17

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 Kevin MI M Last Name O'Connell

E-mail Address kocon ell@dynamicec.com

Mailing Address 1904 Main St.

City Lake Como State NJ Zip 07719

Telephone [redacted] FAX

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

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

Signature [signature] Date 3/30/17

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.

We are requesting the most recently approved, site plans, utility plans, engineering reports + resolution of approvals for Block 243, Lots 6 + 7. We believe the current development was constructed around 1996.

AGENCY USE ONLY

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

AGENCY USE 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 –

[signature] 4/11/17
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 Kristin MI _____ Last Name Tallamy

E-mail Address kristin.tallamy@e2pm.com

Mailing Address 87 Hibernia Avenue

City Rockaway State NJ Zip 07866

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 2/10/2017

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.

Site: North Long Branch - 422 Ocean Boulevard North, Long Branch, NJ (B 416, L 3.611) owned by Ocean Pointe Condo Association. Requesting any updated records from health department and any environmental division in attempt to find records indicating any environmental concerns on the property (leaks, spills, contamination concerns, No Further Action letters, underground storage tanks etc). Will come and review any records you might have. Thank you in advance for your efforts.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE 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 Dept
bldg
Due 2/28/17

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 Kurin MI ____ Last Name Kittoe

E-mail Address kurin@elitepropertyresearch.com

Mailing Address 3659 Cortez Road West, Suite 110

City Bradenton State FL Zip 34210

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 Kurin Kittoe Date 10/10/2017

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.

OWNER: Wilmington Savings Fund Society
PROPERTY ADDRESS: 155 Atlantic Ave., Long Branch, NJ 07740
PIN NUMBER: Block 448 Lot 9

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

*Please provide copies of any open or outstanding code enforcement violations/code enforcement liens or nuisance violations 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 ____
Filled - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Bldg —
Code —
Due 10/19/17

Mary Moss

From:	Kathy Schmelz
Sent:	Tuesday, October 10, 2017 10:17 AM
To:	Mary Moss
Subject:	FW: OPRA Request Form - 155 Atlantic Ave., Long Branch, NJ
Attachments:	OPRA Request Form.pdf

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

From: Kurin Kittoe [mailto:kurin@elitepropertyresearch.com]
Sent: Tuesday, October 10, 2017 9:43 AM
To: Kathy Schmelz
Subject: OPRA Request Form - 155 Atlantic Ave., Long Branch, NJ

Good morning. Please see the attached OPRA Request Form pertaining to the address listed above.

Thank you in advance for your help,

Kurin Kittoe | National Researcher

Elite PROPERTY RESEARCH

3659 Cortez Rd, Suite 110 | Bradenton, FL 34210
Office: 941.747.0600 | Fax: 866.491 3226

http://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.

Did we do a good job today? Find us on Facebook and tell us about it!

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 Larry MI ____ Last Name Higgins

E-mail Address OPRA@NJPropertyRecords.com

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

City Oldwick State NJ Zip 08858

Telephone [redacted] FAX ____

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

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

Signature ____ Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Tax Assessor
Plan/Zone
cc: Roda
Due 11/1/17

Mary Moss

From: Larry Higgins <opra@njpropertyrecords.com>
Sent: Saturday, October 21, 2017 3:15 PM
To: Mary Moss; Debbie Talerico
Subject: OPRA Request (1327.MONMOUTH_LONG BRANCH CITY)
Attachments: 1327.MONMOUTH_LONG BRANCH CITY.pdf

Note for clerk: Please discuss this request with your engineering department as they will be the BEST source for the requested documents and information.

The clerk or engineer can fulfil this OPRA easily by visiting our website www.StateInfoServices.com/opra

We've built this website to avoid sending large files by email, CD, USB, etc. It's a drag/drop file operation and there's no restriction on the file size. You do not need to register or login. You'll receive an email after successfully uploading **all** the requested files and information so you can close the OPRA request.

You can also submit all the requested information & documents by email if you'd like.

Requested Information:

1.a) A complete set of your municipalities **MOST CURRENT** tax maps. **Note:** If your tax maps are on your website, please provide the direct link and CONFIRM they are the most current maps available.

1.b) The date the tax maps were last modified/updated.

1.c) The approximate date to check back for newer/updated tax maps. **Note:** If there's currently no plans on updating the maps anytime soon, please mention that to us.

2.a) The **MOST CURRENT** municipality zoning map(s). **Note:** If your zoning map(s) are on your website, please provide the direct link and CONFIRM they are the most current map(s) available.

2.b) The date the zoning map(s) was last modified/updated.

2.c) The approximate date to check back for newer/updated zoning map(s). **Note:** If there's currently no plans on updating the map(s) anytime soon, please mention that to us.

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

Leon S Avakian. gfreda@leonsavakian, 732 922 9229

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

If you have any questions, please email ORPA@NJPropertyRecords.com –

PHONE CALLS WILL NOT BE ACCEPTED

Thanks,

Larry Higgins

OPRA@NJPropertyRecords.com

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 Larry MI S. Last Name Loigman, Esq.

E-mail Address loigman@verizon.net

Mailing Address PO Box 97

City Middletown State NJ Zip 07748

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 Larry S. Loigman Date 12/5/2017

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.

Plans, submitted and approved, for property at 638 Ocean Ave., West End (Block 90, Lot 1), in or about May 2015 (property owner: Buzin/Cohen, now 638 Ocean Avenue LB LLC; contractors: Vision Construction, Devine Roofing, or others). (Permits were previously requested and supplied, 8/19/2017.)
Note: plans are usually not available under OPRA; however, please consider this as a request for common law access. I represent the plaintiff, involved in pending civil litigation regarding the property and the construction, TLC v. Buzin, docket number MON-L-4733-15, and access to the plans is needed so that an expert can prepare a report. 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.

Org Submitted 8/18/17
Completion 8/19/17

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Hdg –
Ord Code –
Dem 12/14/17

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 Larry MI S. Last Name Loigman, Esq.

E-mail Address loigman@verizon.net

Mailing Address PO Box 97

City Middletown State NJ Zip 07748

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 Larry S. Loigman Date 8/8/2017

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.

Permits (construction, building, development) issued for property at 638 Ocean Ave, West End (Block 90, Lot 1) in or about May 2015 (property owner: Buzin / Cohen, now 638 Ocean Avenue LB LLC; contractors: Vision Construction, Devine Roofing, or others)
Inspections, including inspections of construction while in progress and upon completion

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE 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

Bda –
Rec'd Code –
Due 8/17/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name MICHAEL MI J Last Name SMITH

E-mail Address MIKESMITHCPT@HOTMAIL.COM

Mailing Address 25 MAIN ST.

City MONTCLAIR State NJ Zip 07724

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 6/20/2017

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.

PROPERTY RECORD CARDS:

101 AVERY AVE BLOCK 145 LOT 8

57 HOWLAND AVE BLOCK 136 LOT 2

365 2ND AVE BLOCK 211 LOT 5

449 HENDRICKSON AVE BLOCK 337 LOT 15

107 ATLANTIC AVE BLOCK 464 LOT 13

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Tax Assessor ____

Due 6/29/17

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 Michael MI S. Last Name Williams

E-mail Address michael@goldandgilbanelr.com

Mailing Address 211 Broad St Suite 207

City Red Bank State NJ Zip 07701

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 9/14/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Requesting records for a 6/14/13 incident.

Incident #: I-2013-008297

Incident location: Quick Check
868 Broadway
West Long Branch, NJ 07764

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE 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 9/24/17

Custodian Signature _____ Date _____

GOLD, ALBANESE, BARLETTI & LOCASCIO L.L.C.

ROBERT FRANCIS GOLD*○◇
JUDY T. ALBANESE*○
JAMES N. BARLETTI*
ANTHONY V. LOCASCIO*▲

RANDALL BRUCKMAN*
CHRISTIAN BRUUN*
SANDRA CLARK*
KEVIN M. EPPINGER*◇

* MEMBER OF NJ BAR
○ MEMBER OF MA BAR
◇ MEMBER OF NY BAR
◇ MEMBER OF PA BAR
▲ CERTIFIED BY THE SUPREME COURT OF NEW JERSEY AS A CIVIL TRIAL ATTORNEY
■ CERTIFIED BY THE SUPREME COURT OF NEW JERSEY AS A CRIMINAL TRIAL ATTORNEY

ATTORNEYS & COUNSELORS AT LAW
211 BROAD STREET, SUITE 207
RED BANK, NEW JERSEY 07701
TELE: (732) 936-9901
FAX: (732) 936-9904

Web Address: www.goldandalbanese.com
Main E-Mail Address: main@goldandalbanese.com

REPLY TO RED BANK

STEFANI M. FIELD○
WALTER P. LAUFENBERG*
TIMOTHY O'CONNOR*
DAVID M. PELESKO*
MICHAEL S. WILLIAMS*

OF COUNSEL:

MICHAEL J. AVILES/
DORALBA LASALLE^
LOUIS F. LOCASCIO, J.S.C. Ret.*▲■
ROSARY MORELLI^
GILLIAN C. THOMAS*◇

September 14, 2017

VIA Mail & E-Mail
ATTN: Kathy L. Schmelz, RMC City Clerk
344 Broadway
West Long Branch, NJ 07764

Re: Steven Bocchino
DOA: 6/14/13

Dear Ms. Schmelz:

Please be advised, this office has been retained to represent the interests of Mr. Steven Bocchino for injuries sustained in an incident that occurred on June 14, 2013.

Please accept this letter as a formal request for the records from the aforementioned incident. I have enclosed a completed OPRA request for said information.

Should there be a fee for this request, kindly advise and I shall forward payment promptly.

Should you have any questions, please contact me at anytime.

Thank you for your attention to this matter.

Very truly yours,

MICHAEL S. WILLIAMS, ESQ.

MSW/bd
Enclosures

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 MICHELLE MI F Last Name WALKER

E-mail Address MISHIWALKER@GMAIL.COM

Mailing Address 1337 LOCUST DR.

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 MWalker Date 5/5/17

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.

WE WOULD LIKE TO REQUEST ALL DETAILS PERTAINING TO:
516 ATLANTIC AVE, LONG BRANCH

INCLUDING BUT NOT LIMITED TO:

COPIES OF ANY & ALL PERMITS and APPROVALS ISSUED RELATING TO ANY WORK DONE TO THIS PROPERTY

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 -

Due 5/16/17

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 MIMI MI Z Last Name TASHJIAN

Company

Mailing Address 609 WESTWOOD AVE

City LONG BRANCH State NJ Zip 07740 Email [redacted]

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

Preferred Delivery: Pick Up ✓ US Mail Fax 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 MZ Date 24 April 2017

Payment Information

Purchase Authorization Card #

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 process requested (copying or inspection), and if date, the medium requested.

Any and ALL information relating to building/development/improvement to the following properties which Mimi Tashjian owns

621 Westwood Ave

360 Hollywood Ave

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 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

record completed on 4/24/17

Custodian Signature Date

OPRA Request Status Sheet
Long Branch Planning & Zoning Department

To: City of Long Branch Municipal Clerk's Office

Re: Requested Address 621 Westwood Ave.

Requested Block 100 Lot 19.01

Requested By Mimi Tashjian

Date request received by Planning & Zoning Department 4/24/17

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: 4/24/17

Processed by: M. Fil

She reviewed plans in office

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 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 10-9-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge 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 10-2-17 to 10-8-17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE 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 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 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 (732) 418-9111 FAX (732) 418-9115

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

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

Signature _____ Date 10-16-17

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.

Copies of all MVA reports

from 10-9-17 to 10-15-17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE 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

Dee 10/20/17

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

The last 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 (732) 418-9115 FAX (732) 418-9115

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

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

Signature _____ Date 10.9.17

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.

Copies of all MVA reports from 10.2.17 to 10.8.17

AGENCY USE ONLY

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

AGENCY USE 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 _____

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@muriesslaw.com

Mailing Address 41 Bayard Street 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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

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

Signature _____ Date 10.2.17

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.

Copies of all MVA reports

from 9.25.17 to 10.1.17

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 10/12/17

Custodian Signature _____ Date _____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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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 (732) 418-9111 FAX (732) 418-9115

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 4-10-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge 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 motor vehicle accident reports
from 4-1-17 to 4-7-17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Records -

Due 4/20/17

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 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 (732) 418-9111 FAX (732) 418-9115

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 4-24-17

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.

Copies of all motor vehicle accident reports from 4-17-17 to 4-23-17

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 5/3/17

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 MIRIAM MI ____ Last Name WEISS ESQ

E-mail Address Lavelline@mweisslaw.com

Mailing Address 41 Bayard Street 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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 5-15-17

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.

Copies of all MVA reports from 5-8-17 to 5-14-17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Records –

Due 6/24/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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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 (732) 418-9111 FAX (732) 418-9115

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 5-22-17

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.

Copies of all MVA reports from 5-15-17 to 5-21-17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Records—

Due 6/1/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5886 / Fax 732-222-6835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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Requestor Information – Please Print

First Name 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 (732) 418-9111 FAX (732) 418-9115

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 5.1.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of all MVA reports from
4.24.17 to 4.30.17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records –

Done 5/12/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name MIRIAM MI ____ Last Name WEISS ESQ

E-mail Address Lavellina@mweisslaw.com

Mailing Address 41 Bayard Street 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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 5-8-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of all MVA reports from

5-1-17 to 5-7-17

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

[signature] 5/17/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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Requestor Information – Please Print

First Name 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 (732) 418-9111 FAX (732) 418-9115

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 6-12-17

Payment Information

Maximum Authorization Cost $ 6

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 6-5-17 to 6-11-17

AGENCY USE ONLY

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

Date ____

AGENCY USE 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 6/21/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name 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 _____ Date 6-19-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of all MVA reports from 6-12-17 to 6-18-17

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Records –

Due 6/28/17

Custodian Signature _____ Date _____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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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 5-5-17

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.

Copies of all MVA reports
from 5-29-17 to 6-4-17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Records – Due 6/14/17

Custodian Signature ____ Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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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 (732) 418-9111 FAX (732) 418-9115

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

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

Signature [signature] Date 7.10.17

Payment Information

Maximum Authorization Cost - $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of all MVA reports
from 7-3-17 to 7-9-17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE 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 -
Sent 7/19/17

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

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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 (732) 418-9111 FAX (732) 418-9115

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

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

Signature [signature] Date 7-17-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 7-10-17 to 7-16-17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records –

Due 7/24/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name MIRIAM MI ____ Last Name WEISS ESQ

E-mail Address Lavellino@muelsslaw.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 _____ Date 7.24.17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of all MVA reports from 7.17.17 to 7.23.17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

Records Provided

Records Out 8/2/17

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

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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 6.26.17

Payment Information

Maximum Authorization Cost - $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 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 6.19-17 to 6.25-17

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 7/6/17

Custodian Signature [signature] Date [illegible]

Mary Moss

From: Laura Avellino <lavellino@mweisslaw.com>
Sent: Wednesday, July 05, 2017 9:02 AM
To: Mary Moss
Subject: Re: m weiss opra request 6/26

No problem thank you for the heads up

Sent from my iPhone

> On Jul 5, 2017, at 9:00 AM, Mary Moss <mmoss@longbranch.org> wrote:
>
> Good Morning,
>
> I have out of the office on vacation since 6-26-17. I am in receipt of your OPRA request and will process this today. If needed, may I receive an extension to 7/14/17.
>
> Kindly advise at your earliest convenience.
>
> Thank you,
>
> ----Original Message----
> From: Laura Avellino [mailto:lavellino@mweisslaw.com]
> Sent: Monday, June 26, 2017 8:19 AM
> To: Mary Moss <mmoss@longbranch.org>
> Subject: m weiss opra request 6/26
>
>
>
> ----Original Message----
> From: kyocera@weissprop.com [mailto:kyocera@weissprop.com]
> Sent: Saturday, June 24, 2017 1:10 PM
> To: Laura Avellino
> Subject:
>
>
> TASKalfa 4501i
> [00:17:c8:07:f7:42]
>

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 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 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.

Copies of all MVA reports from 6.26.17 to 7.2.17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Records – Due 7/14/17

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

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Requestor Information – Please Print

First Name MIRIAM MI ____ Last Name WEISS ESQ

E-mail Address Lavellino@muelsslaw.com

Mailing Address 41 Bayard Street 2nd Fl

City New Brunswick State NJ Zip 08901

Telephone (732) 418-9111 FAX (732) 418-9115

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 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 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 ____

AGENCY USE 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 8/10/17

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 Ahmad M Last Name Alkum

E-mail Address Alkum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey City State NJ Zip 07304

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 1/30/17

Payment Information

Maximum Authorization Cost: $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MVA 1/24/17 → 1/30/17

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

Police Dept

Due 2/8/17

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 Ahmad F MI M Last Name Alkum

E-mail Address ALkum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey City State NJ Zip 07304

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 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.

MVA 12/27/16 → 1/2/17

Motor vehicle accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Police Dept

Due 1/11/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5666 FAX 732-222-8535
kschmelz@ci.long-branch.nj.us
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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Requestor Information – Please Print

First Name Ahmad MI M Last Name Alkum

E-mail Address ALKum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey City State NJ Zip 07304

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 1/9/17

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.

MVA 12/22/16 → 1/17/17.

Motor vehicle accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Police Dept –

Due 1/15/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

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Requestor Information – Please Print

First Name Ahmad C MI M Last Name Alkum

E-mail Address ALKum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey City State NJ Zip 07307

Telephone [redacted] FAX [redacted]

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

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

Signature _____ 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.

MVA 2/13/17 → 2/20/17

Motor vehicle accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records 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@ci.long-branch.nj.us
Kathy L. Schmelz, RMC, City Clerk

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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 07304

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 2/27/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 2/21/17 → 2/26/17

Motor vehicle accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records –

Due 3/8/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5666 FAX 732-222-8835
kschmelz@cl.long-branch.nj.us
Kathy L. Schmelz, RMC, City Clerk

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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 07304

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 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.

MVA 1/31/17 → 2/5/17

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

Police Dept

Due 2/14/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5686 FAX 732-222-8815
kschmelz@pl.long-branch.nj.us
Kathy L. Schmelz, RMC, City Clerk

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Requestor Information – Please Print

First Name Ahmad C MI M Last Name Alkum

E-mail Address Alkum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey City State NJ Zip 07304

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 3/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MVA 3/2/17 → 3/10/17

Motor vehicle accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records

Due 3/22/17

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 Ahmad F MI M Last Name Alkum

E-mail Address ALKum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey City State NJ Zip 07304

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 3/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MVA 3/11/17 → 3/19/17

Motor vehicle accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records ____

Due 3/30/17

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

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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 3/27/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 3/20/17 → 3/27/17

Motor vehicle accident Report

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Records —

Due 4/6/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Ahmad r MI m Last Name Alkum

E-mail Address ALKum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey city State NJ Zip 07307

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 4/10/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MVA 4/4/17 → 4/10/17.

Motor vehicle accident Report

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Records

Dm 4/21/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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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 4/3/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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 3/28/17 → 4/3/17.

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

Cards ___

Due 4/12/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5686 FAX 732-222-8635
kschmelz@ci.long-branch.nj.us
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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Requestor Information – Please Print

First Name Ahmad C MI M Last Name Alkum

E-mail Address ALkum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey City State NJ Zip 07307

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 5/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MVA 4/23/17 → 4/30/17

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

Records – Due 5/10/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Ahmad C MI M Last Name Alkum

E-mail Address ALKum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey City State NJ Zip 07307

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 5/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MVA 5/8/17 → 5/14/17

Motor vehicle accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records –

Due 5/24/17

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

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Requestor Information – Please Print

First Name Ahmad P 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 5/22/17

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.

MVA 5/14/17 → 5/21/17

Motor vehicle accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records

Dec 6/1/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Ahmad C MI m Last Name Alkum

E-mail Address Alkum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey city State NJ Zip 07307

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 5/9/17

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.

MVA 5/1/17 → 5/8/17

Motor vehicle accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records – Due 5/18/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Ahmad 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 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.

MVA 6/6/17 → 6/11/17

Motor vehicle accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records –

Due 6/21/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Ahmad MI M Last Name Alkum

E-mail Address ALKum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey City State NJ Zip 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 6/19/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MVA 6/12/17 → 6/18/17

Motor vehicle accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records

Due 6/28/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5685 FAX 732-222-3935
kschmelz@ci.long-branch.nj.us
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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Requestor Information – Please Print

First Name Ahmad r MI m Last Name Alkum

E-mail Address ALkum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey cities State NJ Zip 07304

Telephone [redacted] FAX [redacted]

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

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

Signature [signature] Date 6/5/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MVA 5/31/17 → 6/5/17

Motor vehicle accident Report

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 he/o.

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records Due 6/14/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-6636 FAX 732-222-8835
kschmelz@ci.long-branch.nj.us
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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Requestor Information – Please Print

First Name Ahmad M 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 7/10/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MVA 7/1/17 → 7/9/17

Motor vehicle accident Report

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Records – Due 7/19/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Ahmad 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 7/18/17

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.

MVA 7/10/17 → 7/17/17

Motor vehicle accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Boards –

Dan 7/27/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Ahmad r MI m Last Name Alkum

E-mail Address ALkum88@gmail.com

Mailing Address 330 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 7/24/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MVA 7/17/17 → 7/23/17.

Motor vehicle accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open ____
Denied - Closed ____
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 8/2/17

Custodian Signature ____ Date ____

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name Ahmad C MI M Last Name Alkum

E-mail Address ALkum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey city State NJ Zip 07304

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 8/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge 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.

MVA 8/11/17 → 8/8/17

Motor vehicle accident Report

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Records Due 8/17/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 BROADWAY
PH 732-571-5666 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 Ahmad C MI M Last Name Alkum

E-mail Address Alkum88@gmail.com

Mailing Address 330 Palisade Ave

City Jersey city State NJ Zip 07307

Telephone [redacted] FAX [redacted]

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

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

Signature _____ Date 9/11/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

MVA 9/1/17 → 9/10/17.

Motor vehicle accident Report

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Cards –

Due 9/20/17

Custodian Signature ____ Date ____

Mary Moss

From: Kathy Schmelz
Sent: Monday, November 06, 2017 7:39 AM
To: Mary Moss
Subject: FW: 49 Shore Dr, Long Branch, NJ - Open permits and code violations

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

From: Aimee Pacheco [mailto:Aimee.Pacheco@pemco-limited.com]
Sent: Saturday, November 04, 2017 6:24 PM
To: Kathy Schmelz
Subject: RE: 49 Shore Dr, Long Branch, NJ - Open permits and code violations

Kathy,
Can you please tell me if there are any open code violations or open permits on this property. We want to make sure we are in compliance.

49 Shore Drive, Long Branch, NJ
Block 455 / Lot 6.15

Thank you,

Aimee Pacheco
Fannie Mae Property Specialist
[redacted]
Aimee.Pacheco@PEMCO-Limited.com
PEMCO-Limited.com
820 Bear Tavern Rd
West Trenton, NJ 08628

D/C
Ref Code
Due 11/17/17

From: Aimee Pacheco
Sent: Thursday, October 19, 2017 5:18 PM
To: Kathy Schmelz <kschmelz@longbranch.org>
Subject: 49 Shore Dr, Long Branch, NJ - Open permits and code violations

Kathy,
I am trying to verify some information on the following property and I was hoping you could help me.

49 Shore Dr, Long Branch, NJ
Block 455 / Lot 6.15

Can you tell me if there are any open code violations or permits that need to be closed and if there are any fines, penalties and / or summons issued on the property that may prevent the sale to a third party buyer?

I also want to verify that you have not enacted a Vacant Property Registration Ordinance since July 12th.

Thank you,
Aimee Pacheco
Fannie Mae Property Specialist
[redacted]
Aimee.Pacheco@PEMCO-Limited.com
PEMCO-Limited.com
820 Bear Tavern Rd
West Trenton, NJ 08628

Mary Moss

From: Kathy Schmelz
Sent: Thursday, July 13, 2017 8:14 AM
To: Mary Moss
Subject: FW: Vacant Property / Code Violations 204 Edwards Ave

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

From: Aimee Pacheco [mailto:Aimee.Pacheco@pemco-limited.com]
Sent: Wednesday, July 12, 2017 7:11 PM
To: Kathy Schmelz
Cc: Aimee Pacheco
Subject: Vacant Property / Code Violations 204 Edwards Ave

My name is Aimee Pacheco and I am working with Fannie Mae on getting all of their vacant properties registered and up to code. I looked in the code book and through out the website but I did not see anything about a vacant / abandoned / foreclosed property ordinance. Do you have anything in place as far as registering vacant properties?

I also need to find out if the following property has any open code violations. If there are any I will start the process of getting them resolved, paid, etc.

204 Edwards Ave, Long Branch, NJ 07740
Block 363 / Lot 18

Thank you,

Aimee Pacheco

Tax Specialist

PEMCO

Local: 303-300-1400
Direct: 720-509-3245
Aimee.Pacheco@PEMCO-Limited.com
PEMCO-Limited.com
4600 South Ulster Street, Suite 530
Denver, CO 80237

Clerk –
Code –
Due 7/24/17

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5688 / Fax 732-222-8835
kschmelz@longbranch.org ,
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name Aisha MI ____ Last Name Farraj

E-mail Address afarrajelawppl.com

Mailing Address 131 White Oak Lane

City Old Bridge State NJ Zip 08857

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 Aisha Farraj Date 5-5-17

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.

Certified copy of the 9-4-2014 statement of John Golden given to Det. Todd Coleman, Ref: 14-1014-AR; and
certified copy of supplemental narrative report of Det. Todd Coleman approved on 9-4-14, Ref: 14-1014AR

AGENCY USE ONLY

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

AGENCY USE 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 5/16/17

Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5866 / Fax 732-222-3835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name Aisha MI ____ Last Name Farraj

E-mail Address afarraj@lawpal.com

Mailing Address 131 White Oak Lane

City Old Bridge State NJ Zip 08857

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 Aisha Farraj Date 2/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash (Check) Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any and all Long Branch Police Department and Long Branch Animal Control Department reports and records involving Jan Konopka, 3 Riverview Avenue, Long Branch, NJ, from incidents occurring on August 31, 2014, June 3, 2016 and July 3, 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 ____
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 —
Animal —

Due 2/13/17
Custodian Signature Date

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-5686 / Fax 732-222-6835
kschmelz@longbranch.org
Kathy L. Schmelz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name: Aislinn MI: M Last Name: Brennan

E-mail Address: aislinnbrennan6@gmail.com

Mailing Address: 404 11th Avenue

City: Belmar State: NJ Zip: 07719

Telephone: [redacted] FAX:

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

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

Signature: [signature] Date: 5/30/17

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.

I would like a list of all registered businesses in Long Branch, as well as their mailing addresses.

AGENCY USE ONLY

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

AGENCY USE 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 6/12/17

Custodian Signature ____ Date ____

Mary Moss

From: Kathy Schmelz
Sent: Thursday, June 01, 2017 11:27 AM
To: Mary Moss
Subject: FW: OPRA Request
Attachments: long branch opra_20170530191816.pdf

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

From: Aislinn Brennan [mailto:aislinnbrennan6@gmail.com]
Sent: Wednesday, May 31, 2017 10:43 AM
To: Kathy Schmelz
Subject: OPRA Request

Dear Ms. Schmelz,

I'm attaching an OPRA request for Long Branch. Please let me know if there's anything else you need with this request.

Best,
Aislinn

--
Aislinn Brennan
aislinnbrennan6@gmail.com
[redacted]

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

344 Broadway
Phone 732-571-8566 / Fax 732-222-8935
lschmalz@longbranch.org
Kathy L. Schmalz, RMC, City Clerk

Important Notice

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

Requestor Information – Please Print

First Name Aislinn M.I. M Last Name Brennan

E-mail Address aislinnbrennan6@gmail.com

Mailing Address 1400 Rt 35 S

City Ocean Twp State NJ Zip 07712

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 12/5/17

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: See OPRA etc. – actual cost of materials

Delivery: Standard postage fees additional depending upon delivery type

Extras: Special service charge dependent upon request

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

If possible I am requesting an emailed list of Volunteer EMTs and first responders in the City of Long Branch

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notice

Guideline: If any part of request cannot be delivered within seven business days, detail reasons here

In Progress ____ Open ____

Denied ____ Closed ____

Filled ____ Closed ____

Partial ____ Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Rec'd By ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

LOPA

Dec 7 12/7/17

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 Alan MI ____ Last Name [illegible]

E-mail Address [illegible]

Mailing Address 1792 East 29th Street

City Brooklyn State NY Zip 11229

Telephone [redacted] FAX N/A

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 9/23/2017

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 house - I would like to know if there are any open permits or violations on the house / property. If yes, what are they? The adress is: 114 Liberty Street. Long Branch NJ

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 – Dm 10/10/17

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 ALAN MI ____ Last Name STERN

E-mail Address alan@sternprop.com

Mailing Address 100 W. 23RD ST, 4TH FLR., NEW YORK, NY 10011

City NEW State YORK Zip 10011

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 ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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- PROPERTY FILE 1024 ELBERON AVE. ELBERON, NJ

2- PERMIT HISTORY

3- VIOLATIONS HISTORY

4- SURVEY OF 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.

Due 8-29-17

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

Plan/Zone ____
Bldg. ____
Code/Fire Prev ____

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 Alex MI N Last Name Gecan

E-mail Address agecan@gannettnj.com

Mailing Address 3600 NJ 66

City Neptune State NJ Zip 07753

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 Alex N. Gecan Date 10/31/2017

Payment Information

Maximum Authorization Cost $ 5.00

Select Payment Method

Cash	Check	Money Order
X		

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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) Date of hire, rank(s), position(s) and most recent salary information for Detective Jake Pascucci.
2) Pascucci's date of termination and/or separation (if applicable).
3) Pascucci's separation agreement from city employment (if applicable).
4) Pascucci's most recent employee photograph.
5) Commendations, awards and meritorious citations given to Pascucci.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE 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

Chief Babuck
Lt Shirley
K. Hayes
S. Acacio

Sent 11/17/17

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 Alex MI N Last Name Gecan

E-mail Address agecan@gannettnj.com

Mailing Address 3600 NJ 66

City Neptune State NJ Zip 07753

Telephone [redacted] FAX [redacted]

Preferred Delivery: 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 Alex N. Gecan Date 11/6/2017

Payment Information

Maximum Authorization Cost $ $5.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

All records pertain to the death of Shruti Srinivasan on Laird Street on October 24, 2017:
1) Computer-assisted dispatch (CAD) logs
2) Transcripts or recordings of 911 calls
3) Incident reports
4) Officer reports
5) Transcripts or recordings of witness interviews

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

In Progress - Open _____
Denied - Closed _____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Chief Rebucci
Lt Shirley
K Hayes
I. Baer

Date 11/13/17

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Alex MI N. Last Name Gecan

E-mail Address agecan@gannettnj.com

Mailing Address 3600 NJ 66

City Neptune State NJ Zip 07753

Telephone [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 Alex N. Gecan Date Sept. 25, 2017

Payment Information

Maximum Authorization Cost $ $5.00

Select Payment Method

Cash X Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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)Reports, summonses and criminal complaints generated by Long Branch Police Department related to the collision between off-duty Det. Jake Pascucci and pedestrian Karen Borkowski on Friday, Sept. 22, 2017.
2) Recordings from body- or vehicle-mounted cameras of police officers who responded to the collision or vehicles present at the scene, from the time they first got called to the scene until the time they cleared the scene.
3) Transcripts or recordings of interviews with Det. Pascucci and any witnesses to the collision.
4) Transrcipts or recordings of 911 calls pertaining to the collision.
5) Transcripts or recordings of computer-assisted dispatch logs pertaining to the collision.
6) Logs of any calls or text messages to or from city- or department-issued cell phones carried by Det. Pascucci and any officers who responded to the collision between 10 p.m. Sept. 22, 2017 and 6 a.m. Sept. 23, 2017.
7) Results of Breathalyzer or other tests of intoxication performed on Det. Pascucci following the collision.

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Chief Cockcroft —
Lt. Shirley —

Due 10/4/17

Mary Moss

From: Kathy Schmelz
Sent: Monday, September 25, 2017 4:05 PM
To: Mary Moss
Subject: FW: Request for records, off-duty-officer involved collision
Attachments: PascucciOPRA.pdf

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

From: Gecan, Alex [mailto:AGecan@gannettnj.com]
Sent: Monday, September 25, 2017 3:43 PM
To: Kathy Schmelz
Subject: Request for records, off-duty-officer involved collision

Good afternoon Clerk Schmelz –

Attached please find a request for records regarding a collision between off-duty Detective Jake Pascucci and a pedestrian that took place Friday, Sept. 22.

Alex N. Gecan
agecan@gannettnj.com
[redacted]
@GeeksterTweets
ASBURY PARK PRESS USA TODAY NETWORK

CITY OF LONG BRANCH

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Alex MI _____ Last Name Singh

E-mail Address alexander.singh@cbre.com

Mailing Address 70 West Red Oak Lane

City White Plains State NY Zip 10604

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 Alex Singh Date 10/5/2017

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.

160 Ocean Avenue (Pier Village Owners 1 Chelsea Ave)
Block 222.01, Lot 1
Long Branch, NJ 07740

Pursuant to the Freedom of Information Law, please forward available records regarding Underground/Aboveground Storag Tanks (USTs/ASTs), Spill Records, Remediation Sites, Dump Sites, Storage of Hazardous Material, Hazardous Material Activities, Asbestos, Lead Poisoning or Lead-Based Paint, Mold Growth or any other information that relates to the environmental condition regarding the above referenced property to us as soon as possible.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Hmyth
DCS
10/17/17

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 *Alexander* MI _____ Last Name *Napoliello*

E-mail Address *anapoliello@njadvancemedia.com*

Mailing Address *1 Richmond Street, Apt. 3032*

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 *Alexander Napoliello* Date *9/28/2017*

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 consider this a request for the dash camera and body camera footage from the officers that responded to a motor vehicle crash on Friday, Sept. 22, 2017, in Long Branch at the intersection of Ocean Boulevard and Broadway around 8:15 p.m under OPRA and common law right of access. The crash caused the death of pedestrian Karen Borkowski.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Chief Roebuck
Lt. Shirley
Due 10/10/17

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 alexandra MI _____ Last Name selbert

E-mail Address alexandra.selbert@redfin.com

Mailing Address 9 steeplechase dr

City blackwood State nj Zip 08012

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 Alexandra Selbert Digitally signed by Alexandra Selbert Date: 2017.10.10 10:19:38 -04'00' 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 both open and closed for construction, plumbing, and electrical for a transfer of sale.

Property- 510 Neptune Ave. Long Branch NJ 07740
Lot- 20
Block- 473

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

HG –

Due 10/19/17

Mary Moss

From: Kathy Schmelz
Sent: Tuesday, October 10, 2017 10:36 AM
To: Mary Moss
Subject: FW: OPRA
Attachments: long branch opr.pdf

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

From: Alexandra Selbert [mailto:alexandra.selbert@redfin.com]
Sent: Tuesday, October 10, 2017 10:25 AM
To: Kathy Schmelz
Subject: OPRA

Hello,

Please send all info to this email address.

Warm Regards,

ALEXANDRA SELBERT | REDFIN | TRANSACTION COORDINATOR
[redacted]