

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 070
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

Name: Victor A. Rodriguez Correa Date: 3/1/2017
Organization (If Applicable): # 2017-2
Mailing Address: 512 Hessa St
City, State, Zip: Linden New Jersey 07036
Home/Business Phone: [REDACTED] E-MAIL: VARC1893@GMail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

O.I. Tank
Plumbing
Framing
Electrical } permit history

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

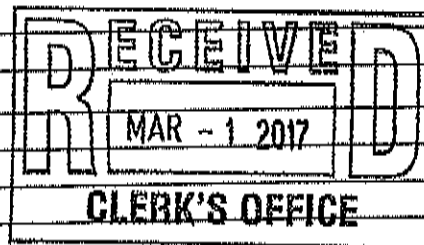
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)



☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Victor A. Rodriguez Correa

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 512 Hessa St Linden NJ 07036

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

Name: Kayla Dian-Jauregui # 2017-3 Date: 3-1-17
Organization (If Applicable):
Mailing Address: 600 W. Henry St. 2nd Fl
City, State, Zip: Linden NJ 07036
Home/Business Phone: [REDACTED] E-MAIL Kjauregui1992@gmail.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

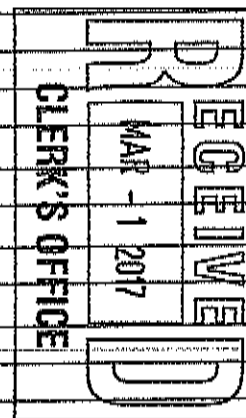
(Please be specific and attach additional pages of information if necessary)

Fire investigation report
243 W. St. George's Avenue Apt. 5 Linden NJ 07036
November 19th, 2016

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

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☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT

Name: Dan SLD:0 #2017-5 Date: 3-1-17
Organization (If Applicable): Argo Appraisals
Mailing Address: 45 S Park Pl, 209, Marlinton WV
City, State, Zip:
Home/Business Phone: [REDACTED] E-MAIL Appraiser@argos.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Property record card for 1101 E Blanke St
Bk 77 Lot 18

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

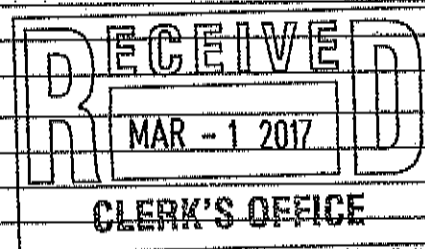
☒ SEND RESPONSE BY E-MAIL

Appraiser@argos.com

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)



☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

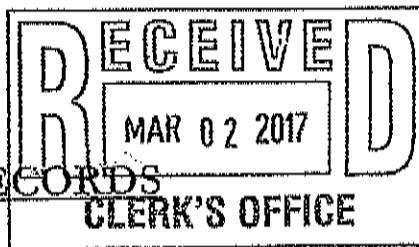
INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1101 E Blanke St

BLOCK/LOT: 77 / 18

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 070
Telephone: (908) 474-8445
Fax: (908) 474-8451

(PLEASE PRINT)

Name: Joseph M. Lipscomb #2017-7 Date: 3/2/2017
Organization (If Applicable): ML Realty Group Inc
Mailing Address: 1594 East 2nd Street
City, State, Zip: Scotch Plains, NJ 07076
Home/Business Phone: [REDACTED] E-MAIL ML.Realty.Group@att.net
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

- 1) SWRCL
- 2) Architectural Plans
- 3) Floor Plan
- 4) List of approved or open permits (construction, electrical, plumbing etc)
- 5) Any open violations
- 6) Is it in a flood zone

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

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☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Joseph M. Lipscomb

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 610-620 N. Stiles Street

BLOCK/LOT: 403 / 3.01 + 3.02

CITY OF LINDEN APPLICATION FORM



301 N. Wood Avenue
City Hall, Room #105
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

Name: John McAusland #2017-8 Date: 03/02/17

Organization (If Applicable):

Mailing Address: 611 Palisade Ave

City, State, Zip: Englewood Cliffs, NJ 07632

Home/Business Phone: [REDACTED]

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

☒ I hereby request a copy of any collective bargaining agreement governing the terms and conditions of employment of police officers, regardless of rank, who are employees of the City of Linden.

☐ I request the collective bargaining agreement for the above named employees for the following calendar years: 2008 through present.

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

03/02/17

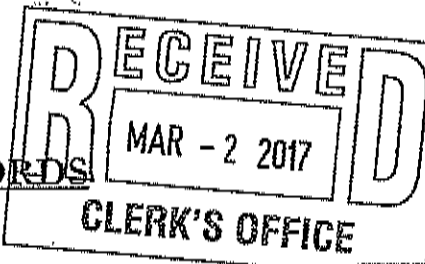
INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

(PLEASE PRINT)

Name:	Jeri Minter	# 2017-9	Date:	3/2/2017
Organization (If Applicable):				
Mailing Address:	230 Route 206, Bldg 2, Suite C			
City, State, Zip:	Flanders, NJ 07836			
Home/Business Phone	[REDACTED]	E-MAIL	jminter@innoelec.net	
REQUEST MADE VIA:	☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX EMAIL			
DESCRIPTION OF PUBLIC RECORD(S): (Please be specific and attach additional pages of information if necessary)				
All generator permits issued during 2015 and 2016. If that is not available, please send copies of the 2015 and 2016 Permit				
Activity logs. Please email to jminter@innoelec.net. Thank you.				
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)				
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☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)				
☐ OTHER (SPECIFY)				
☐ LICENSE INFORMATION (SPECIFY)				
SIGNATURE:				

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____
BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

CLERK'S OFFICE

 301 N. Wood Avenue
 City Hall, Room
 Linden, New Jersey 07036
 Telephone: (908) 474-8445
 Fax: (908) 474-8451
REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

Name: Kate DiArgenio # 2017-10 Date: 3/2/17
 Organization (If Applicable): Nitti & Nitti
 Mailing Address: 145 Eagle Rock Ave
 City, State, Zip: Roseland NJ 07068
 Home/Business Phone: [REDACTED] E-MAIL Kdiargenio@nittilaw.com
 REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Nitti & Nitti represents purchases of property located
@ 823 Union St. Please provide a list of permit
applications. advise if there are any open
permits. Thank you

Lot 17 Block 18☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☒ SEND RESPONSE BY E-MAIL
Kdiargenio@nittilaw.com ; fnitti@nittilaw.com
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

2017-11

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 070
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

Name: CHARLES F SCHILLER JR

Date: 3-3-17

Organization (If Applicable):

Mailing Address: 3 POPLAR TERR.

City, State, Zip: CLARK N.J. 07066

Home/Business Phone: [REDACTED] MAIL

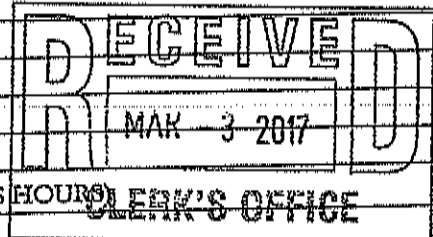
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX (908) 232-048

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

ACCIDENT REPORT 2-17-16
W. St. Georges Avenue & N. Stiles Street
Involving the above person
DOB 10/28/1961
vanana.

CASE # [REDACTED]



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☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

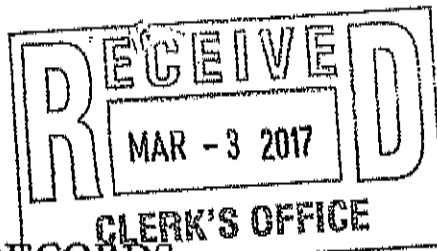
☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

2017-12

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

Name: Annie Baran Date: 3-2-17

Organization (If Applicable):

Mailing Address: 1204 Schmidt AveCity, State, Zip: 07033Home/Business Phone: [REDACTED] E-MAIL baran 0323@yahoo.comREQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Please send property record card, This information
is use for appraisel purpose. Thank you.☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☐ SEND RESPONSE BY E-MAIL☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 531 Rosewood Terr, Linden NJ 07036BLOCK/LOT: 390 - Lot: 21

2017 - 13

AGENCY NAME HERE



OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address

Name of Agency Custodian

908-474-8445

908-474-8451



Important Notice

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

Requestor Information - Please Print

First Name Carly MI _____ Last Name Kaminsky
 E-mail Address Carly@brinksconsulting.com
 Mailing Address 1256 Liberty Ave
 City Hillside State NS Zip 07005
 Telephone [REDACTED] FAX (908) 353-3107
 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 Carly Kaminsky Date 3/2/17

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash Check Money Order

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

Extras: Special service charge dependent upon request.

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

Please provide a list of permit applications for the installation, removal or the decommissioning of Underground Storage tanks at : 826 Dewitt St, Linden

Block# 310

Lot# 19

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

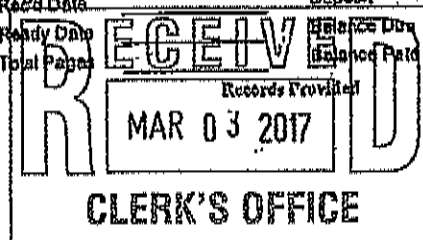
Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

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

Tracking Information

Final Cost

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



Custodian Signature

Date

CITY OF LINDEN
APPLICATION FORM

call requestor
when ready

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 070
Telephone: (908) 474-8444
Fax: (908) 474-8453

REQUEST FOR PUBLIC RECORDS

2017-14

(PLEASE PRINT)

Name: FERNANDO OLIVEIRA

Date: 3-3-2017

Organization (If Applicable):

Mailing Address: 406 AINSWORTH ST

City, State, Zip: LINDEN NJ 07036

Home/Business Phone: [REDACTED] MAIL FOLIVEIRA32@GMAIL.COM

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

COPY OF C.O. ISSUED 1991
HISTORY OF OIL TANK (DECOMMISSIONING)

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

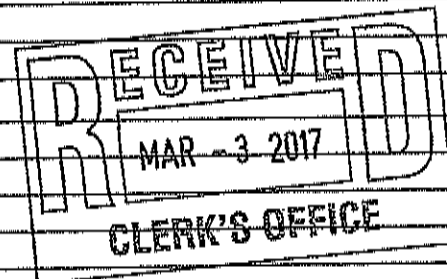
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☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY; DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)



☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 406 AINSWORTH street.

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

2017 - 15

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

Name: JOHN ZAWOYSKI	Date: FEB. 21, 2017
Organization (If Applicable):	
Mailing Address: 518-7 Old Post Rd. #105	
City, State, Zip: EDISON, N.J. 08817	
Home/Business Phone: [REDACTED]	E-MAIL JZACK 26@yahoo.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

application
Copy of C.O. for 931 E. Elizabeth Ave. and not limited
to inspections. C.O. approved for what business??

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL JZACK 26@yahoo.com

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

Please forward to e-mail address: JZACK 26@yahoo.com

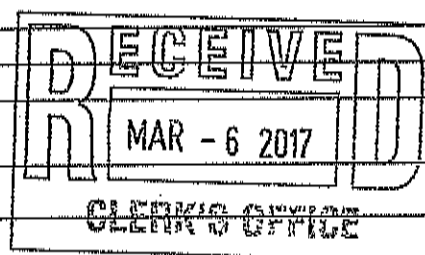
☐ LICENSE INFORMATION (SPECIFY)

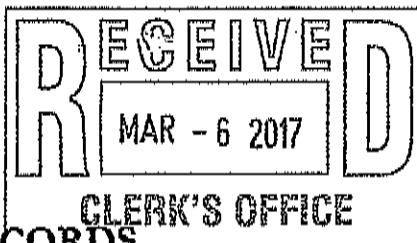
SIGNATURE: John Zawoyski

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:



CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

2017-10

(PLEASE PRINT)

Name: MICHAEL A JIMENEZ ESQ. Date: 03-06-2017
 Organization (If Applicable): SCARINCI & HOLLENBECK LLC
 Mailing Address: 1100 VALLEY BROOK AVENUE
 City, State, Zip: LYNDHURST N.J. 07071
 Home/Business Phone: [REDACTED] MAIL MJIMENEZ@SH-LAW.COM
 REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

APPLICANT IS REQUESTING COPIES OF ANY AND ALL APPROVALS,
 CONSTRUCTION AND/OR BUILDING PERMITS REQUESTED AND
 OBTAINED, AGAINST THE PREMISES LOCATED AT
224, 226, 228, 230 ELM STREET, LINDEN N.J., ALONG WITH
ANY NOTICE OF VIOLATIONS AND OR PENALTIES AGAINST THE PREMISES

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☒ SEND RESPONSE BY E MAIL☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

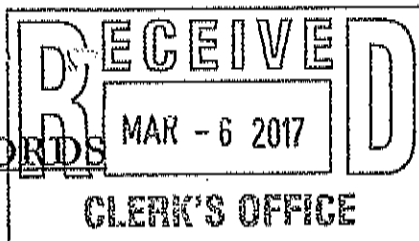
INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 224 226 228 230 ELM STREET LINDEN N.J. 07036BLOCK/LOT: Block 196 Lot 29.03, 29.04, 29.05, 29.06

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS

2017-1-1



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 070
Telephone: (908) 474-8444
Fax: (908) 474-8451

(PLEASE PRINT)

Name: Efram Girgis

Date: 3-6-2017

Organization (If Applicable):

Mailing Address: 420 New York Apt A3

City, State, Zip: Elizabeth NJ 07202

Home/Business Phone: [REDACTED] MAIL meranady@yahoo.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary) meranady@

1. Copies of all open & closed permits yahoo.com

2. Open code violations

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

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☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Efram Girgis

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:

910 Smith St.

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

2017-18

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 070
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

Name: TALHA SHAHID Date: 3/6/17

Organization (If Applicable):

Mailing Address: 7 STATE RT. 27, SUITE 222

City, State, Zip: EDISON NJ 08820

Home/Business Phone: [REDACTED] E-MAIL: TALHA@KAHFHOMES.COM

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Need to know if there are any open permits for

42 E. HENRY ST, LINDEN NJ

Any tank records on file.

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

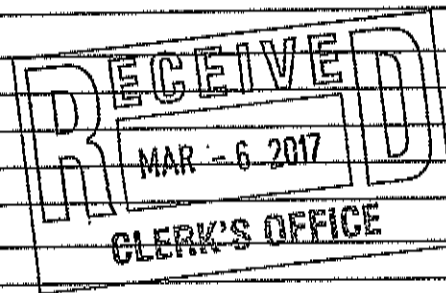
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☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 42 E. HENRY ST, LINDEN

BLOCK/LOT: _____

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

PLEASE PRINT

Name: Paul M. Hauge Date: March 6, 2017

Organization (If Applicable): Gibbons P.C.

Mailing Address: One Gateway Center

City, State, Zip: Newark, NJ 07102

Home/Business Phone: E-MAIL phauge@gibbonslaw.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

All documents filed with or maintained by the Linden Planning Board in connection with the application of Goodman North America Partnership Holdings, LLC for preliminary and final site plan approval for the property described below and currently owned by Linden Property Holdings LLC, the Board's consideration and approval of the application, and any challenges to the application or the Board's approval.

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL Please advise us to the number of documents that are responsive to this request.

Relevant minutes of Planning Board (see above)

☒ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☒ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

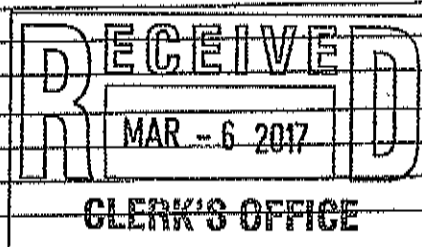
Relevant resolutions of Planning Board (see above)

☒ OTHER (SPECIFY) All other responsive documents (see above)

☐ LICENSE INFORMATION (SPECIFY)

RECEIVED

BLOCK/LOT: Block 587, Lots 1 and 2.01



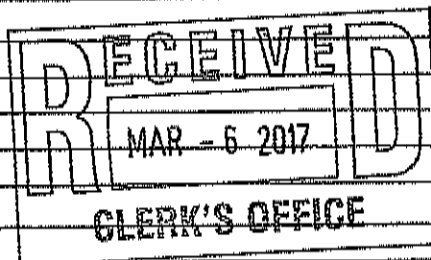
**CITY OF LINDEN
APPLICATION FORM**

2017-20

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS**(PLEASE PRINT)**

Name: Badia McGlaun		Date: 3/6/2017
Organization (If Applicable): American Tax Reporting		
Mailing Address: 2727 Lyndon B Johnson Fwy Ste 420		
City, State, Zip: Dallas, TX 75234		
Home/Business Phone: [REDACTED]		E-MAIL: bmcglaun@americantaxreporting.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX		
DESCRIPTION OF PUBLIC RECORD(S): (Please be specific and attach additional pages of information if necessary)		
Re: Any outstanding water/sewer bills, open or expired permits and any code compliance issues. Smoke & Carbon Monoxide Detector Affidavits, as well as any special assessments such as weeds or tall grass, etc... Please provide: Account #: Balance: (copy of invoice if balance is not \$0.00) Good through date: (meter off, date, being paid current or finalized) Payable to: Address:		
620 Ziegler Ave Fax Key: 0980160000000014 ATR Ref: 551394		
PLEASE PROVIDE ANY OTHER ASSESSMENTS DUE ON THIS PROPERTY INCLUDING, BUT NOT LIMITED TO WATER/SEWER, SNOW REMOVAL, AND ANY OTHER PENDING MUNICIPAL LIENS OR CODE VIOLATIONS Please fax/email the information back to:		
888-977-7310/bmcglaun@americantaxreporting.com		
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)		
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE		
☒ SEND RESPONSE BY E-MAIL		
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)		
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)		
☐ OTHER (SPECIFY)		
☐ LICENSE INFORMATION (SPECIFY)		
SIGNATURE: Badia H McGlaun		
INFORMATION ON A SPECIFIC PROPERTY:		
ADDRESS: 620 Ziegler Ave		
BLOCK/LOT: 16014		



CITY OF LINDEN
APPLICATION FORM

2017-21

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

Name: CHRISTIAN MONTESDEOCA

Date: 03/06/2017

Organization (If Applicable):

Mailing Address: 720 CARLTON ST

City, State, Zip: ELIZABETH NJ 07202

Home/Business Phone: [REDACTED] E-MAIL CHRISNYCO4@gmail.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Any open & closed permits

History of an oil tank.

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

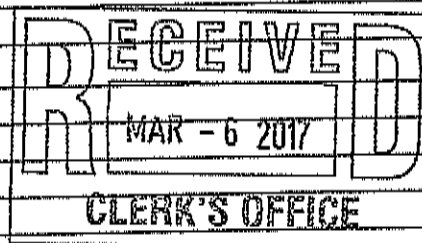
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)



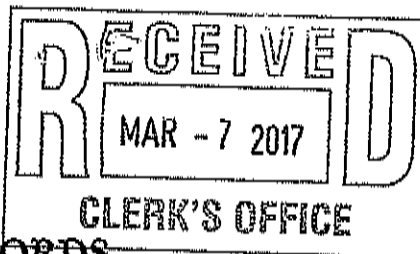
☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Christian Montesdeoca

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 2214 2114 DILL AVE LINDEN NJ

BLOCK/LOT: [REDACTED]

CITY OF LINDEN
APPLICATION FORM301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

Name: Alyssa Dickey #2017-22 Date: 3/07/17
Organization (If Applicable): Sherlock Investigations
Mailing Address: 42815 Garfield Rd Ste 208
City, State, Zip: Clinton Twp MI 48038
Home/Business Phone: [REDACTED] E-MAIL adickey@claimspi.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Crash Report from 08/11/2012
Nerlise St. Germain SSN: [REDACTED]
DOB [REDACTED] DL# [REDACTED]
Occurred on Wood Ave in Linden
Subject address: 319 Chandler Ave, Linden, NJ 07036
Unknown case or citation number

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☒ SEND RESPONSE BY E-MAIL or by fax 586-783-3939☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)SIGNATURE: [Signature]

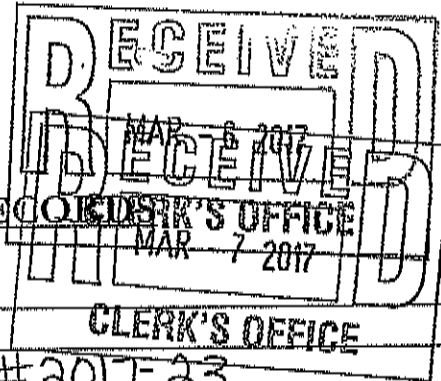
INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

(PLEASE PRINT)

Name: SHIRVWING STANY	Date: 3-06-2017
Organization (If Applicable): #2017-23	
Mailing Address: 3260 Netherland Ave apt# 6H	
City, State, Zip: Bronx NY, 10463	
Home/Business Phone: [REDACTED]	E-MAIL shawnstany@gmail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

My License plate (Florida [REDACTED]) was stolen in October 2008. I came in person and filled a report in October of 2008. I need a copy of this report email to me.

My License Info: # [REDACTED]

DOB: [REDACTED]

1304 Middlesex st
Linden NJ, 07036

☒ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☒ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: _____
BLOCK/LOT: _____



290 W. Mt. Pleasant Ave.
Livingston, NJ 07039

VERIZON DAMAGE CASE #: 4P0RF5Y

DATE: 3/2/17

TO: Linden Police Records Dept.

FAX # 908 474 8451

CASE NUMBER: #2017-24

I am requesting a police or an incident report for an occurrence on or about:

10/27/16

Location: 4003 Tremley Point Rd.

Cross Street: _____

* If no report is found, will you please fax back "NO REPORT FOUND?"

**If pickup is needed, will you please provide a case number, if one is not listed on this request?

Thank you in advance,

Carlo Sagri

CWO Administration Support NJ


(973) 436-0017...Fax

2017 - 25

Chelsea Libreros

From: City Clerk
Sent: Tuesday, March 07, 2017 10:33 AM
To: Chelsea Libreros
Subject: Fw: OPRA

New OPRA below, thanks Chels

Jenn

From: Kristy Bays <kbays@atr.guru>
Sent: Monday, March 06, 2017 3:03 PM
To: City Clerk
Subject: OPRA

Open Public Records Request

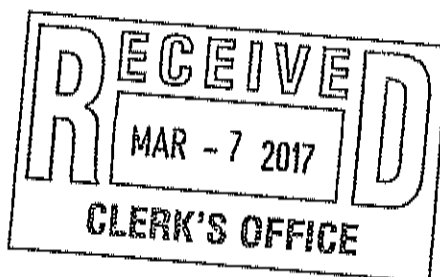
Please provide the following information on the property shown below:

1. Any current/unpaid balances of the water, sewer, and trash utility billing
2. Any OPEN Code Violations
3. Any OPEN/EXPIRED Permits
4. Any OPEN special assessments (open invoices such as tall grass mowing, trash clean up, snow removal, etc)

Address: 620 Ziegler Ave Linden, NJ 07036

File #: 551394

Thanks,
Kristy Bays
American Tax Reporting
2727 LBJ Freeway Suite 420
Dallas TX 75234
Ph: [REDACTED]
Fax: 888-226-7791



2017-26

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

Payment Information

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

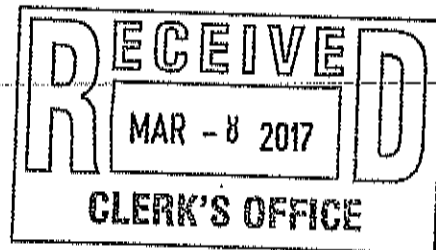
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

PROPERTY: 516 Allen Street, Linden, NJ Block 514, Lot 10

FROM THE ZONING DEPARTMENT,
CONSTRUCTION/BUILDING DEPARTMENT,
CODE ENFORCEMENT DEPARTMENT,
FIRE DEPARTMENT AND
HEALTH DEPARTMENT
AS RELEVANT/AVAILABLE:

Any documents relating to-

OPEN OR PENDING NOTICES OF VIOLATIONS,
PERMITS/APPROVALS,
CERTIFICATE OF OCCUPANCY
USE RESTRICTIONS,
RECORDS RELATING TO UNDERGROUND TANK



AGENCY USE ONLY		CUSTODIAN USE ONLY		TRACKING INFORMATION		FINAL COST	
Est. Document Cost	_____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.		Tracking #	_____	Total	_____
Est. Delivery Cost	_____			Rec'd Date	_____	Deposit	_____
Est. Extras Cost	_____			Ready Date	_____	Balance Due	_____
Total Est. Cost	_____			Total Pages	_____	Balance Paid	_____
Deposit Amount	_____			Records Provided			
Estimated Balance	_____						
Deposit Date	_____	In Progress	-	Open	_____		
		Denied	-	Closed	_____		
		Filled	-	Closed	_____		
		Partial	-	Closed	_____		
				Custodian Signature		Date	

**CITY OF LINDEN
APPLICATION FORM**

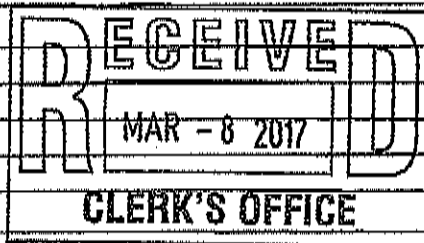
301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

2017-27

(PLEASE PRINT)

Name: Jessica Haitz	Date: 3/6/2017
Organization (If Applicable): Ramboll Environ	
Mailing Address: One Riverfront Plaza, 7th Floor, 1037 Raymond Blvd., Box 778	
City, State, Zip: Newark, NJ, 07102	
Home/Business Phone: [REDACTED]	E-MAIL jhaitz@ramboll.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	
DESCRIPTION OF PUBLIC RECORD(S): (Please be specific and attach additional pages of information if necessary)	
See attached page.	
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)	
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE	
☒ SEND RESPONSE BY E-MAIL	
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)	
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)	
☐ OTHER (SPECIFY)	
☐ LICENSE INFORMATION (SPECIFY)	

SIGNATURE: *Jessica Haitz* 3/6/2017

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1515 West Blancke St, Linden, NJ 07036 (please also check 1501-1525 West Blancke St)

BLOCK/LOT: Block 422, Lots 25 and 26

#2017-27

Seeking information regarding the facility located at 1515 West Blancke St, Linden, New Jersey, 07036 (Block 422, Lots 25 and 26). Please also check 1501-1525 West Blancke St. I am seeking information pertaining to environmental matters at the site, including, but not limited to, information regarding underground storage tanks, above ground storage tanks, response to hazardous material or chemical spills or releases, response to fires, and local permits (e.g., for storage tanks, wastewater discharges, etc.). I am also interested in information regarding building construction, such as dates of construction and square footage of site buildings (e.g., property record cards, building permits), historical ownership information, certifications of occupancy, building inspections, deeds (or deed notices), and a tax map for the site, if available. Please contact me with any questions. Thank you.

AGENCY & ME HERE



OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address 908-474-8461

Name of Agency Custodian)



(Q08) 474-8445

Important Notice

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

Requestor Information – Please Print

2017-28

First Name Carly MI _____ Last Name Kaminskiy
E-mail Address Carly@brinksconsulting.com
Mailing Address 1256 Liberty Ave
City Hillside State IL Zip 07205
Telephone [REDACTED] FAX (908) 353-3107
Preferred Delivery: Pick Up _____ On-Site Inspect _____ Fax ☒ E-mail ☒
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE ~~HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Carly Kaminskiy Date 3/8/17

Payment Information

Maximum Authorization on Cost \$

Select Payment Method

Cash	Check	Money Order
-------------	--------------	--------------------

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

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

Extract: Special service charge
dependant upon request.

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

Please provide a list of permit applications for the installation, removal or the decommissioning of Underground Storage Tanks at : 611 Birchwood Rd, Linden

there isn't nothing on file for
- tank. (mp)

Block# 389

LOGH 2H

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

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

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

Tracking information

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

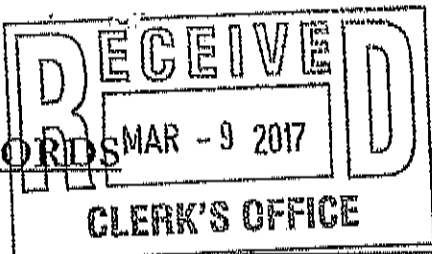
Records Provided

Custodian Signature

Date _____

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451



REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

Name: FRANCISCA BORGES Date: 3-9-17
Organization (If Applicable): #2017-29
Mailing Address: PO BOX 211 ELIZABETH NJ 07202
City, State, Zip: ELIZ. NJ
Home/Business Phone _____ E-MAIL: Worbertico66@AOL.COM
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

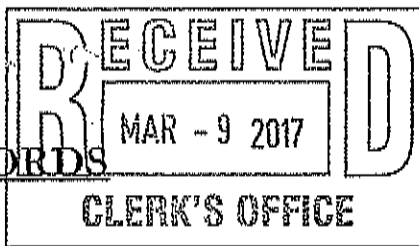
DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
Accident Date Nov. 21, 2016 AT 905 WALNUT ST.
BETWEEN OR ABOUT 6:00 PM AND 7:00 PM
DRIVER LICENSE [REDACTED]

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☐ SEND RESPONSE BY E-MAIL
- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☐ OTHER (SPECIFY) _____
- ☐ LICENSE INFORMATION (SPECIFY) _____

SIGNATURE: [Signature]
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: _____
BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

(PLEASE PRINT)

Name: Vincenzo Bonello #2017-30 Date: 3/9/17
Organization (If Applicable):
Mailing Address: 164 Serpentine Drive
City, State, Zip: Morgantown NC 27751
Home/Business Phone: [REDACTED] E-MAIL: V.Bonello@optonline.net
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
Copies of police reports made by Tayvon Fisher
Karimah Tucker at 1526 E. St. Georges Avenue
Linden between October 1, 2016 and March 2017.
1526 E. St. Georges, Apt. A.

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☐ SEND RESPONSE BY E-MAIL
- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☐ OTHER (SPECIFY)
- ☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Vincenzo Bonello
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:
BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

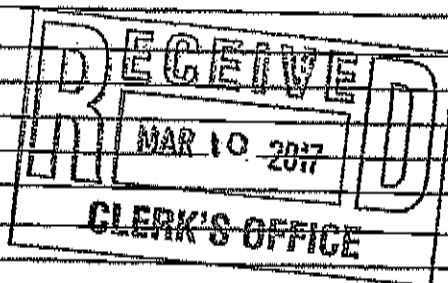
(PLEASE PRINT)

2017-31

Name: Jennifer Ramos Date: 3/10/17
Organization (If Applicable): Calcagno & Associates
Mailing Address: 213 South Ave
City, State, Zip: Cranford, NJ 07016
Home/Business Phone: [REDACTED] E-MAIL: Lori@calcagno.lawfirm.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

All MVA Reports Dated:3/5/17 - 3/11/17☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☐ SEND RESPONSE BY E-MAIL☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)SIGNATURE: Jennifer Ramos

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

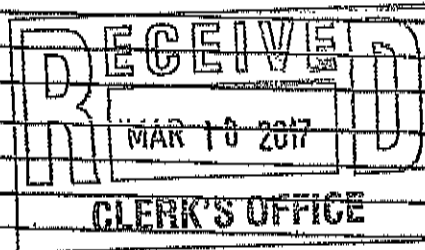
#2017-32

Name: Michael Brunetti Date: 3/10/17
Organization (If Applicable): Keller Williams Realty
Mailing Address: 353 North County, Linden Road
City, State, Zip: Linden NJ
Home/Business Phone: [REDACTED] E-MAIL: mbrunetti@rocketmail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

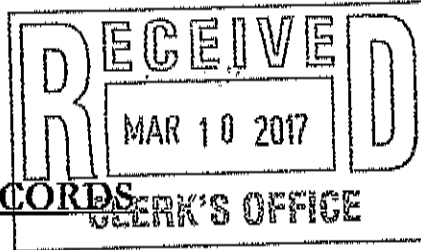
PLEASE EMAIL LIST OF VACANT PROPERTIES + properties with Municipal
LIENS. Thanks, Mike Brunetti

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☒ SEND RESPONSE BY E-MAIL☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)SIGNATURE: Michael Brunetti
INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

**CITY OF LINDEN
APPLICATION FORM**



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

CLERK'S OFFICE

2017-33

(PLEASE PRINT)

Name: <u>BERNADETA CODEK</u>	Date: <u>03.10.2017</u>
Organization (If Applicable): <u>RE/MAX 1ST ADVANTAGE</u>	
Mailing Address: <u>727 PARITAN RD, CLARK NJ 07066</u>	
City, State, Zip:	
Home/Business Phone: <u>[REDACTED]</u>	E-MAIL: <u>BERNADETA.E.CODEK@GMAIL.COM</u>
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

PERMIT HISTORY FROM 1900 TO PRESENT
OIL TANK HISTORY

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 112 W MORRIS AVE & 114 W. MORRIS AVE

BLOCK/LOT: 460 / 8.01 AND 460 / 7.01

Place
Logo
Here

Name of Agency Custodian

2017-34

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

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

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

Please provide a list of permit applications for the installation, removal or the decommissioning of Underground Storage tanks at : 533 monmouth Ave, Linden, NJ

Block# 11

LOCH 11

AGENCY USE ONLY	AGENCY USE ONLY	AGENCY USE ONLY
Est. Document Cost _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information
Est. Delivery Cost _____		Total _____
Est. Express Cost _____		Deposit _____
Total Est. Cost _____		Balance Due _____
Deposit Amount _____		Balance Paid _____
Estimated Balance _____		Total Pages _____
		RECEIVED MAR 10 2017 CLERK'S OFFICE
Deposit Date _____	In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____	Custodian Signature _____ Date _____

CITY OF LINDEN
APPLICATION FORM301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036

Telephone: (908) 474-8445

Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

#2017-36

(PLEASE PRINT)

Name: Joseph Gachko, Esq.	Date: 3/11/17
Organization (If Applicable):	
Mailing Address: 500 Dorian Road	
City, State, Zip: Westfield, NJ 07090	
Home/Business Phone: [REDACTED]	E-MAIL: jg@westfieldlaw.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	
DESCRIPTION OF PUBLIC RECORD(S): (Please be specific and attach additional pages of information if necessary)	
Please provide a list of all open & closed permits for the following property 2301 Orchard Terrace Linden, NJ	
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)	
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE	
☒ SEND RESPONSE BY E-MAIL	
RECEIVED MAR 13 2017 CLERK'S OFFICE	
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)	
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)	
☐ OTHER (SPECIFY)	
☐ LICENSE INFORMATION (SPECIFY)	
SIGNATURE: [Signature]	
INFORMATION ON A SPECIFIC PROPERTY:	
ADDRESS: 2301 Orchard Terrace	
BLOCK/LOT: 263/3	

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS City File #
2017- 37

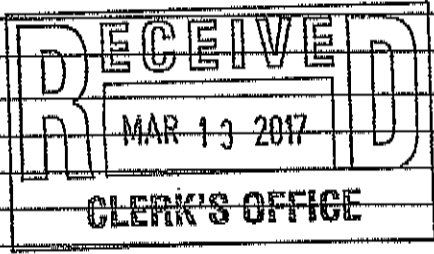
(PLEASE PRINT)

Name: Brenda Smith Date: 03/13/17
Organization (If Applicable):
Mailing Address: 26 Bond Street
City, State, Zip: Freehold, NJ 07728
Home/Business Phone: E-MAIL attiyah.smith@aol.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
copy of complaint report & joining
letter as per Greg Imbraro
complaint was filed in 2015

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☐ SEND RESPONSE BY E-MAIL
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)



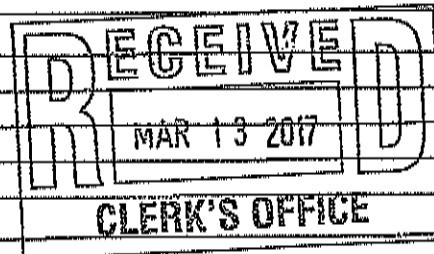
☐ LICENSE INFORMATION (SPECIFY)
SIGNATURE: [Signature]
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 1908 Clinton Street
BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-38

Name: <u>BERNADETA BODEK</u>	Date: <u>03.13.2017</u>
Organization (If Applicable): <u>RE/MAX 1ST ADVANTAGE</u>	
Mailing Address: <u>727 RARITAN RD.</u>	
City, State, Zip: <u>CLARK NJ 07066</u>	
Home/Business Phone: <u>[REDACTED]</u>	E-MAIL: <u>BERNADETA, E. BODEK @ BMAIL.COM</u>
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	
DESCRIPTION OF PUBLIC RECORD(S): (Please be specific and attach additional pages of information if necessary)	
<u>PERMIT HISTORY FROM 1900 TO PRESENT</u>	
<u>OIL TANK HISTORY</u>	
<u>PROPERTY CARDS</u>	
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)	
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE	
☐ SEND RESPONSE BY E-MAIL	
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)	
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)	
☐ OTHER (SPECIFY)	
☐ LICENSE INFORMATION (SPECIFY)	
SIGNATURE: <u>B. Bodek</u>	
INFORMATION ON A SPECIFIC PROPERTY:	
ADDRESS: <u>1012 CLINTON ST.</u>	
BLOCK/LOT: <u>531 / 9</u>	



CITY OF LINDEN APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

2017-39

Date: 03/13/2017

Name: Donna Brillante

Organization (If Applicable): Paradise Appraisals Co.

Mailing Address: 33 Clinton Road Suite 103

City, State, Zip: West Caldwell, NJ 07006

Home/Business Phone: [REDACTED] E-MAIL: r.paradiseappraisals@verizon.net

REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

We are doing an Appraisal on the following property and would appreciate if you could email me the Property Record Card:

716 Essex Street, Linden Block: 144 Lot 14

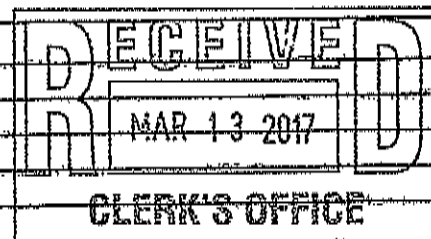
☐ INSPECT / VIEW DOCUMENTS ONLY* (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☒ SEND RESPONSE BY E-MAIL☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Donna Brillante

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 716 Essex Avenue, Linden

BLOCK/LOT: Block 144 Lot 14



CITY OF LINDEN
APPLICATION FORM301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

#2017-40

(PLEASE PRINT)

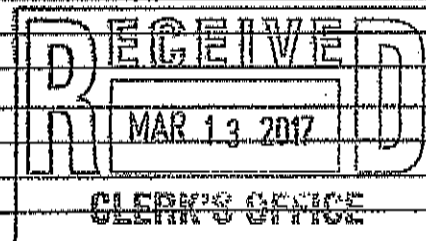
Name: DAVID BEHNKEN / David Behnken Date: 3/13/2017
Organization (If Applicable): AFFILIATED ENGINEERING
Mailing Address: 777 New Durham Road 777 New Durham Road
City, State, Zip: Edison, NJ 08817 Edison, NJ 08817
Home/Business Phone: MAIL DBEHNKEN@AELGROUP.NET
REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☒ FAX AELGROUP.NET

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

COPY OF CERTIFICATE OF OCCUPANCY & ANY RECORD OF CODE VIOLATIONS
FOR 243 WEST ST. GEORGES AVENUE

COPY OF CERTIFICATE OF OCCUPANCY, any record
OF CODE VIOLATIONS FOR 243 W. St. Georges Avenue

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☒ SEND RESPONSE BY E-MAIL☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 243 WEST ST. GEORGES AVENUE 243 W. St. Georges Ave
BLOCK/LOT: BLOCK 309 LOT 3 309 / 3

Page 2 of 2 03/14/2017 3:31 PM

CITY OF LINDEN APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

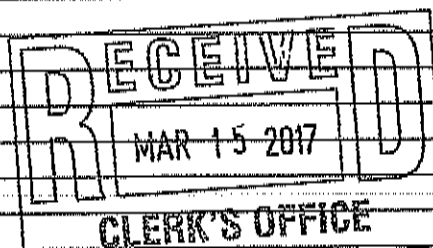
REQUEST FOR PUBLIC RECORDS

PLEASE PRINT)

Name: Shawn Paul 2017-41 Date: 03/14/2017
Organization (If Applicable): American Tax Reporting
Mailing Address: #2727 LBJ Freeway Suite 420
City, State, Zip: Dallas TX -75234
Home/Business Phone: [REDACTED] E-MAIL: cls@slkgroup.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)



- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☐ SEND RESPONSE BY E-MAIL
- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☒ OTHER (SPECIFY) Please advise if there are any open code violations; open / expired building permits and liens/special Assessments such as weeds or tall grass and also advise any utility account balances(water, sewer, and garbage) with a payoff:
- ☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 635 Mc Candless Place Linden NJ-07036

BLOCK/LOT: Block 485 Lot 26

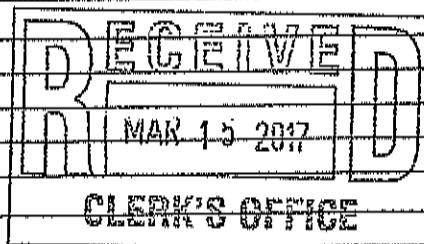
CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

Name: Caitlin Keating 2017-42	Date: 3/14/17
Organization (If Applicable): Geographic Services Inc.	
Mailing Address: 105 Evesboro Medford Rd. Suite C	
City, State, Zip: Marlton, NJ 08053	
Home/Business Phone: [REDACTED]	E-MAIL: caitlink@gsienviromental.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	
DESCRIPTION OF PUBLIC RECORD(S): (Please be specific and attach additional pages of information if necessary)	
We are performing an Environmental Site Assessment for the Property located at 11 Lincoln Street, Block 130, Lot 2 and are looking for the following documentation (if available):	
- Any document related to underground or above ground storage tanks (permits for installation, removal, etc.) - Certificates of occupancy dated back to first development or earliest available. - Asbestos or lead-based paint abatement documentation. - Emergency response for releases or spills of hazardous materials. - Documentation related to septic systems or supply wells. - Documentation related to hydraulic lifts (installation, removal, etc.)	
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)	
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE	
☒ SEND RESPONSE BY E-MAIL or Fax: 856-229-7152	
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)	
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)	
☐ OTHER (SPECIFY)	
☐ LICENSE INFORMATION (SPECIFY)	



SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 11 Lincoln Street

BLOCK/LOT: Block 130, Lot 2

CITY OF LINDEN
APPLICATION FORMREQUEST FOR PUBLIC RECORDS301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

(PLEASE PRINT)

Name: Melissa Schmidt 2017-43	Date: 3/15/17
Organization (If Applicable): Residential Market Appraisals	
Mailing Address: PO Box 4072	
City, State, Zip: Wayne, NJ 07474-4072	
Home/Business Phone: [REDACTED]	E-MAIL: rmaservices@optonline.net
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

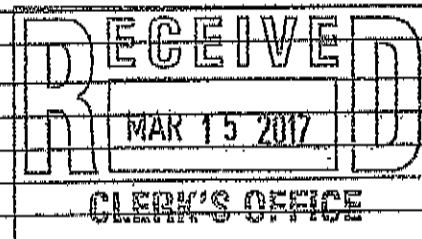
DESCRIPTION OF PUBLIC RECORD(S):

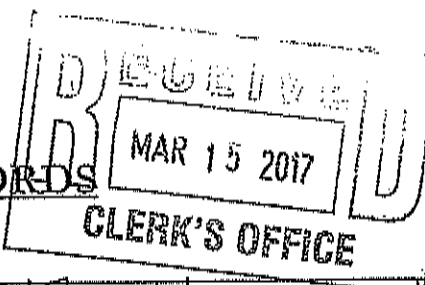
(Please be specific and attach additional pages of information if necessary)

I am a real estate appraiser who is completing an exterior-only appraisal on the property that is located at 924 Essex Ave. I am requesting a copy of the property record card to be used for improvement data.

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☒ SEND RESPONSE BY E-MAIL

rmaservices@optonline.net

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)SIGNATURE: Melissa Schmidt
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 924 Essex AveBLOCK/LOT: Block 114; Lot 15



(PLEASE PRINT)

Name: Kevin Greenleaf #2017-44 Date: 3-14-17

Organization (If Applicable): _____

Mailing Address: 4114 Birchwood Ct

City, State, Zip: North Brunswick NJ, 08902

Home/Business Phone: _____ E-MAIL: tworkg@gmail.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

Case # [redacted] Police Report

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY) _____

☐ LICENSE INFORMATION (SPECIFY) _____

SIGNATURE: Kevin Greenleaf

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

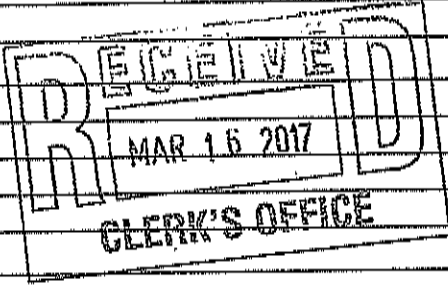
(PLEASE PRINT)

2017-45

Name: Daniel PACO Date: 3-16-2017
Organization (If Applicable):
Mailing Address: 1137A Purdue Place
City, State, Zip: Linden, N.J. 07036
Home/Business Phone: E-MAIL DanielPACO@hotmail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
Police Reports = NOV. 2016 I would like police reports when they were cal
March 13 2017 to my apartment for a [redacted] since
March 11 2017 November 2016.
Feb 3 2017 "ALL 11
March 15 2017 1137A Purdue Place
Linden, N.J. 07036 Reports

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☐ SEND RESPONSE BY E-MAIL
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY; DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
☐ OTHER (SPECIFY)
☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: Daniel Paco
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:
BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

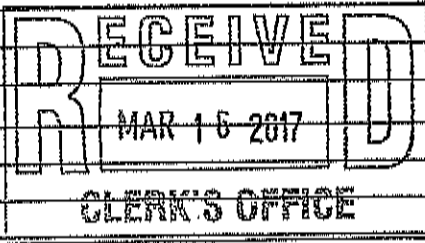
2017-47

(PLEASE PRINT)

Name: Linda Realty Associates Date: 3/16/17
Organization (If Applicable):
Mailing Address: POB 180240
City, State, Zip: Brooklyn NY 11218 ht6374@gmail.com
Home/Business Phone: [REDACTED] E-MAIL: cell: [REDACTED]
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
certificate of occupancy for 2 tenants
721 W Linden Ave Linden NJ
tenant 1 = export services
tenant 2 = East Coast TV

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☒ SEND RESPONSE BY E-MAIL
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY; DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)



☐ OTHER (SPECIFY)
☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 721 W Linden Ave Linden NJ
BLOCK/LOT: 469 Lot 41

CITY OF LINDEN
APPLICATION FORM

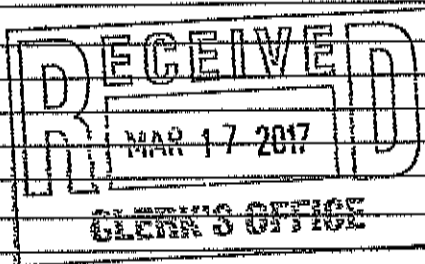
301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

2017-48

Name: Adam Reisborth	Date: 3/16/17
Organization (If Applicable):	
Mailing Address: 46 Martin Rd	
City, State, Zip: Livingston NJ 07037	
Home/Business Phone: [REDACTED]	E-MAIL: arisboard@gmail.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	
DESCRIPTION OF PUBLIC RECORD(S): (Please be specific and attach additional pages of information if necessary)	
Building permits (applications; town response / approved / denied from 2006 through 2016)	
Any resolution done by the zoning board regarding the property	
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)	
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE	
☒ SEND RESPONSE BY E-MAIL	
☒ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)	
☒ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)	
☐ OTHER (SPECIFY)	
☐ LICENSE INFORMATION (SPECIFY)	



SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 100.3 West St. Georges Av. Linden NJ 07036

BLOCK/LOT:

RECEIVED
MAR 17 2017
CLERK'S OFFICE

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

ITY OF LINDEN
PPLICATION FORM

REQUEST FOR PUBLIC RECORDS

LEASE PRINT) #2017-50

Name: Regla Lopez	Date: 3/16/17
Organization (If Applicable): RCL Realty, LLC	
Mailing Address: 1416 B Morris Ave.	
City, State, Zip: Union, NJ 07083	
Home/Business Phone: [REDACTED]	E-MAIL: Reggie@RCLRealty.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
Please be specific and attach additional pages of information if necessary)

Open Permits for
730 Essex Street
Linden NJ 07036
Lot # 0018 - Block 144

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 730 Essex Street

BLOCK/LOT: 144 / 0018

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 0703
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

2017-51

Name: Kimberly Hudson-Garba Date: 3/17/17

Organization (If Applicable):

Mailing Address: 803 Laurita Street

City, State, Zip: Linden, NJ 07036

Home/Business Phone: [REDACTED] E-MAIL 2eliella@gmail.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Copy of complaint I made between the months of May
through September of 2016 on Nyelsha Johnson for
[REDACTED]

Complaint made by - Kimberly Hudson-Garba
and Joe Garba [REDACTED]

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

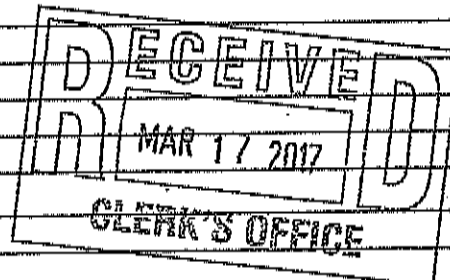
☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY; DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

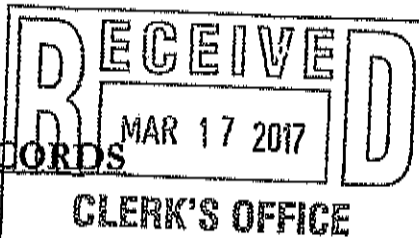
☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: [Signature]
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: _____

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT) #2017-52

CLERK'S OFFICE

Name: Jennifer Ramos Date: 3/17/17
 Organization (If Applicable): Calcagno & Associates
 Mailing Address: 213 South Ave
 City, State, Zip: Cranford NJ 07016
 Home/Business Phone: [REDACTED] E-MAIL Lori@calcagno.lawfirm.com
 REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

All MVA Reports Dated: 3/12/17 - 3/18/17

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☐ SEND RESPONSE BY E-MAIL
- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☐ OTHER (SPECIFY)
- ☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Jennifer Ramos
 INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

2017-53

Name: SHIRVING STANY	Date: 3-16-2017
Organization (If Applicable):	
Mailing Address: 3260 Netherland Ave apt# 6H	
City, State, Zip: Bronx NY, 10463	
Home/Business Phone: [REDACTED]	E-MAIL: shawnstany@gmail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

My License plate (Florida [REDACTED]) in either November or September, even 2008. I came in person and filled a police report. I need a copy of this report email to me. Also, check the month of December please

My License Info: # [REDACTED]

DOB: [REDACTED]

1304 Middlesex st
Linden NJ, 07036

☒ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☒ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL

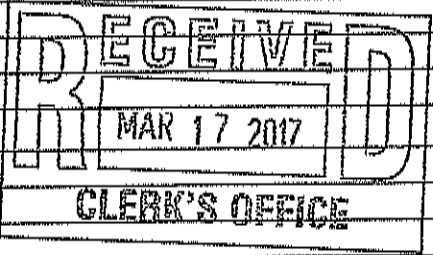
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]



INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: _____
BLOCK/LOT: _____

Chelsea Libreros

2017-54

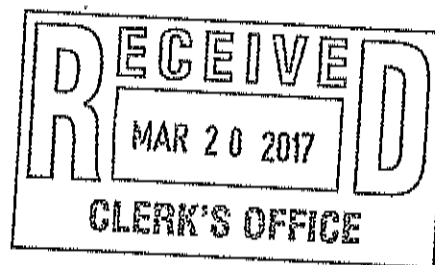
From: Elana Knopp <eknopp@thelocalsource.com>
Sent: Monday, March 20, 2017 12:11 PM
To: Chelsea Libreros
Subject: OPRA request

Good afternoon,

I would like to put in an OPRA request for the following:

Police report for incident occurring on Friday, March 17, brought against Derek Armstead by Christopher Lukenda.

Thank you.
Elana Knopp
Staff Writer
Union County Local Source



CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

2017-55

Name: Omar L. McCray Date: 3-20-17
Organization (If Applicable):
Mailing Address: 21 Woodland drive
City, State, Zip: Roselle, NJ 07203
Home/Business Phone: E-MAIL: 252envy@gmail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

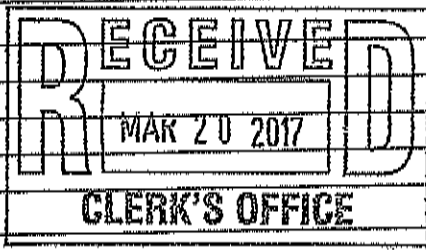
Accident reports - 6/14/2016 - Roselle street
Omar L. McCray
* same person *

AND 7/10/2014 - Park Avenue
also 10/10/2014 - Park Avenue

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☒ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)
☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: Omar L. McCray
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:
BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

#2017-56

PLEASE PRINT)

Name: Tom Hayden Date: 3/21/2017

Organization (If Applicable): The Star-Ledger and NJ.com

Mailing Address: 405 Rt 1 South Building F

City, State, Zip: Iselin NJ 08830-3009

Home/Business Phone: [REDACTED] E-MAIL: thayden@njadunnccmedia.com

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

Seeking copy of Linden Police report of incident that occurred on Friday, March 17, 2017, between 9:45pm and 11pm at Amici III Restaurant, 1700 W. Elizabeth Ave, concerning an [REDACTED]

More specifically, a report on a call that police received at 10:38pm at that location involving a [REDACTED]

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

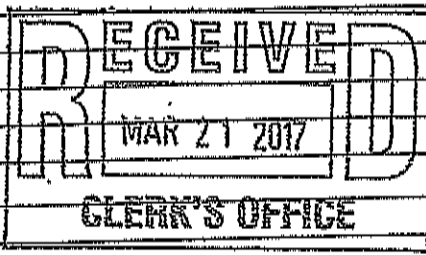
☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: Tom Hayden

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

#2017-57

[illegible]

BLOCK/LOT: Block 146 Lot 4

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

LEASE PRINT

Name: Sandra Perez #2017-58 Date: 03-22-2017
Organization (If Applicable):
Mailing Address: 117 walnut st
City, State, Zip: Roseville, NJ 07203
Home/Business Phone: [REDACTED] E-MAIL: sperez@att.net
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

Please be specific and attach additional pages of information if necessary)

Open permits
final approvals of 1 tank removal

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

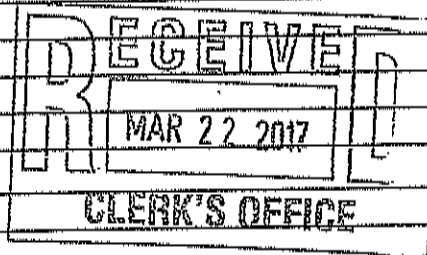
☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

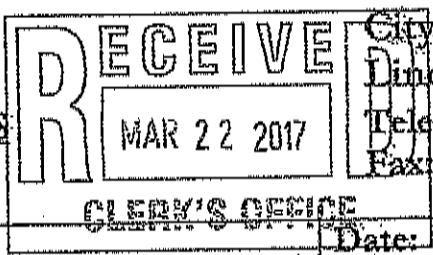
ADDRESS: 2114 dell avenue

BLOCK/LOT: 3 / 3

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS



PLEASE PRINT)

Name: James Sandridge

Organization (If Applicable): #2017-59

Mailing Address: #2727 LBJ FREEWAY SUITE 420

City, State, Zip: DALLAS TX 75234

Home/Business Phone: E-MAIL: cls@slkgroup.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX 888-908-3471

Date: 03/21/2017

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Please check and advise if there are any open code violations or open or expired building permits for the below property:

File # : 527380

Name : RANDOM PROPERTIES ACQUISITION CORP

Parcel : BLOCK 421 LOT 29

Address : 345 Amon Terrace, Linden, NJ, 07036

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

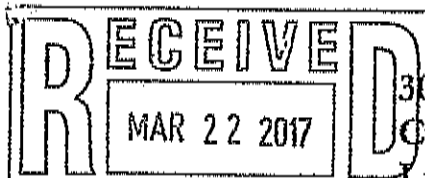
☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 345 Amon Terrace, Linden, NJ, 07036

BLOCK/LOT: BLOCK 421 LOT 29

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS CLERK'S OFFICE

(PLEASE PRINT)

Name: Rachael Lipman # 2017-60 Date: 3/21/17

Organization (If Applicable): Geographic Services Inc

Mailing Address: 105 Evesboro-Medford Rd., Suite C

City, State, Zip: Marlton, NJ 08053

Home/Business Phone: [REDACTED] E-MAIL rachael@gsienvronmental.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

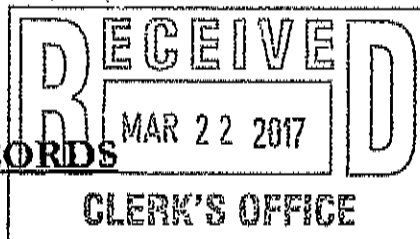
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☐ SEND RESPONSE BY E-MAIL☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☒ OTHER (SPECIFY) Please see cover letter☐ LICENSE INFORMATION (SPECIFY)SIGNATURE: *RA*

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 630-634 East St Georges Avenue

BLOCK/LOT: Block 146 Lot 5

**CITY OF LINDEN
APPLICATION FORM**



301 N. Wood Avenue
City Hall, Room #105
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

Name: Izzy Azevedo #2017-61 Date: 03/22/2017
Organization (If Applicable): All Towne Realty
Mailing Address: 30 Brant Ave
City, State, Zip: Clark NJ 07066
Home/Business Phone: [REDACTED]
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Info on any permit (if any) filed in the past and info on any open permit. (if any) please email to
Reliableteam@outlook.com

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

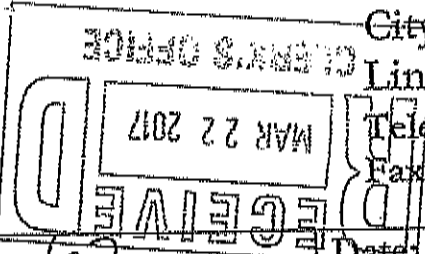
ADDRESS: 634 Miltonia St

BLOCK/LOT: 344/17

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS



(PLEASE PRINT)

Name: Alain Salsous #2017-62 Date: 3-22-2017
Organization (If Applicable): League Properties, LLC
Mailing Address: 1767 Morris Ave
City, State, Zip: Union NJ 07083
Home/Business Phone: [REDACTED] E-MAIL Alain@leagueproperties.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

1320 E. Henry St Linden NJ 07036
2 family
- copy of C/O, property card, building records

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: _____
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 1320 E. Henry St Linden NJ 07036
BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT)

#2017-65

Name: Anthony J. Vignier, Esq Date: March 20, 2017
Organization (If Applicable): _____
Mailing Address: 115 Kearny Ave
City, State, Zip: Kearny NJ 07032
Home/Business Phone: [REDACTED] E-MAIL Anthony.C@anthonyjvignierlaw.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
1. How many family is the property? 612 Alexander Ave, Linden
2. Are there open permits
3. Are there open fines / Penalties.
4. Was an oil TANK ever removed / abandoned

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]
INFORMATION ON A SPECIFIC PROPERTY: 612 Alexander Ave. Linden
ADDRESS: _____
BLOCK/LOT: 20 / 12

**CITY OF LINDEN
APPLICATION FORM**

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-666

Name: Susan Juggernaut

Date: 3/20/17

Organization (If Applicable):

Mailing Address: 70 West Red Oak Lane

City, State, Zip: White Plains, NY 10604

Home/Business Phone: E-MAIL: Susan.juggernaut@cbre.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX**DESCRIPTION OF PUBLIC RECORD(S):**

(Please be specific and attach additional pages of information if necessary)

All files regarding New building / addition / demolition permits; hazardous material
Storage / removal; fuel oil tank installation / removal; Spills / contamination abate;
Asbestos removal / abatement; site remediation

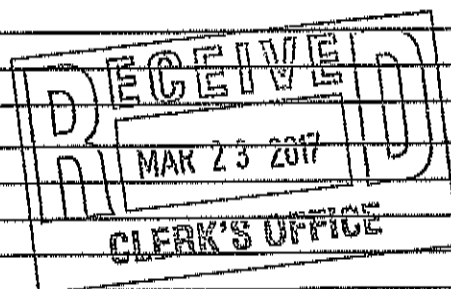
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☒ SEND RESPONSE BY E-MAIL☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 601 East Linden Avenue

BLOCK/LOT: 438 / 12



CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

2017-67

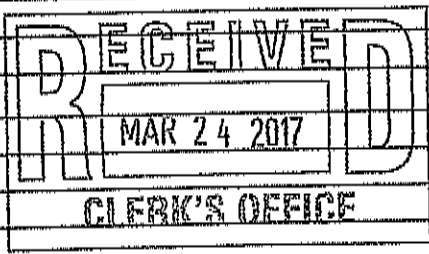
Name: Mike Weber Esq. Date: 3/24/17
Organization (If Applicable):
Mailing Address: 2366 Route 9 South
City, State, Zip: Howell, NJ 07731 mweber@weberlawoffices-c
Home/Business Phone: MAIL michaeljweber@yahoo.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

OPEN PERMITS code violations
1602 Winans Ave, Linden, NJ 07036
10 years

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☒ SEND RESPONSE BY E-MAIL
Lingram 444@aol.com
j.ware@2crs.com
h-ekel@weichertrealtors.net
j.margaritondo@weichertfinancial.com
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)
☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE:
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 1602 Winans Ave, Linden, NJ 07036
BLOCK/LOT: BLOCK 556 Lot 11

(PLEASE PRINT)

#2017-168

Name: Marguis Brinson

Organization (If Applicable):

Mailing Address: 57 Karitan Rd

City, State, Zip: Linden, NJ 07036

Home/Business Phone: [REDACTED] MAIL MPbexpress@gmail.com

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
Motor Vehicle accident occured on property of 57 Karitan Rd. Linden, NJ 07036.
A black Mercedes Benz Truck jumped the curb and severed a tree and damaged lawn.
There was snow on ground. Accident happened between 12Am and 3:30Am in December
2016.

☒ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☒ OTHER (SPECIFY)
Insurance Provider for Car/Vehicle

☒ LICENSE INFORMATION (SPECIFY)

RECEIVED

MAR 24 2017

CLERK'S OFFICE

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-69

Name: AKBAR TOFIQ BAKHSH Date: 3-24-17

Organization (If Applicable):

Mailing Address: 4 SINCLAIR RD

City, State, Zip: EDISON NJ-08820

Home/Business Phone: [REDACTED] E-MAIL: EDTOFIQH@gmail.com

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

CALL REQUESTOR

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

IF IS ANY OPEN PERMIT OR VIOLATION OF CONSTRUCTION

any record of oil tank or
oil tank removal

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

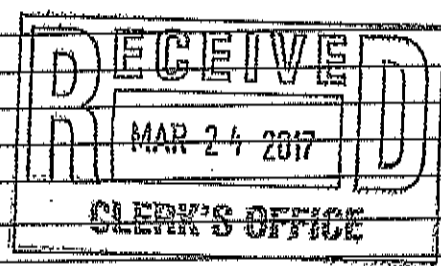
☒ SEND RESPONSE BY E-MAIL EDTOFIQH@gmail.com

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY; DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: Akbar Tofiq Baksh

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1600 WINANS AVE LINDEN

BLOCK/LOT: B 556 Lt 10

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT) #2017-70

Name: Jonathan Roldan Date: 3/24/2017

Organization (If Applicable):

Mailing Address: 343 Washington Avenue Floor 2

City, State, Zip: Elizabeth, NJ 07202

Home/Business Phone: [REDACTED] E-MAIL: jonroldan92@gmail.com

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

Open permits, records
property card
Liens on the property
Record of oil tank and if so, it was removed

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

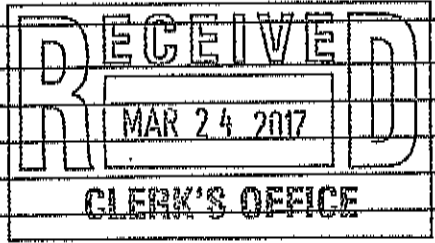
☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY; DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: Martha Gutierrez

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1614 Orchard Terrace, Linden, NJ 07036

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451REQUEST FOR PUBLIC RECORDS

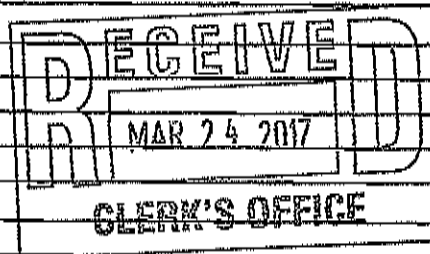
(PLEASE PRINT)

2017-71

Name: Jennifer Ramos Date: 3/24/17
Organization (If Applicable): Calcagno & Associates
Mailing Address: 213 South Ave.
City, State, Zip: Cranford NJ 07016
Home/Business Phone: [REDACTED] E-MAIL Lori@calcagno.lawfirm.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

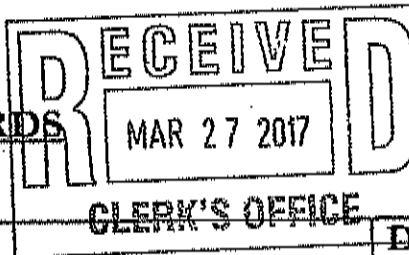
All MVA Reports Dated:3/19/17 — 3/25/17☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☐ SEND RESPONSE BY E-MAIL☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Jennifer Ramos
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: _____

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room #105
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451



REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT) # 2017-72

Name: Izzy Azevedo Date: 03/25/2017

Organization (If Applicable): All Towne Realty

Mailing Address: 30 Brant Ave

City, State, Zip: Clark NJ 07066

Home/Business Phone [REDACTED]

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

Info on any permit (if any) filed in the past and info on any open permit. (if any) please email to
Reliableteam@outlook.com

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1223 North Stiles St

BLOCK/LOT: 417/18

ITY OF LINDEN
PPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

LEASE PRINT) # 2017-73

Name: FRANCISCO HUERTADO Date: 03-27-17

Organization (If Applicable): _____

Mailing Address: 648 PASSAIE AVE

City, State, Zip: KENILWORTH, NJ 07033

Home/Business Phone: _____ E-MAIL HUERTADO68@MSW.COM

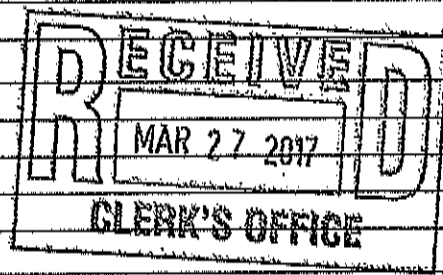
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
Please be specific and attach additional pages of information if necessary)

SECOND BATHROOM IN THE BASEMENT
RECORDS OF DISCOMMISSION OIL TANK
CERTIFICATE OF OCCUPANCY (ALL YEARS)
PROPERTY TAX
ANY LILA
OPEN + CLOSED PERMITS

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☐ SEND RESPONSE BY E-MAIL
- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY; DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

- ☐ OTHER (SPECIFY) _____
- ☐ LICENSE INFORMATION (SPECIFY) _____



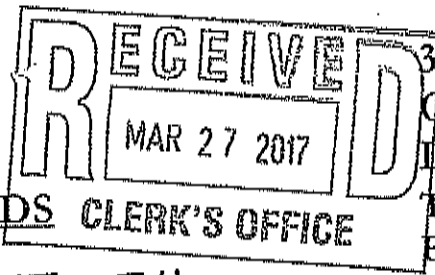
SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 408 ANTWERP AVENUE, LINDEN, NJ

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT)

2017-74

Name: Michael Ritzer	Date: 3/27/17
Organization (If Applicable):	
Mailing Address: 78 Hickory Rd	
City, State, Zip: Colonia NJ 07067	
Home/Business Phone: [REDACTED]	E-MAIL Mike Sells NJ Homes@gmail.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
Has there ever been an oil tank (above or below ground) on the property

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☒ SEND RESPONSE BY E-MAIL
- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☐ OTHER (SPECIFY)
- ☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 122 Berwood Dr.
BLOCK/LOT: 255/00007

CITY OF LINDEN
APPLICATION FORM

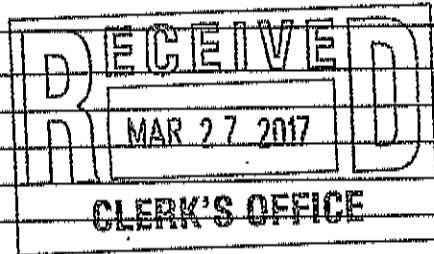
301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT) # 2017-75
Name: Ebony Brooks Date: 3.27.17
Organization (If Applicable):
Mailing Address: 103 South Wood Ave., Apt. 322
City, State, Zip: Linden NJ 07036
Home/Business Phone: [REDACTED] brooks.ebony@gmail.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
Health Department Reports pertaining
to complaints 2016-2017

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☒ SEND RESPONSE BY E-MAIL
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
☐ OTHER (SPECIFY)
☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: Ebony Brooks
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 103 South Wood Avenue
BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

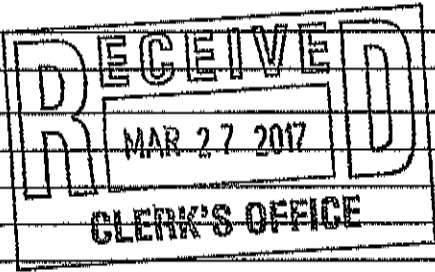
PLEASE PRINT) # 2017-76
Name: Nelson Torres Date: 3/27/17
Organization (If Applicable):
Mailing Address: 140 Frances Pl
City, State, Zip: Hillside NJ, 07205
Home/Business Phone: [REDACTED] E-MAIL Nelson.Torres14147@gmail.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
Please be specific and attach additional pages of information if necessary)
1. Tax delinquent list - current
2. Vacant Property list - current
3. Code Violations list - current

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☒ SEND RESPONSE BY E-MAIL Nelson.Torres14147@gmail.com

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)



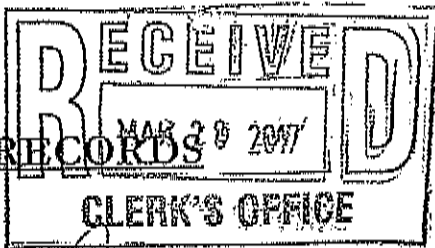
☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:
BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS



(PLEASE PRINT)

Name: Cammie Ambros #2017-77 Date: 3/28/17
Organization (If Applicable):
Mailing Address: 11a Washington Rd.
City, State, Zip: Parlin NJ 08859
Home/Business Phone: [REDACTED] E-MAIL Cammie175@gmail.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
Requesting DPRA
Copy of incident report for 3/7/17 - Approximately
10:30 to 11:00 am. @ on Rt 1 in Linden at the
Rt. 1 Vantage gas station - approximately 3-4 police
cars responded. Need a list of all responding officers
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☒ SEND RESPONSE BY E-MAIL Cammie175@gmail.com

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY; DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
☐ OTHER (SPECIFY)
☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Cammie Ambros
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:
BLOCK/LOT:

#2017-79



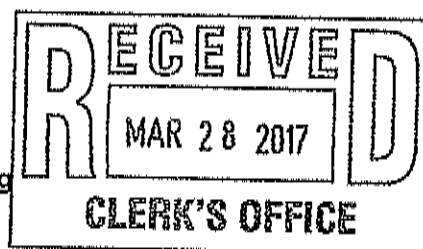
JOHN H. ALLGAIR, PE, PP, LS (1983-2001)
DAVID J. SAMUEL, PE, PP, CME
JOHN J. STEFANI, PE, LS, PP, CME
JAY B. CORNELL, PE, PP, CME
MICHAEL J. McCLELLAND, PE, PP, CME
GREGORY R. VALES, PE, PP, CME

TIMOTHY W. GILLEN, PE, PP, CME
BRUCE M. KOCH, PE, PP, CME
LOUIS J. PLOSKONKA, PE, CME
TREVOR J. TAYLOR, PE, PP, CME
BEHRAM TURAN, PE, LSRP

March 28, 2017

Attn: Joseph Bodek, City Clerk
City of Linden
301 N. Wood Avenue
Linden, NJ 07036

**Re: Request for Information
Preliminary Assessment
Former Linden Police Department Juvenile Bureau Building
13-15 Knopf Street
Block 249, Lot 2
City of Linden
Union County, New Jersey**



Dear Mr. Bodek:

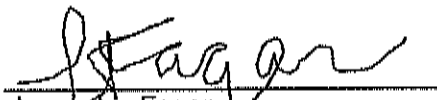
CME Associates is conducting a Preliminary Assessment at the above referenced property on behalf of the City of Linden. We are respectfully requesting all available records related to environmental concerns for the above referenced site. The intent of this request is to identify potential environmental concerns on the property. Unfortunately, due to the possibility that any government record could provide pertinent information regarding potential contamination, we cannot be any more specific with our request. Examples of the types of files we are looking for would be:

- Previous environmental investigations, actions and/or reports;
- Current and previous ownership and use of the property;
- Historical operations, including information on buildings, wells, and/or septic systems;
- Reports of any spills and/or discharges
- Storage of hazardous substances, or fires;
- Historical environmental permit applications;
- Documentation of emergency response actions conducted at the site;
- Underground or aboveground storage tanks records
- Building/planning/code enforcement records including any open or closed building permits development applications / site plans

The information gathered from the files will be used in a Preliminary Assessment Report. Please find enclosed the City's OPRA Request Form and a tax map and record detailing the boundaries of the properties. If you have any questions or require clarification, please do not hesitate to contact me at (732) 951-2101, extension 119 or via e-mail at jfagan@cmeusa1.com.

Very truly yours,

CME Associates


Jacquelyn Fagan
Environmental Scientist

Enclosures

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT) #2017-79

Name: Jacquelyn Fagan	Date: March 28, 2017
Organization (If Applicable): CME Associates	
Mailing Address: 3759 U.S. Highway 1 South - Suite 100	
City, State, Zip: Monmouth Junction, NJ 08852	
Home/Business Phone: [REDACTED]	E-MAIL: jfagan@cmeusal.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

CME is performing a Preliminary Assessment at 13-15 Knopf Street, Linden, NJ, designated as Block 249, Lot 2. It is the location of the former Linden Police Department Juvenile Bureau Building. Please provide all available records pursuant to Preliminary Assessment/Phase I ESA Requirements, including the following:

PREVIOUS ENVIRONMENTAL INVESTIGATIONS, ACTIONS, AND/OR REPORTS	-Current and previous ownership records and documentation pertaining to use of property
Historical operations, including information on buildings, wells, and/or septic systems	-Reports of any spills and/or discharges
Historical environmental permit applications	-Storage of hazardous substances, or fires
Building/planning/code enforcement records including any open or closed building permits / development applications / site plans	-Underground or above-ground storage tanks records

☒ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: 

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 13-15 Knopf Street Linden, NJ (Former Linden Police Department Juvenile Bureau Building)

BLOCK/LOT: Block 249, Lot 2

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT)

2017- 80

Name: Tania Center Date: 3/28/17
Organization (If Applicable): Keller Williams Elite, Realtors
Mailing Address: 481 Memorial Parkway
City, State, Zip: Metuchen, NJ 08840
Home/Business Phone: [REDACTED] E-MAIL tania.center@kw.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Property Records Pertaining to the property @ 1304 E. Henry St. Linden
Block 53 Lot 2
Any open & closed permits, any city/municipal liens, tax liens,
known municipal assessments, easements, zoning for property.

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

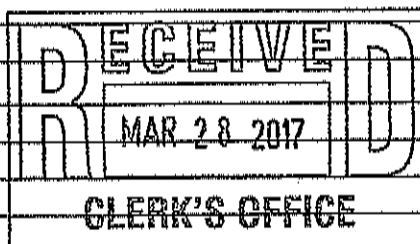
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

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☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)



☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Tania Center

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1304 E. Henry St, Linden 07036

BLOCK/LOT: 53 / 2

#2017-81

Jennifer Honan

From: Aneesa Ali <Aneesa_Ali22@hotmail.com>
Sent: Wednesday, March 29, 2017 3:48 PM
To: Jennifer Honan
Subject: Please accept this open public report

Hello

This is Aneesa Ali my date of birthday is 01/12/1985 . I am requesting for police report [REDACTED]
[REDACTED] I live in Delaware and it's hard for me to come there so
please help me to find report. If you need to contact me you can email me back or call me at [REDACTED]

Thank You

Sent from Outlook

CITY OF LINDEN
APPLICATION FORM

RECEIVED
MAR 30 2017
CLERK'S OFFICE

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT)

Name: Sasabjit Kaur #2017-82 Date: _____

Organization (If Applicable): _____

Mailing Address: _____

City, State, Zip: _____

Home/Business Phone: _____ E-MAIL Bluntoemail@gmail.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

pictures relative to the attached incident
report # 17011108/1

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☐ SEND RESPONSE BY E-MAIL
- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☐ OTHER (SPECIFY) _____
- ☐ LICENSE INFORMATION (SPECIFY) _____

SIGNATURE: _____

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: _____

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

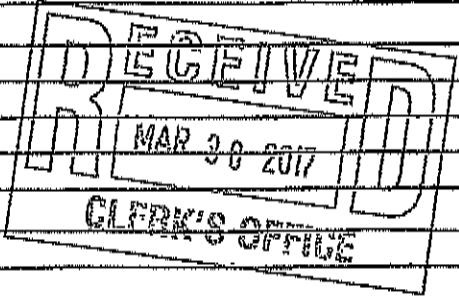
2017-83

Name: Law Office of Emmanuel C. Nobile	Date: 3/30/17
Organization (If Applicable):	
Mailing Address: 2204 Morris Ave	
City, State, Zip: UNION, NJ 07083	
Home/Business Phone: [REDACTED]	E-MAIL: chucks.legal@aol.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

Incident # 17005760
Driver: Marc Angelini car: 06 BMW Black
Owner: Tshela Angelini plate: 5P2GFJ
D/O/A: 2/8/13

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☐ SEND RESPONSE BY E-MAIL
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
☐ OTHER (SPECIFY)
☐ LICENSE INFORMATION (SPECIFY)



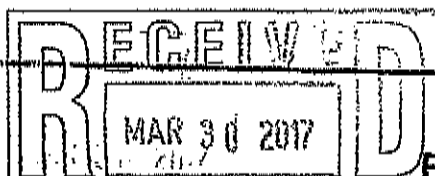
SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

2017 - 84



Facsimile Cover Sheet

CLERK'S OFFICE

To: Mr. Joseph Bodek, City Clerk

COMPANY: City of Linden

PHONE: 908 474 8452

FAX: 908 474 8451

DATE: March 30, 2017

PAGES INCLUDING THIS COVER

PAGE: 2

COMMENTS: Open Public Records Act (OPRA) Request

Partner Project No. 17-184037.1

Address: 1711 West Elizabeth Avenue, Linden, NJ 07036

Block/Lot: 423/20

Mr. Bodek

In accordance with the attached City of Linden Request for Public Records form, please forward to us all available information regarding USTs, ASTs, spill records, remediation activities, dumping, storage of hazardous materials and other hazardous material activities, groundwater monitoring wells, or information regarding any other environmental issues pertaining to the property known as Chemical Services, Inc., located at 1711 West Elizabeth Avenue, Linden, NJ (Block 423, Lot 20).

Please contact me prior to processing if there are any costs associated with this request. Your response can be faxed, mailed, or emailed as follows:

David Bachman
Partner Engineering & Science, Inc.
611 Industrial Way West
Eatontown, New Jersey 07724

Fax: (732) 380-1701
Email: dbachman@partneresi.com

If you have any questions, please do not hesitate to call me at (908) 347-4017.

David Bachman

David Bachman
Senior Assessor

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT

#2017-85

Name: Richard Duenas Date: 3/28/17

Organization (If Applicable):

Mailing Address: 654 Magnolia ave

City, State, Zip: Elizabeth NJ, 07206

Home/Business Phone: [REDACTED] E-MAIL: Samuel226@live.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

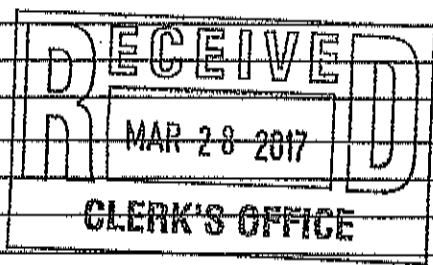
Please be specific and attach additional pages of information if necessary)

~~Richard Duenas~~ Richard Duenas (Marcelo Duenas [REDACTED])
car accident 3/3/16 dob: 12/13/1998
location Dill Ave & Adams Street

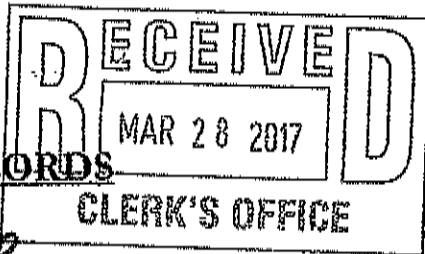
- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
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- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:
BLOCK/LOT:



CITY OF LINDEN
APPLICATION FORM



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

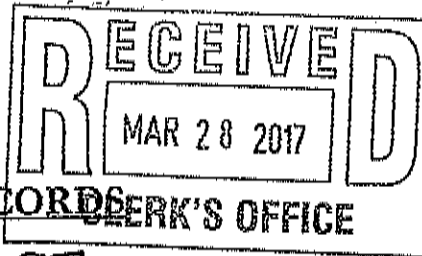
(PLEASE PRINT) # 2017 - 86

Name: Candice Soder	Date: 3/28/2017
Organization (If Applicable): Partner Engineering and Science	
Mailing Address: 10 Mountain View Road, Suite 218 North	
City, State, Zip: Upper Saddle River, NJ 07458	
Home/Business Phone: [REDACTED]	E-MAIL csoder@partneresi.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
please send records of tank installation or removal, site remediation, hazardous waste generation, certificates of occupancy, and construction permits for 651 N Stiles Street, Linden, NJ block 421 lot 15.01

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☒ SEND RESPONSE BY E-MAIL
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
☐ OTHER (SPECIFY)
☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:
BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS CLERK'S OFFICE

(PLEASE PRINT)

2017-87

Name: BERNADETA BODEK Date: 03 28, 2017
 Organization (If Applicable): RE/MAX 1ST ADVANTAGE
 Mailing Address: 727 RARITAN RD. CLARK NJ 07066
 City, State, Zip:
 Home/Business Phone: [REDACTED] E-MAIL: BERNADETA.E.BODEK@GMAIL.COM
 REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

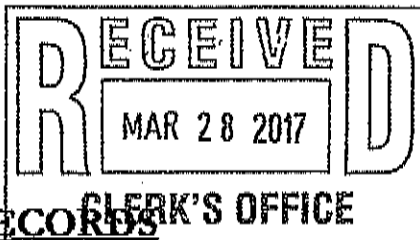
1. PROPERTY CARD
2. OIL TANK HISTORY FROM 1940 TO PRESENT
3. PERMIT HISTORY FROM 1940 TO PRESENT

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☐ SEND RESPONSE BY E-MAIL☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)SIGNATURE: B. Bodek

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 312 MCCANDLESS ST.BLOCK/LOT: 127 / 13

CITY OF LINDEN
APPLICATION FORM



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

2017-88

(PLEASE PRINT)

Name: Andrew L. Smith Date: 3/24/17
Organization (If Applicable): All American Environmental, LLC
Mailing Address: 136 Edison Rd.
City, State, Zip: Lk. Hopatcong, NJ 07849
Home/Business Phone: [REDACTED] E-MAIL: Cheryl@allamericanenviro.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Looking for any environmental records on the property
such as permits, underground storage tank install
abandonment/Removal, spills, discharges, site
remediation, etc.

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 725 Commerce Rd. Linden, NJ 07036

BLOCK/LOT: Block-439 Lot-26

CITY OF LINDEN
APPLICATION FORM

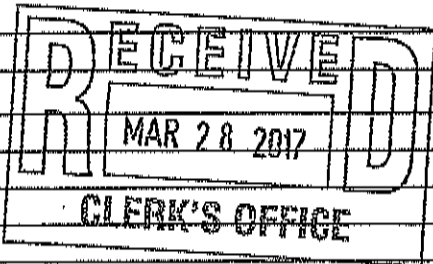
301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS #2017-89

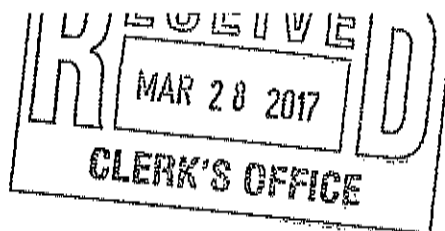
PLEASE PRINT
Name: Kimberly Purcell Date: 3/28/2017
Organization (If Applicable): KW TEAM REALTY
Mailing Address: 325 Piaget Ave, 2nd fl.
City, State, Zip: Clifton, NJ 07011
Home/Business Phone: [REDACTED] MAIL thepurcellteam@kw.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
• Construction / Building records on file regarding US
oil tanks, plumbing, electrical, mechanical, building
• Zoning - Any variance or zoning records
• Engineering - Any (permit) records
• TAX ASSESSOR - Property Tax Card w/ ownership details
- Any tax liens records
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☒ SEND RESPONSE BY E-MAIL
Please send above info to:
ThePurcellTeam@kw.com
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)
☐ LICENSE INFORMATION (SPECIFY)
SIGNATURE: [Signature]
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 228 Morristown Road, Linden 07036
BLOCK/LOT: 291/18



CITY OF LINDEN
APPLICATION FORM



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-90

Name: Manuel R. Grova, Jr., Esq. Date: 3/28/17

Organization (If Applicable): Mandelbaum Salsburg

Mailing Address: 75 Elizabeth Avenue

City, State, Zip: Elizabeth, NJ 07206

Home/Business Phone: [REDACTED] E-MAIL: Mgrova@lawfirm.ms / jnieves@lawfirm.ms

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

1. If available, a copy of the video taken by witness, Tia Raeford, again, if available.

2. A copy of the BWC video which captures the incident as referenced in the attached police report number 17-2855.

3. If surveillance cameras are installed at the intersection of Route 1 South and Willow Glade Road in Linden, NJ, then I would like to obtain a copy of the surveillance footage from time frame from 2:00 p.m. to 5:00 p.m.

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☒ OTHER (SPECIFY) Videos

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: A handwritten signature in dark ink, appearing to read "M. Grova".

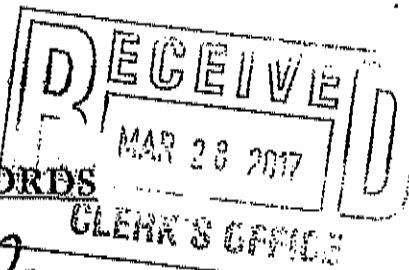
INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

(PLEASE PRINT)

2017-92

Name: KRISTINA GUNA Date: 3/28/17

Organization (If Applicable): ELITE SERVICES

Mailing Address: 202 MARKET ST.

City, State, Zip: SADDLE BROOK, NJ 07663

Home/Business Phone: E-MAIL KRISYG515@aol.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Information regarding underground sewer line on property located at 910 W. Gibbons St.
(length, if replacement, etc.) how far into property it runs

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL to KRISYG515@aol.com

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 910 W. Gibbons ST LINDEN NJ

BLOCK/LOT:

WAITING ON
NEW FAX OR
EMAIL

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

2017-93

PLEASE PRINT

Name: Danielle Sarah Date: 3-27-17

Organization (If Applicable):

Mailing Address: 1204 Schmidt Ave

City, State, Zip: Union NJ 07033

Home/Business Phone: [REDACTED] EMAIL sarah.0323@yahoo.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX 1-215-683-6203

OR Email: (908) 256-0843

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Please send property record card this information is
use for appraisal for purchase - Thank you

property record card 823 Union Street

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

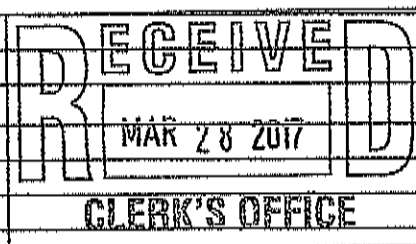
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)



☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 323 Union St Linden NJ 07036

BLOCK/LOT: 118 Lot 17

118 Lot 17

CITY OF LINDEN
APPLICATION FORM

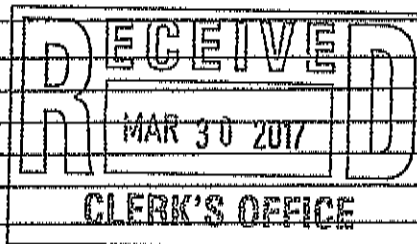
301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-94

Name: <u>Madalyn Kulas</u>	Date: <u>3/30/17</u>
Organization (If Applicable): <u>VERTEX</u>	
Mailing Address: <u>3322 Route 22 West, Suite 907</u>	
City, State, Zip: <u>Branchburg, NJ 08876</u>	
Home/Business Phone: <u>[REDACTED]</u> E-MAIL <u>mkulas@vertexeng.com</u>	
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	
DESCRIPTION OF PUBLIC RECORD(S): (Please be specific and attach additional pages of information if necessary)	
<u>Address - 1051 Edward Street, Linden, NJ</u>	
<u>Construction Dept - permit applications, inspection reports</u>	
<u>Engineering - site plans</u>	
<u>Planning - site plans, zoning variance applications</u>	
<u>Tax Assessor - all records including property assessment cards</u>	
<u>Health - environmental records, right to know records, storage and/or discharge</u>	
<u>of hazardous materials and/or petroleum products, septic + potable well records</u>	
☒ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)	
☒ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE	
☒ SEND RESPONSE BY E-MAIL	
<u>Pending responsive records</u>	
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)	
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)	
☐ OTHER (SPECIFY)	
☐ LICENSE INFORMATION (SPECIFY)	
SIGNATURE: <u>MK</u>	
INFORMATION ON A SPECIFIC PROPERTY:	
ADDRESS: <u>1051 Edward Street</u>	
BLOCK/LOT: <u>580 / 9</u>	



CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT)

2017-95

Name: Tom Hayden Date: 3/31/2017

Organization (If Applicable): The Star-Ledger

Mailing Address: 405 Route 1 South, Building E.

City, State, Zip: Iselin, NJ 08830-3009

Home/Business Phone: [REDACTED] MAIL: thaydon@njadvancemedia.com

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Video that Mayor's office or other city employee or city office
has of incident involving Mayor Ammstead and Christopher Lukenda
at Amici's Restaurant 1700 W. Elizabeth Ave. on March 17, 2017.

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

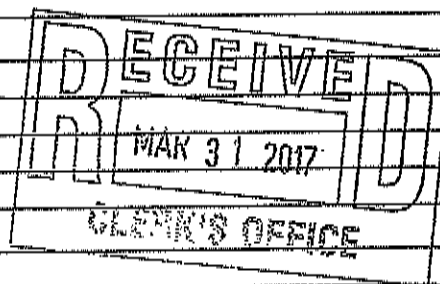
☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: Tom Hayden

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

LINDEN
ATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

ST FOR PUBLIC RECORDS

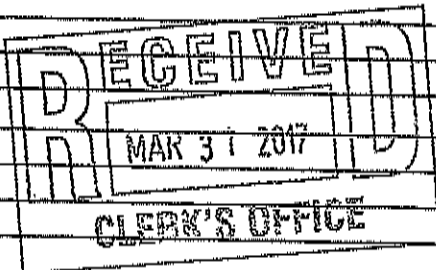
UNT) #2017-96
Jennifer Ramos Date: 3/31/17
ion (If Applicable): Calcagno & Associates
ddress: 213 South Ave
Zip: Cranford NJ 07016
usiness Phone: [REDACTED] E-MAIL: Lori@calcagnolawfirm.com
MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

ION OF PUBLIC RECORD(S):
pecific and attach additional pages of information if necessary)
MVA Reports Dated:
3/26/17 — 4/1/17

C / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
E PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
SPONSE BY E-MAIL

MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
SPECIFY)

INFORMATION (SPECIFY)
ON ON A SPECIFIC PROPERTY:



CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT) # 2017-97

Name: Yamir Rodriguez Date: 3/31/17

Organization (If Applicable): _____

Mailing Address: 5 Williams Dr Apt. B

City, State, Zip: Elizabeth, NJ, 07202

Home/Business Phone: _____ E-MAIL: fesolipm@gmail.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
Please be specific and attach additional pages of information if necessary)

October 1 to Ending November 2014
on Route 1-9 South

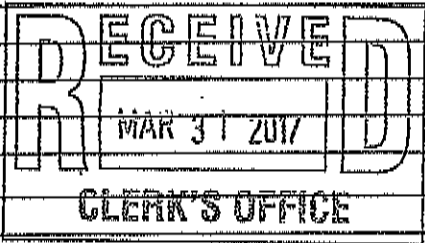
Yamir Rodriguez
[Redacted]
[Redacted]

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☒ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☒ SEND RESPONSE BY E-MAIL

- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: Yamir Rodriguez

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

Y LINDEN
PLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

QUEST FOR PUBLIC RECORDS

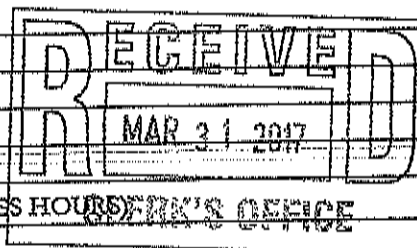
PLEASE PRINT)

2017-98

Name: MARGARET BOBER Date: 3/31/17
Organization (If Applicable): TERRA REALTORS
Billing Address: 500 Centennial Ave
City, State, Zip: Cranford NJ 07016
Home/Business Phone: [REDACTED] E-MAIL: MARGARET@TERRAREALTORS
QUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

Please be specific and attach additional pages of information if necessary)



LONG NORMAL BUSINESS HOURS

DOCUMENTS FOR PURCHASE

SEND RESPONSE BY E-MAIL

COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

OTHER (SPECIFY)

WHAT IS THE BUILDING ZONED FOR
WHAT KIND OF BUSINESS CAN BE OPENED
AT THE LOCATION, IF ~~IT~~ POSSIBLE PROVIDE LIST

LICENSE INFORMATION (SPECIFY)

SIGNATURE: M. Bober

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 424 ROSELLE STREET UNIT A

BLOCK/LOT: 158/15