41

TY OF LINDEN
PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

2017-279

EASE PRINT)

lame: Glenn Yanovak | Date: 06/01/2017

rganization (If Applicable): Creative Solutions Investigative Services

lailing Address: P.O. Box 701

ity, State, Zip: Morris Plains, NJ 07950

lome/Business Phone [redacted] E-MAIL fdriscoll@csinvestigations.info

EQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

ESCRIPTION OF PUBLIC RECORD(S):

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

Regarding the Linden Police 08/18/2012 [redacted] please provide copies of the following items:

a. Copies of incident and supplemental reports
b. Copies of questionnaires completed regarding Anthony Michael Neumann
c. Copies of all lab/toxicology REQUESTS
d. Copies of all lab/toxicology RESULTS
e. Copies of DVD of patrol vehicle DVR, stationhouse video, or other video relating to the arrest of "SUBJECT"
f. Copy of the Alcohol Influence Report
g. Copies of all Complaint Warrants, Summonses, or Motor Vehicle tickets relating to the incident.
h. Copy of the arrest report

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

] PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

X 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)

RECEIVED
JUN 01 2017
CLERK'S OFFICE

SIGNATURE: Glenn Yanovak

NFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

ITY OF LINDEN
PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

LEASE PRINT) Balram singh #2017-280
Name: Date: 6/1/17
Organization (If Applicable):
Mailing Address: 710 Rosalle ST
City, State, Zip: Linden N J 07036
Home/Business Phone [redacted] E-MAIL ramsuperbest@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)

I Need Paper Work on oil Tank Record

☐ 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)

RECEIVED
JUN 01 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Balram Singh
NFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 52 W 12th Street Linden NJ 07036
BLOCK/LOT: Block 544 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

2017-281

(PLEASE PRINT)

Name: Mchael J. Nappe | Date: June 1, 2017

Organization (If Applicable):

Mailing Address: 26 Deborah Drive

City, State, Zip: Piscataway, NJ 08854

Home/Business Phone [redacted] MAIL mnappe@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)

Copy of surveillance tapes of top floor of municipal building (Over Courthouse) between 5PM and 6:30PM on May 1, 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)

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JUN 01 2017
CLERK'S OFFICE

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Michael J. Nappe

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

:ITY OF LINDEN
:PPLICATION FORM

:EQUEST FOR PUBLIC RECORDS

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

2017-282

(PLEASE PRINT) Date: 6/1/17

Name: JOSE CASTANON

Organization (If Applicable): Professional Claims Solutions on behalf of NJPLIGA

Mailing Address: 4 Industrial way west

City, State, Zip: Eatontown NJ 07724

Home/Business Phone: [redacted] E-MAIL: JCASTANON@PROCLAIMSSOLUTIONS.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 need a copy of the video surveillance footage from the PARK View Tavern from the accident/incident on 11/6/16 (your CASE # 1604905)

- we also need a copy of the final raport conducted by Investigator Hammer stating there were no charges issued and the investigation is complete.

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

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☐ 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)

RECEIVED
JUN 01 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

Y OF LINDEN
LICATION FORM

QUEST FOR PUBLIC RECORDS

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

#2017-283

ASE PRINT)

me: Vincenzo Bonello | Date: 6/2/17

ganization (If Applicable):

iling Address: 104 Serpentine Drive

y, State, Zip: Morganville NJ 07751

me/Business Phone [redacted] E-MAIL vbonello@optonline.net

QUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

SCRIPTION OF PUBLIC RECORD(S):

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

copies of police reports ~~made by~~ that occured May 19, 2017 at 1526 E. St. George Ave & Nora Drive where a confrontation took place between Tayvon Fish & Isaac France

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

PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

SEND RESPONSE BY E-MAIL

if there is any other records involving these people & adaress please provide.

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)

RECEIVED
JUN 02 2017
CLERK'S OFFICE

GNATURE: Vincenzo Bonello

FORMATION ON A SPECIFIC PROPERTY:

DRESS:

OCK/LOT:

TY OF ~~LI~~NDEN
'PLICATION FORM

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

EQUEST FOR PUBLIC RECORDS

EASE PRINT) # 2017-284

ame: Sharon DeCroce Date: 6/2/2017

rganization (If Applicable): Keller Williams Realty

ailing Address: 55 Madison Ave

ty, State, Zip: Morristown NJ 07960

ome/Business Phone E-MAIL Sadecroce@gmail.com

EQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

37 E. Linden Ave, Linden, NJ 07036
home is being sold in an arms length transaction

* any open permits on this home
x all thanks

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

PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

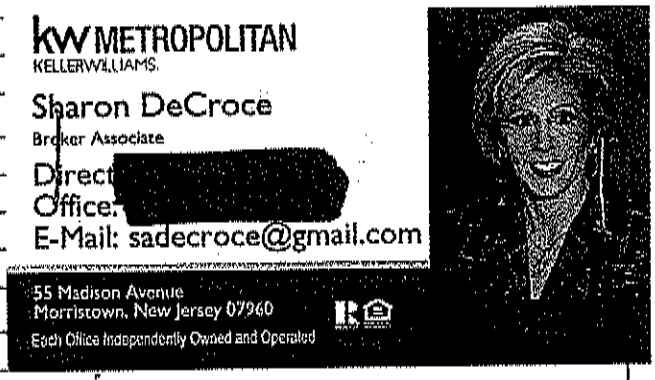
SEND RESPONSE BY E-MAIL

~~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: Sharon DeCroce

NFORMATION ON A SPECIFIC PROPERTY:

DDRESS: 37 E. Linden Ave, Linden, NJ 07036

LOCK/LOT: 448 / 14

EDGE POINT

12917 Fitzwater Drive • Nokesville, VA 20181
571-229-9258 office 571-229-9260 fax

OPEN RECORDS REQUEST

#2017-285
Recd 6/1/17

May 23, 2017

Linden, NJ - Chief Financial Officer
Attn: Ms. Alexis Zack

Edge Point Contracting, Inc. hereby requests a copy of the following in electronic format and/or whatever format exists:

1. An accounting of all uncashed checks/warrants (checks that have been issued by your government agency and remain outstanding) for six (6) months or more as of the date of this letter. Please only include items that can still be claimed by the payee and have not been escheated to the state.

- Please include the payee name, date, amount and check number.
- If it is less time consuming and more cost effective, please only provide amounts which equal $1,000.00 or more
- If possible, please include the last known address of the payee.

2. An accounting of any unclaimed funds which have not been escheated to the state.

- Please include the payee name, date, amount, and any additional information if available.
- If it is less time consuming and more cost effective, please only provide amounts which equal $1,000.00 or more
- If possible, please include the last known address of the payee.

Edge Point is prepared to pay for all necessary expenses up to $50.00. Please notify our office if the labor and materials exceed this amount.

Sincerely,

Darren Council
dcouncil@edgepoint.biz

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

#2017-286

(PLEASE PRINT)

Name: Jennifer Ramos | Date: 6/2/17

Organization (If Applicable): Calcagno & Associates

Mailing Address: 213 South Ave.

City, State, Zip: Cranford, NJ 07016

Home/Business Phone [redacted] E-MAIL Lori@calcagnolawfirm.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:

5/28/17 — 6/3/17

☐ 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)

RECEIVED
JUN 05 2017
CLERK'S OFFICE

SIGNATURE: Jennifer Ramos

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

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JUN - 5 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) # 2017 - 288

Name: Gabriela Barcenas | Date: 6/5/17
Organization (If Applicable):
Mailing Address: 1982 Price St.
City, State, Zip: Rahway, NJ 07065
Home/Business Phone: [redacted] E-MAIL barcenas230@msn.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
In the process of purchasing 2 Pallant ave. Linden, NJ
I would like to know if this is in a flood zone and whether there are any open permits associated with this 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)
Is this a flood zone?
Any open permits?

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 2 Pallant Ave. Linden, NJ
BLOCK/LOT: 225. 11.02

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) #2017-289

Name: RICK ANDRES	Date: 6-5-17
Organization (If Applicable): DODGE DATA + ANALYTICS	
Mailing Address: 300 AMERICAN METRO BLVD	
City, State, Zip: HAMILTON NJ 08619	
Home/Business Phon[redacted] E-MAIL rick.andres@construction.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 PERMIT FOR 211-307 W. ELIZABETH AVE & 10 LUMBER ST, SAMATD ACQUISITIONS LINDEN LLC

FROM 2016 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:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 211-307 W. ELIZABETH AVE + 10 LUMBER ST

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

#2017-290

(PLEASE PRINT)

Name: JOANNE MORDAS | Date: 6-5-17

Organization (If Applicable): HALLMARK REALTORS

Mailing Address: 112 WESTFIELD AVE.

City, State, Zip: CLARK NJ 07066

Home/Business Phon[redacted] E-MAIL PARTNERS@HALLMARKREALTORS.COM

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

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

Copies REQUEST FOR VERIFICATION OF OPENING OF PERMIT for O.I tank removal (IN GROUND) & NAME OF COMPANY per formina 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: Joanne Mordas

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 401 FERNWOOD TERR. LINDEN

BLOCK/LOT: BLOCK 364 LOT 1

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address 908-474-8451

Name of Agency Custodian

#2017-291

Important Notice

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

Requestor Information – Please Print

First Name Carly MI ____ Last Name Kaminsky

E-mail Address Carly@beinksconsulting.com

Mailing Address 1250 Liberty Ave

City Hillside State NJ Zip 07205

Telephone [redacted] FAX (908)353-3107

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

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

Signature Carly Kaminsky Date 6/5/17

Payment Information

Maximum Authorized Fee Cost $

Select Payment Method

Cash Check Money Order

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

Delivery: Delivery / postage fees addition al depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Please provide a list of permit applications for the installation, removal or the decomissioning of Underground Storage tanks at: 339 Miltonia St, Linden, NJ 07036

Block # 354 Lot # 7

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

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) # 2017-292

Name: MATTHEW WOOLFORD | Date: 6/2/2017

Organization (If Applicable): EBI CONSULTING

Mailing Address: 9 PENN AVENUE

City, State, Zip: COLLINGSWOOD NJ 08108

Home/Business Phone: [redacted] E-MAIL mwoolford@ebiconsulting.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 RECORDS PERTAINING TO SITE REMEDIATION, TANK INSTALLATION OR REMOVAL, HAZARDOUS MATERIALS DISCHARGE OR STORAGE OR HAZARDOUS WASTE GENERATION TO COMPLETE A PHASE I ENVIRONMENTAL SITE ASSESSMENT FOR THE PROPERTY KNOWN AS 2000 ALLEN STREET, BLOCK 586, LOT 4.

☐ 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:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 2010 ALLEN STREET

BLOCK/LOT: 586/4

RECEIVED
JUN - 6 2017
CLERK'S OFFICE

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

2017-293

PLEASE PRINT)

Name: Aminata Diero | Date: 06/06/2017

Organization (If Applicable): Option 1 Realty Group

Mailing Address: 56 Washington St.

City, State, Zip: Newark NJ 07102

Home/Business Phone [redacted] E-MAIL aminataoption1@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)

Good morning,
This request is to find out if there is any code violations or citations on:
1100 Dill Ave Linden NJ 07036

Thank you!

☐ 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)

RECEIVED
JUN 06 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 1100 Dill Ave, Linden NJ 07036

BLOCK/LOT: 89 1

CITY OF LINDEN
APPLICATION FORM

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

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT) # 2017-294

Name: Jason Iozzi | **Date:** 06/05/2017

Organization (If Applicable): Linden FMBA Local #234

Mailing Address: PO Box 1189

City, State, Zip: Linden, NJ 07036

Home/Business Phone [redacted] **E-MAIL** iozzi.jason@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)

Looking for a copy of the City of Linden's Chapter 88 Resolution that was filed with the State Health Benefits Prograı
Looking for a copy of Chapter 436, P.L.-1981 (Amendment to Chapter 88)

☐ 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)
Copy of the City of Linden's Chapter 88 Resolution regarding Chapter 88, PL-1974.

☐ OTHER (SPECIFY)

RECEIVED
JUN 06 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

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JUN - 6 2017
CLERK'S OFFICE

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Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT) #2017-295

Name: MARIO N. SILVESTRI | Date: 6-6-17
Organization (If Applicable): WELLS FARGO
Mailing Address: 190 RIVER ROAD
City, State, Zip: SUMMIT NEW JERSEY, 07901
Home/Business Phone [redacted] E-MAIL: mario.silvestri@wellsfargo.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, SR1A, DEED FOR THE FOLLOWING PROPERTIES:

1301 East Linden Street - Sale Date 7/25/13

333 Hurst Street - Sale Date 12/26/12

☐ 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)
PROPERTY RECORD CARDS, SR1A & DEED (IF AVAILABLE)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 1301 East Linden Avenue / 333 Hurst Street
BLOCK/LOT: Block 435, Lot 4.01 / Block 421, Lot 87

Thank You
PLEASE CONFIRM RECEIPT BY EMAIL IF POSSIBLE

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

2017-296

(PLEASE PRINT)

Name: Shakir Ahmed | Date: 6/6/17
Organization (If Applicable):
Mailing Address: 11 Johanna ct
City, State, Zip: Piscataway, NJ 08854
Home/Business Phone [redacted] E-MAIL Shakir_m_ahmed@yahoo.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX
Email

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

Is the home a legal 2 family house?
Are there any open building department permits? history of oil tank
Are there any violations for code?
Are there any outstanding fines or penalties? any tax liens
When was the home last assessed by the tax assessor?

☐ 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)

RECEIVED
JUN 06 2017
CLERK'S OFFICE

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 915 Union st, Linden NJ
BLOCK/LOT: 103.12

:Y OF LINDEN
?LICATION FORM

QUEST FOR PUBLIC RECORDS

RECEIVED
JUN 07 2017
CLERK'S OFFICE

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

LASE PRINT)

me: Nicholas Bruton #2017-297 | Date: 6/7/17

ganization (If Applicable):

iling Address: 116 Yale Terr. Linden, NJ 07036

y, State, Zip: Linden NJ 07036

me/Business Phone [redacted] E-MAIL nbhome2l@gmail.com

QUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

SCRIPTION OF PUBLIC RECORD(S):

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

We would like to receive any evidence, proof, paperwork of an oil tank removal at 116 Yale Terr. Linden

Please expedite.

Closing is June 16, 2017.

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

~~CHECK~~ 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)

GNATURE: Nicholas Bruton

FORMATION ON A SPECIFIC PROPERTY:

DRESS: _____

OCK/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) # 2017-299

Name: Pawel Poziomski	Date: 6/7/17
Organization (If Applicable): NorthPoint Development	
Mailing Address: 4825 NW 41st Street, Suite 500	
City, State, Zip: Riverside, MO 64150	
Home/Business Phone [redacted] E-MAIL pawel@northpointkc.com	
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

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

Data reports and information on Self Storage Facilities in planning or currently under construction. This could include town zoning information request, town zoning appeals, applications for rezoning, special permits, and/or variances, building permits or site plan review pertaining to self storage buildings.

☐ 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)
Self Storage Facilities or Mini Storage

☒ OTHER (SPECIFY) Zoning Request, Zoning Appeals, Rezoning applications, special permits or variances, building permits, site plan review pertaining to self storage

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Pawel Poziomski

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

RECEIVED
JUN - 8 2017
CLERK'S OFFICE

TY OF LINDEN
PLICATION FORM

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

EQUEST FOR PUBLIC RECORDS

#2017-300

EASE PRINT)

ame: Hannah Hergenhan | Date: 6/9/17

rganization (If Applicable): Weichert Realtors

ailing Address: 1116 Bryant St

ty, State, Zip: Rahway, NJ 07065

ome/Business Phone [redacted] -MAIL hhergenhan@weichert.com

EQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

Permit history ~~[redacted]~~

all 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)

RECEIVED
JUN 09 2017
CLERK'S OFFICE
CITY OF LINDEN

LICENSE INFORMATION (SPECIFY)

GNATURE: Hannah Hergenhan

FORMATION ON A SPECIFIC PROPERTY:

DDRESS: 222 E Elm St

OCK/LOT: 196 / 28

ITY OF LINDEN
PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

#2017-301

LEASE PRINT)
Name: GUILLERMO MUNIZ | Date: 6-9-17
Organization (If Applicable):
Mailing Address: 570 CLEVELAND AVE.
City, State, Zip: LINDEN NJ. 07036
Home/Business Phone [redacted] E-MAIL
EQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

ESCRIPTION OF PUBLIC RECORD(S):
Please be specific and attach additional pages of information if necessary)
HOME INSPECTION REPORT DETAILING A FIN THAT WAS ISSUED BECAUSE OF ME. I BELIEVE IT WAS APRIL 2017

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

RECEIVED
JUN 09 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]
NFORMATION ON A SPECIFIC PROPERTY:
DDRESS: 570 CLEVELAND AVE. LINDEN NJ 07036
LOCK/LOT:

TY OF 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

#2017-302

EASE PRINT)

ame: Hannah Hergenhan | Date: 6/9/17
ganization (If Applicable): Weichert Realtors
ailing Address: 1116 Bryant St
ty, State, Zip: Rahway, NJ 07065
ome/Business Phone [redacted] E-MAIL hhergenhan@weichert.com
QUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

All permit history and all open 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)

RECEIVED
JUN 09 2017
CLERK'S OFFICE

GNATURE: Hannah Hergenhan

FORMATION ON A SPECIFIC PROPERTY:
DRESS: 919 Hampden
OCK/LOT: 471 / 4

TY OF 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

#2017-304

EASE PRINT)

ume: TARIQ TABEQ | Date: 06/12/17

ganization (If Applicable):

ailing Address: 3877 BOSTON ROAD 1ST FL BRONX NY 10466

y, State, Zip: BRONX NY 10466

ome/Business Phone [redacted] E-MAIL TARBQ7028@AOL.COM

QUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

TARBQ7028@GMAIL.COM

SCRIPTION OF PUBLIC RECORD(S):

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

819 CAROLINE ST LINDEN NJ 07036

I WANT TO FIND OUT ANY OPEN 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)

GNATURE: [signature]

FORMATION ON A SPECIFIC PROPERTY:

DRESS: 819 CAROLINE ST LINDEN NJ 07036

OCK/LOT:

Faxing 2 pages
1st page

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

#2017-305

(PLEASE PRINT)

Name: Yabaira Santiago | Date: 6/12/17
Organization (If Applicable): Weichert Realtors
Mailing Address: 640 Middlesex Avenue
City, State, Zip: Metuchen, NJ 08840
Home/Business Phone: [redacted] E-MAIL: ysantiago01@weichert.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 advise of any open permits this property may have. My client has purchased and we want to ensure there are no issues before closing.

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL - ysantiago@weichert.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)

RECEIVED
JUN 12 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 319 Carnegie St. Linden, NJ 07036
BLOCK/LOT: 107 | 1

CORRADINO & PAPA, LLC

A PERSONAL INJURY LAW FIRM

935 ALLWOOD ROAD
CLIFTON, NJ 07012
(973) 574-1200
FACSIMILE: (973) 574-1202
WWW.CORRADINOANDPAPA.COM

REPLY TO CLIFTON

JACK VINCENT CORRADINO ●▼◇+
ROBERT C. PAPA, JR. ●

MICHAEL R. SUCIC ●
FRANCIS J. SWEENEY III ●
TIMOTHY J. FONSECA ●▼
ANGELO S. CATANZARITI ●○

CERTIFIED BY THE SUPREME COURT OF NEW JERSEY AS A CIVIL TRIAL ATTORNEY +

350 WEST 42ND STREET
SUITE 600
NEW YORK, NY 10013
TEL: (212) 968-7441

DIRECT ALL REPLIES TO OUR OFFICES IN CLIFTON, NJ

JOSEPH A. DEFURIA ●▼
NICHOLAS P. SCHROTER ●▼
JOSEPH A. CAPO ●▼
TIFFANY G. BURRESS ●▼

NJ BAR ●
NY BAR ▼
DC BAR ◇

#2017-306

2nd Request 6/12/17

May 10, 2017

(908) 474-8151

Via Ordinary Mail and Certified Mail Return Receipt Requested

Linden Police Department
301 North Wood Avenue
Linden, NJ 07036

Re: Our Client: Evenlyn Torres
Date of Loss: 4/29/17
Our File No.: 211332

Dear Sir/Madam:

Please be advised this office represents the above referenced individual for injuries he/she sustained in an accident on the above mentioned date. Pursuant to common law and the Open Public Records Act N.J.S.A. 47:1A-1 *et seq.*, please provide the undersigned with the following material, or alternatively, a response to this request, via ordinary mail, within seven days:

- **Any and all CAD (computer aided dispatch) reports pertaining to a trip and fall accident referenced in the attached police report**
- **Any and all video obtained from any car-mounted video camera or body camera pertaining to a trip and fall accident referenced in the attached police report**
- **Any and all inter-department radio transmissions pertaining to trip and fall accident referenced in the attached police report**
- **Any and all 911 communications pertaining to trip and fall accident referenced in the attached police report**

Additionally, kindly advise the undersigned of your fee to reproduce the above mentioned items.

RECEIVED
JUN 12 2017
CLERK'S OFFICE

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

#2017-307

(PLEASE PRINT)

Name: Peter Sorrero | Date: 6/12/17

Organization (If Applicable): Allied Risk Management Services, LLC

Mailing Address: 5105 Route 33, Suite G

City, State, Zip: Wall NJ 07727

Home/Business Phone [redacted] E-MAIL Sorrero@alliedRISKmgmt.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☑ FAX

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

Current in force contract with company that provides third party workers compensation claims and liability claims administration services

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL Sorrero@alliedRISKmgmt.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)

RECEIVED
JUN 12 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

ITY OF LINDEN
PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

2017-308

'LEASE PRINT)

Name: Helen M. Quan, Esq. Date: 06/12/17

Organization (If Applicable):

Mailing Address: 104 Broadway, Ste 3B

City, State, Zip: Denville, NJ 07834

Home/Business Phone [redacted] E-MAIL helenm@hquanlaw.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX 973-826-2666

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

lease provide record of all applications and permits for any work done on the property. Also, information regarding any previous septic and any applications f r regarding the presence or removal of underground storage tanks.

roperty: 334 Birchwood Road, Linden, NJ 07036
lock: 00327 Lot: 00009

☐ 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)

RECEIVED
JUN 12 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 334 Birchwood Road, Linden, NJ 07036

BLOCK/LOT: 00327/00009

CITY OF LINDEN
APPLICATION FORM

RECEIVED
JUN 13 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

#2017-309

(PLEASE PRINT)

Name: Paula Ro	Date: 6/9/17
Organization (If Applicable): Lair Ro LLC	
Mailing Address: 1164 Springfield Ave	
City, State, Zip: Mountainside NJ 07092	
Home/Business Phone: [redacted]	E-MAIL: paula@lairolaw.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 all construction permit info (both open and closed permits), INCLUDING anything related to an oil tank, for the following property:
126 Palisade Rd
Linden, NJ 07036
Block 268
Lot 8

☐ 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: 126 Palisade Road, Linden
BLOCK/LOT: 268 / 8

TY OF 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

2017-310

EASE PRINT)

ame: ART MURZENSKI | Date: 6/13/17

ganization (If Applicable): WEICHERT REALTORS

ailing Address: 4 UNION AVE

y, State, Zip: LINDEN NJ

ome/Business Phone [redacted] E-MAIL STUKE502@VERIZON.NET

QUEST MADE VIA: ☑ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

ANY OPEN PERMITS - 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)

RECEIVED
JUN 13 2017
CLERK'S OFFICE

LICENSE INFORMATION (SPECIFY)

GNATURE: A. Murzenski

FORMATION ON A SPECIFIC PROPERTY:

DRESS: 121 CEDAR AVE

OCK/LOT:

TY of LINDEN
PLICATION FORM

RECEIVED
JUN 13 2017
CLERK'S OFFICE

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

QUEST FOR PUBLIC RECORDS

#2017-311

EASE PRINT)

ame: Jose Perez | Date: 6/13/17

ganization (If Applicable):

ailing Address: 367 Chestnut St

ty, State, Zip: Union, NJ 07083

ome/Business Phone [redacted] E-MAIL JPerez@TopProducer.com

QUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

Open & Closed Permits
Oil Tank Removal or Filled certificates
Code Enforcement Violation; Fire Prevention
Health Violation
Copy of Previous Certificate of occupancy.
Copy of ~~Tax~~ Property Tax card

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)

GNATURE:

FORMATION ON A SPECIFIC PROPERTY:

DDRESS: 317 S. Stiles Street

OCK/LOT: Block # 466 Lot # 22

TY OF 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

2017-312

EASE PRINT)

ame: Evghenia Berzan | Date: 6/12/2017

ganization (If Applicable): Keller Williams Realty

ailing Address: 188 Elm st

ty, State, Zip: Westfield NJ

ome/Business Phone [redacted] E-MAIL evghenia.berzan@gmail.co

QUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

SCRIPTION OF PUBLIC RECORD(S):

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

oil tank history previous certificate of occupancy
opened & closed permits
survey
zoning - is a property in a residential area or both residential & business (commercial use)
flood zone

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

PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE are there any liens on the house?

SEND RESPONSE BY E-MAIL were all the bills/tax been paid?

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)

RECEIVED
JUN 13 2017
CLERK'S OFFICE

LICENSE INFORMATION (SPECIFY)

GNATURE: E Berzan

FORMATION ON A SPECIFIC PROPERTY:

DRESS: 510 E Price st, Linden, NJ

OCK/LOT: 175/5

TY OF LINDEN
PLICATION FORM

:QUEST FOR PUBLIC RECORDS

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

EASE PRINT) # 2017-313

ame: Luis Cabrera | Date: 6/14/17

ganization (If Applicable): Cabrera Enterprises LLC

ailing Address: 814 Lehigh Ave

ty, State, Zip: Union NJ 07083

ome/Business Phone [redacted] E-MAIL cabreraehr@gmail.com

:QUEST MADE VIA: ☑ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

e need a copy of permit applications done in 2013. Permit -13-1326 This was done by homeowner but under our ompany's name. He requested permitts for plumbing and lectric. ~~It's not for the problem~~ We did roofing and siding nly.

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)

RECEIVED
JUN 14 2017
CLERK'S OFFICE

LICENSE INFORMATION (SPECIFY)

GNATURE:

FORMATION ON A SPECIFIC PROPERTY:
DRESS: 204 Hayes st Linden NJ 07036

OCK/LOT: 577/05

TY C.. 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

#2017-314

EASE PRINT)

ame: Luis Cabrera | Date: 6/14/17

ganization (If Applicable): Cabrera Enterprises LLC

ailing Address: 814 Lehigh Ave

ty, State, Zip: Union NJ 07083

ome/Business Phone [redacted] E-MAIL cabreraehr@gmail.com

QUEST MADE VIA: ☑ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

ESCRIPTION OF PUBLIC RECORD(S):

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

e need to get a copy of permit applications done in 2013 rmit # 13-1364. This was done by homeowner but under r company's name. He requested permits for plumbing nd electric, we did roofing and siding only

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)

RECEIVED
JUN 14 2017
CLERK'S OFFICE

LICENSE INFORMATION (SPECIFY)

GNATURE:

FORMATION ON A SPECIFIC PROPERTY:

DDRESS: 510 Miltonia St Linden NJ 07036

OCK/LOT: 347 / 08

TY OF LINDEN
PLICATION FORM

QUEST FOR PUBLIC RECORDS

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

RECEIVED
JUN 14 2017
CLERK'S OFFICE

EASE PRINT) # 2017-315

ame: MICHAEL RAWLINS Date: 6-13-2017

ganization (If Applicable): RIPCO Real estate Corp.

ailing Address: 125 CHUBB AVE - 1505outh

ty, State, Zip: Lyndhurst NJ 07601

ome/Business Phone [redacted] MAIL MRAWLINS@RIPCONJ.com

QUEST MADE VIA: ☑ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

Architectural Plans - 651 N. Stiles Street
of the Former Pathmark
Building Plans

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)

GNATURE:

FORMATION ON A SPECIFIC PROPERTY:
DDRESS: 651 N. Stiles Street Linden NJ

OCK/LOT:

ITY OF LINDEN
PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

RECEIVED
JUN 14 2017
CLERK'S OFFICE

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

'LEASE PRINT) #2017-316
Name: Jade Minor
Date: 6/14/2017
Organization (If Applicable):
Mailing Address: 1610 Hildreth Ave
City, State, Zip: Linden NJ 07036
Home/Business Phone [redacted] MAIL Jademinor9@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)

Copies of Photo in digital format if available or emailed to Victim.

☐ 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:
NFORMATION ON A SPECIFIC PROPERTY:
DDRESS:
LOCK/LOT:

TY OF LINDEN
'PLICATION FORM

RECEIVED
JUN 14 2017
CLERK'S OFFICE

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

EQUEST FOR PUBLIC RECORDS

EASE PRINT) # 2017-317

ame: William Fish | Date: 6/14/2017

rganization (If Applicable):

ailing Address: 1809 N Wood Ave Roselle Apt D-2

ity, State, Zip: Roselle NJ 07203

ome/Business Phone E-MAIL

EQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

See Attachment

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)

IGNATURE: William Fish

NFORMATION ON A SPECIFIC PROPERTY:

DDRESS: _____

LOCK/LOT: _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address 908-474-8451

Name of Agency Custodian

2017-318

Important Notice

The last 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@beinkconsulting.com

Mailing Address 1256 Liberty Ave

City Hillside State NJ Zip 07205

Telephone [redacted] FAX (908)353-3107

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

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

Signature Carly Kaminsky Date 6/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a list of permit applications for the installation, removal or the decommissioning of Underground Storage tanks at: 2027 Fay Ave, Linden, NJ 07036

Block 10 Lot 21

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

RECEIVED
JUN 15 2017
CLERK'S OFFICE

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) # 2017-319

Name: Steve Sequeira | Date: 06/16/17
Organization (If Applicable): RE/MAX Properties Unlimited
Mailing Address: 137 Elmer St.
City, State, Zip: Westfield NJ 07091
Home/Business Phone [redacted] E-MAIL SteveSequeiraNJ@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 any records or records pertaining to oil tanks or removal of or decommission of any under-ground oil tanks.

☐ 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)

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JUN 19 2017
CLERK'S OFFICE

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 1127 Dill Ave Linden, NJ 07036
BLOCK/LOT: Block 75/Lot 16

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number 908-474-8451

Agency e-mail address

#2017-319 *Name of Agency Custodian*

Important Notice

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

Requestor Information – Please Print

First Name Carly MI ____ Last Name Kaminsky

E-mail Address Carly@beinksconsulting.com

Mailing Address 1250 Liberty Ave

City Hillside State NJ Zip 07205

Telephone [redacted] FAX (908)353-3107

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

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

Signature Carly Kaminsky Date 6/15/17

Payment Information

Maximum Authorized Fee Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only 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: 351 Elmwood Terrace, NJ 07086

Block # 381 Lot # 3

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

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

In Progress - Open ____

Denied - Closed ____

Filled - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

RECEIVED
JUN 15 2017
CLERK'S OFFICE

Custodian Signature ____ Date ____

TY OF LINDEN
PLICATION FORM

QUEST FOR PUBLIC RECORDS

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

EASE PRINT) # 2017-320

me: Annette Martin-Jones | Date: 6-16-17
ganization (If Applicable): All Towne Realty
iling Address: 30 Brant Ave
y, State, Zip: Clark NJ
me/Business Phone [redacted] E-MAIL jonesann4@gmail.com
QUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

Please provide all information reg. Open/closed permits, or-
olations; oil tank; liens: CO

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)

RECEIVED
JUN 19 2017
CLERK'S OFFICE

GNATURE: Annette Martin-Jones
FORMATION ON A SPECIFIC PROPERTY:
DRESS: 221 Elmwood Terrace - Linden
OCK/LOT:

Place Logo Here

OPEN PUBLIC RECORDS ACT REQUEST FORM

Place Logo Here

2017-321

Important Notice

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

Requestor Information – Please Print

First Name JOSHUA MI F Last Name MCMAHON

E-mail Address LMP@SCHILLERMCMAHON.COM

Mailing Address 123 SOUTH AVENUE EAST, 2ND FLOOR

City WESTFIELD State NJ Zip 07090

Telephone [redacted] FAX 908-935-0822

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

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

Signature _____ Date 6/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any and all records (for example, any Table of Organization or "TO") which reference the composition of the police department by rank and number of personnel at each rank, including any and all vacancies at any and all ranks. Provide ordinance on administration and personnel for the police department.

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JUN 19 2017
CLERK'S OFFICE

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

AR
JH

TY OF LINDEN
PLICATION FORM

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

QUEST FOR PUBLIC RECORDS

2017-322

EASE PRINT)

ame: MONICA DOPART | Date: 6/19/17

ganization (If Applicable):

ailing Address: 16 JEFFERSON STREET

ty, State, Zip: NUTLEY NJ 07110

ome/Business Phone [redacted] E-MAIL namonia75@yahoo.com

QUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

POLICE REPORT FOR PAWEL DOPART (ARREST)

CASE # 2006143 17
DATE 4/19/06
DOB [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)

RECEIVED
JUN 19 2017
CLERK'S OFFICE

GNATURE: Monica Dopart

FORMATION ON A SPECIFIC PROPERTY:

DRESS: _____

OCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

RECEIVED
JUN 19 2017
CLERK'S OFFICE

REQUEST FOR PUBLIC RECORDS

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

2017-323

PLEASE PRINT)

Name: Thomas M. Masters | Date: 6-19-17

Organization (If Applicable):

Mailing Address: 102 Arlington Drive

City, State, Zip: Fords NJ 08863

Home/Business Phone: [redacted] E-MAIL RIPT@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)

ANY AND ALL OPEN OR CLOSED PERMITS FOR
1) ELECTRICAL 2) PLUMBING 3) ROOFING 4) BUILDING
5) ASBESTOS 6) TANK REMOVAL 7) CONSTRUCTION

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☑ SEND RESPONSE BY E-MAIL RIPT@LIVE.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: 2012 McChord Terrace LINDEN

BLOCK/LOT: Block 231 Lot 16

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) #2017-324

Name: JODI KUCHINSKY | Date: June 16, 2017
Organization (If Applicable):
Mailing Address: 301 Avenue C
City, State, Zip: Bayonne NJ 07002
Home/Business Phone [redacted] E-MAIL jodiandrew@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 # 039459
Arrest record on: Jodi Kuchinsky dated 8/10/1988
DOB - [redacted]

Will pick up document in person. Please call me once document is located. [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)

RECEIVED
JUN 19 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: JM

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) # 2017-325

Name: JACQUELINE L. JORDAN	**Date:** 06/19/2017
Organization (If Applicable): SUN WEST MORTGAGE COMPANY, INC.	
Mailing Address: 1055 PARSIPPANY BOULEVARD, SUITE 305	
City, State, Zip: PARSIPPANY, NJ 07054	
Home/Business Phone [redacted]	**E-MAIL** jacqueline.jordan@swmc.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

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

FINAL CERTIFICATE OF OCCUPANCY FOR: 610 ADAMS STREET, LINDEN, NJ 07036-1434

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL
jacqueline.jordan@swmc.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)

RECEIVED
JUN 19 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Jacqueline L. Jordan

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 610 ADAMS STREET, LINDEN, NJ 07036-1434

BLOCK/LOT: BLOCK 13 / LOT 13

TY OF 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

#2017-326

EASE PRINT)

ame: LaKisha Finkelstein | Date: 6/19/17

ganization (If Applicable):

ailing Address: 438 Inwood Rd

ty, State, Zip: Linden, NJ 07036

ome/Business Phone [redacted] E-MAIL lakishafinkelstein@gmail.com

QUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

SCRIPTION OF PUBLIC RECORD(S):

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

Complaint For incident # 7033651 Dated 7/23/07
- original complaint from file

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)

RECEIVED
JUN 19 20[illegible]
CLERK'S OFFICE

OTHER (SPECIFY)

LICENSE INFORMATION (SPECIFY)

IGNATURE: LaKisha

FORMATION ON A SPECIFIC PROPERTY:

DDRESS:

OCK/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

#207-327

(PLEASE PRINT)

Name: JOHN ZAWOYSKI Date: JUNE 19, 2017

Organization (If Applicable):

Mailing Address: 518-7 OLD POST RD. #105

City, State, Zip: EDISON, NEW JERSEY 08817

Home/Business Pho [redacted] E-MAIL JZACK26@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)

COPY OF Electrical Schematic of Building LOCATED
816 E. ELIZABETH AVE.
BUILT IN 1926

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☑ SEND RESPONSE BY E-MAIL
JZACK26@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)

☐ LICENSE INFORMATION (SPECIFY)

RECEIVED
JUN 20 2017
CLERK'S OFFICE

SIGNATURE: John Zawoysky

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

TY OF LINDEN
PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

RECEIVED
JUN 21 2017
CLERK'S OFFICE

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

LEASE PRINT) # 2017 - 328

Name: Akhil Sebastian | Date: 06/20/2017

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 akhil.sebastian@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)

Please check and advise for the below address:

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

Parcel : Block: 402 Lot: 23
Add : 754 North Stiles Street,Linden,NJ - 07036
File # : 582907

☐ 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: Sebastian

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 754 North Stiles Street,Linden,NJ - 07036

BLOCK/LOT: Block: 402 Lot: 23

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS

RECEIVED
JUN 21 2017
CLERK'S OFFICE
#2017-329

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

PLEASE PRINT)

Name: FRANK KRETCHMER | Date: 6/21/2017

Organization (If Applicable): COLDWELL BANKER

Mailing Address: 367 CHESTNUT ST

City, State, Zip: UNION NJ 07083

Home/Business Phone [redacted] E-MAIL YANKEEFRANKIEHOMES@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)

- CHECKING ON ANY PERMITS THAT MAY HAVE BEEN PAYED OUT AND FOR WHAT PURPOSE
- ANY OPEN PERMITS
** - MOST IMPORTANT - CHECKING ON EXISTENCE / REMOVAL OF ANY UNDERGROUND OIL TANK ** + RESULTS OF ANY REMOVAL - IE IF LEAKING + IF SO N.F.A. LETTER

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

☒ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR P

☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER

FRANK KRETCHMER, ABR, CNAS
REALTOR-ASSOCIATE®
2010-2015 NJ REALTORS® Circle of Excellence Sales Aw
[redacted]
(862) 345-2495 EFAX
YankeeFrankieHomes@gmail.com
COLDWELL BANKER
RESIDENTIAL BROKERAGE
367 Chestnut St
Union, NJ 07083
Operated by a subsidiary of NRT LLC.
www.frankkretchmer.net

☒ OTHER (SPECIFY) MOST IMPORTANT - LOOKING FOR EVIDENCE OF REMOVAL OF ANY UNDERGROUND OIL TANK + RESULTS - NFA LETTER - IF NEEDED

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Frank Kretchmer

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 617 CLINTON ST LINDEN

BLOCK/LOT: BLOCK 426 LOT 16

Jennifer Honan

RECEIVED
CLERK'S OFFICE

2017-330

From: cblanding@smartprocure.us
Sent: Sunday, June 11, 2017 8:01 AM
To: Jennifer Honan
Subject: SmartProcure OPRA Request - Reminder for City of Linden
Attachments: Preprogrammed Software Reports by Manufacturer.pdf

Dear Jennifer or Custodian of Public Records,

SmartProcure submitted an OPRA request on 2017-06-01 and has not received a response or acknowledgment, therefore the original request is being submitted again. If the original request is located, please disregard this request.

SmartProcure is submitting an OPRA request to the City of Linden for any and all purchasing records from 2017-01-25 to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

1. Purchase order number. If purchase orders are not used a comparable substitute is acceptable, i.e., invoice, encumbrance, or check number
2. Purchase date
3. Line item details (Detailed description of the purchase)
4. Line item quantity
5. Line item price
6. Vendor ID number, name, address, contact person and their email address
7. What is the beginning of your fiscal year?

The attached document may be helpful as a reference to fulfill this request if the City of Linden stores the records using any of the pre-programmed software reports, but the records request is not limited to the reports listed.

Please email the information or use the following web link. There is no file size limitation:
http://upload.smartprocure.us/?st=NJ&org=CityofLinden

If this request was misrouted, please forward to the correct contact person and reply to this communication with the appropriate contact information.

If you have any questions, please feel free to respond to this email or I can be reached at [redacted]

Regards,

Curtis Blanding
Data Acquisition Specialist
SmartProcure
Direct: [redacted] | Support: [redacted]
Email: cblanding@smartprocure.us | www.smartprocure.us

Paula Salerno # 2017-332

From: Marjorie Castro de la Mata <marjoriecastrodelamata@gmail.com>
Sent: Wednesday, June 21, 2017 12:23 PM
To: Paula Salerno
Subject: Re: OPRA REQUEST

I would like to request documents from construction code regarding permit records for fire damages that occurred at 433 Ainsworth Street back on March 3, 2017. I would just need any records of permits for the property regarding the fire and restorations that were made. I spoke to Construction Code and they told me I needed an OPRA request. I lived in the apartment where the fire occurred, I was renting the apartment at the time. Construction code did not provide me with a specific name for these documents.

Thank You

On Wed, Jun 21, 2017 at 12:10 PM, Paula Salerno <pstudzinska@linden-nj.org> wrote:

Yes you may. Also, if it is easier for you, you can list the documents you are requesting right in the email and do not specifically have to fill the form out.

Just please make sure to state that you are looking for documents under the OPRA.

RECEIVED
JUN 21 2017
CLERK'S OFFICE

Paula Salerno

Alternate Deputy Clerk, CMR

Office of the City Clerk

City of Linden

301 North Wood Avenue

'Y OF LINDEN
'LICATION FORM

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

QUEST FOR PUBLIC RECORDS

#2017-333

ASE PRINT)
me: Wolf Kraus | Date: 6-21-17
ganization (If Applicable): 109 Irene St LLC
iling Address: 27 Ellish Pkwy S.W. N.J.
y, State, Zip: Springfield NJ. 07081
me/Business Phone [redacted] E-MAIL Wolfandrita@msn.com
QUEST MADE VIA: ☑ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

SCRIPTION OF PUBLIC RECORD(S):
ase be specific and attach additional pages of information if necessary)
Zoning permits — Violations — Complaints
Building permits — Violations — Complaints
Dep of Environmental Violations —
First Zoning Code etaped for the City of Linden
INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
SEND RESPONSE BY E-MAIL Wolfandrita@msn.com
1979 - answer was given to him when he submitted his request 6-21-17 by me. gt
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)

RECEIVED
JUN 21 2017
CLERK'S OFFICE

OTHER (SPECIFY)
LICENSE INFORMATION (SPECIFY)

GNATURE: [signature]
FORMATION ON A SPECIFIC PROPERTY:
DRESS: 109 Irene Street
OCK/LOT: 573 / 3

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) #2017-335

Name: Jasmine Ramos | Date: 06/20/2017

Organization (If Applicable):

Mailing Address: 867 N Stiles

City, State, Zip: Linden NJ 07036

Home/Business Phone [redacted] E-MAIL jasminelreneramos@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)

I would like to know if there are any open permits
I would like to know if there are any leins on the property
I would like to know if there are any records of Oil Tank 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)

RECEIVED
JUN 21 2017
CLERKS OFFICE

SIGNATURE: Jasmine Ramos

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 811 Monmouth Ave Linden NJ 07036

BLOCK/LOT: 124 / 10

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) # 2017-336

Name: Ally Bufalo | Date: 10/22/2017

Organization (If Applicable): ADF Investigations

Mailing Address: 34 E Main St., Suite 384,

City, State, Zip: Smithtown, NY 11787

Home/Business Phone: [redacted] E-MAIL: ally@adfinvestigations.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

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

ADF was hired by Mattiff Insurance to obtain a copy of the 911 call log for accident report #17-27095. The accident took place on 10/18/2017 at 7:30pm on Route 278 in Linden NJ

☐ 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)

RECEIVED
JUN 22 2017
CLERK'S OFFICE

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

TY 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

#2017-337

EASE PRINT)

ame: Richard J. Vapnar vapnar Date: 06/22/17

ganization (If Applicable): Law office of Richard J. Vapnar, LLC

ailing Address: 525 Palmer Avenue

ty, State, Zip: Maywood NJ 07607

ome/Business Phon [redacted] E-MAIL rjvnlaw@gmail.com

QUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

rjvnlaw@gmail.com

ESCRIPTION OF PUBLIC RECORD(S):

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

Copies of any permits issued for 317 S. Stiles Street Linden New Jersey.
open & closed permits.
history of underground 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)

RECEIVED
JUN 27 2017
CLERK'S OFFICE

LICENSE INFORMATION (SPECIFY)

IGNATURE:

FORMATION ON A SPECIFIC PROPERTY:

DDRESS: 317 S. Stiles Street, Linden New Jersey 07036

OCK/LOT:

[TY OF LINDEN
PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

2017-338

LEASE PRINT)

Name: David Danhauer | Date: 6/12/2017

Organization (If Applicable): Bridge Development Partners

Mailing Address: 1000 W Irving Park Rd

City, State, Zip: Itasca, IL, 60143

Home/Business Phone [redacted] E-MAIL ddanhauer@bridgedev.com

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 looking to see a floor plan for three properties in Linden. I am looking at seeing how much of the property is cooler or freezer space. The addresses are: 1016 W. Edgar Road (Block 469 Lot 38.01 Tenant: Blue Apron) , 1911 Pennsylvania Ave (Block: 19 Lot: 6), and 2401 E Linden Ave (Block 429 Lot 3 Tenant: AEX Group). If floor plans are unavailable for any of these properties a Property Record Card may be able to help instead. Thanks for your time.

☐ 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)

RECEIVED
JUN 22 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: David Danhauer

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

ITY OF LINDEN
PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

#2017-339

LEASE PRINT)

Name: John Wetzler | Date: 6/22/17

Organization (If Applicable):

Mailing Address: 25 Hillcrest Terrace

City, State, Zip: Linden NJ 07036

Home/Business Phone E-MAIL jwetz25@verizon.net

EQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

ESCRIPTION OF PUBLIC RECORD(S):

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

- any open & closed permits within the last 20 years
- histon of oil tank removal/existence within the last 20 years & copy of report
- ~~co~~

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

] PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

(SEND RESPONSE BY E-MAIL
jwetz25@verizon.net
JENNwetzler@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)

] LICENSE INFORMATION (SPECIFY)

RECEIVED
JUN 22 2017
CLERK'S OFFICE

SIGNATURE: J Wetzler

NFORMATION ON A SPECIFIC PROPERTY:

DDRESS: 25 Hillcrest Terrace, Linden NJ 07036

LOCK/LOT: 215/41

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

#2017-340

(PLEASE PRINT)

Name: Manuela Popoteur | Date: 6-22-2017
Organization (If Applicable): Four Point Realty
Mailing Address: 521 Amboy Ave
City, State, Zip: Woodbridge NJ 07095
Home/Business Phone [redacted] E-MAIL sales@fourpointrealty.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☑ FAX

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

I would like any pertinent information for a property located at 716 Van Buren Ave (Block 132, Lot 3) within the last 10 years regarding:
- open and closed permits
- water/sewer bills past due
- liens on judgments
- code violations
- fines

☐ 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)

RECEIVED
JUN 22 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Manuela Popoteur

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 716 Van Buren Ave
BLOCK/LOT: 132 / 3

TY OF 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

#2017-341

EASE PRINT)

ame: Lara Rolo | Date: 6/22/17

ganization (If Applicable): Keller Williams

ailing Address:

ty, State, Zip:

ome/Business Phone [redacted] AIL lara.rolo@kw.com ← send by email

QUEST MADE VIA: ☑ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

Building + Construction Documents

Open + Closed Permits

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, TOPIG OR OTHER IDENTIFYING INFORMATION)~~

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

OTHER (SPECIFY)

LICENSE INFORMATION (SPECIFY)

RECEIVED
JUN 22 2017
CLERK'S OFFICE

IGNATURE:

NFORMATION ON A SPECIFIC PROPERTY:
DDRESS: 403 Clinton St., Linden

LOCK/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) # 2017-342

Name: Steven M. Mizerek | Date: June 22, 2017
Organization (If Applicable): Engineering & Environmental Svcs, Inc.
Mailing Address: 101 Gibraltar Drive, Suite 2C
City, State, Zip: Morris Plains, NJ 07950
~~Home~~/Business Phone [redacted] E-MAIL ees1989@optimum.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 conducting a Phase I Environmental Site Assessment on the subject property. I need historical environmental information on file with the building, health, tax assessor, engineering, and fire departments concerning block 84, lots 1, 4, 5, 6 & 7, and block 91, lots 1 thru 12. Information would include underground storage tanks, health department violations, property identification, etc. everything environmenta

☐ 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)

RECEIVED
JUN 22 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Steven M. Mizerek

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:
BLOCK/LOT: Block 84 / Lots 1, 4, 5, 6 and 7
Block 91 / Lots 1 thru 12

:Y OF 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

#2017-343

EASE PRINT)

me: Sylvia M. Whitcomb | Date: 6.22.2017

ganization (If Applicable): Construction Journal

ailing Address: 400 SW 7th Street

y, State, Zip: Stuart Fl 34994

ome/Business Phone [redacted] MAIL s.whitcomb@constructionjournal.com

QUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐x FAX x EMAIL

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

Good Afternoon,
May I get a copy of the building permit for the Meridia Lifestyle II Mixed-Use Development

Permit should have been issued 2016-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)

RECEIVED
JUN 22 2017
CLERK'S OFFICE

OTHER (SPECIFY)

LICENSE INFORMATION (SPECIFY)

SIGNATURE:

NFORMATION ON A SPECIFIC PROPERTY:

DDRESS: 100,106,110,112,120 & 126 South Wood Avenue

LOCK/LOT: Block 458 Lot 1,2,3,4,5,.01,5.02,6,7,& 8

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

2017-344

(PLEASE PRINT)

Name: Daniel Lorys | Date: June 23, 17

Organization (If Applicable):

Mailing Address: 37 Melrose Terrace

City, State, Zip: Linden NJ 07036

Home/Business Phone: [redacted] EMAIL DTlorys@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)

I am owner of property and would like police reports of incidents of occured on Sept. 17/18, 2016 between 11PM and 2am and on 6/14/17 ~~on~~ between 6PM and 8PM.

☐ 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)

RECEIVED
JUN 23 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Daniel Lorys

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 22 E. Morris Ave. Linden NJ

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

#2017-345

(PLEASE PRINT)

Name: Izzy Azevedo **Date:** 06/23/2017

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 (888) 446-9005

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)

RECEIVED
JUN 23 2017
CLERK'S OFFICE

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 401 Fernwood ter Linden NJ 07036

BLOCK/LOT: 364/1

OPEN PUBLIC RECORDS ACT REQUEST FORM

Agency Address

Agency Telephone Number & Fax Number

Agency e-mail address 908-474-8451

Name of Agency Custodian

2017- 347

Important Notice

The last 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 125e Liberty Ave

City Hillside State NJ Zip 07205

Telephone [redacted] FAX (908)353-3107

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

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

Signature Carly Kaminsky Date 6/23/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a list of permit applications for the installation, removal or the decommissioning of Underground Storage tanks at: 1000 Clinton St, Linden, NJ 07036

BLOCK # 581 LOT # 8

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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

In Progress - Open ____

Denied - Closed ____

Filed - Closed ____

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided ____

RECEIVED
JUN 23 2017
CLERK'S OFFICE

Custodian Signature ____ Date ____

CITY OF LINDEN
APPLICATION FORM

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

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT) #2017-348

Name: Camille Ambis | Date: 6/23/17

Organization (If Applicable): c/o Nicole Rivello

Mailing Address: P.O. Box 132

City, State, Zip: Roosevelt NJ 08555

Home/Business Phon[redacted] E-MAIL

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

~~ticket # E17 4841 DUI~~

Requesting OPRA for a vehicle stop @ Gas Station on Rt 9 in Linden on March 7th
vantage gas station on (illegible)
I need the names of all Responding officers to call

☐ 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: Camille Ambis

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 0703
Telephone: (908) 474-8445
Fax: (908) 474-8451

PLEASE PRINT) #2017- 349

Name: Ana Smith Date: 06/24/201

Organization (If Applicable):

Mailing Address: 67 Elmora ave

City, State, Zip: Elizabeth NJ 07202

Home/Business Phone [redacted] E-MAIL anasmith1896@gmail.c

REQUEST MADE VIA: ☑ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

-Oil tank removal status.

Convertion oil to Gas

- Open and close 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)

RECEIVED
JUN 24 2017
CITY CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 20 E 16th st Linden NJ 07036

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS

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

(PLEASE PRINT) Name: JOAQUIM GLORIA #207-350 | Date: 6/23/17

Organization (If Applicable):

Mailing Address: 334 BIRCHWOOD RD

City, State, Zip: LINDEN NJ 07036

Home/Business Phone [redacted] E-MAIL jgs1676@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)
UNDER GROUND
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)

RECEIVED
JUN 23 2017
CITY CLERK'S OFFICE
LINDEN, N.J.

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 334 BIRCHWOOD RD, LINDEN

BLOCK/LOT:

Place Logo Here

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Place Logo Here

Important Notice

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

Requestor Information – Please Print

First Name Steven MI P Last Name Ross, Esq

E-mail Address spross@rossesq.com

Mailing Address 52 Main Street

City Hackensack State NJ Zip 07601

Telephone 201-488-4300 FAX 201-488-7650

Preferred Delivery: Pick Up ____ US Mail X 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 _____ Date 6/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Taylor 11921

1164 Middlesex Street
Linden, NJ 07036
Union County, Block: 73 Lot: 4

Please provide me with copies of all open building permits and outstanding notices of code violations contained in the files of the building department, zoning office and Fire Code Official relating to this property. (Please see the attached letter.)

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

RECEIVED
Records Provided
JUN 23 2017
CLERK'S OFFICE

Custodian Signature _____ Date _____

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 - 351

Name: Fadi Godelseed Date: 6/23/2017

Organization (If Applicable):

Mailing Address: 629 Cleveland AVE

City, State, Zip: Linden NJ 07036

Home/Business Phone [redacted] E-MAIL Fate2001@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)

Taxes

does it have oil tank or not?

☐ 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)

RECEIVED
JUN 23 2017

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 324 Ashton AVE Linden NJ 07036

BLOCK/LOT:

ITY OF LINDEN
PPLICATION FORM

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

EQUEST FOR PUBLIC RECORDS

'LEASE PRINT) # 2017 - 352

Name: Bijal Amin | Date: 6/26/17

Organization (If Applicable):

Mailing Address: 562 Chaun O'hills Road

City, State, Zip: Colonia NJ 07067

Home/Business Phone [redacted] E-MAIL hetalamin7@gmail.com, kunjesh85@yahoo.c

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX JPatel84@gmail.com

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

1) Open and Closed Permits
2) Affidavit of Underground Storage Tank
3) Any liens on the property
4) Certificate of Occupancy
5) Tax information (Payment + increase)

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL
hetalamin7@gmail.com
kunjesh85@yahoo.com
JPatel84@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)

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JUN 26 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 1108 W. St George Ave Linden NJ 07036

BLOCK/LOT: 419/24-02

ITY OF LINDEN
PPLICATION FORM

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

EQUEST FOR PUBLIC RECORDS

2017-353

'LEASE PRINT)

Name: Matthew P. Valvano | Date: 6/20/17

Organization (If Applicable):

Mailing Address: 221 W. Linden Ave 2nd FLOOR

City, State, Zip: Linden NJ 07036

Home/Business Phone [redacted] E-MAIL matelreye comcast.net

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

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

Mobile video recordings (dashcam + vestcam) of motor vehicle accident dated 5/19/2016, accident case # from police report: 16022455

☐ 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)

RECEIVED
JUN 20 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Matthew P Valvano

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

ITY OF LINDEN
PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

#2017-354

'LEASE PRINT)

Name: Sylvia M Whitcomb | Date: 06.26.2017

Organization (If Applicable): Construction Journal

Mailing Address: 400 SW 7th Street

City, State, Zip: Stuart, FL 34994

Home/Business Phon[redacted] E-MAIL s.whitcomb@constructionjournal.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX or email

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

May I get a copy of the building permit for the Mixed-Use Development at 211-307 W. Elizabeth Avenue and Lumber Street?

Block 288 Lots 1,2,13,14,& 15 and Block 254 Lots 12,13,& 16

SAMTD Acquisitions is the Owner

☐ 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)

RECEIVED
JUN 26 2017

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Sylvia Whitcomb

INFORMATION ON SPECIFIC PROPERTY:

ADDRESS: 211-307 West Elizabeth Avenue and Lumber

BLOCK/LOT: Block 288 Lots 1,2,13,14,&15 and Block 254 Lots 12,13, and 16

RECEIVED
JUN 26 2017
CLERK'S OFFICE

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 - 355

(PLEASE PRINT)

Name: Lisa Heiser — Date: 6/26/2017

Organization (If Applicable): Orange Coast Lender Services

Mailing Address: 1000 Commerce Drive, Ste 520

City, State, Zip: Pittsburgh, PA 15275

Home/Business Pho[redacted] E-MAIL Lisah@oclenderservices.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX 877-565-2925

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

Please provide the following information for 1121 Monmouth Ave, City of Linden, NJ 07036 Block 76 Lot 16

Any ope code violations? Provide copies if so.

Any open permits, construction UCC's? Provide copies if so.

☐ 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: Lisa Heiser

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 1121 Monmouth Ave., City of Linden, NJ 07036

BLOCK/LOT: Block 76, Lot 16

ITY OF LINDEN
PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

LEASE PRINT) #2017-356

Name: Jose L. Vera | Date: 6-21-17

Organization (If Applicable):

Mailing Address: 1810 Megraw ave

City, State, Zip: Bronx N.Y 10472

Home/Business Phone [redacted] E-MAIL Jose.V71115@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 permits, like electrical, pluming, include closed
Tank under ground, and any Violation to
the property. Air polution around the house.
is the area a Flood zone

☐ 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)

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JUN 21 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Jose Vera

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 209 Monroe st Linden N.J. 07036

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

2017-357

(PLEASE PRINT)

Name: William Mehls | Date: 6/22/17
Organization (If Applicable): IWM Inc.
Mailing Address: 135 Lincoln Blvd.
City, State, Zip: Middlesex NJ 08846
Home/Business Phone [redacted] E-MAIL iwmehls@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)
Permits and records regarding underground storage tanks, hazardous materials and spills for Block 357, Lot 4, 800-804 W. Elizabeth 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)
See above

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☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 800-804 W Elizabeth Avenue
BLOCK/LOT: Block 357, 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

(PLEASE PRINT)

Name: Jacob P. Davidson #2017-358	Date: 6/27/17
Organization (If Applicable): Falk & Flotteron, LLC	
Mailing Address: 241 Main St. Ste 101	
City, State, Zip: Woodbridge, NJ 07095	
Home/Business Phone [redacted]	E-MAIL Jacob@falkflotteron.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 permit referenced in June 26, 2017 Conditional Certificate of Occupancy Letter, Annexed hereto, authored by Gregory Imbriaco, reference number 017927 by Sr. Housing Inspector. Permit relates to 2514 De Witt Terrace, and an "open permit (in ground 1,000 gallon oil tank removal) & final inspection."

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL – to Jacob@falkflotteron.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)

RECEIVED
JUN 27 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 2514 De Witt Terrace, Linden, NJ 07036
BLOCK/LOT: 293 / 11

CITY OF LINDEN
APPLICATION FORM

"2nd Request"

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

REQUEST FOR PUBLIC RECORDS

#2017-359

PLEASE PRINT)
Name: John ZAWOYSKI | Date: 6/27/17
Organization (If Applicable):
Mailing Address: 518-7 Old Post Rd. #105
City, State, Zip: EDISON NJ. 08817
Home/Business Ph [redacted] E-MAIL JZACK26@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)

FULL ELECTRICAL SCHEMATIC OF
BLG E. ELIZABETH AVE.
BUILT IN 1986 AS NEW CONSTRUCTION

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL
Records are in Construction Dept's "ARCHIVES"

☐ 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)
e mail to: JZACK26@yahoo.com

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: John Zawoysk

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

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JUN 28 2017
CLERK'S OFFICE

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JUN 28 2017
CLERK'S OFFICE

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

#2017-360

(PLEASE PRINT)

Name: Jordan Sparacio Date: 6/27/17

Organization (If Applicable): Penco Cmtd rep. Fannie Mae

Mailing Address: 4600 S Ulster St Suite 530

City, State, Zip: Denver Co 80237

Home/Business Phone [redacted] E-MAIL jordan.sparacio@penco-cmtd.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ~~☐ FAX~~

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

Are there currently any Code violations on the property?

If so - process to cure

☐ 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: 207 McCandless St Linden

BLOCK/LOT: 143 / 3

PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

City Hall, Room
Linden, New Jersey 0703(
Telephone: (908) 474-8445
Fax: (908) 474-8451

LEASE PRINT)

Name: Hector Cruz #2017-361 Date: 6/28/17

Organization (If Applicable):

Mailing Address: 337 AVE E @

City, State, Zip: Ba[redacted] NJ 07002

Home/Business Phone [redacted] E-MAIL HCruz1205@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)

All open liens that are open in Linden NJ

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JUN 28 2017
CLERK'S OFFICE

☑ 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)

All Tax Liens

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [signature]

NFORMATION ON A SPECIFIC PROPERTY:

DDRESS:

LOCK/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) #2017-362

Name: Kathy Battaglia | Date: 6/27/17

Organization (If Applicable): Coldwell Banker Residential Brokerage

Mailing Address: 229 Marion Ave

City, State, Zip: Linden NJ 07036

Home/Business Phon[redacted] E-MAIL Kathybattaglia1@aim.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX

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

Request for Any Information Pertaining to Oil Tank Removal OR Closing on Specified Property.

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JUN 28 2017
CLERK'S OFFICE

☐ 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: Kathy Battaglia

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 221 Elmwood Terrace Linden

BLOCK/LOT: 297 - 12
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: Rick ANDRES #2017-363 | Date: 6-28-17
Organization (If Applicable): DODGE DATA + ANALYTICS
Mailing Address: 300 AMERICAN METRO BLVD
City, State, Zip: HAMILTON NJ 08619
Home/Business Phone [redacted] E-MAIL rick.andres@construction.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 PERMIT FOR 100, 106, 110, 112, 120 + 128 SOUTH WOOD AVE. + MORRIS AVE, BLOCK 458, LOTS 1, 2, 3, 4, 5.01, 5.02, 6, 7 + 8 (MERIDIA)

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL rick.andres@construction.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: R Andres

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

CITY OF LINDEN

APPLICATION FORM

REQUEST FOR PUBLIC RECORDS

City Hall, Room
Linden, New Jersey 0703(
Telephone: (908) 474-8445
Fax: (908) 474-8451

2017-365

(PLEASE PRINT)

Name: Sandra Perez

Date: 06-28-2017

Organization (If Applicable):

Mailing Address: 117 walnut St

City, State, Zip: Roselle

Home/Business Phone [redacted] E-MAIL sperez@

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

location of property boundaries and description property lines

☐ 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: 437 Dewitt Linden NJ

BLOCK/LOT: 350, 0002

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

#2017-366

(PLEASE PRINT) Date: 6/29/17

Name: ANGIE WALKO

Organization (If Applicable):

Mailing Address: 91 TUNISON LANE

City, State, Zip: BRIDGEWATER, NJ 08807

Home/Business Phon[redacted] E-MAIL AHSIN@TEMPLAR-REE.COM

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 property address: 209 Garfield St.
(1) Open and closed permits
(2) Tax records (property card, drawings, etc
(3) Easement info
(4) Underground oil tank evidence

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL to AHSIN@Templar-Ree.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)

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JUN 29 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Angie Walko

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 209 Garfield St

BLOCK/LOT: 31/13

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

#2017-367

(PLEASE PRINT)

Name: Jason Yarusi Date: 6/29/17

Organization (If Applicable):

Mailing Address: 846 North Ave

City, State, Zip: Garwood NJ 07027

Home/Business Phone: [redacted] E-MAIL wabuildingmovers@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)

looking for list of address' of properties that were given tickets ie: high grass broken windows, distressed properties Also any names in foreclosure.

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL wabuildingmovers@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)

RECEIVED
JUN 29 2017
CLERK'S OFFICE

☐ 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

#2017-368

(PLEASE PRINT)
Name: Michael Percario | Date: 6/28/17
Organization (If Applicable):
Mailing Address: 1514 E. St. Georges Ave
City, State, Zip: Linden NJ 07036
Home/Business Phone [redacted] E-MAIL pfiorini@percariolaw.com
REQUEST MADE VIA: ☐ OFFICE ☐ CORRESPONDENCE ☐ FAX (Email)

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

Please provide a copy of the most recent Certificate of Occupancy for the Subway Shop inside the Linden Walmart AT 1601 W. Edgar Road.
Also, provide the most recent Certificate issued to that Subway by the Board of Health.

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL
pFIORINI @ percariolaw.com
If Needed please discuss w/ Peter Fiorini from my office 908 925 9111

☐ 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)

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JUN 29 2017
CLERK'S OFFICE

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: M. Percario

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:
BLOCK/LOT: 1601 W. Edgar Road. (Shop is inside Walmart.)

CITY OF LINDEN
APPLICATION FORM

City Hall, Room
Linden, New Jersey 0703(
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

#2017-369

(PLEASE PRINT)
Name: Carl Lee
Date: 6/28/17
Organization (If Applicable): Century 21 Poco Realtors
Mailing Address: 923 Stuyvesant Avenue
City, State, Zip: Union NJ 07083
Home/Business Phone [redacted] E-MAIL CLee585035@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)
Vacant Property List 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)

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JUN 28 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Carl Lee

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

ITY OF LINDEN
PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

LEASE PRINT) 2017-370

Name: Frances Biondi | Date: 6/28/17

Organization (If Applicable):

Mailing Address: 824 D. Stiles ST

City, State, Zip: Linden

Home/Business Phone [redacted] E-MAIL FG1975@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)

See if there was a oil tank removal permit.

RECEIVED
JUN 30 2017
CLERK'S OFFICE

☐ 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:

NFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 366 Amherst Rd Linden NJ

BLOCK/LOT: 2228 # 332 Lot 21

Jun. 29. 2017 3:54PM

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

2017-371

(PLEASE PRINT)

Name: Tamika Evans | Date: 6-28-17
Organization (If Applicable):
Mailing Address: 6481 Skyler Jean Dr.
City, State, Zip: Jacksonville Florida 32244
Home/Business Phone: [redacted] E-MAIL: tamikaevans123@yahoo.com
REQUEST MADE VIA: ☐ OFFICE [redacted] ☐ CORRESPONDENCE ☐ FAX

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

I Tamika Evans am requesting a disposition for the Death Cone of my Child.

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

☒ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
Send to Holly please put ATTN: Holly [redacted]

☒ SEND RESPONSE BY E-MAIL
tamikaevans123@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)

RECEIVED
JUN 30 2017
CLERK'S OFFICE

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Tamika Evans

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