PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

#2017-372

'LEASE PRINT)

Name: FERNANDO MONDOERA | Date: 6-30-17

Organization (If Applicable): TERRA REALTORS

Mailing Address: 158 CLEVELAND AVE

City, State, Zip: COLONIA NJ. 07067

Home/Business Phon[redacted] E-MAIL FERNANDO@TERRAREALTORS.CO

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

RESPONSE VIA E-MAIL

DESCRIPTION OF PUBLIC RECORD(S): FERNANDO@TERRAREALTORS.COM

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

DEED HISTORY OF OIL TANK (IF ANY)

☐ 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
JUL 03 2017
CLERK'S OFFICE

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

NFORMATION ON A SPECIFIC PROPERTY:

DDRESS: 238 SPRINGFIELD RD LINDEN N.J. 07036

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) #2017373

Name: isaac Gindi Date: 6/30/2017

Organization (If Applicable): icebox

Mailing Address: 2126 e7th st

City, State, Zip: brooklyn ny 11223

Home/Business Phone: [redacted] E-MAIL isaac@iceboxusa.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)

minicipal lien list

abandoned ~~available~~ properties

RECEIVED
JUL 03 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:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

PPLICATION FORM

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

EQUEST FOR PUBLIC RECORDS

#2017-374

LEASE PRINT)
Name: Christina Joubert | Date: 7/3/17
Organization (If Applicable):
Mailing Address: 918 Lincoln St.
City, State, Zip: Linden NJ 07036
Home/Business Pho[redacted] E-MAIL
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

RECEIVED
JUL 03 2017
CLERK'S OFFICE

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

Requesting ALL Summons / Fines ~~from~~ to landlord and Board of Health results from illegal subleting rooms in the basement that had Black mold infestation. Also any court dates

☐ 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: 2046 E St. George Ave
LOCK/LOT: Linden, NJ 07036

PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

RECEIVED
JUL 03 2017
CLERK'S OFFICE

City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

LEASE PRINT) #201737
Name: Walter Gillis Date: 7/3/2017
Organization (If Applicable):
Mailing Address: 49 Peach Stone Rd.
City, State, Zip: Howell, NJ 07731
Home/Business Phone [redacted] E-MAIL wegmaint@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)

GAS Boilers Install
Oil Boiler Removal
Oil Tank Removal 02
Oil Tank De Commision
Gas meters And Related P.P.ing
GAS Water Heaters Installed

☐ 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: 520 Van Buren Ave Linden, NJ
LOCK/LOT:

PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

'LEASE PRINT) #2017 376

Name: Igor Kovishchev | Date: 06/29/17

Organization (If Applicable):

Mailing Address: 47 Van Ethel DR

City, State, Zip: Matawan NJ 07747 Igorkus@yahoo.com

Home/Business Phon [redacted] E-MAIL Igorkus@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 3 police reports and 3 dispositions
My previous addrecs is.
730 woath ave. 07036.
106 Penn Pl. 07036.

DOB
Jan 11, 1989

☐ 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 29 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

NFORMATION ON A SPECIFIC PROPERTY:

DDRESS:

LOCK/LOT:

APPLICATION FORM

REQUEST FOR PUBLIC RECORDS

RECEIVED
JUL 05 2017
CLERK'S OFFICE

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

(PLEASE PRINT) #2017-377

Name: Erick Torrez (THE REQUESTOR) | Date: 7/5/2017

Organization (If Applicable):

Mailing Address: 943 Broadway

City, State, Zip: Bayonne, NJ 07002

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

Any Open or Close Permits.

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☑ SEND RESPONSE BY E-MAIL

ETORREZJR@AOL.COM

Cell [redacted]

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY; DATE, TOPIC OR [illegible] 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: 622 E Curtis St Linden, NJ 07036

BLOCK/LOT: 00152 / 00019

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS

RECEIVED
JUL 05 2017
CLERK'S OFFICE

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

#2017-378

(PLEASE PRINT)

Name: Mona Patterson | Date: 7/5/17
Organization (If Applicable): Patterson Appraisal Service LLC
Mailing Address: 60 W. Colfax Ave
City, State, Zip: Roselle Park NJ 07204
Home/Business Phon[redacted] E-MAIL Monapatterson2003@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)

Please provide a copy of the property record card for:
910 Madison
Block 504 Lot 2.02

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☑ SEND RESPONSE BY E-MAIL or Fax 908 241-0077

☐ 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: Mona Patterson

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 910 Madison Place Linden NJ
BLOCK/LOT Blk 504 Lot 2.02

APPLICATION FORM

REQUEST FOR PUBLIC RECORDS

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

PLEASE PRINT) #2017-379

Name: VICTORIA BRAVO | Date: 07/05/17

Organization (If Applicable): REMAX NEW MILLENNIUM GROUP

Mailing Address: ~~[illegible]~~ 1092 N. BROAD ST

City, State, Zip: LINDEN N.J. 07205

Home/Business Phone [redacted] E-MAIL VictoriaHubp@gmail.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX 908-282-2003

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

OPEN AND CLOSED PERMITS AND OIL TANK REMOVAL INFORMATION:

142 W 19TH ST. LINDEN N.J. 07036 - MULTIFAMILY

2748 N. STILES LINDEN N.J 07036 - SINGLE FAMILY

☐ 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
JUL 06 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [signature]

NFORMATION ON A SPECIFIC PROPERTY:

DDRESS:

LOCK/LOT:

State of New Jersey Standard

Open Public Records Act Request Form

2017-880

Important Notice

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

Requestor Information – Please Print

First Name Doris MI ____ Last Name Kobza

E-mail Address Permit@NJPella.com

Mailing Address 4 Dedrick Place

City West Caldwell State NJ Zip 07006

Telephone [redacted] FAX 866-396-9931

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 [redacted] Date 7/05/2017

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

RECEIVED
JUL - 5 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

(PLEASE PRINT) #2017-381

Name: Jordan Gilmartin	Date: 7/6/17
Organization (If Applicable): BondCopy	
Mailing Address: C1 Woodside Gdns	
City, State, Zip: Roselle Park, NJ 07204	
Home/Business Phone [redacted]	E-MAIL ops@bondcopy.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX x EMAIL	

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

Please provide a copy of all bid bonds (including any related power of attorney and surety financial statement) for all bidders for the below bid which was opened today 7/6/17:

Milling and Resurfacing Birchwood Road, Hillside Road
City of Linden - Purchasing Agent

RECEIVED
JUL 06 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: Jordan Gilmartin

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

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

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT) F-2017-382

Name: Rich bapst	**Date:** July 7, 2017
Organization (If Applicable): DCR Environmental Services Inc.	
Mailing Address: 3900 north 10th Street suite 102	
City, State, Zip: Phila, PA 19140	
Home/Business Phone [redacted] / rbapst@dcrenv.com	
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	

RECEIVED
JUL 07 2017
CLERK'S OFFICE

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

I would like to stop by and review available property records within the construction and fire depts. for the property located at 4200 and 4300 Tremley Point Road; Block 587, Lots 15.02 and 15.03 in association with Preliminary Assessment i am preparing. Alternatively, if you will not allow me to review the records myself, i am looking for: · Permits, reports, and information for Underground or Aboveground Storage Tanks (UST/AST), oil / water separator or clarifier

CONTD BELOW

☐ 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)

installation or removal any current or previous building at the property · Permits for flammable materials storage · Permits of asbestos removal · Permits for the installation or decommissioning of drinking water wells & septic systems · Demolition/renovation permits for the current

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

building of any other prior building on this property · Any known spills, releases, hazardous materials · Outstanding fire code violations associated with storage / handling / use of flammable or hazardous materials · Fires or spills

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 4200 and 4300 Tremley Point Road

BLOCK/LOT: Block 587, Lots 15.02 and 15.03

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) #2017-383

Name: Isabelle Strauss | Date: 7-7-17

Organization (If Applicable): Attorney

Mailing Address: 2247 Old Church Rd.

City, State, Zip: Toms River NJ 08753

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

Ordinace 60-64

RECEIVED
JUL 07 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)

60-64

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

RECEIVED
JUL - 7 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

7-2017-383

(PLEASE PRINT)

Name: Andrew Dobson | Date: 7/7/17
Organization (If Applicable): Penco - Limited
Mailing Address: 4600 South Ulster St. Ste 530
City, State, Zip: Denver, CO 80237
Home/Business Phone [redacted] E-MAIL timothy.dobson@Penco-Limited.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 code violations currently pending on property located at...

915 Union St., Linden, NJ, 07036 Block: 103 Lot: 12

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☑ SEND RESPONSE BY E-MAIL
Email - Timothy.Dobson@Penco-Limited.com

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

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 915 Union St., Linden, NJ, 07036
BLOCK/LOT: B: 103 L: 12

CITY OF LINDEN
APPLICATION FORM

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

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT) #2017-384

Name: Justin Kiliszek	**Date:**
Organization (If Applicable): Keller Williams Metropolitan	
Mailing Address: 55 Madison Ave. Morristown, NJ 07960	
City, State, Zip:	
Home/Business Phon [redacted] **E-MAIL** Lauren@agentjustin.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)

RECEIVED
JUL 07 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)

Please advise on any open code violations on 1119 Passaic Ave including fire, health, and building.

Please advise on any open code permits also.

Thank you

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1119 Passaic Ave

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

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

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT) #2017-385

Name: John David	Date: 07/07/2017
Organization (If Applicable): American Tax Reporting	
Mailing Address: #2727 LBJ Freeway Suite 420	
City, State, Zip: Dallas TX 75234	
Home/ Business Phone [redacted]	
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☑ FAX	
Email Address: abhishek.j@slkgroup.com Fax no: 888-908-3471	

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

Please advise if any open code violations & open/expired building permits for the below property:
Address: 710 Mccandless Street Linden NJ 07036
Parcel: Block 123 Lot 13
ATR#: 543080

☐ 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)

RECEIVED
JUL 10 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 710 Mccandless Street Linden NJ 07036

BLOCK/LOT: Block 123 Lot 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

(PLEASE PRINT) # 2017 - 886

Name: William Uchs | Date: 7/11/17
Organization (If Applicable): Town Inc
Mailing Address: 135 Lincoln Boulevard
City, State, Zip: Middlesex NJ 08846
Home/Business Phone [redacted] E-MAIL jwmmehls@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)
Permit and records regarding underground storage tanks hazardous materials and spills for Block 173, Lot 101, 401-415 Roselle Street

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

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

☐ OTHER (SPECIFY)
See Above

RECEIVED
JUL 11 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 401 - 415 Roselle Street
BLOCK/LOT: Block 173, Lot 101

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) # 2017-387 (A)

Name: Peter Morris	Date: 7/10/2017
Organization (If Applicable): VERTEX	
Mailing Address: 20 Gibson Place, Suite 201	
City, State, Zip: Freehold, New Jersey 07728	
Home/Business Phone [redacted]	E-MAIL: pmorris@vertexeng.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 requesting records in reference to site history including deeds, construction dates, construction permits, tax information (deeds, lot/block, building info, etc.) site plans, etc.; environmental history including tanks, hazardous materials, spills, releases, etc. I am also requesting records regarding septic systems, wells, sewer, etc. connection dates.

Departments to contact for records include: Construction Code Department, Engineering Department, Health Department, Buildings and Grounds Department, Fire Department, Office of Emergency Management, Tax Collector, and Linden Roselle Sewerage Authority.

☐ 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
JUL 11 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1 Stercho Road, Linden, NJ 07036 aka 1450 W. Blancke St., Linden, NJ 07036

BLOCK/LOT: Block 421 / Lot 68

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) # 2017-388 (B)

Name: Peter Morris	Date: 7/10/2017
Organization (If Applicable): VERTEX	
Mailing Address: 20 Gibson Place, Suite 201	
City, State, Zip: Freehold, New Jersey 07728	
Home/Business Phone [redacted]	E-MAIL: pmorris@vertexeng.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 requesting records in reference to site history including deeds, construction dates, construction permits, tax information (deeds, lot/block, building info, etc.) site plans, etc.; environmental history including tanks, hazardous materials, spills, releases, etc. I am also requesting records regarding septic systems, wells, sewer, etc. connection dates.

Departments to contact for records include: Construction Code Department, Engineering Department, Health Department, Buildings and Grounds Department, Fire Department, Office of Emergency Management, Tax Collector, and Linden Roselle Sewerage Authority.

☐ 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
JUL 11 2017
CLERK'S OFFICE

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1430 W. Blancke St., Linden, NJ 07036

BLOCK/LOT: Block 421 / Lot 69

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) #2017-389 (C)

Name: Peter Morris	Date: 7/10/2017
Organization (If Applicable): VERTEX	
Mailing Address: 20 Gibson Place, Suite 201	
City, State, Zip: Freehold, New Jersey 07728	
Home/Business Phone [redacted]	E-MAIL pmorris@vertexeng.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 requesting records in reference to site history including deeds, construction dates, construction permits, tax information (deeds, lot/block, building info, etc.) site plans, etc.; environmental history including tanks, hazardous materials, spills, releases, etc. I am also requesting records regarding septic systems, wells, sewer, etc. connection dates.

Departments to contact for records include: Construction Code Department, Engineering Department, Health Department, Buildings and Grounds Department, Fire Department, Office of Emergency Management, Tax Collector, and Linden Roselle Sewerage Authority.

☐ 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
JUL 11 2017
CLERK'S OFFICE

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 362 Cantor Avenue, Linden, NJ 07036

BLOCK/LOT: Block 421 / Lot 73

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) # 2017-390 (D)

Name: Peter Morris	Date: 7/10/2017
Organization (If Applicable): VERTEX	
Mailing Address: 20 Gibson Place, Suite 201	
City, State, Zip: Freehold, New Jersey 07728	
Home/Business Phon [redacted]	E-MAIL pmorris@vertexeng.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 requesting records in reference to site history including deeds, construction dates, construction permits, tax information (deeds, lot/block, building info, etc.) site plans, etc.; environmental history including tanks, hazardous materials, spills, releases. etc. I am also requesting records regarding septic systems, wells, sewer, etc. connection dates.

Departments to contact for records include: Construction Code Department, Engineering Department, Health Department, Buildings and Grounds Department, Fire Department, Office of Emergency Management, Tax Collector, and Linden Roselle Sewerage Authority.

☐ 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
JUL 11 2017
CLERK'S OFFICE

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 320 Cantor Avenue, Linden, NJ 07036

BLOCK/LOT: Block 421 / Lot 71

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

#2017-391 (E)

(PLEASE PRINT)

Name: Peter Morris | Date: 7/10/2017

Organization (If Applicable): VERTEX

Mailing Address: 20 Gibson Place, Suite 201

City, State, Zip: Freehold, New Jersey 07728

Home/Business Phon[redacted] E-MAIL pmorris@vertexeng.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 requesting records in reference to site history including deeds, construction dates, construction permits, tax information (deeds, lot/block, building info, etc.) site plans, etc.; environmental history including tanks, hazardous materials, spills, releases, etc. I am also requesting records regarding septic systems, wells, sewer, etc. connection dates.

Departments to contact for records include: Construction Code Department, Engineering Department, Health Department, Buildings and Grounds Department, Fire Department, Office of Emergency Management, Tax Collector, and Linden Roselle Sewerage Authority.

☐ 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
JUL 11 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 2 Stercho Road, Linden, NJ 07036 aka 1480 W. Blancke St., Linden, NJ 07036

BLOCK/LOT: Block 421 / Lot 66

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

#2017-392

(PLEASE PRINT)

Name: Brent Grocott | Date: 7/10/17

Organization (If Applicable): Allstate Insurance

Mailing Address: 1325 Campus Parkway Suite 102

City, State, Zip: Wall NJ [redacted]753

Home/Business Phone [redacted] E-MAIL Brent.Grocott@Allstate.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 Fire Department report for fire at
712 Willick Rd
Linden, NJ 07036

Fire occured on 1/10/17

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

☒ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

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

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

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

RECEIVED
JUL 10 2017
CLERK'S OFFICE

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS

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

2017-393

(PLEASE PRINT)

Name: Kevin Leckerman, Esq.	Date: 7/10/17
Organization (If Applicable): Leckerman Law LLC	
Mailing Address: 110 Wood Ave PK West	
City, State, Zip: Clark, NJ 07066	
Home/Business Phone [redacted]	E-MAIL: kl@leckerman law.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

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

Please forward a copy of all police department documentation and videotaped recordings for the Linden Police Department investigation of a DWI Suspected DWI (39:4-50 violations) that occurred on 6/19/08. | Date of Birth - 10/23/81
Defendant - Michael Auciello

☐ 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
JUL 10 2017
CLERK'S OFFICE

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

2017-394

LEASE PRINT)
Name: Lafona CHABANI Date: 07/10/2017
Organization (If Applicable):
Mailing Address: 1226 Union Ave Apt 2
City, State, Zip: Roselle, NJ 07203
Home/Business Phone E-MAIL chabani.lafona@gmail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX

Chbani. Zakaria

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

case # 17022705 (2017)

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL

RECEIVED
JUL 10 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)

Copy of Police Report

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

NFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

Y 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

2017-395

EASE PRINT)

me: Edwin Ramos | Date: 07/10/17

ganization (If Applicable):

iling Address: 2640 Davidson Ave #2A

y, State, Zip: Bronx NY 10468

me/Business Phone [redacted] E-MAIL eramos801@msn.com

QUEST MADE VIA: ☑ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

edwinramos001@yahoo.com

SCRIPTION OF PUBLIC RECORD(S):

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

I would like to Request the permit history of 104 Cedar Ave Linden J 07036 and if there are any open permits/violations on 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)

LICENSE INFORMATION (SPECIFY)

GNATURE: [signature]

FORMATION ON A SPECIFIC PROPERTY:

DDRESS: 104 Cedar Ave Linden, NJ 07036

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

2017-397

(PLEASE PRINT)

Name: Lisa Anthony Date: 7.11.17
Organization (If Applicable): CK Family Services
Mailing Address: P.O. Box 173038
City, State, Zip: Arlington, TX 76003
Home/Business Phone [redacted] E-MAIL lanthony@ckfamilyservices.org
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

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

911 Reports on: 5202 Grier Ave. Apt #2
Linden, New Jersey 07036
From: October 2013 – December 2014

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL lanthony@ckfamilyservices.org

☐ 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
JUL 11 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Lisa Anthony

INFORMATION ON A SPECIFIC PROPERTY
ADDRESS: 5202 Grier Ave. Apt. #2, Linden, NJ 07036

BLOCK/LOT: _____

CITY 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

2017-398

'LEASE PRINT)

Name: LiDiA WiSNiOWSKA | Date: 7/11/17

Organization (If Applicable):

Mailing Address: 314 CLINTON STR

City, State, Zip: LINDEN NJ 07036

Home/Business Phone [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)

Lidia WiSNiOWSKA [redacted] d.o.b 2/25/83 314 Clinton str. Linden NJ

Daniel DeHart [redacted] d.o.b 11/27/81 400 Clinton Str. Linden NJ

[redacted] related

6/18/17 about 3:30 am saturday

5/22-23/17 report at Police Station Linden [redacted]

6/29/17 400 Clinton Str.

6/19/17 [redacted] at Police Station

☐ 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
JUL 11 2017
CLERK'S OFFICE

SIGNATURE: Wisniowska Lidia

NFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS

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

#2017-399 (A)

PLEASE PRINT)

Name: Annette Maltin-Jones | Date: 7/11/17

Organization (If Applicable): All Towne Realty

Mailing Address: 30 Brant Ave.

City, State, Zip: Clark NJ

Home/Business Phone [redacted] MAIL jonesann4@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)

Please Provide any/all open permits, CO inspections and oil tank details, electrical + plumbing for the past 5 years for:

211 Gesner

☐ 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
JUL 11 2017
CLERK'S OFFICE

SIGNATURE: Annette Maltin-Jones

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 211 Gesner

BLOCK/LOT: 00310/ 00027

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

#2017-400 (B)

PLEASE PRINT)
Name: Annette Mallin-Jones Date: 7/11/17
Organization (If Applicable): All Towne Realty
Mailing Address: ~~230 N 6th Ave~~ 30 Brant Ave.
City, State, Zip: Clark, NJ
Home/Business Phone [redacted] E-MAIL jonesann4@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)

Please provide any/all open permits, CO inspections and oil tank details, electrical & plumbing for the past 15 years for:

204 Swarthmore Rd.

☐ 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
JUL 11 2017
CLERK'S OFFICE

SIGNATURE: Annette Mallin-Jones

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 204 Swarthmore Rd.
BLOCK/LOT: 00301 / 00003

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

#2017-401 (C)

PLEASE PRINT)

Name: Annette Maltin-Jones | Date: 7/11/17
Organization (If Applicable): All Towne Realty
Mailing Address: 30 Brant Ave.
City, State, Zip: Clark, NJ
Home/Business Phone [redacted]7 E-MAIL jonesann4@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)

Please provide any/all open permits, CO inspections and oil tank details, electrical + plumbing for the past 15 years for:

15 Yale Terrace

☐ 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
JUL 11 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Annette Maltin-Jones

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 15 Yale Terrace
BLOCK/LOT: 00238 / 00040

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

2017-402 (D)

PLEASE PRINT)

Name: Annette Maltin-Jones | Date: 7/11/17
Organization (If Applicable): All Towne Realty
Mailing Address: 30 Brant Ave.
City, State, Zip: Clark, NJ
Home/Business Phone [redacted] E-MAIL jonesanny4@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)

Please provide any/all open permits CO inspections and oil tank details, Electrical & plumbing for the past 15 years for:

33 Palisade

☐ 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
JUL 11 2017
CLERK'S OFFICE

SIGNATURE: Annette Maltin-Jones

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 33 Palisade

BLOCK/LOT: 00234 / 00022

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) #2017-403

Name: Maria Dimopoulos | Date: 7/11/17
Organization (If Applicable): Weichert Realtors
Mailing Address: 185 Elm St.
City, State, Zip: Westfield NJ 07090
Home/Business Phone: [redacted] E-MAIL gavandros@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 permits and certificate of Approval for 2516 Summit Terr.

☐ 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: 2516 Summit Terrace
BLOCK/LOT: 261 / 12

PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

#2017-404

'LEASE PRINT)

Name: Robert Gomulka | Date: 7/12/17

Organization (If Applicable):

Mailing Address: 708 Brunswick Avenue

City, State, Zip: Elizabeth NJ 07202

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

Provide some type of proof/permit/CO stating that the property referenced is ready for commercial use

☐ 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
JUL 12 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Robert Gomulka

NFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 2520 - 708 Brunswick Avenue Linden

BLOCK/LOT:

PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

2017-405

LEASE PRINT)

lame: Danny Zuniga | Date: 7/12/17

rganization (If Applicable):

Iailing Address: 109 IRENE ST

ity, State, Zip: Linden NJ 07036

Iome/Business Phone [redacted] E-MAIL dannyzuniga@ymail.com

EQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

ESCRIPTION OF PUBLIC RECORD(S):

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

Need to know what other bussinesses were at this address (109 IRENE ST LINDEN NJ)

Need to know all the business that ever existed on 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
JUL 12 2017
CLERK'S OFFICE

IGNATURE:

NFORMATION ON A SPECIFIC PROPERTY:

DDRESS: 109 IRENE ST LINDEN, NJ 07036

LOCK/LOT:

CELEBRATING 10 YEARS 2007-2017
RAM
REBENACK ▮ ARONOW ▮ MASCOLO, LLP
ATTORNEYS AT LAW

CRAIG M. ARONOW
CARONOW@RAMLAWNJ.COM

#2017-407

July 13, 2017

City of Linden
301 N. Wood Avenue
City Hall
Linden, New Jersey 07036
[Via Fax: 908-474-8451]

Re: Valvano, Matthew v. Raynier Lora and Katherin Bonilla-Olivares
Date of Loss: 05/19/2016

Dear Sir Madam:

Please be advised that my office represents Matthew Valvano in relation to the above claim. Attached please find the completed request for Public Records for the following information:

(1) Dispatch records,
(2) All police reports prepared for the accident,
(3) Witness statements,
(4) All related video,
(5) Mobile vehicle recordings (in car dash camera videos),
(6) Body camera videos from police officers at scene,
(7) Any accident reconstruction notes or reports,
(8) Any speed calculations performed by officers or department personnel, and
(9) Any and all materials, audio recordings, video recordings, notes, statements, reports or any other materials, electronic, paper or otherwise, generated by this police department in relation to this accident investigation.

Kindly forward the requested material as soon as possible.

Should you have any questions regarding this matter, please do not hesitate to contact me.

Very truly yours,

CRAIG M. ARONOW

CMA/ndb
Enc.

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

#2017-408

(PLEASE PRINT) Date: 07/13/2017

Name: ALEXANDRIA ESTRELLA

Organization (If Applicable): SKYLINE LIEN SEARCH, INC

Mailing Address: 8785 SW 165 AVE, STE 301

City, State, Zip: MIAMI, FLORIDA 33193

Home/Business Phone [redacted] E-MAIL ALEXANDRIA@SKYLINELIEN.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 COPIES OF ANY OPEN INVOICES, OPEN/EXPIRED PERMITS AND/OR ACTIVE CODE VIOLATIONS AGAINST THE FOLLOWING PROPERTY:

1101 E BLANCKE STREET (BLOCK 77, LOT 18)

☐ 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
JUL 13 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1101 E BLANCKE STREET

BLOCK/LOT: BLOCK 77, LOT 18

CITY OF LINDEN
APPLICATION FORM

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

REQUEST FOR PUBLIC RECORDS

#2017-409

(PLEASE PRINT)

Name: Michael A. Percano | Date: 7/14/17
Organization (If Applicable): Percano, Nith & Stuben LLC.
Mailing Address: 1514 E. Saint George Avenue
City, State, Zip: Linden, NJ 07036
Home/Business Phon[redacted] E-MAIL mpercano@percanolaw.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX

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

Board of Health/Animal Control - Dog Bite control
RE: Ibetty Nivar D/A: 5/31/17

RECEIVED
JUL 14 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

kruiz@percanolaw.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: 813 E. Elizabeth Ave Linden, NJ 07036

BLOCK/LOT: _____

Ref #18074

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

#2017-410

(PLEASE PRINT)

Name: KaoChee Xong | Date: 7-14-17
Organization (If Applicable): Theclaimscenter TPA for Verizon
Mailing Address: P.O. Box 47604
City, State, Zip: Plymouth, MN 55447
Home/Business Pho[redacted] E-MAIL KaoChee.Xong@theclaimscenter.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☑ FAX

DESCRIPTION OF PUBLIC RECORD(S): Fire report
(Please be specific and attach additional pages of information if necessary)
Regarding to a MVA that damaged Verizon's pole near 2046 E St. Georges Ave around 3/19/2014. Will you please search fire reports and let me know if their agency responded. Thank you.

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☑ SEND RESPONSE BY E-MAIL
KaoChee.Xong@theclaimscenter.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
JUL 14 2017
CLERK'S OFFICE

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 2046 E St. Georges Ave

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

#2017-411

(PLEASE PRINT)

Name: DANIEL LORCH | Date: 7/14/17

Organization (If Applicable):

Mailing Address:

City, State, Zip:

Home/Business Phone [redacted] E-MAIL DANIEL.LORCH@KW.COM

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

- OPEN / Closed Permits
- Violations
- ZONING (Residential, Commercial, etc.)
- Soil tank removal
- Any and all other information available

☐ 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
JUL 14 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 821 N WOOD AVE

BLOCK/LOT:

RECEIVED
JUL 14 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

2017-411

(PLEASE PRINT)

Name: Brandi Hascak | Date: 7/14/17
Organization (If Applicable): Orange Coast Lender Services: Title Company
Mailing Address: 1000 Commerce Drive Suite 520
City, State, Zip: Pittstburgh, PA 15275
Home/Business Phone [redacted] E-MAIL brandih@oclenderservices.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 the following information for the foreclosed property address: 615 Cranford Ave. Linden, NJ 07036 Block 55 lot 7.

**Code violations
**Open permits
**Any liens on the property

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

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

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

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Brandi L Hascak

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 615 Cranford Ave, Linden NJ 07036

BLOCK/LOT: 55/7

RECEIVED
JUL 14 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

#2017-414

(PLEASE PRINT)

Name: TRACY TAYLOR | Date:

Organization (If Applicable):

Mailing Address: 33-46 92 Street #4W

City, State, Zip: JACKSON HEIGHTS, NY 11372

Home/Business Phone [redacted] E-MAIL SHUKYEE.TAYLOR@GMAIL.COM

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

(1) CAN BE THERE ANY OPEN PERMITS ON 1164 MIDDLESEX ST. LINDEN NJ BLOCK 73 LOT 14 IN UNION CTY.
(2) IS THERE A CERTIFICATE IN RECORD FILE FOR REMOVAL OF OIL TANK

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

☒ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

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

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

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 1164 MIDDLESEX STREET, LINDEN, NJ 07036 UNION CTY

BLOCK/LOT: BLOCK 73 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

(#2017-415)

(PLEASE PRINT)

Name: Andrew Dobson	Date: 7/15/2017
Organization (If Applicable): Pemco-Limited	
Mailing Address: 4600 South Ulster Street, Ste 530	
City, State, Zip: Denver, CO, 80237	
Home/Business Phone [redacted]	E-MAIL: timothy.dobson@pemco-limited.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 code/building violations currently pending on property address
339 Miltonia Street, Linden, NJ, 07036
Block: 354 Lot: 7

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☑ SEND RESPONSE BY E-MAIL

Email response to - timothy.dobson@pemco-limited.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)

Copy of Vacant property registration ordinance

☐ OTHER (SPECIFY)

RECEIVED
JUL 17 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

(#2017-416)

(PLEASE PRINT)

Name: Andrew Dobson | Date: 7/15/2017

Organization (If Applicable): Pemco-Limited

Mailing Address: 4600 South Ulster Street, Ste 530

City, State, Zip: Denver, CO, 80237

Home/Business Phone: [redacted] E-MAIL: timothy.dobson@pemco-limited.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 code violations currently pending on property address
2612 Orchard Ter, Linden, NJ, 07036
Block: 223 Lot: 15.01

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL
Please send response to timothy.dobson@pemco-limited.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)
Vacant Property Registration Ordinance.

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

RECEIVED
JUL 17 2017
CLERK'S OFFICE

SIGNATURE: [signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS

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

(PLEASE PRINT)

Name: Jennifer Bruder, Esq. #2017-419	**Date:** 07/14/2017
Organization (If Applicable): Haworth Coleman & Gerstman, LLC	
Mailing Address: 505 Main Street, Suite 212	
City, State, Zip: Hackensack, New Jersey 07601	
Home/Business Phon [redacted] **E-MAIL** jennifer.bruder@hcglawfirm.com	
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX 201-831-1401	

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

We hereby request the following regarding the incident which occurred at 2500 Brunswick Ave, Building B, Linden, NJ on February 17, 2015: 1. Certified copies of all inspection, investigatory and other reports regarding the Incident. 2. Color copies and digital files of all photographs and/or videos taken in connection with the Incident and any related investigation. 3. Certified copies of any dispatch logs relating to City of Linden Police Department's response to the Incident. 4. All correspondence received by or sent by the City of Linden Police Department's Office referring or relating to the Incident. 5. All notes prepared in connection with any investigation of the Incident. 6. All physical evidence in City of Linden Police Department's possession relating to the subject Incident and post-Incident investigation. 7. All records in the City of Linden Police Department's possession regarding the Incident. 8. A copy of the City of Linden Police Department's entire file regarding the incident.

☐ 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
JUL 17 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 2500 Brunswick Avenue, Building B, 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 - 420)

(PLEASE PRINT)

Name: James C. Dezao | Date: 7/17/2017

Organization (If Applicable): Dezao Law Firm

Mailing Address: 322 Route 46 West Suite 120

City, State, Zip: Parsippany NJ 07054

Home/Business Phor [redacted]

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

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

MVA Report for our client Toni Bowens police report #17-31553 the accident occurred on 7/12/2017

☐ 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)

RECEIVED
JUL 17 2017
CLERK'S OFFICE

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

...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

#2017-422

(PLEASE PRINT)

Name: ANTHONY HOLLMAN | Date: 7/17/17

Organization (If Applicable): N/A

Mailing Address: 1008 LINCOLN ST

City, State, Zip: LINDEN N.J

Home/Business Phone [redacted] E-MAIL ANTHONY HOLLMAN 85@GMA

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 COPY OF MY PHYSICIANS PHYSICAL REPORTS FOR CITY DEPT. OF PUBLIC WORKS JOB IN WHICH I WAS AN APPLICANT FOR POSITION DOCTORS OFFICE WAS IN CLARK N.J

I WISH FOR MEDICAL REPORTS FOR THE YEAR 2014-2015-2016

PUBLIC WORKS DEPT WRITTEN RECORDS FOR JOB HIRING OF MYSELF IN PUBLIC WORKS DEPT IN YEAR ABOVE

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

☒ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE WILL PICK UP.

☐ SEND RESPONSE BY E-MAIL N/A

~~N/A~~ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

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

RECEIVED
JUL 17 2017
CLERK'S OFFICE

☐ OTHER (SPECIFY)

anthony hollman

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Anthony Hollman 7/17/17

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: dlg. 26

BLOCK/LOT: 18th

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

PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

2017-423

(PLEASE PRINT)

Name: Axel D'Addario | Date: July 18th/2017

Organization (If Applicable): Re/max Achievers

Mailing Address: [redacted] 400 Main St Chatham NJ 0792

City, State, Zip: Chatham NJ 07928

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

All permit Records in last 2 years, open and closed All information on Removing oil tank from Front of house, UNDERGROUND and certification containment S were removed in accordance with DEP/EPA Regulations

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL

RECEIVED
JUL 18 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:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1122 Walnut St, Linden NJ

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

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

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT) #2017-425

Name: Keyanna Jones Lovett | Date: 07-18-2017
Organization (If Applicable):
Mailing Address: 61 Willow Lane, Apt. 264
City, State, Zip: Roselle, NJ 07203
Home/Business Phon[redacted] E-MAIL kjoneslovett@gmail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ~~☐ FAX~~

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
Copy of Motor Vehicle Accident Report
case # 17024912
date of accident: June 05, 2017
location: Wood Avenue & Curtis Street

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☑ SEND RESPONSE BY E-MAIL
kjoneslovett@gmail.com

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

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

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

RECEIVED
JUL 18 2017
CLERK'S OFFICE

SIGNATURE: Keyanna Jones Lovett

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

(#2017-426)

(PLEASE PRINT)

Name: Mark Lee Date: 7-19-17

Organization (If Applicable): —

Mailing Address: 534 Boulevard, 2nd Floor

City, State, Zip: Westfield NJ 07090

Home/Business Pho[redacted] E-MAIL marklee555@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)

Requesting any police reports for Adina Lee, 201 Maple Avenue, Linden NJ
For the time period from October 12th to the Present

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL
Send to marklee555@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)

SIGNATURE: Mark Lee

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) #2017-428

Name: Guillermo Muniz | Date: 7-19-17

Organization (If Applicable):

Mailing Address: 570 Cleveland Ave.

City, State, Zip: Linden NJ. 07036

Home/Business Phone [redacted] E-MAIL 908 425 2897

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

Requesting all Board of Health inspection for 2017.

RECEIVED
JUL 19 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: [signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 570 Cleveland Ave

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS

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

PLEASE PRINT) #2017-429

Name: Jonathan Martinez | Date: 7/7/17
Organization (If Applicable): Kingdom First Realty
Mailing Address: 711 West End Ave Apt
City, State, Zip: Raritan NJ 08869
Home/Business Phone [redacted] E-MAIL jmartinez@kingdomfirstrealtors.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

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

RECEIVED
JUL 20 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Jonathan Martinez

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 42 E. Henry St Linden NJ 07036

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

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

REQUEST FOR PUBLIC RECORDS

#2017-430

(PLEASE PRINT)

Name: William J. Soriano, Esq. Date: July 20, 2017
Organization (If Applicable): Soriano, Henkel, Biehl + Matthews PC
Mailing Address: 75 Eisenhower Parkway, Suite 110
City, State, Zip: Roseland NJ 07068
Home/Business Phone [redacted] E-MAIL WSoriano@SHSBMLAW.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

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

All documents Relating to the Construction of the building At 401 Roselle Street, Block 173, Lot 1.01, including but Not limited to all Permits and Approvals And Certificate(s) of Occupancy. We understand that the building was built in 2006-2007 And ANY other Permits or Approvals Relative to work done At the premises through 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)

RECEIVED
JUL 20 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: William J. Soriano, ESq

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 401 Roselle Street
BLOCK/LOT: 173 / 1.01

CLiberos@Linden-NJ.org

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

#2017-431

(PLEASE PRINT)

Name: Linda Hare	Date: 7-20-17
Organization (If Applicable): Duberman Associates	
Mailing Address: 30 West Mt Pleasant Ave	
City, State, Zip: Livingston NJ 07039	
Home/Business Phone: [redacted]	E-MAIL Linda@DubermanAssociates.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

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

Kindly provide any open and/or closed permits for the property located at 801 Curtis Place, Linden NJ Blk-119 Lot 18
Current owner is Alvarado

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☑ SEND RESPONSE BY E-MAIL Linda@dubermanAssociates.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
JUL 20 2017
CLERK'S OFFICE

SIGNATURE: Linda Hare

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 801 Curtis Place
BLOCK/LOT: Blk 119 / Lot 18

CITY OF LINDEN
APPLICATION FORM

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

REQUEST FOR PUBLIC RECORDS

(#2017-432)

(PLEASE PRINT)

Name: GANESH VELAUTHAPILLAI Date: 07/21/17
Organization (If Applicable):
Mailing Address: 87 BELGROVE DR, 1B, KEARNY, NJ-07032
City, State, Zip: KEARNY, NJ, 07032
Home/Business Phone: [redacted] E-MAIL: GANESH8230@HOTMAIL.COM
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☑ FAX

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

UNDER GROUND OIL TANK REMOVAL

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

☑ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☑ SEND RESPONSE BY E-MAIL

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

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

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

RECEIVED
JUL 21 2017
CLERK'S OFFICE

SIGNATURE: V Ganesh

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 1805 NILES STREET, LINDEN.
BLOCK/LOT: 410/16

...Y OF LINDEN
...PPLICATION FORM

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

REQUEST FOR PUBLIC RECORDS

(#2017-433)

(PLEASE PRINT)
Name: Austen C Anibogwu | Date: 7/24/17
Organization (If Applicable): ONE WORLD REALTY
Mailing Address: 316 HILLSIDE AVENUE
City, State, Zip: HILLSIDE NJ 07205
Home/Business Phon[redacted]AIL ONEWORLDREALTY@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)
VERIFICATION of CODE VIOLATION STATUS
VERIFICATION of MUNICIPAL LIEN

RECEIVED
JUL 24 2017
CITY CLERK

☐ 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: Austen Collins Anibogwu
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 316 SPRINGFIELD ROAD LINDEN NJ 07036
BLOCK/LOT: 322/7

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

(#2017-434)

(PLEASE PRINT)

Name: Jonathan Roldan | Date: 07/24/2017
Organization (If Applicable):
Mailing Address: 1614 Orchard Terrace
City, State, Zip: Linden, NJ 07036
Home/Business Phone [redacted] E-MAIL: jonroldan92@gmail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☑ FAX

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

I would like to request a copy of the property deed for the property I just purchased located at 1614 Orchard Terrace Linden, NJ.

I would also like to request any information regarding the property lines and boundaries/measurements of 1614 Orchard Terrace, Linden, NJ. In addition, if there are any maps of the neighborhood/street/block showing clear dimensions of property lines that would be helpful as well.

☐ 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
JUL 24 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Jonathan Roldan

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 1614 Orchard Terrace Linden, NJ 07036
BLOCK/LOT: 235/17

CITY OF LINDEN
APPLICATION FORM

RECEIVED
JUL 24 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

(#2017-435)

(PLEASE PRINT)

Name: Andres M Velazquez | Date: 7/24/17
Organization (If Applicable): Realty Empire
Mailing Address: 99 First St 2nd Floor
City, State, Zip: Clifton, NJ, 07011
Home/Business Phone [redacted] E-MAIL avelazquez@realtyemporenj.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 an agent representing my client (buyer) for the sale of 32 Cedar Ave Linden. I recently scheduled an oil tank sweep and came back with some readings in the backyard. There may or may not be an oil tank. I want to know if there were ever any permits to convert this home from oil to gas or any permit to pull an oil tank from within these property lines. Also, any open permits on this property would be helpful that don't pertain to 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)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 32 Cedor Ave Linden NJ 07036
BLOCK/LOT: 453/6

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

(#2017-436)

(PLEASE PRINT)

Name: Izzy Azevedo **Date:** 07/24/2017

Organization (If Applicable): All Towne Realty

Mailing Address: 30 Brant Ave

City, State, Zip: Clark NJ 07066

Home/Business Phon [redacted]

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

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

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

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

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

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

☐ OTHER (SPECIFY)

RECEIVED
JUL 24 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 830 Lindegar St Linden NJ 07036

BLOCK/LOT: 376/22

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) #2017-437

Name: David Deghetto | Date: 7/25/17
Organization (If Applicable): First Environment, Inc.
Mailing Address: 91 Fulton St
City, State, Zip: Boonton, NJ 07005
Home/Business Phone [redacted] E-MAIL ddeghetto@firstenvironment.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 permits/documentation associated with the removal of one, 550-gallon Underground Storage Tank at 560 East Elizabeth Avenue, 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)

RECEIVED
JUL 25 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 560 East Elizabeth Avenue, Linden, NJ
BLOCK/LOT: Block 288, Lot 8.01

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

#2017-438

(PLEASE PRINT)

Name: Bill Flagg | Date: 7/24/17

Organization (If Applicable): Era Queen City Realty

Mailing Address: 310 Park Ave

City, State, Zip: Scotch Plains, NJ 07076

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

Our office is the assigned Listing Agency for this now Bank Owned property. We are requesting copies of, or information on any Open Building Permits, Open Violations, Open Liens, Or Tax Sale Notices on this property. Thank you for your time and help.

☐ 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
JUL 25 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Bill Flagg

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 22 Robbinswood Terr, Linden

BLOCK/LOT: Blk 230 Lot 05

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

'LEASE PRINT) # 2017-439

Name: Sylvia M. Whitcomb | Date: 7.25.2017

Organization (If Applicable): Construction Journal

Mailing Address: 400 SW 8th Street

City, State, Zip: Stuart, FL 34994

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

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

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

Good Morning,

May I get a copy of the Building Permit for the Auto Dealership at 1601 Weset Blancke Street Block 424 Lot 1. This is for the 2680 SF new construction. 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)

☐ OTHER (SPECIFY)

RECEIVED
JUL 25 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1601 Blancke Street

BLOCK/LOT: 424 Lot 1

OPRA Request July 25, 2017

1. Requesting the recordings of all telephone calls from Councilwoman Rhashonna Cosby-Hurling to the Police Front Desk; Sgt. Calleja telephone numbers 908-474-8557, 908-474-8558 and 908-474-8559 on July 7, 2017 from 1:00 PM to 4:00 PM.

2. Camera footage on July 7, 2017 for the cameras located at City Hall 2nd floor outside of the Planning Board Office, City Hall 2nd floor camera located outside of Jessica Sheehy's office and the camera located at City Hall 1st floor outside of Personnel Department from 1:00 PM to 4:00 PM.

CITY OF LINDEN
APPLICATION FORM

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

REQUEST FOR PUBLIC RECORDS

#2017-442

(PLEASE PRINT)

Name: MARITZA ROMAN | Date: 7/19/17

Organization (If Applicable):

Mailing Address: 2714 N. Stiles St

City, State, Zip: LINDEN, NJ 07036

Home/Business Phone [redacted] E-MAIL Maritza.Roman22@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)

Please Respond with mortgage/Bank information for DEIVIDAS AUGONIS NEEDED IN ORDER TO COMPLETE PROCESS OF CLAIM DUE TO PROPERTY LOSS. THIS LOSS WAS REPORTED TO THE CITY OF LINDEN AND I WAS ADVISED TO SEND A WRITTEN REQUEST.

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

RECEIVED
JUL 25 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)
2710 N. Stiles St. in Linden, NJ 07036 seems to be VACANT. A TREE ON THEIR PROPERTY HAS FALLEN AND BROKE MY FENCE. PLEASE INSPECT THE SITE.

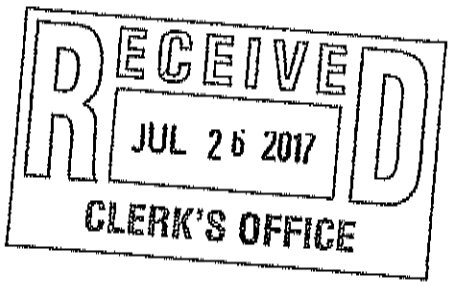
☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 2710 N. Stiles St Linden NJ 07036

BLOCK/LOT: Side Gate

)PRA request (# 2017-443)



Koloff, Abbott <Koloff@northjersey.com>

Tue 7/25/2017 7:14 PM

:City Clerk <Clerk@linden-nj.org>;

::Ortiz, Keldy <OrtizK@northjersey.com>;

ello: Please pass on the OPRA request(below) to the appropriate custodian of records. It is a request from The Record for inden police log or incident report or reports of an arrest made on July 6 of this year of a man named Raphael Lolos. Please elease the CAD reports and other faxable information before any of the other materials requested.

hank you:

)ear Custodian of Records:

ursuant to the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq. ("OPRA"), the Open Public Meetings Act ("OPMA") nd the common law, I am writing to request the following records:

1) Police report or reports and/or police log information related to the arrest of Raphael Lolos on July 6, including the time and the location of the arrest (address, business name).
2) Computer assisted dispatch report related to the above arrest.
3) Dispatch recordings related to the above arrest
4) Police dash camera or body camera video related to the above arrest.

agree to pay any reasonable duplication fees for the processing of this request in an amount not to exceed $25. If the cost will)e more than this amount, please contact me as soon as possible to discuss the fee.

f there are no records responsive to this request, please notify me, in writing, of this fact. If there are portions of a record(s) which must be redacted, please identify the record that has been redacted and the legal basis for your contention that the edacted portion(s) is exempt from disclosure under OPRA. If a record(s), in its entirety, is exempt from disclosure under OPRA, kindly notify me, in writing, of the exemption under OPRA upon which you are relying. I reserve the right to appeal any decision :o withhold any information and/or to dispute fees charged.

Because such information must be made readily available, I anticipate receiving it as soon as possible but, in no event, later than :he seven (7) business days required by law. If you cannot make the requested documents available to me within that statutory timeframe, kindly let me know, in writing, when I can expect the documents and the reason for the delay. I prefer to have the records emailed to me at koloff@northjersey.com

Thank you for your prompt attention to this matter. Feel free to call me.

Abbott Koloff
Reporter

The Record | USA TODAY NETWORK

Office: [redacted]
Koloff@northjersey.com

NorthJersey.com

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

(#2017-444)

(PLEASE PRINT)

Name: Mark Lee | Date: 7-26-17
Organization (If Applicable): —
Mailing Address: 534 Boulevard, 2nd Floor Westfield NJ 07090
City, State, Zip: —
Home/Business Phone [redacted] E-MAIL macklee555@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)

Requesting any Police reports for Adina Lee and/or Ed Raminski
Address: 201 Maple Avenue, Linden, NJ
For the time period October 12, 2016 to the date July 26, 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)
Send to macklee555@yahoo.com

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [signature]

RECEIVED
JUL 26 2017
CLERK'S OFFICE

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

PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

LEASE PRINT) (#2017-445)
Name: AUSTEN C ANIBOGWU Date: 7/26/17
Organization (If Applicable): ONE WORLD REALTY
Mailing Address:
City, State, Zip: 316 HILLSIDE AVE. HILLSIDE NJ 07205
Home/Business Phone [redacted] MAIL oneworldrealty.1@gmail.com
EQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX 7329437031

ESCRIPTION OF PUBLIC RECORD(S):
Please be specific and attach additional pages of information if necessary)
~~Westfield Statute of~~ Vacant property
registration. Copy pls.
Request copy of registration.

] 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
JUL 26 2017
CLERK'S OFFICE

] LICENSE INFORMATION (SPECIFY)

IGNATURE: Austen Collins Anibogwu
NFORMATION ON A SPECIFIC PROPERTY:
DDRESS: 216 SPRINGFIELD ROAD LINDEN
LOCK/LOT: 2242

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

(#2017-446)

(PLEASE PRINT)

Name: TNS RESEARCH + Development, Inc.	Date: 7/26/2017
Organization (If Applicable): 41a west Clinton Avenue	
Mailing Address:	
City, State, Zip: Tenafly, New Jersey 07670	
Home/Business Phone [redacted] EMAIL	JEFFZWIRN@alarmexpert.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 permits for work performed at 1157 Passaic Avenue, Linden NJ 07036

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☑ SEND RESPONSE BY E-MAIL

RECEIVED
JUL 26 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:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 1157 Passaic Avenue, Linden NJ 07036

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

RECEIVED
JUL 26 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

(#2017-447)

(PLEASE PRINT)

Name: Anita Erickson Date: 7-26-17

Organization (If Applicable): Decker Associates

Mailing Address: 899 Mountain Avenue, Ste 3B

City, State, Zip: Springfield, NJ 07081

Home/Business Phone [redacted] E-MAIL notify@deckerclaims.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX 973-258-1530

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

Copy of Police Report - July 26, 2017 2015 Bedle Place, Linden
Car Struck house causing damage
Property Owner: Liza & AlanMueller
Our File No. DE-1757960

☐ 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: Anita R Erickson

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

OPEN PUBLIC RECORDS ACT REQUEST FORM

2017 - 448

Important Notice

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

Requestor Information – Please Print

First Name Craig MI ____ Last Name Robel

E-mail Address support@sellyourhouseproblems.com

Mailing Address 55 Mansel Dr

City Landing State NJ Zip 07850

Telephone [redacted] FAX ____

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

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

Signature ____ Date 7/26/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

1. **Provide the address of any known vacant, abandoned, or condemned residential house**
   a. **Generally the code enforcement, zoning, inspectors, property maintenance, tax assessor or tax collector have this information**
   b. **If you have a list, please provide the list**

2. **Provide the property address of houses filed in probate in 2017. Provide the name, address and contact information of the current owner, fiduciaries, heirs, beneficiaries and/or executor/administrator**

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

RECEIVED
JUL 27 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

(PLEASE PRINT) # 2017-450

Name: STATE FARM ENSURANCE Date: 7/26/2017
Organization (If Applicable): CLAIM # 30-5J22-484
Mailing Address: PO BOX 106169
City, State, Zip: ATLANTA, GA 30348-6169
Home/Business Phone [redacted] E-MAIL STATEFARMFIRECLAIMS@STATEFARM.COM
REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☒ FAX 844-236-3646

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

REQUESTING NAME OF PROPERTY OWNER FOR 1017 LINCOLN ST. LINDEN NJ 07036 ON THE DATE OF NOV. 13, 2014.

ANY QUESTIONS PLEASE CONTACT CLAIM REPRESENTATIVE JEFF FEY. @ [redacted] THANK YOU.

☐ INSPECT / VIEW DOCUMENTS "DATE" (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
JUL 27 2017
CLERK'S OFFICE

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 1017 LINCOLN ST. LINDEN NJ 07036
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

2017-451

LEASE PRINT)
Name: Celine OKORO | Date: 7/27/17
Organization (If Applicable):
Mailing Address: 1180 Union Street P.O BOX 3101
City, State, Zip: Linden N.J 07036
Home/Business Phone [redacted] MAIL Celineokoro@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)

looking for inspection report for
1180 Union Street on JUN 24, 2017.

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL

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

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

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

RECEIVED
JUL 27 2017
CLERK'S OFFICE

SIGNATURE:
NFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 1180 Union Street
BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

RECEIVED
JUL 27 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

#2017-452

(PLEASE PRINT)

Name: Arron Boudware | Date: 7/27/2017
Organization (If Applicable):
Mailing Address: 173 Cator Avenue, 1st Floor,
City, State, Zip: Jersey City, NJ. 07305
Home/Business Phone [redacted] E-MAIL ACBOUDWARE@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 police report, Arrest date 3/31/1990
Case # 90-07-01298
[redacted]
Attached is letter of disposition

☐ 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: Arron L. Boudware

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

#2017-453

PLEASE PRINT)

Name: LaKeisha Zinamon | Date: 7/27/2017
Organization (If Applicable): Claims Management Resources
Mailing Address: 726 West Sheridan Avenue
City, State, Zip: Oklahoma City, OK 73102
Home/Business Phon[redacted] E-MAIL lzinamon@cmrclaims.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 in search of an accident / incident involving Verizon's or PSE+G's pole # 40035 damaged by a motor vehicle accident at 119 St. George's Ave at Ainsworth St on or before 04/09/2017

☐ 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)

RECEIVED
JUL 27 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: LZinamon 7/27/2017

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

(#2017-454)

(PLEASE PRINT)

Name: Andrew Dobson	Date: 7/28/2017
Organization (If Applicable): Pemco-Limited	
Mailing Address: 4600 South Ulster Street, Ste 530	
City, State, Zip: Denver, CO, 80237	
Home/Business Phon[redacted] E-MAIL: timothy.dobson@pemco-limited.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 code/building violations currently pending on the listed property addresses

915 Union Street, Linden, NJ, 07036 (Block: 103 Lot: 12)
339 Miltonia Street, Linden, NJ, 07036 (Block: 354 Lot: 7)
2612 Orchard Terr, Linden, NJ, 07036 (Block: 223 Lot 15.01)
1609 Grier Avenue, Linden, NJ, 07036 (Block: 507 Lot: 13)
701 Haven Place, Linden, NJ, 07036 (Block: 408 Lot: 1)

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

~~☑~~ SEND RESPONSE BY E-MAIL
Please send reponse via email : timothy.dobson@pemco-limited.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
JUL 28 2017
CLERK'S OFFICE

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

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

REQUEST FOR PUBLIC RECORDS

(#2017-455)

(PLEASE PRINT)

Name: Belkis Fernandez | Date: 7/28/2017

Organization (If Applicable): Solar Home Company

Mailing Address: 1275 Bloomfield Avenue

City, State, Zip: Fairfalld New Jersey 07004

Home/Business Phon [redacted] E-MAIL solarhomenj4@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 permit and certificate of approval for solar project at Linden New Jersey.

RECEIVED
JUL 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: Belkis Fernandez

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1327 South Wood Avenue Linden NJ 07036

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

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

REQUEST FOR PUBLIC RECORDS

#2017-456

(PLEASE PRINT)

Name: Donna Brillante	Date: 07/31/2017
Organization (If Applicable):	R. Paradise Appraisals Co.
Mailing Address: 33 Clinton Road	Suite 103
City, State, Zip: West Caldwell, NJ 07006	
Home/Business Phone: [redacted]	E-MAIL r.paradiseappraisals@verizon.net
REQUEST MADE VIA: ☐ OFFICE VISIT	☐ CORRESPONDENCE ☐ FAX 973-276-1724

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

We are doing an Appraisal on the following property and would appreciate if you could email or fax a copy of the Property Record Card:

1 Berlant Ave.
Block: 256 Lot: 3

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL r.paradiseappraisals@verizon.net

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

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

☐ OTHER (SPECIFY)

RECEIVED
JUL 31 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Donna Brillante

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1 Berlant Avenue

BLOCK/LOT: 256/3

PPLICATION FORM

EQUEST FOR PUBLIC RECORDS

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

2017-457

LEASE PRINT)
Name: David Surowiec | Date: 7/31/17
Organization (If Applicable):
Mailing Address: 1007 Clinton ST
City, State, Zip: Linden, NJ 07036
Home/Business Phon[redacted] E-MAIL David Surowiec1@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)
~~Tax delinquent~~

Looking for Tax Delinquent List for the City of Linden for 2016-17 and please include address & property owner (current list / records)

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

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL

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

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

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

RECEIVED
JUL 31 2017
CLERK'S OFFICE

SIGNATURE: [signature]
NFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:
BLOCK/LOT:

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

APPLICATION FORM

REQUEST FOR PUBLIC RECORDS

#2017 - 458

(PLEASE PRINT)

Name: Edgar "Eddie" Torres | Date: 7/31/17

Organization (If Applicable): Delux Properties Unlimited

Mailing Address: 608 Bergen St.

City, State, Zip: Harrison N.J. 07029

Home/Business Phon[redacted] E-MAIL eddie@eddiehomesales.com

REQUEST MADE VIA: ☑ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

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

History of Oil Tanks Above or Below Ground And Also Any Open or Outstanding 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
JUL 31 2017
CLERK'S OFFICE

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 436 Multnomah Street, Linden NJ. 07036

BLOCK/LOT: 350/20