Faxed 1-6-17

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

RECEIVED
JAN 05 2017
TOWNSHIP OF HOLMDEL

Important Notice

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

Requestor Information – Please Print

First Name JEFFREY MI ____ Last Name DEVLIN

E-mail Address DATA@LEGALFLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 414-7603

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

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

Signature Jeffrey Devlin Date 1-5-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CRASH REPORTS

FROM 12-25-16 TO 12-31-16

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Emailed 1-17-17

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

RECEIVED
JAN 12 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S OFFICE

Important Notice

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Requestor Information – Please Print

First Name JEFFREY MI ____ Last Name DEVLIN

E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

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

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

Signature [signature] Date 1-12-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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CRASH REPORTS

FROM 1-1-17 TO 1-7-17

19 Reports

39 pages

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

emailed 1-18-17 md

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

Important Notice

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

Requestor Information – Please Print

First Name Michael MI S. Last Name Miller

E-mail Address michael.miller@millerattys.com

Mailing Address c/o Miller and Miller 466 Southern Boulevard

City Chatham State NJ Zip 07928

Telephone 973-966-6644 FAX 973-966-9770

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 1/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

From Tax Assessor: Property Record Card

From Construction Department: Abstract of all permits issued within the last 30 years and confirmation that certificates of approval issued for all such permits.

Property Address: 28 Winthrop Drive

Block: 8.08 Lot: 4

Received 1/17/17 o gave to Maureen 1/18/17

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

Important Notice

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

Requestor Information – Please Print

First Name MICHAEL MI B. Last Name STEIB

E-mail Address info@mbslaw.net

Mailing Address 16 Cherry Tree Farm Road, P.O. Box 893

City Middletown State NJ Zip 07748

Telephone 732-706-7333 FAX 732-706-7334

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

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

Signature _____ Date January 18 ,2017

Payment Information

Maximum Authorization Cost $100.00

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

See Schedule "A" attached hereto.

Sent to Maureen - 1-19-17

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

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

Records Provided

Custodian Signature _____ Date _____

SCHEDULE "A"

Property: 734 Holmdel Road, Holmdel
Block 36 Lot 26

1. Tax Assessor: property tax bills, assessment information data cards.

2. Applications for Certificates of Occupancy, Certificates of Occupancy issued, inspection reports for Certificates of Occupancy inspections conducted between 2000 to date.

3. Landlord Registration Certificates filed with the Township Clerk pursuant to N.J.S.A. 46:8-28 from 2000 to date.

4. Applications for construction permits; construction permits issued; Certificates of Occupancy issued to close construction permits from 2000 to date.

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

Important Notice

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

Requestor Information – Please Print

First Name JEFFREY MI ____ Last Name DEVLIN

E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

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

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

Signature _____ Date 1-19-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CRASH REPORTS

FROM 1-8-17 TO 1-14-17

14 reports

opp

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

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 **Bobbie** MI _____ Last Name **Maltoglou**

E-mail Address **bmaltoglou@glorianilson.com**

Mailing Address **963 Holmdel Rd**

City **Holmdel** State **NJ** Zip **07733**

Telephone **732-977-6160** 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 **1/23/17**

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

At this time I am requesting a copy of the building plans and a copy of the final survey

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ _____
Custodian Signature **Date**

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

Important Notice

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

Requestor Information – Please Print

First Name JOHN MI D Last Name GIORDANO

E-mail Address WB johng e COMcast. net

Mailing Address 15 EAST BROOK DRIVE

City HOLMDEL State NJ Zip 07733

Telephone 732-539.2753 FAX NONE

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

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

Signature John D Giordano Date 1.23.2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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~~17-012 POLICE REPORT~~

NEW REQUEST
PLEASE SEND US THE FILE ON THE ~~RE~~ THE INCIDENT WITH RECORD TO: JOHN GIORDANO 15 EAST BROOK DRIVE HOLMDEL NJ 07733 ON DATE OF JAN 9TH 2016

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Emailed 12:40 pm 1.23.2017 ✓scanned.

Emailed 1-26-17

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

RECEIVED
JAN 25 2017
TOWNSHIP OF HOLMDEL
POLICE DEPT.

Important Notice

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Requestor Information – Please Print

First Name JEFFREY MI ____ Last Name DEVLIN

E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

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

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

Signature [signature] Date 1-25-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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CRASH REPORTS

FROM 1-15-17 TO 1-21-17

9 reports
10 pages

RECEIVED
JAN 25 2017
TOWNSHIP OF HOLMDEL
POLICE DEPT.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Maureen Doloughty

From: Maureen Doloughty
Sent: Monday, January 30, 2017 3:08 PM
To: 'Seth Davenport'
Subject: RE: opra request
Attachments: scan@holmdeltownship-nj.com_20170130_150924.pdf; scan@holmdeltownship-nj.com_20170130_150444.pdf

As requested

Maureen Doloughty, RMC
Holmdel Township Clerk

WANT TO STAY UP TO DATE ON WHAT IS GOING ON IN HOLMDEL?
Visit www.holmdeltownship-nj.com/list.aspx and sign up for notices and alerts and customize them to your personal interests.

From: Seth Davenport [mailto:seth@taxcounsel.com]
Sent: Monday, January 30, 2017 11:07 AM
To: Maureen Doloughty <mdoloughty@holmdeltownship-nj.com>
Subject: opra request
Importance: High

Attached hereto please find an OPRA request. While I am asking for copies of the detailed billings by the law firm of O'Donnell and McCord for 2015 and 2016, I would greatly appreciate if you could immediately send me the detailed billing of that law firm for April 2016 (if the billings are more than one month at a time, then any billings that would include all of April 2016) immediately and then the remaining 23 months of detailed billings within a reasonable period of time. Since billing records are designated as immediate access documents under OPRA I trust you will see your way clear to accommodate my request for April 2016 immediately.

SETH I. DAVENPORT, ESQ.
219 Changebridge Road
Montville, NJ 07045
Phone 973-299-9925 (ext 5281)
973-402-7996 (fax)
seth@taxcounsel.com
www.taxcounsel.com

NEW JERSEY SENATE

SENATE CHAMBERS
P.O. BOX 099
TRENTON, NEW JERSEY 08625-0099

January 25, 2017

Sent via email and regular mail.

The Honorable Maureen Doloughty
Municipal Clerk
Holmdel Township
4 Crawfords Corner Road
Holmdel, NJ 07733-0410

Dear Ms. Doloughty:

On behalf of Senate Majority Leader Loretta Weinberg we are submitting this OPRA request regarding the following documents related to the healthcare waiver payments made to the employees of your municipality:

This request covers the time period from January 1, 2010 through January 1, 2017.

Does your municipality provide incentive payments to employees who elect to waive health care coverage provided by the school district?

If yes, please provide the (1) resolutions adopted by the board, (2) the provisions in each individual contract of employment, or (3) the provisions in each collective negotiations agreement that authorize or provide for such payments.

Please provide a list containing the position of each employee who received an incentive payment and the amount of the payment to the employee in each year.

If the information provided is by fiscal year, please so state and provide the start date of the fiscal year.

If a list is not available, please provide: (1) the application form or request submitted by each employee who waived health care coverage and received an incentive payment; (2) your written response to each application or request; and (3) the amount of the payment.

Kindly send the documents to this e-mail address: senweinberg@njleg.org

Please feel free to contact me if you need clarification or to discuss your response.

Sincerely,

Louis Couture

Emailed 2-6-17

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

Important Notice

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Requestor Information – Please Print

First Name JEFFREY MI ____ Last Name DEVLIN

E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

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

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

Signature [signature] Date 2-1-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CRASH REPORTS

FROM 1-22-17 TO 1-28-17

9 Reports

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

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 Pavel MI ____ Last Name Pilcik

E-mail Address pilcikappraisers@gmail.com

Mailing Address 233 Winans Ave.

City Hillsdale State NJ Zip 07205

Telephone 732-925-3534 FAX 973-705-8045

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

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

Signature Pavel Pilcik Date 02-02-2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a copy of property record card (indicating the total gross building area - SF) for following industrial property.

2182 State Highway 35 (50.31 – 76.01 & 76.01 Q Farm)

Please email it to ~~pav~~ pilcikappraisers@gmail.com

or fax to 973-705-8045

Thank you! P. Pilcik, SCGREA, CTA

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

emailed 2-16-17 (WP)

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

RECEIVED
FEB 15 2017
TO... OEL
TOWN... OFFICE

Important Notice

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

Requestor Information – Please Print

First Name JEFFREY MI ____ Last Name DEVLIN

E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

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

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

Signature [signature] Date 2-15-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CRASH REPORTS

FROM 2-5-17 TO 2-11-17

12 reports

3 pgs

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

4

Custodian Signature ____ Date ____

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

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Requestor Information – Please Print

First Name JEFFRET MI ____ Last Name DEVLIN

E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

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

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Signature [signature] Date 2-21-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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CRASH REPORTS

FROM 2-12-17 TO 2-18-17

14 reports

RECEIVED
FEB 22 2017
TOWNSHIP OF HOLMDEL
POLICE DEPT.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

Important Notice

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Requestor Information – Please Print

First Name THOMAS MI D Last Name ABBONDANTE

E-mail Address tdabbondante

Mailing Address 33 Dora Lane

City Holmdel State NJ Zip 07733

Telephone 646 258 8184 FAX

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

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

Signature Thomas D Abbondante Date 2/17/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Zoning Board of Adjustment Annual Reports 2013, 2014 and 2015 and 2016 when available.

N/C
Filled 2/17/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

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 MARA MI ____ Last Name BROWNDORF

E-mail Address MBROWN8905@AOL.COM

Mailing Address COLDWELL BANKER, 17 W RIVER RD

City RUMSON State NJ Zip 07760

Telephone 732-979-4960 FAX 862-345-2305

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

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

Signature MARA BROWNDORF Date 2/24/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CLOSED PERMITS IN THE LAST 10 YEARS FOR 1 CHIPPEWA COURT. THANKS! (BACK ADDITION)

50.15 100

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

emailed 3-13-17

Dor 3/15

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

RECEIVED
MAR - 8 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S OFFICE

Important Notice

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Requestor Information – Please Print

First Name JEFFREY MI ____ Last Name DEVLIN

E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

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

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Signature [signature] Date 3-8-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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CRASH REPORTS

FROM 2-26-17 TO 3-4-17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Emailed 3-16-17 (wp)

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

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E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

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

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Signature [signature] Date 3-15-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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CRASH REPORTS

FROM 3-5-17 TO 3-11-17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

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Requestor Information – Please Print

First Name JEFFREY MI ____ Last Name DEVLIN

E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

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

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

Signature [signature] Date 3-29-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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CRASH REPORTS

FROM 3-19-17 TO 3-25-17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____