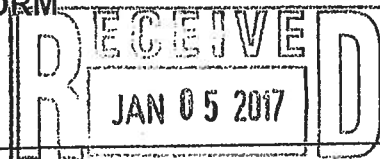


Faxed 1-6-17

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawford's Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 - FAX 732-946-0116
Mdoloughy@holmdeltownship-nj.com
Maureen Doloughy



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 ND 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 [Signature] 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

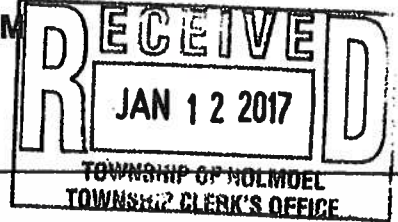
OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733

732-946-2820 ext 1211 - FAX 732-946-0116

Mdoloughy@holmdeltownship-nj.com

Maureen Doloughy



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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 ND Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6061

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.

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 1-1-17 TO 1-7-17

19 Reports

39 pages

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

*mailed 1-18-17
md*

TOWNSHIP OF HOLMDEL
OPEN PUBLIC RECORDS ACT REQUEST FORM
4 Crawford Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughy@holmdeltownship-nj.com
Maureen Doloughy

Important Notice

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Requestor Information – Please Print

First Name	<u>Michael</u>	MI	<u>S.</u>	Last Name	<u>Miller</u>
E-mail Address	<u>michael.miller@millerattys.com</u>				
Mailing Address	<u>c/o Miller and Miller 466 Southern Boulevard</u>				
City	<u>Chatham</u>	State	<u>NJ</u>	Zip	<u>07928</u>
Telephone	<u>973-966-6644</u>	FAX	<u>973-966-9770</u>		
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 <u>HAVE</u> HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.					
Signature	<u>[Signature]</u>			Date	<u>1/13/17</u>

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 & gone 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	_____

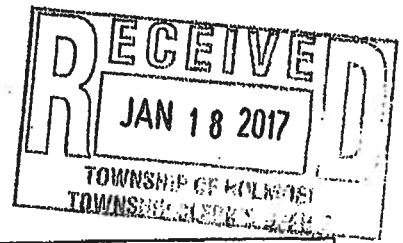
AGENCY USE ONLY

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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	

TOWNSHIP OF HOLMDEL
OPEN PUBLIC RECORDS ACT REQUEST FORM
 4 Crawford's Corner Road, Holmdel, NJ 07733
 732-946-2820 ext 1211 - FAX 732-946-0116
 Mdoloughy@holmdeltownship-nj.com
 Maureen Doloughy



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 [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.

One to Maureen - 1-19-17

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

RECEIVED
JAN 19 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S OFFICE

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

Payment Information

First Name JEFFREY MI _____ Last Name DEVLIN

E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State ND Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

Preferred Delivery: Pick _____ On-Site _____
Up _____ US Mail _____ 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 1-19-17

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
old

AGENCY USE ONLY

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

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	Open
Denied	Closed
Filled	Closed
Partial	Closed

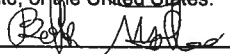
Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
_____		_____	
Custodian Signature		Date	

TOWNSHIP OF HOLMDEL
OPEN PUBLIC RECORDS ACT REQUEST FORM
4 Crawford's Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughy@holmdeltownship-nj.com
Maureen Doloughy

Important Notice

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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 ☒
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 <u>HAVE</u> / <u>HAVE NOT</u> 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

AGENCY USE ONLY

AGENCY USE ONLY

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

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open _____
Denied	- Closed _____
Filled	- Closed _____
Partial	- Closed _____

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature		Date	

TOWNSHIP OF HOLMDEL
OPEN PUBLIC RECORDS ACT REQUEST FORM
4 Crawford's Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughy@holmdeltownship-nj.com
Maureen Doloughy

Important Notice

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Requestor Information – Please Print

First Name JOHN MI D Last Name GIORDANO
E-mail Address lbbjohnge.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 [Signature] 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.

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.

~~17-012 POLICE REPORT~~

Now Request

PLEASE SEND US THE FILE ON THE ~~FILE~~ THE INCIDENT WITH REGARD 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
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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

Custodian Signature _____

Date _____

Emailed 12:40 pm 1.23.2017 ✓ scanned.

Emailed 1-26-17

TOWNSHIP OF HOLMDEL

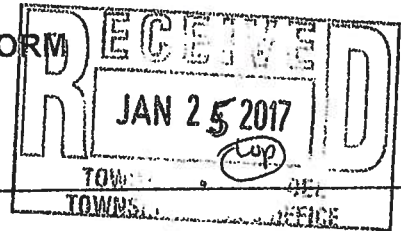
OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawford's Corner Road, Holmdel, NJ 07733

732-946-2820 ext 1211 - FAX 732-946-0116

Mdoloughy@holmdeltownship-nj.com

Maureen Doloughy



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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 ND 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

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 1-15-17

TO 1-21-17

9 reports
10 pages



TOWNSHIP OF HOLMDEL
POLICE DEPT.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

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

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

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature

Date

Maureen Doloughy

From: Maureen Doloughy
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 Doloughy, 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 Doloughy <mdoloughy@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

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NEW JERSEY SENATE

January 25, 2017

SENATE CHAMBERS

P.O. Box 099

TRENTON, NEW JERSEY 08625-0099

Sent via email and regular mail.

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

Dear Ms. Doloughy:

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

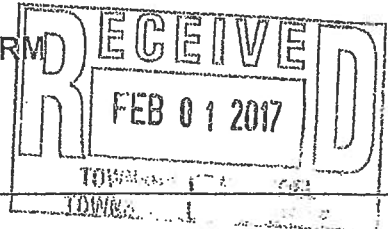
OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawford's Corner Road, Holmdel, NJ 07733

732-946-2820 ext 1211 - FAX 732-946-0116

Mdoloughy@holmdeltownship-nj.com

Maureen Doloughy



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 ND Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6061

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 Jeffrey Devlin 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 (1-12-17)

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress ☐ Open ☐ Denied ☐ Closed ☐ Filled ☐ Closed ☐ Partial ☐ Closed ☐	Tracking Information Tracking # _____ Total _____ Rec'd Date _____ Deposit _____ Ready Date _____ Balance Due _____ Total Pages _____ Balance Paid _____ Records Provided _____ Custodian Signature _____ Date _____
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TOWNSHIP OF HOLMDEL
OPEN PUBLIC RECORDS ACT REQUEST FORM
 4 Crawford's Corner Road, Holmdel, NJ 07733
 732-946-2820 ext 1211 - FAX 732-946-0116
 Mdoloughy@holmdeltownship-nj.com
 Maureen Doloughy

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 _____ 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 01-02-2017

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 ~~for~~ pilcikappraisers@gmail.com
 or fax to 973-705-8045

Thank you! P. Pilcik, SEGREA, 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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	

emailed 2-16-17 (wp)

TOWNSHIP OF HOLMDEL

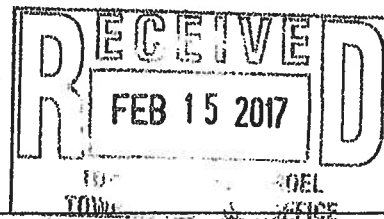
OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawford's Corner Road, Holmdel, NJ 07733

732-946-2820 ext 1211 - FAX 732-946-0116

Mdoloughy@holmdeltownship-nj.com

Maureen Doloughy



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 ND 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 Jeffrey Devlin 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.

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CRASH REPORTS

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

12 reports

2017

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Deposit Date

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

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

Tracking Information
Tracking #
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 Crawford Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1211 - FAX 732-946-0116
Mdoloughy@holmdeltownship-nj.com
Maureen Doloughy

Important Notice

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Requestor Information - Please Print

First Name	<u>JEFFREY</u>	MI		Last Name	<u>DEVLIN</u>
E-mail Address	<u>DATA@LEGALFLEX.COM</u>				
Mailing Address	<u>2022 WASHINGTON BLVD.</u>				
City	<u>ROBBINSVILLE</u>	State	<u>ND</u>	Zip	<u>08691</u>
Telephone	<u>609 961-1120</u>		X102	FAX	<u>609 961-6661</u>
Preferred Delivery:	Pick Up	US Mail	On-Site Inspect	Fax	E-mail
				<u>X</u>	<u>X</u>
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 <u>HAVE</u> / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.					
Signature	<u>[Signature]</u>			Date	<u>2-21-17</u>

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 2-12-17 TO 2-18-17

14 reports

RECEIVED
FEB 22 2017

TOWNSHIP OF HOLMDEL
POLICE DEPT.

AGENCY USE ONLY

AGENCY USE ONLY

AGENCY USE ONLY

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

Disposition Notes	
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	
In Progress	- Open _____
Denied	- Closed _____
Filled	- Closed _____
Partial	- Closed _____

Tracking Information		Final Cost
Tracking #	_____	Total _____
Rec'd Date	_____	Deposit _____
Ready Date	_____	Balance Due _____
Total Pages	_____	Balance Paid _____
Records Provided		
Custodian Signature _____		Date _____

TOWNSHIP OF HOLMDEL
OPEN PUBLIC RECORDS ACT REQUEST FORM
 4 Crawford's Corner Road, Holmdel, NJ 07733
 732-946-2820 ext 1211 - FAX 732-946-0116
 Mdoloughy@holmdeltownship-nj.com
 Maureen Doloughy

Important Notice

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Requestor Information - Please Print

First Name THOMAS MI D Last Name ABBONDANTE
 E-mail Address t.dabbondante
 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 P. 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
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.
 In Progress - Open _____
 Denied - Closed _____
 Filed - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	

TOWNSHIP OF HOLMDEL
OPEN PUBLIC RECORDS ACT REQUEST FORM
 4 Crawford's Corner Road, Holmdel, NJ 07733
 732-946-2820 ext 1211 – FAX 732-946-0116
 Mdolougherty@holmdeltownship-nj.com
 Maureen Dolougherty

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 PARKER, 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
 (CHIPPEWA CREEK. 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 # _____ Total _____
 Rec'd Date _____ Deposit _____
 Ready Date _____ Balance Due _____
 Total Pages _____ Balance Paid _____

Records Provided

Custodian Signature

Date

emailed 3-13-17

202 3/18

TOWNSHIP OF HOLMDEL

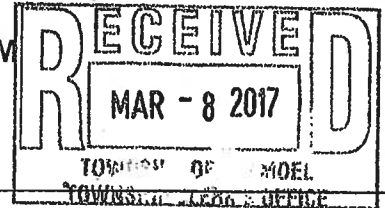
OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawford 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@LEGALFLEX.COM
Mailing Address 2022 WASHINGTON BLVD.
City ROBBINSVILLE State ND 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 Jeffrey Devlin 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		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____

Records Provided

Custodian Signature

Date

Emailed 3-16-17 (wp)

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawford's Corner Road, Holmdel, NJ 07733

732-946-2820 ext 1211 - FAX 732-946-0116

Mdoloughy@holmdeltownship-nj.com

Maureen Doloughy

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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 609 961-6661
Preferred Delivery: Pick Up _____ 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 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.

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

Records Provided

Custodian Signature

Date

OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawford's Corner Road, Holmdel, NJ 07733

732-946-2820 ext 1211 - FAX 732-946-0116

Mdoloughy@holmdeltownship-nj.com

Maureen Doloughy

Important Notice

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Requestor Information - Please Print

First Name JEFFREY MI _____ Last Name DEVKIN

E-mail Address DATA@LEGALFLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State ND 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 Jeffrey Devkin 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
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In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____ Total _____

Rec'd Date _____ Deposit _____

Ready Date _____ Balance Due _____

Total Pages _____ Balance Paid _____

Records Provided

Custodian Signature

Date