Due 4-28-17

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

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 4/19/17

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 4/9/17 TO 4/15/17

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 ____

Due 5/5/17.

Deed restriction attached

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
APR 13 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S OFFICE

Important Notice

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Requestor Information – Please Print

First Name Benjamin MI A. Last Name Nadell, Esq.

E-mail Address bnadell@ghclaw.com

Mailing Address Giordano, Halleran & Ciesla, P.C., 125 Half Mile Road, Suite 300

City Red Bank State NJ Zip 07701

Telephone 732-741-3900 FAX 732-224-6599

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 4/10/17

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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I am requesting information regarding the Township's program that commenced in 2009 to extend the affordability controls to 145 for-sale units set to expire within Fox Chase, Hidden Woods, Gracewood Glenn, Orchards and Palmer Square developments. Please provide copies of the following:

1. Any resolutions of approval granted by the Planning Board and/or Zoning Board of Adjustment related to the above referenced residential developments; None
2. Recorded Deeds evidencing the original affordability controls for the unit being extended; Middlesex County Clerk's Office
3. Recorded Deeds evidencing extend affordability controls; Buyer's closing
4. ✓ Any continuing certificate of occupancy for the unit being extended; N/A
5. Any certified statement from the municipal building inspector regarding the unit being extended; ⇒
6. Any Resolutions of the governing body authorizing extension of affordability controls; Maureen Doloughty
7. Any records demonstrating the amount and source of the funds used to purchase and/or complete repairs on units being extended. Trust Fund

Thank you for your time and attention to this matter.

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 _____

Riley @ Lawlynch.com.

Sent letter 4-26-17

RECEIVED
APR 21 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S OFFICE

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 Patrick MI ____ Last Name Riley

E-mail Address RILEY C LDE.LAW

Mailing Address 137 West 25th Street, 5th Floor

City New York State NY Zip 10001

Telephone 212-710-0025 FAX 212-302-2210

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 4/21/17

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

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.

I am writing to request all permits and records available from 1958 to the present for 18 Bluehills drive, Holmdel, NJ 07733

Please Contact me with any questions. Thank you.

Patrick 9139

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 4/26/17
Ready Date 4/26/17
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

DH

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 Simon MI ____ Last Name Mord

E-mail Address simonmord@yahoo.com

Mailing Address 1836 E 18th Street Apt 2B

City Brklyn State NY Zip 11229

Telephone 718-629-8732 FAX ____

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

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Signature Simon Mord Date 4/27/17

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.

We are looking into purchasing 12 Windswept Rd. Block 50.22 Lot 7. Can you please research if any oil tanks, septic tanks or wells were ever present on the property.
Thank you very much.

5-3-17 Dawn Sent Email nothing of File for Tank Removal

May 9th Return Date

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

RECEIVED
MAY - 1 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S 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 Sergio MI ____ Last Name DeGioia

E-mail Address 2174 Hy # 35

Mailing Address SAME

City Holmdel State NJ Zip 07733

Telephone 732-264-4600 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 Sergio DeGioia Date April 29, 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. List of Violations - for Holmdel Motorfun
2. Construction Permits Required
3. What is required to start Restaurant Opening.
   → Certificate of Occupancy
   a Board of Health Approvals

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 ____

Wendy Patrovich

From: Maureen Doloughty
Sent: Monday, May 01, 2017 2:11 PM
To: Wendy Patrovich; Barbara Kovelesky
Subject: FW: FOIA Records Request

From: Hall, Alison [mailto:alison.hall@insideedition.com]
Sent: Monday, May 01, 2017 1:40 PM
To: Maureen Doloughty <mdoloughty@holmdeltownship-nj.com>
Cc: Barbara Kovelesky <bkovelesky@holmdeltownship-nj.com>
Subject: FOIA Records Request

Hello,

Pursuant to the Freedom of Information Act, Inside Edition would like to request the police report pertaining to the complaint Kristopher Hansen made on 2/18/2009 regarding a threatening call from someone allegedly representing Donald Trump.

Please advise whether we can obtain these documents.

Thank you.

Alison Hall
Associate Producer
Inside Edition
555 West 57th St. Suite 1300
New York, NY, 10019
AHall@Kingworld.com
W: 212-817-5517
C: 646-458-1616
Twitter: @alisonreporting

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 _____ Date _____

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 4/30 TO 5/6

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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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 _____

cc: Barb K

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 Edith MI ____ Last Name Buck

E-mail Address Edith.Buck@me.com

Mailing Address 290 Middle Rd

City Holmdel State NJ Zip 07733

Telephone 732 678 3726 FAX ____

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

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Signature Edith Buck Date 5-2-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copy of Final Plat - Hennessy Subdivision

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 5-2-17
Ready Date 5-2-17
Total Pages (7)

Records Provided

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Custodian Signature 5/2/17 Date

Barbara Kovelesky

From: Barbara Kovelesky
Sent: Monday, May 08, 2017 11:12 AM
To: 'data@legalflex.com'
Subject: Holmdel OPRA Request
Attachments: 04 23 - 04 29 2017 Crash Reports -Legal Flex.pdf

Mr. Devlin

Attached please find a reply to your OPRA request dated May 2, 2017.

Thank you.

Barbara

Barbara Kovelesky, QPA
Purchasing Agent
Holmdel Township
4 Crawfords Corner Road
Holmdel, NJ 07733
732-946-2820 ext. 1203

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 Bonnie MI ____ Last Name Riedell

E-mail Address buyfrmbon@msn.com

Mailing Address Weichert Realtors 43 E Main St

City Holmdel State N.J. Zip 07733

Telephone 732-946-9400 FAX 732-946-2582

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 Carol (Bonnie) Riedell Date 5/3/17

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

Extras: Special service charge dependent upon request.

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9 Windswept Drive, Holmdel N.J.
Blk 50.22 lot 30
owner: John & Julianna Smiselsky

Request record of Permits

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 ____

Law Office of
Jacqueline F. McGowan, LLC

2022 Hwy. 71, Suite 201
Spring Lake Heights, NJ 07762
(732) 449-5100
Fax: (732) 449-5109

mcgowan@jfmcgowanlaw.com

May 4, 2017

Via Email
wpetrovich@holmdeltownship-nj.com

Holmdel Township Clerk
4 Crawford's Corner Road
Holmdel, NJ 07733

Attn: Wendy

Re: Flannery from Centofanti
682 N. Beers Street, Holmdel, NJ

Dear Wendy:

I represent Mari Katherine Flannery in her purchase of 682 N. Beers Street, Holmdel (the "Property") and write, pursuant to the Open Public Records Act, to request copies of municipal approvals granted and permits submitted for the Property, including any permits and approvals related to site clearing and grading:

Property:	682 N. Beers Street, Holmdel Block 35, Lot 10
Current Owners:	Ermand and Lori Centofanti

If I could get the documents by email or fax, that'd be great.

Thank you for your assistance.

Very truly yours,

Jacqueline F. McGowan

From: Ford, Andrew [mailto:aford3@gannettnj.com]
Sent: Monday, May 08, 2017 1:21 PM
Subject: Settlement OPRA

The following request for records is made pursuant to N.J.S.A. 47:1A-1 et. seq. "OPRA" and the common law on behalf of the Asbury Park Press, a daily newspaper of general circulation. Please confirm receipt of this request. Please include "Settlement OPRA" and the name of your agency in the subject line of all correspondence.

1. SETTLEMENT AGREEMENTS AND GENERAL RELEASES approved by the township and/or its agents for resolving any claim(s) against the municipality regarding the police department, its employees and supervisors thereof, from 2010 to present.

Asbury Park Press v. County of Monmouth (link provided below) is an appellate decision – and subsequent affirmation by the New Jersey Supreme Court – that upholds that settlements between a government body and another party cannot be confidential.

http://law.justia.com/cases/new-jersey/supreme-court/2010/a-8-09-opn.html

Please provide documents in email attachments sent to aford3@gannettnj.com, including "Settlement OPRA" and the name of your agency in the subject line.

Please note that this request, which seeks settlements resolving claims, is distinct from the request for separation and termination agreements filed by the Asbury Park Press in July 2016. If you feel a document is responsive to both requests, please send the document and make a note in your response.

Please note that OPRA doesn't mandate the use of an agency form and OPRA custodians are required to respond to a written request invoking OPRA. (Renna v. County of Union, 2009 WL 1405572 (N.J. Super. A.D.))

We ask that you release records as each becomes available for public disclosure. Please do not temporarily withhold one record that has been approved for public disclosure because you require additional time to review others.

We respectfully request that any fees be waived since the records will be used for newsgathering purposes and ultimately released to the public in some form to shed light on the operations of government. If the agency expects to require payment for copies, record location or other elements of the request, please provide a fee estimate before proceeding so that I may weigh the cost and consider my options.

If the agency claims any portion of the above public records are exempt from disclosure under the law, in writing please (1) identify which portion or portions it claims are exempt and the legal provisions it contends apply; (2) set forth the reasons for its conclusion that such portion

or portions are exempt; and (3) release the remainder of such records, redacting only the portion or portions it claims are exempt.

Thanks for your time and consideration. If you have any questions, please reach out.

Sincerely,

Andrew Ford
Reporter
@AndrewFordNews
Desk: 732-643-4281
aford3@gannettnj.com
APP.com

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 LEA MI T Last Name SHAVE

E-mail Address LEATS02@AOL.COM

Mailing Address 11 LADWOOD DRIVE

City HOLMDEL State NJ Zip 07733

Telephone 732-233-6517 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 [signature] Date MAY 12/2017

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

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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.) ALL LEGAL FEES SPENT BY HOLMDEL TOWNSHIP TO LITIGATE THE SUIT BROUGHT BY STEVE CANDELA IN REGARDS TO THE CAPELLI SPORTS COMPLEX LOCATED ON THE WEST PROPERTY (520)

2.) ALL LEGAL FEES SPENT BY HOLMDEL TOWNSHIP TO LITIGATE THE SUIT BROUGHT BY CATHY WEBER + PRESERVE HOLMDEL IN REGARDS TO THE FIELDS AT CROSS FARM PARK.

3.) ALL FEES IN 2016 PAID FOR 1.) RECREATION 2.) ENGINEERING TO T+M 3.) LIBRARY 4.) RECREATION COMPLEX 5.) RECREATION CENTER

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 Kim MI J Last Name Casola

E-mail Address funonourfarm@aol.com

Mailing Address 939 Holmdel Rd

City Holmdel State NJ Zip 07733

Telephone 732 672 0954 FAX

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

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 5.12.17

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.

I would like to request the paperwork/transcripts for any and all meetings/hearings between NJNG and the Township of Holmdel.

I want to have the Full Transcripts of the following zoning board meetings

2/3/16
3/2/16
5/18/16
7/20/16
8/17/16
9/21/16
12/7/16

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

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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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

RECEIVED
MAY 15 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S OFFICE

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 Trisha MI L Last Name Miller

E-mail Address Tmiller@hcblawyers.com

Mailing Address 125 Wyckoff Rd

City Eatontown State NJ Zip 07724

Telephone (732)380-1515 FAX (732)380-1720

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 Trishay Miller Date 5/15/17

Payment Information

Maximum Authorization Cost $ 50

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) Any and all records regarding the removal or the redesignation of the shoulder in front of Dearborn Farms (2170 NJ 35) including permits, applications, written requests or other written documentation; and

(2) Any and all site plans, engineering plans or other documents and/or proposals (proposed or approved) for the reconstruction, removal or redesignation of the shoulder in front of Dearborn Farms (2170 NJ 35).

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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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

RECEIVED
MAY 17 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S 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 Teresa MI R Last Name Roca

E-mail Address Teresa.R.Roca@gmail.com

Mailing Address 4 New York Plaza

City New York State NY Zip 10004

Telephone 718-619-1109 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 Teresa Roca Date 5/16/17

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.

I would like to request a copy of the incident report + 911 call recording for victims Dina Manzo + David Cantin. The adress is 57 Banyan Blvd, Holmdel, NJ 07733-2719. The date is 5 May 13, 2017 at 10:54 PM.

AGENCY USE ONLY

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

Deposit Date ____

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Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

Important Notice

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Requestor Information – Please Print

First Name Kim MI J Last Name Casola

E-mail Address funonourfarm@aol.com

Mailing Address 939 Holmdel Rd

City Holmdel State NJ Zip 07733

Telephone 732 672 0954 FAX _____

Preferred Delivery: Pick Up ✓ US Mail _____ On-Site Inspect _____ Fax _____ E-mail ✓ Either whatever is fastest

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Signature _____ Date 5.12.17

Payment Information

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Other materials (CD, DVD, etc) – actual cost of material

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- I would like to request the paperwork/transcripts for any and all meetings/hearings between NJNG and the Township of Holmdel.
- I want to have the Full Transcripts of the following zoning board meetings

2/3/16
3/2/16
5/18/16
7/20/16
8/17/16
9/21/16
12/7/16

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

AGENCY USE ONLY

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Estimated Balance _____

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Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

TOWNSHIP OF HOLMDEL

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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 Teresa MI R Last Name Roca

E-mail Address TeresaR.Roca@gmail.com

Mailing Address 4 New York Plaza

City New York State NY Zip 10004

Telephone 718-619-1109 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 Teresa Roca Date 5/16/17

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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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.

I would like to request a copy ~~from~~ of an incident report. The adress of the incident is 351 W Broadway, Paterson, NJ 07522. It was from 2015. It involves David Cantin.

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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Filled - Closed _____
Partial - Closed _____

AGENCY USE ONLY

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

LCS INC.
Environmental and Real Estate Consultants

Corporate Offices
Waterfront Village
40 La Riviere Drive, Suite 120
Buffalo New York 14202

Tel. 800.474.5802
716.845.5145
Fax: 716.845.6164
www.lenderconsulting.com

May 14, 2017

The Township of Holmdel
Building Department
4 Crawfords Corner Road
Holmdel, NJ 07733
Phone: 732-946-2820
Fax: 732-975-9774

RE: Records Review Request for File No. 17P2831.39
PLEASE REFERENCE THIS # WHEN RESPONDING

To Whom It May Concern:

Our firm is performing an Environmental Audit of a real property located within The Township of Holmdel. I am writing to request that a review be made of The Township of Holmdel Building Inspector's Building Permits, and Property Violation records which are relevant to the purpose of this Environmental Audit. Please review the following records which pertain to the below referenced site.

1) Building and Fire Inspector Records
2) Building Permits
3) Records or notifications of tank installations and/or removals
4) Violations/Complaint Files
5) Hazardous Materials Permits
6) Violation letters with regards to hazardous materials

Please review any additional records that may be relevant to the purpose of this Environmental Audit.

SITE:	**Vacant Land**
STREET ADDRESS:	**200-300 Commons Way**
MUNICIPALITY:	**Township of Holmdel**
COUNTY:	**Monmouth**
CURRENT OWNER(S):	**Meridian Quality Care, Inc.**
Block, Lot:	**50.30, 63.02**

Please forward all written responses or documents to LCS, Inc., in attention of Stephanie LaPlaca, at the address above. If you have any questions regarding this request for information or to contact an individual from LCS to come in and review the file, please contact me at (646) 425-4854 or MNazario@lenderconsulting.com. The information that you provide is greatly appreciated.

Sincerely,

Manny Nazario
Environmental Analyst
LCS, Inc.

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 Micheal MI ____ Last Name Luciano

E-mail Address BUTTERFLYML68@MAC.COM

Mailing Address 30 SYCAMORE DR.

City Hazlet State NJ Zip 07730

Telephone 7325263128 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 Micheal Luciano Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any open or closed permits on the single family home 181 Crawfords Corner RD Holmdel NJ

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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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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Total Pages ____

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Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

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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 Jennifer MI ____ Last Name Geoghegan

E-mail Address jgeoghegan@langan.com

Mailing Address 300 Kimball Drive

City Parsippany State New Jersey Zip 07054

Telephone 973-560-4270 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 5/24/2017

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.

We are conducting an environmental Preliminary Assessment of a property located at 101 Crawfords Corner Road, Holmdel NJ 07733. The property is located on Block 11, Lots 38.05 AND 38.07. Associated NJDEP numbers are SRP PI #008311, ISRA #E20060148, and ISRA #E95510.

As part of this Preliminary Assessment, we are requesting that your office perform a records search for remediation, solid and hazardous waste, air, land use and environmental violations.

AGENCY USE ONLY

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

Deposit Date _____

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Filled - Closed _____
Partial - Closed _____

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Ready Date _____
Total Pages _____

Final Cost

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Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ Custodian Signature

_____ Date

TOWNSHIP OF HOLMDEL

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Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

Important Notice

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Requestor Information – Please Print

First Name Michael MI _____ Last Name Manfredi

E-mail Address themanfredihelpdesk@yahoo.com

Mailing Address 8 Galway Drive

City Hazlet State NJ Zip 07730

Telephone 732-895-0757 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 Michael Manfred Date 5/26/2017

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.

Please attached document for request details

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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Filled - Closed _____
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Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

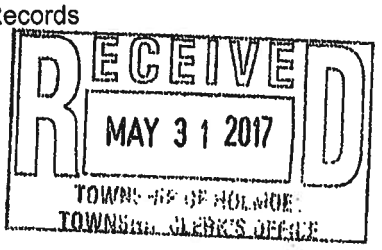
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

_____ _____
Custodian Signature **Date**

Wendy Patrovich

From: Maureen Doloughty
Sent: Tuesday, May 30, 2017 7:57 PM
To: Wendy Patrovich; Barbara Kovelesky
Subject: Fwd: Freedom of Information Act Request: Building Permit Records



Sent from my iPhone

Begin forwarded message:

From: ____ FOIA <foia@buildzoom.com>
Date: May 30, 2017 at 7:13:41 PM EDT
To: <mdoloughty@holmdeltownship-nj.com>
Subject: Freedom of Information Act Request: Building Permit Records

To whom it may concern, I am writing to request permit records from Holmdel, NJ on behalf of Buildzoom. BuildZoom helps people hire the best local contractors, and we strive to give consumers a clear picture of contractors' track records. In particular, we post information on building permits pulled by every contractor online as a free service to the public. We do business in Holmdel and would like to provide the service to its residents. Can you please provide us with a report of all building permits processed by your department to date? Such reports typically: - Are referred to as a Permit Activity Report, a Permit Fee Log or a Monthly Permit Report. - Cover at least the last ten years. - Include all permits broadly related to work on new and existing structures, such as structural, electrical, plumbing, mechanical, demolition, solar, HVAC, and gas permits, as well as any other kind of permit related to construction, renovation and maintenance. - Contain (i) property address fields, (ii) permit type fields, (iii) a permit value or estimated job value, (iv) a permit status field and (v) dates associated with the permit, such as an application date, an issue date and an expiry date, as well as (vi) the details of the contractor(s) who performed the work and, of course, (vii) a description of the permitted work. We would like to request the records either via FTP or email delivery. An Excel or CSV format would be ideal, but a PDF or scanned file would also work. We intend to ask for this data regularly: monthly for the prior month. What do you recommend as the best process to acquire this data? Please feel free to email me or call Vidhan Agrawal, the Product Manager for our Data Platform at (415) 890-3706. We greatly appreciate your help and thank you in advance for your assistance!

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BuildZoom
A better way to remodel
301 Howard Street, Suite 1410
San Francisco, CA, 94105
www.buildzoom.com
(415) 890-3706

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

RECEIVED
MAY 30 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S 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 Christine MI ____ Last Name Heyt

E-mail Address Chrisheyt@Comcast.net

Mailing Address 5 Boxwood Terrace

City Holmdel State NJ Zip 07733

Telephone 732-616-2464 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 [signature] Date 5/30/17

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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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.

Traffic Report 2017 - Verde Woods II

Environmental Commission Meeting - any notes made regarding Verde Woods I or II?

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Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
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Estimated Balance ____

Deposit Date ____

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Partial - Closed ____

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Total Pages ____

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Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

RECEIVED
MAY 25 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S OFFICE

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 Wendy MI T Last Name O'Rea

E-mail Address OWENDY@AOL.COM

Mailing Address 1 Isabella Way

City Warren State NJ Zip 07059

Telephone 908-295-7977 FAX 908-226-5534

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 Wendy O'Rea Date 5/23/17

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.

I would like a copy of all open/closed permits, especially those with oil, gasoline or septic tanks. I would like to also know any back taxes, back fees for maintence for 7 White Birch Lane Bl. 23 Lot 1

Thank you.

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

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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 Denise MI ____ Last Name Remeta

Company Riley and Gutman, Esqs.

Mailing Address 31 West Main Street

City Freehold State NJ Zip 07728 Email dremeta@rileyandgutman.com

Business Hours Telephone: Area Code 732 Number 431-0300 Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____ (x) EMAIL

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 Denise Remeta Date 5/30/17

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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We are requesting digital format.
We are requesting ALL documents, opened and closed, pertaining to: 8 Cherry Hill Road, Holmdel, NJ (Lot 5, Block 50.05).

1. Construction permits from Jan. 1969 – present;
2. Oil installation and/or decommissioning permits from Jan. 1969 – present;
3. Septic systems installation and/or decommissioning permits from Jan. 1969 – present;
4. Well installation and/or decommissioning permits from Jan. 1969 – present;
5. Propane tanks installation and/or decommissioning permits from Jan. 1969 – present;
6. Variances/permits for pools from Jan. 1969 – present;
7. Variance/permits for fence from Jan. 1969 – present;
8. Variance/permits for sheds from Jan. 1969 – present.

Please email documents to:
Denise Remeta - dremeta@rileyandgutman.com
Riley and Gutman, Esqs, 31 West Main Street, Freehold, NJ 07726 732-431-0300 fax: 732-431-2574

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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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Tomorrow
Any notes.

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 Robert MI ____ Last Name Hall

E-mail Address rob@frielhall.com

Mailing Address 607 Myrtle Avenue

City West Allenhurst State NJ Zip 07712

Telephone 732 766 4484 FAX ____

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

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Signature Robert Hall Date ~~5/30/17~~

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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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.

I would like to review the zoning, construction, tax and land use files for 65 Main Street, Holmdel (block 11.01 lot 7). Please call me at 732 7664484 if you have any questions

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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Balance Paid ____

Records Provided

Custodian Signature Date

6

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

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732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

RECEIVED
JUN 6 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S OFFICE

Important Notice

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Requestor Information – Please Print

First Name Elizabeth MI ____ Last Name Polinsky Mirabella

E-mail Address emirabella@hanover.com

Mailing Address 400 Atrium Drive 3rd Floor

City Somerset State NJ Zip 08873

Telephone (732) 805-2218 FAX (508) 635-5996

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

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Signature Elizabeth Mirabella Date 6/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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Please provide all available inspection information for the heating system installed in the addition on the roof at 2094 highway 35 Holmdel, NJ. on-need 2014/2015, including all inspections afterwards.

Thank You.

AGENCY USE ONLY

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

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Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

6-14-17 Called Simonne L.M. TO call me.

SVACCARO@maserconsulting.com

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 Simonne MI ____ Last Name Vaccaro

E-mail Address c/o Maser Consulting PA

Mailing Address 331 Newman Springs Road, Suite 203

City Red Bank State NJ Zip 07701

Telephone 732-383-1950 FAX 732-383-1984

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect x 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 [signature] Date 6/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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Re: Block 50.31, Lots 76.01, 77, 78

We would like to review any plans, reports, resolutions, permits, etc. for the referenced lots from both the Planning and/or Zoning Boards and Building Department. Please contact me once the files are ready so we can arrange for someone to view them at your office.

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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Partial - Closed ____

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Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Wendy Patrovich

From: Maureen Doloughty
Sent: Monday, June 05, 2017 4:43 PM
To: Wendy Patrovich; Barbara Kovelesky
Subject: Fwd: Vacant/abandoned property registration fees

Sent from my iPhone

Begin forwarded message:

> **From:** "Eidman, Lauren (RIS-HBE)" <LEidman@signatureinfo.com>
> **Date:** June 5, 2017 at 1:11:25 PM EDT
> **To:** "mdoloughty@holmdeltownship-nj.com" <mdoloughty@holmdeltownship-nj.com>
> **Subject: Vacant/abandoned property registration fees**
>
> Municipal Clerk/Records Custodian,
>
> I am a requesting a copy of the list of parcels currently being charged vacant property registration fees as kept and maintained by the Township. In addition I am also requesting the specific dollar amounts currently owed/open on each of these parcels (could be on the same list or a different one). Also, please indicate which department handles such fees including a phone number, extension, and contact person. If your town does not charge such fees please simply indicate that in a return email. Please scan and email this same list to my email address.
>
> Any questions concerning this request please contact me as I can then discuss this with you. Please know that Signature Information does third party searches and this information will be used in that respect in an effort to report and get this registration fee paid upon closing.
>
> Thanks
> Lauren
>
> Lauren Eidman
> South Jersey Field Manager – NJ Tax
> Signature Information Solutions, LLC
> Home of Charles Jones and Data Trace products & Services
> Tel (908) 591-5480
> Fax (732) 493-8610
> Leidman@signatureinfo.com

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

Due 6-21

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 Nikki MI K Last Name Chrystal

E-mail Address nikkichrystal@verizon.net

Mailing Address 8 Cherry Hill Rd.

City Holmdel State NJ Zip 07733

Telephone 732-841-4421 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 Nikki Chrystal Date 6/12/17

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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Permit for sunroom addition at 8 Cherry Hill Rd. Holmdel.

Please e-mail to me ASAP.

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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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 ____

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

Due 6-21

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 6/12/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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CRASH REPORTS

FROM 6/4/17

TO 6/10/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

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Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Sent. 6-13-17 Return 6-22

RECEIVED JUN 13 2017 TOWN

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

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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 Heather MI ____ Last Name Arcabascio

E-mail Address HARCABASCIO@gmail.com

Mailing Address 501 Broad Street

City Shrewsbury State NJ Zip 07726

Telephone 917-583-5294 FAX 732-747-1787

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 [signature] Date 6/1/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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* open permits

* Any information regarding the oil tank.

4 High Point Rd

AGENCY USE ONLY

Est. Document Cost ____
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Est. Extras Cost ____
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Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

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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 ILYA MI ____ Last Name MANEVICH

E-mail Address manevii1@yahoo.com

Mailing Address 9 LINBROOK DRIVE

City LAWRENCE HARBOR State NJ Zip 08879

Telephone (732) 485-8937 FAX ____

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

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Signature [signature] Date 6/12/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

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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 be jeopardized by such method of delivery.

We recently purchased the property at 4 Tycor Run, Holmdel, NJ. Please provide the blue prints for the above property which you have on file including floor plans, wire diagrams, pipe diagrams, etc, as well as any property diagrams you may have. Thank you very much. 50.15/69

Ilya MANEVICH

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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Filled - Closed ____

AGENCY USE ONLY

Tracking Information Final Cos

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

Records Provided

Received 6/14/17

TOWNSHIP OF HOLMDEL

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Maureen Doloughty

Important Notice

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Requestor Information – Please Print

First Name ROBERT MI J. Last Name MACHI

E-mail Address NFolger@MorganLawFirm.com

Mailing Address 651 Old Mount Pleasant Avenue, Suite 200

City Livingston State NJ Zip 07039

Telephone 973-863-7650 FAX 973-863-7725

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

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 Robert J. Machi Date 6-13-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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37-181 Bruno from Samy – 20 Dimisa Drive, Holmdel NJ 07733
Block 8.06, Lot 8.22

.

Robert J. Machi, Esq. of this firm represents the buyers of this property.
Please provide a list (or copies) of any open building permits taken out on the property from 1980 to the present date.
Kindly email the results to NFolger@MorganLawFirm.com or fax the list to me at 973-863-7725.
If you require a fee for this information, please let me know. Thank you very much.

AGENCY USE ONLY

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Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature 6/14/17 DM Date

Responded

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

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732-946-2820 ext 1211 – FAX 732-946-0116
Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

RECEIVED
JUN 14 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S 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 Andy MI _____ Last Name James

E-mail Address abhishek.j@slkgroup.com

Mailing Address 2727 LBJ Freeway, Suite#420

City Dallas State TX Zip 75334

Telephone 855-512-4803 FAX 888-908-3471

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 Andy James Date 06/13/2017

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 check and advise
1) If there are any open code violation
2) Any open or expired permits
3) Any special assessments due/citations like tall grass, weeds etc.
Address: 3 Durant Ave #E1 Holmdel NJ 07733
Parcel Block 58.11 Lot 31
File # 581495

NO code violations
-LL
6/14/17

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 _____

Sent → Due 6-26-17

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

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 _____ MI _____ Last Name _____

E-mail Address timetochangejerseystyle@outlook.com

Mailing Address _____

City _____ State _____ Zip _____

Telephone 732-988-0125 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 7-15-17

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.

Budget Detail for all departments within the town of Holmdel, NJ.

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 Catherine MI ____ Last Name Kim

E-mail Address ckim@cgajlaw.com

Mailing Address 5 Ravine Drive

City Matawan State NJ Zip 07747

Telephone 732-583-7474 FAX ____

Preferred Delivery: Pick Up X 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 CK Law Date 6/15/2017

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.

Deed on Easements on Block 50, Lot 1, 3, & 3.253

N/C

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

Return date 6-27-

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 Benjamin MI J Last Name Prowse

E-mail Address prowse@pmenv.com

Mailing Address 4080 West Eleven Mile Road

City Berkley State MI Zip 48072

Telephone (248) 414-1440 FAX (877) 884-6775

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 Benjamin Prowse Date 6/16/2017

Payment Information

Maximum Authorization Cost $25.00

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 see the attached letter which details the Open Records we are seeking.

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 _____

6-28-17

Sent →

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

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 JAMES MI ____ Last Name SAGE

E-mail Address HEMLOCKPOISON @ AOL.COM

Mailing Address 10 QUEBEC RD

City MARLBORO State NJ Zip 07746

Telephone 732 598-1196 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 James Sage Date 6/17/17

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.

(1) I AM REQUESTING COPIES OF ALL BILLS PAID TO ~~[illegible]~~ FSD ENTERPRISES, RED BANK, NJ (PROOF OF PAYMENT) AND ALL INVOICES SUBMITTED BY FSD TO HOLMDEL FROM 2010 – 6/17/2017.

(2) REQUESTING COPIES OF ANY CONTRACTS BETWEEN FSD ENTERPRISES & HOLMDEL FOR 2010 – 2017

(3) ANY RECORDS OF COMPENSATION FROM HOLMDEL TO MR DECLAN O'SCANLON FOR BEING A CONSULTANT.

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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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

6-28-17

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

Sent

Important Notice

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Requestor Information – Please Print

First Name Robert MI W Last Name Shimko

E-mail Address robert@ibew400.org

Mailing Address P.O. Box 1252

City Wall State N.J. Zip 07719

Telephone 732 681-7111 FAX 732 681 4759

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 Robert W. Shimko Date 6-19-2017

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.

Copy of all permits (technical sheets) for Hobby Lobby
2101 State Highway 35 BLK 58 Lot 21.01

Electrical Permit
Plumbing Permit
Building Permit

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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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

6-29-17

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

Sent →

RECEIVED
JUN 20 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S 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 Jeffrey Devlin Date 6/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CRASH REPORTS

FROM [redacted] TO [redacted]

+

6/11 6/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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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 ____