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 ____

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 6/25 TO 7/1

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 ____
Partia - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

____ ____

Wendy Patrovich

From: ____ FOIA <foia@buildzoom.com>
Sent: Saturday, July 08, 2017 5:49 PM
To: Wendy Patrovich
Subject: Freedom of Information Act Request: Building Permit Records

To whom it may concern,

I am writing to request permit records from Holmdel township, New Jersey 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 township, New Jersey 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 since May 31, 2017?

Such reports typically:

- Are referred to as a Permit Activity Report, a Permit Fee Log or a Monthly Permit Report.
- 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!

--
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

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Requestor Information – Please Print

First Name JEFFREY MI ____ Last Name DEVLIN

E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

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

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Signature Jeffrey Devlin 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
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CRASH REPORTS

FROM 7/2 TO 7/8

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
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In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partia - 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 Angelina MI ____ Last Name Khasimikova

E-mail Address angelina.khasimikova@cbmoves.com

Mailing Address 998 Holmdel Rd

City Holmdel State NJ Zip 07733

Telephone 732-241-5437 FAX 732-946-9020

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 [signature] Date 7/18/17

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

Requesting records under OPRA, all permits and records, open and closed on the property. Block #18.01 lot #53. 888 Holmdel Rd, Holmdel NJ 07733
I am a real estate agent with Coldwell Banker Holmdel/Colts Neck office.
My ref # 1752390
Ref # 0903652

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 ____

Sent 7-18-17

RECEIVED
JUL 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

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Requestor Information – Please Print

First Name Na MI ____ Last Name Zhao

E-mail Address nazhao.nyc@gmail.com

Mailing Address 88 MORGAN ST APT 2806

City JERSEY CITY State NJ Zip 07302

Telephone 786-218-6712 FAX ____

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

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 07/18/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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Dear Sir/Madam,

We ary buying the property at 52 Blue Hills Dr. Holmdel. NJ 07733. We are under Contract and the closing date is set at Aug 1, 2017. We request all permits information and all building / Construction related documents from public records that is related to 52 Blue Hills Dr, Holmdel. NJ 07733. We needs to Conform there is no open permit issue or other pending problems with this property. Please send scanned file to my Email at nazhao.nyc@gmail.com Thanks a lot! Na.

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

8-2

RECEIVED
JUL 24 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S OFFICE

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

Important Notice

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Requestor Information – Please Print

First Name Barbara MI ____ Last Name Alvarez

E-mail Address BALVAREZ717@gmail.com

Mailing Address 998 Holmdel Rd.

City Holmdel State NJ Zip 07733

Telephone 732-616-7093 FAX 862-345-3436

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 Barbara M. Alvarez Date 7-24-2017

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.

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History of permits for
8 Emory Place
Holmdel, NJ 07733

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

OPEN PUBLIC RECORDS ACT REQUEST FORM

Important Notice

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Requestor Information – Please Print

First Name Craig MI _____ Last Name Robel

E-mail Address support@sellyourhouseproblems.com

Mailing Address 55 Mansel Dr

City Landing State NJ Zip 07850

Telephone 908-312-1873 FAX _____

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

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

Signature _____ Date 7/26/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

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

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

AGENCY USE ONLY AGENCY USE ONLY AGENCY USE ONLY

Sent 7-26-17 JP, M

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
JUL 26 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S OFFICE

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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 persor al 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 7/17/17

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

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CRASH REPORTS

FROM July 9th TO July 15th

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

Sent 7-26-17 J,P,M

RECEIVED
JUL 26 2017
TOWNSHIP OF HOLMDEL

TOWNSHIP OF HOLMDEL

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Maureen Doloughty

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E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

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

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Signature [signature] Date 7/24/17

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 7/16

TO 7/22

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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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

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

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Mdoloughty@holmdeltownship-nj.com
Maureen Doloughty

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Requestor Information – Please Print

First Name Christina MI M Last Name Sarras

E-mail Address csarras@cgajlaw.com

Mailing Address 169 Ramapo Valley Rd, Upper Level 105

City Oakland State NJ Zip 07436

Telephone 973-845-6700 FAX 201-644-7601

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

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Signature Christina M Sarras Date 7/26/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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Most current copy of the police officer contract

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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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

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Requestor Information – Please Print

First Name Elizabeth MI M. Last Name Waterbury

E-mail Address EMWAssoc@aol.com

Mailing Address 17 Monmouth Street

City Red Bank State NJ Zip 07701

Telephone 732.747.6530 FAX 732.747.6778

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 Elizabeth M Waterbury Date July 27, 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.

Request copy of the minutes from the Planning Board meetings dated July 28, 2015 and September 8, 2015 for the Richard Bahadurian, Polo Club project, application # 2015-1.

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

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Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature _____ Date _____

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Maureen Doloughty

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Requestor Information – Please Print

First Name Peter MI ____ Last Name Gostin

E-mail Address noonan1974@yahoo.com

Mailing Address 44 Pate Drive

City Middletown State NJ Zip 07748

Telephone 973-698-5113 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 Peter Gostin Date 07/28/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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need to know of any Planned construction or any adverse environmental conditions within a ~~half~~ mile of 5 exeter way, Holmdel, NJ.

Looking for any factors that could affect marketability.

(Offsite Conditions)

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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Partial - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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

Requestor Information – Please Print

First Name John MI R. Last Name Merlino Jr.

E-mail Address jmerlino@realestateplanninglaw.com

Mailing Address 394 Manor Rd.

City Staten Island State NY Zip 10314

Telephone 718-698-2200 FAX 718-698-0024

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 7-28-17

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.

open Permits for

5 Briar Hill Road

Block 48 Lot 2

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 _____

AGENCY NAME HERE

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Important Notice

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Requestor Information – Please Print

First Name Matthew MI ____ Last Name Anderson

E-mail Address Matt.anderson732@gmail.com

Mailing Address 4 Stratton Pl

City Milltown State NJ Zip 07748

Telephone 732 615 7848 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 _____ Date 7/31/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please see attached.

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 ____

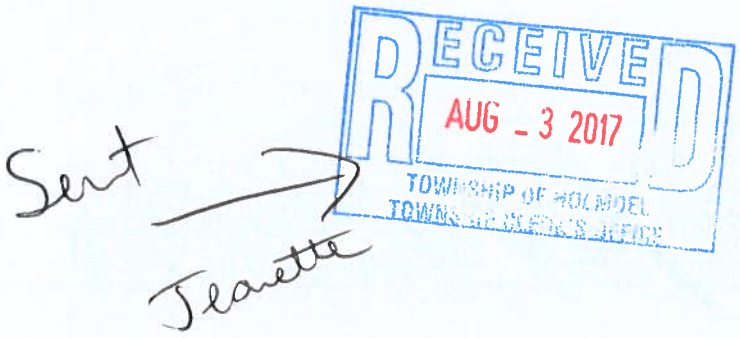
Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Print Management Solutions
P O Box 350
Trexlertown, PA 18087



Open Record Officer
HOLMDEL TWP
4 Crawfords Corner Rd.
Holmdel, NJ 07733

06/15/2017

Re: NJ Open Records Law

Dear Open Records Officer,

Under the provisions of the NJ Open Records Law. We are requesting access to the following information: We are asking for information about your **mail machine**, or postage equipment from Manufacturers Neopost, Hasler, MailFinance, Francotyp Postalia (FP Mailing), or Pitney Bowes

A copy of the MOST RECENT, CURRENT lease agreements or Most Recent Purchase Order for your current mailing equipment which shows lease commencement date and term of contract for mail machine from vendors Neopost, Hasler, Pitney Bowes, FP Mailing

Or

If the equipment was purchased, we are requesting a copy of your MOST RECENT meter rental bill, equipment rental bill, and maintenance / service contract bill or bill from last service call.

We will entertain suggestions you feel will make my request more responsive and thereby ensure that you can meet our request. If possible we would like to have the data sent to us at the address below.

Please email your request to me at adorward@printandmailing.net or mail to my attention at:

Print Management Solutions
Attn: Amy Dorward
P O Box 350
Trexlertown, PA 18087

If all or any part of this request is denied, please cite the specific exemption(s) that you think justifies your refusal to release the information, and inform me of the appeal procedures available to me under the law.

We would appreciate you handling this request as quickly as possible, and look forward to hearing from you.

Respectfully,

Amy Dorward
P O Box 350
Trexlertown, PA 18087

Sent

RECEIVED
AUG - 2 2017

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 Christina MI M Last Name MOTA

E-mail Address DATA@LegalPlex.com

Mailing Address 2022 Washington Blvd

City Robbinsville State NJ Zip 08691

Telephone (609)961-1120 FAX (609)961-6161

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 Christina Mota Date 8/2/17

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.

Motor vehicle accident Reports

7/23 - 7/29

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

4 Crawfords Corner Road
Holmdel, NJ 07733

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Name: Michelle Dubinskiy

Address: 219 Hidden Lake DR. Morganville, NJ 07751

Telephone [Day] 732-740-1394

Government Record(s) Requested:

[ ] Copy of Minutes [specify board or entity, date, topic or other identifying information]

[ ] Copy of Ordinance or Resolution [specify date, number, or other identifying information]

[✓] Other [specify] map - Holmdel Fields

[ ] License Information [Specify]

[ ] List of Property Owners within 200' Fee:
As provided in *N.J.S.A.* 40:55D-12, the fee is the greater of $.25 per name or $10.00

The record requested will be ready on Estimated

Number of Pages Estimated Cost N/C

Deposit_____[required where the anticipated cost of reproduction exceeds $5.00]

8-8-17 _____
Applicant Date:

FOR MUNICIPAL USE ONLY
Date Received:_____Date of Response: _____

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 Ingrid MI M Last Name Santana

E-mail Address ssantana@gunartelaw.com

Mailing Address 400 Market St.

City Newark State NJ Zip 07105

Telephone (973) 854-8430 FAX (973) 585-2612

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 8/3/17

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
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.

Seeking for all applications and/or violations regarding electrical, plumbing, construction, demolition and/or excavation at said premises

50.31 | 76.01

2182 State HWY 35
Holmdel, NJ 07733

From 10/1/16 to 07/20/17

(case #249349)

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

RECEIVED
AUG 15 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 Ingrid MI M Last Name Santana

E-mail Address isantana@gmarlelaw.com

Mailing Address 400 Market St.

City Newark State NJ Zip 07105

Telephone (973)854-8430 FAX (973)585-2612

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 08/14/17

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.

Seeking for general contractor(s) informatiae for the following permits =>

* 2182 State Hwy 35 Holmdel NJ 07733

* 10 Centerville RD, Holmdel NJ07733

(case # 249349)

Permit 20170757 issued on 6/21/17 for "Alterations – Selective Dem." ✓

* **Permit 20170457** issued on 6/21/17 for "sprinkler heads." Wrong Permit #

* **Permit 20170827** issued on 7/7/2017 for "Roofing Commercial." ✓

* **Permit 20170845** issued on 7/12/17 for "Tenant Fit Out." ✓

* **Permit 20170845** issued on 7/12/17 for "Sprinkler Head/Duct work." ✓

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Due 8-21

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

RECEIVED
AUG 10 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 [signature] Date 8/10/17

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

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 8/5

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 ____
Partia - Closed ____

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

8-24

OPEN PUBLIC RECORDS ACT REQUEST FORM

Sent J.L

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 Amy MI ____ Last Name Han

E-mail Address amyhan324@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone 856-383-0803 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 [signature] Date 8/15/17

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.

Can you please provide me with a list of the latest quarter's tax delinquent homes with owner's information (i.e. name, mailing addresss, etc) and the total delinquent amount from current to previous year(s) in excel format via email.

If for any reason you are unable to provide that list, please state the reason in detail. Thanks in advance.

Instructions on how to generate the report in excel in the Edmund System:
In Edmund Billing/Collection Tax Collections Accounts Tax Custom Reports. On Page 3 Select year and date range you want. Check boxes Utility balance as of date (will be date you put in end of range) and Year/Prd Range balance for Taxes. Page 1 on bottom left corner is check box for excel. On page 2 select all the boxes requested by the requester. (name, property address, mailing address, class, etc.)

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 ____

8/24 due

Sent

RECEIVED
AUG 16 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 Ingrid MI M Last Name Santana

E-mail Address isantana@quartelaw.com

Mailing Address 400 Market St.

City Newark State NJ Zip 07105

Telephone (973)854-8430 FAX (973)585-2612

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 08/16/17

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.

Seeking for general contractor information for the following permit 2017 0757 issued on 6/21/17 "sprinkler heads"

For 10 Centerville RD, Holmdel NJ 07733

(case # 249349)

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

8-24

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 JA, PP, MF

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

Important Notice

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Requestor Information – Please Print

First Name JEFFREY MI ____ Last Name DEVLIN

E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

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

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

Signature [signature] Date ____

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 8/6 TO 8/12

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

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 Simon MI ____ Last Name Kaufman

E-mail Address simon@railexinc.com

Mailing Address 1100 E county Line rd

City Lakewood State NJ Zip 08701

Telephone 732 600 6905 FAX 732 901 8448

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 8/15/17

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.

I am Looking in to buying 6 clarndon ct Block 17.01 Lot 12.29

I ~~am~~ would Like the following:

1) any open Permits
2) a copy of blueprints to the home "addition"
3) a copy Servey
4) a copy Septic Report / Location
5) all closed out 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
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 ____

Wendy

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 Simon MI ____ Last Name Kaufman

E-mail Address simon@railexinc.com

Mailing Address 1100 E county Line rd

City Lakewood State NJ Zip 08701

Telephone 732-600 6905 FAX 732-901 8448

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 8/15/17

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.

I am Looking in to buying 6 clarndon ct Block 17.01 Lot 12.29

I ~~am~~ would like the following:

1) any open Permits
2) a copy of blueprints to the home "addition"
3) a copy Servey
4) a copy Septic Report / Location
5) all closed out 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

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 Ingrid MI M Last Name Santana

E-mail Address isantana@quartelaw.com

Mailing Address 400 Market St.

City Newark State NJ Zip 07105

Telephone (973)854-8430 FAX (973)585-2612

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 08/16/17

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.

Seeking for general contractor information for the following permit 2017 0757 issued on 6/21/17 "sprinkler heads"

For 10 Centerville RD, Holmdel NJ 07733

(case # 249349)

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

Fax 732.946.0116

AGENCY NAME HERE

Place Logo Here

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

Place Logo Here

Important Notice

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

Requestor Information – Please Print

First Name Carly MI ____ Last Name Kaminsky

E-mail Address Carly@beinksconsulting.com

Mailing Address 125e Liberty Ave

City Hillside State NJ Zip 07205

Telephone (844) 462-7465 FAX (908) 353-3107

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

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

Signature Carly Kaminsky Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a list of permit applications for the installation, Removal or the decomissioning of Underground Storage tanks at:

35 Telegraph Hill Rd, Holmdel

BLOCK # 44 LOT # 2

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

RECEIVED
AUG 17 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S OFFICE

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
AUG 21 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 In Sun MI ____ Last Name Sin

E-mail Address insunchoi75@gmail.com

Mailing Address 118 VICTORY Rd #301

City Springfield State N.J Zip 07081

Telephone 631-220-5537 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 8/21/17

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.

Police Report / Arrest Record Nov 1, 2016

In Sun Sin

8/30/17
Called requestor that records were ready & could be picked up at 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

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

____ ____

E-Mail Address	bdesai2@northwell.edu
Block	46.07
Lot	7
House Number	12
Street Name	Crape Mrytle
Type your question for the Zoning Officer below.	Hi, We are in the process of purchasing this home, and I wanted to know if all the permits were taken out and then closed for the pool, deck, and basement....please let me know at your earliest convenience. Thank you!

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 Doreen MI ____ Last Name DeMarco

E-mail Address ddemarco@glaxosmithkline.com

Mailing Address 963 Holmdel Rd

City Holmdel State NJ Zip _____

Telephone 7322415015 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 DeMarco Date 8-22-17

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.

All permits for 18 Cambridge Rd
Block 18.06/11 Lot

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 Jennifer MI ____ Last Name Ying

E-mail Address estate@theyings.com

Mailing Address 218 Steeplechase Circle

City Wilmington State DE Zip 19808

Telephone 302-536-9036 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 Jennifer Ying Date Aug. 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.

I am the executrix of the estate of Robin L. Ying. At the time of his death, Mr. Ying was the co-owner of the property at 6 Clarendon Court, Holmdel, NJ 07733.

On behalf of Mr. Ying's estate, I am requesting a copy of any blueprints of the original home as it was built in or around the 1986-1987 timeframe, as well as copies of any blueprints or documentation that was filed with the Township regarding the expansion to the home that was built in or around the 1990-1992 timeframe.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit ____
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 915

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 persor al 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 8/23/17

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 accc mmodated 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 8/13/17

TO 8/19/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Due 9-18-17

RECEIVED
SEP - 7 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 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 ____ 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 9/5/17

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 8/27/17 TO 9/2/17

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

Dawn Horniacek

From: Robert Faye
Sent: Wednesday, September 06, 2017 8:04 AM
To: Dawn Horniacek
Subject: FW: Online Form Submittal: Ask the Building Department

Want to stay up to date on what is going on in Holmdel? Sign up for alerts on the Township website. You sign up for updates from DPW, Recreation, Clerk's Office, etc. You can sign up here: http://www.holmdeltownship-nj.com/list.aspx

From: noreply@civicplus.com [mailto:noreply@civicplus.com]
Sent: Wednesday, September 06, 2017 6:20 AM
To: Robert Faye <rfaye@holmdeltownship-nj.com>
Subject: Online Form Submittal: Ask the Building Department

Ask the Building Department

First Name	Jensen
Last Name	Ying
Your Question	Dear Holmdel Building Department, I called the township building department a few weeks ago and I was informed that my home at 6 Clarendon Court, Holmdel had a couple of permits that have not yet been closed. If my memory is correct, I believe our roofing and HVAC AC permit status is still opened. I would like to know how to close out these permits. Thank you.
Phone Number	7328954200
Email Address	jensen.ying@gmail.com

What's Next?
Someone in the Building Department will answer your question or send it to the correct department.

Email not displaying correctly? View it in your browser.

Emailed 9-15-17

Sent 9-8-17

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

RECEIVED
SEP - 7 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 Gregory Ploussas MI ____ Last Name Ploussas

E-mail Address GPeCPLPartnership.Com

Mailing Address 95 Matawan Rd, Second Floor

City Matawan State NJ Zip 07747

Telephone (732) 566-5297 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 9/7/17

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 Planning Board Resolution of Site Plan and Subdivision Approval and last Engineer's Report for Meridian Quality Care Application at Holmdel Commons on Commons Way

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 9-8-17

Wendy Patrovich

From: Maureen Doloughty
Sent: Friday, September 08, 2017 8:31 AM
To: Wendy Patrovich; Barbara Kovelesky
Subject: FW: SmartProcure OPRA Request - Reminder for Township of Holmdel
Attachments: Preprogrammed Software Reports by Manufacturer.pdf

From: cblanding@smartprocure.us [mailto:cblanding@smartprocure.us]
Sent: Friday, September 08, 2017 7:42 AM
To: Maureen Doloughty <mdoloughty@holmdeltownship-nj.com>
Subject: SmartProcure OPRA Request - Reminder for Township of Holmdel

Dear Maureen or Custodian of Public Records,

SmartProcure submitted an OPRA request on 2017-08-29 and has not received a response or acknowledgment, therefore the original request is being submitted again. If the original request is located, please disregard this request.

SmartProcure is submitting an OPRA request to the Township of Holmdel for any and all purchasing records from 2017-05-26 to current. The request is limited to readily available records without physically copying, scanning or printing paper documents. Any editable electronic document is acceptable.

The specific information requested from your record keeping system is:

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

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

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

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

If you have any questions, please feel free to respond to this email or I can be reached at 954-637-0742.

Regards,

9-11
Sent
9-19 due

RECEIVED
SEP 11 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 **Reza Farzan** MI _____ Last Name **Farzan**

E-mail Address **raymond.farzan@verizon.net**

Mailing Address **23 Twin Terrace**

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

Telephone **732-778-5047** 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 **9/8/2017**

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.

All records and police reports for my son Thomas A. Farzan (DOB 4/26/1989) that you have in your records.

I would prefer if you email them to me.

Thanks

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

9-19

Sent to Bentley

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 Tammy MI J Last Name Trincilla

E-mail Address tammy@auroraenvironmentalinc.com

Mailing Address 1102 Union Ave

City Union Beach State New Jersey Zip 07735

Telephone 732-888-1188 FAX 732-888-1190

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 9/8/2017

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 requesting the three lowest bidders and the bid RESULTS from your 2015 and 2016 Snow Removal bids.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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Denied - Closed _____
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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 9-11
Due 9-20-17

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

RECEIVED
SEP 11 2017
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 9/11/17

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 9/3/17 TO 9/9/17

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

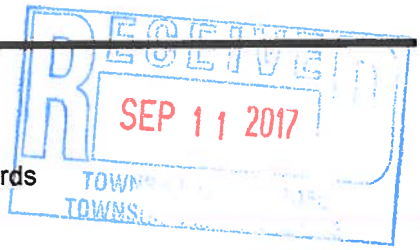
Tracking Information
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Sent 9-11-17
Due 9-20-17

Wendy Patrovich



From: ____ FOIA <foia@buildzoom.com>
Sent: Saturday, September 09, 2017 5:32 PM
To: Wendy Patrovich
Subject: Freedom of Information Act Request: Building Permit Records

To whom it may concern,

I am writing to request permit records from Holmdel township, New Jersey 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 township, New Jersey 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 since Jun 30, 2017?

Such reports typically:

- Are referred to as a Permit Activity Report, a Permit Fee Log or a Monthly Permit Report.
- 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!

Regards,
Claudine Anague

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

Forwarded to Michael 9-12-17 Call on 9-13-17

RECEIVED
SEP 12 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 Steven MI W Last Name Ward

E-mail Address sward@ghclaw.com

Mailing Address 125 Half Mile Road, Suite 300

City Red Bank State NJ Zip 07701

Telephone 732-219-5496 FAX 732-224-6599

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 S Ward Date 9/12/17

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.

Please see the attached document for the request.

AGENCY USE ONLY

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

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

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 Tim MI ____ Last Name Kelly

E-mail Address Kelly.Holmdel@gmail.com

Mailing Address 5 Riverside Lane

City Holmdel State NJ Zip 07733

Telephone 7324441189 ~~FAX~~ Cell 9739084258

Preferred Delivery: Pick Up X 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 Tim Date 9-12-17

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

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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.

Building Plans, [redacted],

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 ____

AGENCY USE ONLY

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Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

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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 Jin Hee MI ____ Last Name Park

E-mail Address assistant@navarrobae.com

Mailing Address 600 Sylvan Avenue, Suite 400

City Englewood Cliffs State NJ Zip 07632

Telephone 201-646-1333 FAX 201-548-5107

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 9/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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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.

Please provide records of all applications and permits for any work done on the house.
In addition, please also provide information regarding any applications for the presence or removal of underground storage tanks as well as any and all violation and fines assessed on this property.
The Property: 35 Mulberry Lane, Holmdel, NJ 07733
Lot: 2.18 Block: 59
Current Owners: James Ko and Sheri Ko

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

Important Notice

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Requestor Information – Please Print

First Name Elizabeth MI A Last Name Matecki

E-mail Address e.am@njlegal.com

Mailing Address 54 Shrewsbury Avenue

City Red Bank State NJ Zip 07701

Telephone 732-842-6500 FAX 732-530-8545

Preferred Delivery: Pick Up X 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 9-14-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Any and all blueprints, permits, building plans, approvals and any other documents on file relating to the Houlihan's Restaurant owned and/or operated by A.C.E. Restaurant Group located at 2136 NJ-35, Holmdel, NJ 07733.

This request is made due to pending litigation in the Superior Court of New Jersey, County of Bergen, docketed under number BER-L-3001-16.

AGENCY USE ONLY

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

AGENCY USE ONLY

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In Progress - Open ____
Denied - Closed ____
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 ____

Wendy

TOWNSHIP OF HOLMDEL

4 Crawfords Corner Road
Holmdel, NJ 07733

REQUEST FOR ACCESS TO GOVERNMENT RECORDS

Name: Jenni Blumenthal

Address: 41 Stoney Brook Rd Holmdel

Telephone [Day] 732-264-8482

Government Record(s) Requested:

[ ] **Copy of Minutes** [specify board or entity, date, topic or other identifying information]

[ ] **Copy of Ordinance or Resolution** [specify date, number, or other identifying information]

[X] **Other** [specify] Verdi Woods objectors 01

[ ] **License Information** [Specify]

[ ] **List of Property Owners within 200' Fee:**
As provided in *N.J.S.A.* 40:55D-12, the fee is the greater of $.25 per name or $10.00

The record requested will be ready on Estimated N/C

Number of Pages Estimated Cost

Deposit_____[required where the anticipated cost of reproduction exceeds $5.00]

Jennifer Blumenthal
Applicant Date:

FOR MUNICIPAL USE ONLY
Date Received: 9-14-17 Date of Response: 9-14-17

Sent 9-18-17

RECEIVED
SEP 18 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 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 9/18/17

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.

CRASH REPORTS

FROM 9/10/17 TO 9/16/17

AGENCY USE ONLY

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

Deposit Date ____

AGENCY USE ONLY

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

AGENCY USE ONLY

Tracking Information

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

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Resent 9-20-17

OPEN PUBLIC RECORDS ACT REQUEST FORM

Spoke to Amy on 9-21-17 She Received..

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 Amy MI ____ Last Name Han

E-mail Address amyhan321@gmail.com

Mailing Address 272 La Cascata

City Clementon State NJ Zip 08021

Telephone 856-383-0803 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 [signature] Date 8/15/17

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.

Can you please provide me with a list of the latest quarter's tax delinquent homes with owner's information (i.e. name, mailing addresss, etc) and the total delinquent amount from current to previous year(s) in excel format via email.

If for any reason you are unable to provide that list, please state the reason in detail. Thanks in advance.

Instructions on how to generate the report in excel in the Edmund System:

Tax Custom Report:

Page 1: Leave all fields open - Select Print to Excel

Page 2: Select Owner Name, Owner Street 1/2, Owner City, St, Owner Zip, Property Class, Property Location

Page 3: Report Type: Delinquent Notice
-Delinquent Notice Suggestions: as of Date Include Current Interest
-Select Interest Date: put a date in, it will allow you to select include Current Interest above

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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AGENCY USE ONLY

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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 Denis MI _____ Last Name Cummings

E-mail Address deniscummings@ptconsultantsinc.com

Mailing Address 560 Benigno Boulevard, 2nd Floor

City Bellmawr State NJ 08031

Telephone (856) 251-9980 FAX _____

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 _____ Date 9/20/2017

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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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.

2147 State Highway 35 (Block 59, Lot 6 and 7 (former lot 6 Q-Farm)

PT Consultants, Inc. (PT) has been contracted to complete an Environmental Site Assessment and Wetlands Determination for the above-mentioned property. As part of the process, PT would like to review property record card files maintained by the tax assessor's office as well as any files maintained by Zoning Department and Construction Department offices.

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

Sent 9-25-17

TOWNSHIP OF HOLMDEL

OPEN PUBLIC RECORDS ACT REQUEST FORM

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

RECEIVED
SEP 25 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 [signature] Date 9/25/17

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 9/17/17 TO 9/23/17

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

Sent

Oct 7th Response Date.

Wendy Patrovich

From: Maureen Doloughty
Sent: Tuesday, September 26, 2017 9:56 AM
To: Wendy Patrovich
Subject: FW: Holmdel Township Building Permits - Public Records Request

From: kelsie@datarole.com [mailto:kelsie@datarole.com]
Sent: Tuesday, September 26, 2017 7:34 AM
To: Maureen Doloughty <mdoloughty@holmdeltownship-nj.com>
Subject: Holmdel Township Building Permits - Public Records Request

Dear Maureen Doloughty,

NJ.7733.10514

Pursuant to New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I am requesting copies of public records for your building permit report or log dating back as many years as you have on file. Ideally, this report or log would contain the physical addresses, issue dates, type/category of work, description of work, contractor, and other items for **all** building permits.

An electronic copy in Excel or CSV format is preferred, but we will accept the report in whatever format you have it and for all information fields you have available. Please feel free to contact me with any questions or concerns.

Thank you very much for your time.

Kelsie Waechter
Data Acquisitionn Specialist, DataRole
(p) 970-231-3935
(f) 513-672-2665
Kelsie@datarole.com

Should you deny any part of this request, you must state in writing the basis for the denial, including the exact statutory citation authorizing the denial as required by as required by New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., Your office has 7 days to respond and 30 days (21 business days) to satisfy this request.

PS: If you don't want to hear from me anymore, just let me know