10-12-17 Due

**Wendy Patrovich**

**From:** Maureen Doloughty
**Sent:** Monday, October 02, 2017 3:38 PM
**To:** Wendy Patrovich
**Subject:** FW: Public Record Request

Sent →


**From:** Oge Udeozo [mailto:Oge@nwmcc.com]
**Sent:** Monday, October 02, 2017 3:37 PM
**To:** Barbara Kovelesky <bkovelesky@holmdeltownship-nj.com>
**Cc:** Maureen Doloughty <mdoloughty@holmdeltownship-nj.com>
**Subject:** Public Record Request

Good afternoon Wendy,
My name is Oge Udeozo with National Water Main Cleaning Company. I would like to request the bid tabulation for the 2017 Sanitary Sewer Cleaning & Television Inspection – Bid date was August 29, 2017

Thank you

**Oge Udeozo**
***Assistant Bids & Contract***
**National Water Main Cleaning Co.**
1806 Newark Turnpike
Kearny, NJ 07032
(973)483-3200 x224
(973)483-5065 Fax
www.nwmcc.com

*TOWNSHIP OF HOLMDEL*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

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



**Important Notice**

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 DAVID MI _____ Last Name VARDI

E-mail Address OPTIMIST1@GMAIL.COM

Mailing Address 1 KINGSBERRY COURT

City UPPER SADDLE RIVER State NJ Zip 07458-1779

Telephone 201-297-5321 FAX 815-572-0637

Preferred Delivery: Pick Up _____ US Mail X 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 David Vardi Date October 2nd, 2017

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide any information on any existence and location of off-site conditions which may affect the value of the residential real estate developed and sold by Toll Brothers and/or its subsidiaries in the community known as Regency at Holmdel, in Holmdel, NJ.

Pursuant to the "New Residential Construction Off-Site Conditions Disclosure Act" (N.J.S.A. 46:3C-1, et. seq.), sellers of newly constructed residential real estate are required to notify buyers of the availability of lists disclosing the existence and location of off-site conditions which may affect the value of the residential real estate being sold. The lists are to be made available by the municipal clerk of the municipality within which the residential real estate is located and in other municipalities which are within one-half mile of the residential real estate.

**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 _____

Response Oct 13th



*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 HARRIET MI S Last Name RABINOWITZ

E-mail Address hrabinowitz@greenbaumlaw.com

Mailing Address 99 WOOD AVENUE South

City Iselin State NJ Zip 08830

Telephone 732-476-3226 FAX 732-476-3227

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 Harriet S. Rabinowitz Date 10/3/2017

**Payment Information**

Maximum Authorization Cost $ 25.00
If more, contact me
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.

Regarding Lot 79, Block 46 in the Township, we request complete copies of all minutes, meeting agendas, resolutions, correspondence and reports concerning the "Tennis Center" located thereon, and the application for review pursuant to N.J.S.A. 40:55D-31. We request these documents from the Planning Board, and any other department that may have custody of same, for the period covering January 1, 2016 to date.

**AGENCY USE ONLY**

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

**AGENCY USE ONLY**

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

**AGENCY USE ONLY**

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

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

**Records Provided**

Custodian Signature ____ Date ____

Response 10-13-17

TOWNSHIP OF HOLMDEL

# OPEN PUBLIC RECORDS ACT REQUEST FORM

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



**Important Notice**

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**Requestor Information – Please Print**

First Name JEFFREY MI ____ Last Name DEVLIN

E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

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

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

Signature [signature] Date 10/2/17

**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.

CRASH REPORTS

FROM 9/24/17 TO 9/30/17

**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**

*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 Jenna MI M. Last Name Beatrice

E-mail Address Jbeatrice@genovaburns.com

Mailing Address 20 Montgomery Street, 11th Floor

City Jersey City State NJ Zip 07302

Telephone 201-535-7125 FAX 201-332-1303

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 October 2, 2017

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please see enclosed letter.

**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 HARRIET MI S Last Name RABINOWITZ

E-mail Address hrabinowitz@greenbaumlaw.com

Mailing Address 99 WOOD AVENUE SOUTH

City ISELIN State NJ Zip 08830

Telephone 732-476-3226 FAX 732-476-3227

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 Harriet J Rabinowitz Date 10/3/2017

**Payment Information**

Maximum Authorization Cost $ 25.00 Let me know if more.

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.

Regarding Lot 79, Block 46 in the Township, we request a complete copy of the Ordinances or Ordinances Authorizing execution of a Lease or Leases with AD-IN SPORT FOUNDATION INC for a portion of said property known as the "Tennis Center," which lease(s) were executed in 2016. We request this from the Township Clerk.

**AGENCY USE ONLY**

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

Deposit Date _____

**AGENCY USE ONLY**

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

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

**AGENCY USE ONLY**

**Tracking Information**

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

**Final Cost**

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

Custodian Signature _____ Date _____

Due 10-17

Sent →

RECEIVED
OCT - 5 2017
TOWNSHIP OF HOLMDEL
TOWNSHIP CLERK'S OFFICE

# OPEN PUBLIC RECORDS ACT REQUEST FORM

**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 BENEDICT MI _____ Last Name UGORJI

E-mail Address RADONSHIELD@YAHOO.COM

Mailing Address 757 BEATTY STREET

City TRENTON State NJ Zip 08611

Telephone 6092225743 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 B H Ugorji Date 10/4/2017

**Payment Information**

Maximum Authorization Cost $ Any amount needed

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 need copies of permits approved for Radon Mitigation work done by Radon Shield LLC in the Holmdel Twp and which the signed agent for the owner is Benedict Ugorji from January 2015 to date ( October 2017 ).
The documents requested are needed for the records of the company as required by the NJDEP which is the supervising body in NJ for radon mitigation businesses.

*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 Ron MI ____ Last Name Buonocore

E-mail Address ____

Mailing Address 4 Brighton Ct

City Holmdel State NJ Zip 07733

Telephone ____ 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 10-6-17

## 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.

First Engineering review Letter.

NJC

10/6/17

**AGENCY USE ONLY**

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

Deposit Date ____

**AGENCY USE ONLY**

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

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

**AGENCY USE ONLY**

**Tracking Information**

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

**Final Cost**

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

**Records Provided**

Custodian Signature ____ Date ____

Sent

Due 10-23-17



*TOWNSHIP OF HOLMDEL*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

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

**Important Notice**

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**Requestor Information – Please Print**

First Name Gary MI _____ Last Name Smalley

E-mail Address Gsmalley@repulicservices.com

Mailing Address 11 Harmich Rd

City South Plainfield State NJ Zip 07080

Telephone 908-912-5027 FAX 908-756-1822

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

**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 10/12/2017

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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.

Republic Services of NJ, LLC d/b/a Marpal Disposal out of Tinton Falls respectfully requests a copy of the following:

Please provide me with a copy of the current contract for Recycling Collection and Disposal. Specifically the monthly invoice. Also, could you include a recycling tonnage report for 2017 year to date

Thank you, Gary

**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

10-25


*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
OCT 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 Nichole MI ____ Last Name Roffi

E-mail Address nroffi@frontieradjusters.com

Mailing Address Frontier Adjusters, 129 West Hills Road

City Huntington Station State NY Zip 11746

Telephone 631-423-8730 FAX 631-423-7458

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 Nichole Roffi Date 10/16/17

**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.

Copy of any police report, accident report and/or arrest report and all records relative to the investigation regarding the following incident:

Date of Incident: 9/17/15
Arrestee: Steven J. Hopkins, 14 Steven Avenue, Tinton Falls, NJ; DOB 12/7/90
Charge: Resist Arrest/ Eluding, obstruction and hindering apprehension
Court Case #: 15004051
FBI #: 548911TD3
SBI #: 926841E; Monmouth County

**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 ____

10-19-17 Due

emailed to Pat Jeff + Michelle

TOWNSHIP OF HOLMDEL

# OPEN PUBLIC RECORDS ACT REQUEST FORM

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

**Important Notice**

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

**Requestor Information – Please Print**

First Name JEFFREY MI ____ Last Name DEVLIN

E-mail Address DATA@LEGALPLEX.COM

Mailing Address 2022 WASHINGTON BLVD.

City ROBBINSVILLE State NJ Zip 08691

Telephone 609 961-1120 X102 FAX 609 961-6661

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

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

Signature _____ Date 10/16/17

**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.

CRASH REPORTS

FROM 10/8/17

TO 10/14/17

**AGENCY USE ONLY**

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

Deposit Date ____

**AGENCY USE ONLY**

**Disposition Notes**

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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**

# OPEN PUBLIC RECORDS ACT REQUEST FORM



**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 Susanne MI M Last Name Cervenka

E-mail Address scervenka@app.com

Mailing Address 3600 Highway 66

City Neptune State NJ Zip 07754

Telephone 732-643-4229 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 NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/17/17

**Payment Information**

Maximum Authorization Cost $ 10

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I would like to request immediate access to the most recent contract with Declan O'Scanlon/FSD Enterprises and the vendor payment report for payments to Declan O'Scanlon/FSD Enterprises from 2007 to present.

**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 _____

10/27/17 Due

Sent

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
OCT 18 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 Patricia MI ____ Last Name Bradley

E-mail Address trishbradley24@gmail.com

Mailing Address 9 White Cedar lane

City Holmdel State NJ Zip 07733

Telephone 732-583-4548 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 Patricia Bradley Date 10/18/17

**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.

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.

requesting Engineer review letter for St. Mina Coptic Church for the variance's for parking lot proposal

**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 ____

Due 10-27-

Sent

RECEIVED
OCT 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 1212 – FAX 732-946-0116*
*Wpatrovich@holmdeltownship-nj.com*
*Wendy Patrovich*

**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 David MI ____ Last Name Bachman

E-mail Address dbachman@partneresi.com

Mailing Address 611 Industrial Way West

City Eatontown State NJ Zip 07724

Telephone 908-347-4017 FAX 732-380-1701

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 David Bachman Date October 18, 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.

Files/records from the Township Building and Fire Departments for the Bell Works property located at 101 Crawford Corner Road, Holmdel, NJ (Block 11, Lots 38.05 and 38.07); specifically regarding underground storage tanks (USTs), above-ground storage tanks (ASTs), septic systems, dumping, fires, spills, hazardous material use and storage, remedial activities and investigations, and any other environmental issues related to the property. PLEASE NOTE: ONLY records from November 4, 2016 to October 18, 2017 are requested. Thank you.

**AGENCY USE ONLY**

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

Deposit Date ____

**AGENCY USE ONLY**

**Disposition Notes**
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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

Due 10-27-



*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 Ron MI S. Last Name Gasiorowski

E-mail Address gasiorowskilaw@gmail.com

Mailing Address 54 Broad St

City Red Bank State NJ Zip 07701

Telephone 732-212-9930 FAX 732-212-9980

Preferred Delivery: Pick Up _____ US Mail X 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 10/18/17

**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

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 Schedule A 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**

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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 _____

*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 SEAN MI _____ Last Name CARR

E-mail Address CARRISMYNAME@GMAIL.COM

Mailing Address 1051 STUYVESANT AVE. #342

City Union State NJ Zip 07083

Telephone (908) 296-4892 FAX _____

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 Sean Carr Date 10/19/17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

PLEASE SEE ATTACHED 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**

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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**

Drive 10-31

Sent →

RECEIVED
OCT 20 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 Ronald MI S Last Name Gasiorowski, Esq.

E-mail Address gasiorowski.law@gmail.com

Mailing Address 54 Broad Street

City Red Bank State NJ Zip 07701

Telephone 732-212-9930 FAX 732-212-9980

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 10/20/2017

**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

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

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See Schedule A

**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

Sent

Due 10-31-17

TOWNSHIP OF HOLMDEL

# OPEN PUBLIC RECORDS ACT REQUEST FORM

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



**Important Notice**

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

**Requestor Information – Please Print**

First Name Nicole MI ____ Last Name TenHoeve

E-mail Address ntenhoeve@kw.com

Mailing Address 750 Broad St.

City Shrewsbury State NJ Zip 07702

Telephone 732 598 5687 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 Nicole TenHoeve Date 10/20/17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please send a list of closed permits and any details on open permits please. A copy of the survey too if in file. Thx!

11 Monterey Ct
Block: 17 Lot: 6.07

**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 ____

*TOWNSHIP OF HOLMDEL*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

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



**Important Notice**

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

**Requestor Information – Please Print**

First Name Jeffrey MI ____ Last Name Devlin

E-mail Address Data@Legalplex.com

Mailing Address 2022 Washington Blvd

City Robbinsville State NJ Zip 08691

Telephone 609-961-1120 x102 FAX 609 961 6661

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

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

Signature _____ Date 10/25/17

**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 10/15/17 To 10/21/17

**AGENCY USE ONLY**

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

Deposit Date _____

**AGENCY USE ONLY**

**Disposition Notes**
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In Progress - Open _____
Denied - Closed _____
Filled - Closed _____
Partial - Closed _____

**AGENCY USE ONLY**

**Tracking Information**

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

**Final Cost**

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

Custodian Signature _____ Date _____

11-3-17 Response Date.

Sent →

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

*TOWNSHIP OF HOLMDEL*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*4 Crawfords Corner Road, Holmdel, NJ 07733*
*732-946-2820 ext 1212 – FAX 732-946-0116*
*Wpatrovich@holmdeltownship-nj.com*
*Wendy Patrovich*

**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 Milena MI ____ Last Name Wilson

E-mail Address Milena@mawlaw.net

Mailing Address 320 Park Ave

City Plainfield State NJ Zip 07060

Telephone (908) 769-1600 FAX 908-769-1712

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 Milena Wilson Date October 25, 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.

FROM (1) DIVISION OF INSPECTIONS/BUILDING DEPARTMENT AND (2) FIRE DEPARTMENT: BOTH OPEN AND CLOSED PERMITS AND APPROVALS ON FILE FOR THIS PROPERTY. ALSO, FROM THE (3) CONSTRUCTION OFFICE A UCC COMPLIANCE CERTIFICATION REGARDING, BUT NOT LIMITED TO, THE FINISHED ATTIC, IF ANY, FINISHED BASEMENT, IF ANY; AND BOTH OPEN AND CLOSED PERMITS AND APPROVALS ON FILE FOR THIS PROPERTY. ALL DOCUMENTS SHALL BE FROM 1920 TO PRESENT. ALSO, ANY INFORMATION REGARDING UNDERGROUND TANKS ON THE PREMISES. THIS WILL BE REVIEWED BY THE PURCHASER OF THE PROPERTY. RE: 4 Apple Grove Drive BLOCK 50, LOT 54.52

## 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 ____

Raman, Sankar@gmail.com



*TOWNSHIP OF HOLMDEL*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

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

**Important Notice**

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 INDIRA MI ____ Last Name KRISHNAMURTHY

E-mail Address raman.sankar@gmail.com

Mailing Address 97 Ivy way

City Matawan State NJ Zip 07747

Telephone 732-365-2001 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 Indira Date 10/27/2017

**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.

177 Stillwell Rd, Holmdel NJ (5.5 Acres)
Block 16, lot 10

1. Open permit
2. Easement
3. Flood zone
4. Subdivision possible
5. River or steamcourse or any water ways present
6. ~~Property~~ Any tax due if so how much to date.

**AGENCY USE ONLY**

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

Deposit Date ____

**AGENCY USE ONLY**

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Filled - Closed ____

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

**Final Cost**

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

**Records Provided**

11-9-17 Response

Sent

TOWNSHIP OF HOLMDEL

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*4 Crawfords Corner Road, Holmdel, NJ 07733*
*732-946-2820 ext 1212 – FAX 732-946-0116*
*Wpatrovich@holmdeltownship-nj.com*
*Wendy Patrovich*

RECEIVED
OCT 31 2017
TOWNSHIP OF

**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 Pam MI ____ Last Name LaPlante

E-mail Address pam@elitepropertyresearch.com

Mailing Address 3659 Cortez Rd W #110

City Bradenton State FL Zip 34210

Telephone 941 747 0600 FAX 866 491 3226

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

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

Signature Pam LaPlante Date 10/31/2017

## 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 requesting copies of OPEN building permits and OPEN code violations on 42 Maria Ct BL 56 Lot 7.42
Thank you.

## AGENCY USE ONLY

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

Deposit Date ____

## AGENCY USE ONLY

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

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**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 1212 – FAX 732-946-0116
Wpatrovich@holmdeltownship-nj.com
Wendy Patrovich

**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 Roksana MI ____ Last Name Bedrij

E-mail Address Roksana@winwinhome.com

Mailing Address 101 E River Rd

City Rumson State NJ Zip 07760

Telephone 908 962 3426 FAX 732 224 1550

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 Roksana Bedrij Date 11/1/17

**Payment Information**

Maximum Authorization Cost $.

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copies of any and all Building, electrical + plumbing permits since 1998

Copies of corresponding approvals

Copy of any septic work performed

Property: 26 Ashley Drive, Holmdel
Block 18.01 Lot 30.24

**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 ____

11-10 Response

Sent

RECEIVED
NOV - 1 2017
TOWNSHIP OF HOLMDEL

**TOWNSHIP OF HOLMDEL**

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*4 Crawfords Corner Road, Holmdel, NJ 07733*
*732-946-2820 ext 1212 – FAX 732-946-0116*
*Wpatrovich@holmdeltownship-nj.com*
*Wendy Patrovich*

**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 Terry MI ____ Last Name Fletcher

E-mail Address Terryf@cisleads.com

Mailing Address 170 Kinnelon Rd

City Kinnelon State NJ Zip 07405

Telephone 973-492-0509 x 323 FAX 973-492-8378

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 Terry Fletcher Date 11/1/17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Bid date 10/24/17 ① Electrical Services on an "As Needed" Basis
② Plumbing Services on an "As Needed" Basis

Please forward me the unofficial bid results - a complete list of contractors (name/city) who bid and their amounts, including any rejected bids. Bid tabulations as opened.

Thank-you.

**AGENCY USE ONLY**

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

Deposit Date ____

**AGENCY USE ONLY**

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

In Progress - Open ____
Denied - Closed ____
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 ____

11-13

Sent

RECEIVED
NOV - 2 2017
TOWNSHIP OF HOLMDEL

**TOWNSHIP OF HOLMDEL**

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*4 Crawfords Corner Road, Holmdel, NJ 07733*
*732-946-2820 ext 1212 – FAX 732-946-0116*
*Wpatrovich@holmdeltownship-nj.com*
*Wendy Patrovich*

**Important Notice**

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**Requestor Information – Please Print**

First Name Terry MI ____ Last Name Fletcher

E-mail Address Terry5@Cisleads.com

Mailing Address 170 Kinnelon Rd

City Kinnelon State NJ Zip 07405

Telephone 973-492-0509 x323 FAX 973-492-8378

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 Terry Fletcher Date 11/2/17

**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.

(1) Bid date 10/31/2017 Operation & Maint of Twp Owned Compost Site

(2) Bid date 11/2/17 Pick-up/Disposal of Municipal Solid Waste for Twp Facilities

Please forward me the complete list of Contractors (company name/city) who bid and their amounts – including any rejected bids. Bid tabulations as opened.

Thank-you.

**AGENCY USE ONLY**

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

Deposit Date ____

**AGENCY USE ONLY**

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

**AGENCY USE ONLY**

**Tracking Information**

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

**Final Cost**

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

**Records Provided**

Custodian Signature ____ Date ____

11-13

Sent →

RECEIVED
NOV - 2 2017
TOWNSHIP OF HOLMDEL

TOWNSHIP OF HOLMDEL

# OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1212 – FAX 732-946-0116
Wpatrovich@holmdeltownship-nj.com
Wendy Patrovich

**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 F.S. MI ____ Last Name Gurk

E-mail Address Fsgurk@gurklaw.com

Mailing Address 2605 Route 130 South

City Cinnaminson State NJ Zip 08077

Telephone 856-303-2201 FAX 856-303-2220

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

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

Signature [redacted] Date 11/2/17

**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.

Request is made for all Contractor and permit information for a construction project at the following address: Bell Laboratories Road, Holmdel, NJ 07733 (Regency at Holmde
This information is requested as a result of an injury to Mr. Newton I. Da Silva, who was a framer at the above location.
Mr. Da Silva is represented by this office in a pending workers' compensation case.

**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 ____

Response 11-15-17

Sent →


TOWNSHIP OF HOLMDEL

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*4 Crawfords Corner Road, Holmdel, NJ 07733*
*732-946-2820 ext 1212 – FAX 732-946-0116*
*Wpatrovich@holmdeltownship-nj.com*
*Wendy Patrovich*




**Important Notice**

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**Requestor Information – Please Print**

First Name Nic MI ____ Last Name TenHoeve

E-mail Address ntenhoeve@kw.com

Mailing Address ____

City ____ State ____ Zip ____

Telephone 732-598-5687 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 Nic TenHoeve Date 11/6/17

**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.

List of all closed permits, details of any open permit, & copy of survey if exists. Thx.

Addrss: 3 Blue Hills Dr

Lot: 6

Block: 9.01

**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 ____

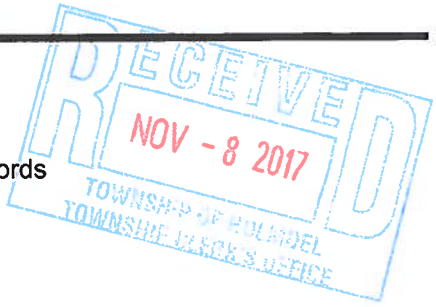
**Final Cost**

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

**Records Provided**

Custodian Signature ____ Date ____

## Wendy Patrovich




**From:** ____ FOIA <foia@buildzoom.com>
**Sent:** Wednesday, November 08, 2017 12:31 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 Sep 11, 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.

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**

TOWNSHIP OF HOLMDEL

# OPEN PUBLIC RECORDS ACT REQUEST FORM

4 Crawfords Corner Road, Holmdel, NJ 07733
732-946-2820 ext 1212 – FAX 732-946-0116
Wpatrovich@holmdeltownship-nj.com
Wendy Patrovich



**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 INDIRA MI ____ Last Name KRISHNAMURTHY

E-mail Address [redacted] raman.sankar@gmail.com

Mailing Address 97 IVY WAY

City MATAWAN State NJ Zip 07747

Telephone 732-365-2001 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 11/13/2017

## Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

6 S Beer St, Holmdel NJ
(1) Subdivision possible
(2) flood zone
(3) Open permit
(4) Easement

### 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 1212 – FAX 732-946-0116
Wpatrovich@holmdeltownship-nj.com
Wendy Patrovich



**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 Robert MI W Last Name Shimko

E-mail Address robert@ibew400.org

Mailing Address P.O. Box 1256

City Lsall State N.J. Zip 07719

Telephone 732 681 7111 FAX 732-681-4759

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

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

Signature Robert W. Shimko Date 11/13/17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Copy of Electrical Permit (technical sheet) for the Bank renovation project in the Vonage Building 23 Main St. Holmdel

11/14/17 received
11/15/17 Response NO Permit for bank

**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 ____

Response 11-28-17

Sent

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 11/13/17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CRASH REPORTS

FROM 11/5/17

TO 11/11/17

**AGENCY USE ONLY**

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

Deposit Date ____

**AGENCY USE ONLY**

**Disposition Notes**

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

**AGENCY USE ONLY**

**Tracking Information**

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

**Final Cost**

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

**Records Provided**

*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 Larry MI _____ Last Name Higgins

E-mail Address OPRA@NJPropertyRecords.com

Mailing Address 174 Lamington Rd, P.O. Box 180

City Oldwick State NJ Zip 08858

Telephone (908) 255-9919 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 _____

## 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.

**There's not enough space here to write the records being requested. Please view the attached document.**

## 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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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 _____

Response 11-30

Sent →

RECEIVED NOV 17 2017 TOWNSHIP OF HOLMDEL POLICE

*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 David MI E Last Name Mayland

E-mail Address dm@strasserlaw.com

Mailing Address c/o Strasser & Associates, P.C., 7 East Ridgewood Avenue

City Paramus State NJ Zip 07652

Telephone 201-445-9001 FAX 201-445-1188

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 11/17/17

## Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

Please provide a copy of all applications and related documents in connection with the property located at 2137-2139 Route 35 North, Holmdel, NJ 07733 since May 1, 2016. Said documenation should include but is not limitted to all Planning Board Applications, Zoning Board Applications, building permits and related architectural and/or engineering plans, specifications, surveys, reports, professional opinions, correspondence or other such documentation related to any proposed development or improvements to the property located at 2137-2139 Route 35 North, Holmdel NJ 07733 identified on the the Tax Map of the Township of Holmdel as Lots 31 and 34, Block 58.

## 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 _____
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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

Response 12-4-17

Sent

RECEIVED NOV 21 2017 TO

*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 11/20/17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

CRASH REPORTS

FROM 11/12/17 - TO 11/18/17

**AGENCY USE ONLY**

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

Deposit Date ____

**AGENCY USE ONLY**

**Disposition Notes**

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

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

**AGENCY USE ONLY**

**Tracking Information**

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

**Final Cost**

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

**Records Provided**

Custodian Signature ____ Date ____

*TOWNSHIP OF HOLMDEL*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*4 Crawfords Corner Road, Holmdel, NJ 07733*
*732-946-2820 ext 1212 – FAX 732-946-0116*
*Wpatrovich@holmdeltownship-nj.com*
*Wendy Patrovich*



**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 _____

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 Simon Kaufman Date 11/20/17

**Payment Information**

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am looking to buy and therefore requesting info regarding 10 Wyndmoor Way in Holmdel
Block 49.06 Lot 14
I want to know if there are any open permits, violations ,and a copy of 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**

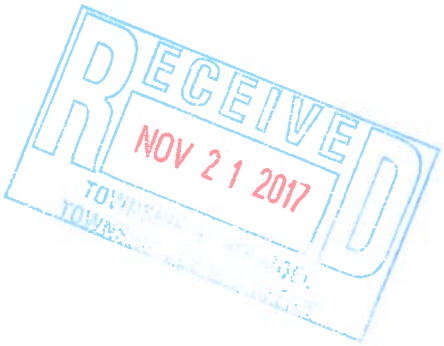
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

**Records Provided**

Custodian Signature _____ Date _____

## Wendy Patrovich

**From:** Loretta Coscia
**Sent:** Monday, November 20, 2017 1:05 PM
**To:** Wendy Patrovich
**Subject:** FW: Permit Options Report




Wendy,

I think this is OPRA.

-----Original Message-----
From: Denise Loua [mailto:denise.loua@gmail.com]
Sent: Monday, November 20, 2017 12:10 PM
To: Loretta Coscia <lcoscia@holmdeltownship-nj.com>
Subject: Permit Options Report

Hello,
Can you please send me a copy of the Permit Options Report for 112 La Costa Ct? Block #50.13 Lot #3.253

Thank you kindly,

Denise
Heritage House Sotheby's International Realty

Sent

Due 12-6-17

*TOWNSHIP OF HOLMDEL*

# OPEN PUBLIC RECORDS ACT REQUEST FORM

*4 Crawfords Corner Road, Holmdel, NJ 07733*
*732-946-2820 ext 1212 – FAX 732-946-0116*
*Wpatrovich@holmdeltownship-nj.com*
*Wendy Patrovich*

RECEIVED
NOV 27 2017
HOLMDEL
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 Simon MI ____ Last Name Kaufman

E-mail Address Simon@Railexinc.com

Mailing Address 1100 E. County Line Rd.

City Lakewood State N.J. Zip 08701

Telephone (732) 600-6905 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 11/27/17

## Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

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

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

Extras: Special service charge dependent upon request.

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

I am looking into Purchasing 10 Wyndmoor Way Holmdel, N.J.
Block 49.06
Lot 14
I am looking for any records ya have on the Septic tank, a Survey of the Property, a Health Dept Report as well

**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 1212 – FAX 732-946-0116
Wpatrovich@holmdeltownship-nj.com
Wendy Patrovich



**Important Notice**

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## Requestor Information – Please Print

First Name: Colleen MI K Last Name: Weinland

E-mail Address: cweinland@bisgaierhoff.com

Mailing Address: 25 Chestnut Street, Suite 3

City: Haddonfield State: NJ Zip: 08033

Telephone: 856-795-0150 FAX: 856-795-0312

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

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

Signature: Colleen K. Weinland Date: 11-29-17

## Payment Information

Maximum Authorization Cost $100

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 ____
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 ____